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| CHUA HOS | CHONG HUA HOSPITAL INSTITUTIONAL REVIEW BOARD | SOP/023/05 |
|--|--|------------------------------------|
| TALL CONTRACTOR | chh_irb@chonghua.com.ph | Effective date: 01 January 2017 |
| Healing with Passion. Caring with Compassion. | 6.5 Maintenance of Confidentiality of Study Files and IRB Documents | Page 2 of 10 |

1. Purpose

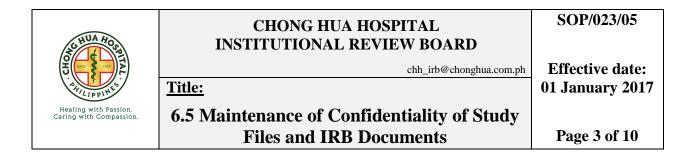
To describe IRB procedures related to the protection of confidentiality of the study files as well as other documents of the IRB

2. Scope

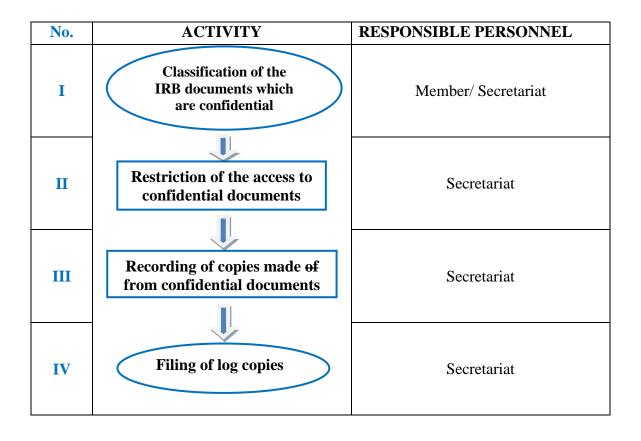
This SOP provides instructions to the Secretariat related to the protection of confidentiality of all study files as well as documents of the IRB

3. Responsibility

It is the responsibility of the IRB Secretariat under the supervision of the Member Secretary to ensure that confidentiality is maintained in the management of all study files and records.



4. Flow chart



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5. Detailed instructions

Title:

- 5.1 Properly handle original documents and copies of these documents during the day-to-day operation of the IRB to protect the confidentiality of study files and related documents. Proper handling also involves proper control and care in the distribution and storage of confidential documents of the IRB.
- 5.2 Study files submitted to the CHH IRB and related documents are considered confidential, such as:
 - Study protocols and related documents (case report forms, informed consent documents, diary forms, scientific documents, expert opinions or reviews)
 - CHH IRB documents (Minutes of the meeting or decisions)
 - Correspondence (experts, auditors, study participants, etc.)
- 5.3 Access to CHH IRB confidential documents is subject to the following limitations:
 - 5.3.1 CHH IRB members and staff with a signed *Confidentiality Agreement and Conflict of Interest Disclosure* (see ANNEX 1) can access confidential documents outside of regular protocol review access upon request.
 - 5.3.2 Non-members can access specific documents by submitting a formal request. The Secretariat will provide a copy of the *Confidentiality Agreement Form for Non-members Requesting for Copies of CHH IRB Documents* (see ANNEX 2) to be accomplished by the person making the request to be signed by the Chair.
 - 5.3.3 Regulatory authorities have full access to CHH IRB documents provided it is within their mandate (e.g. FDA), and upon reasonable notice to make the files available signed by the recognized official of the regulatory authority (e.g. FDA Director).
- 5.4 The Secretariat records the retrieval of CHH IRB documents.
- 5.5 The Secretariat makes a record every time a document of the CHH IRB is accessed as described above.



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- 5.6 A log filed in the protocol folder is dedicated for purposes of recording access as described above, which contains the following fields of information: (see ANNEX 3)
 - Study File Code (Sponsor Protocol No. and IRB Reference No.)
 - Date borrowed

Title:

- Number of borrower
- Name and Signature of borrower upon retrieval
- Signature of IRB Secretariat upon return
- Document copied
- Number of copies made
- Number of copies received
- 5.7 Access to CHH IRB documents is generally room use only but any request to make copies can be accommodated only on a case to case basis.
- 5.8 All requests for access are recorded by the Secretariat Staff in the log before copies of any documents are released.
- 5.9 The Secretariat makes only the exact number of copies requested.
- 5.10 Upon receipt of the copies, the person who requested the copies will sign the Log of Request Form



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6. ANNEX 1:

Confidentiality/ Conflict of Interest Agreement Form for Members

| CHONG HUA HOSPITAL Healing with Passion. Caring with Compassion. | CONFIDENTIALITY/ CONFLICT OF INTEREST AGREEMENT FORM |
|---|--|
| | Form HRP-IRB-00 |
| In recognition of the fact that I, "Undersigned", has been appointed as a member of asked to assess research studies involving human subj humane and ethical manner, with the highest standar regulations, institutional policies and guidelines; | ects in order to ensure that they are conducted in a |
| Whereas, the appointment of the undersigned as a mer on individual merits and not as an advocate or represent nor as the delegate of any organization or private inter- | entative of a home province/ territory/ community |
| Whereas, the fundamental duty of an IEC/IRB memb ethical aspects of research protocols involving human possible objective recommendations, based on the mem- | n subjects and make a determination and the best |
| Whereas, the CHONG HUA HOSPITAL IRB must is the trust and confidence of the communities in the p subjects; | |
| The undersigned, as a member of the CHONG HUA high standards of ethical behavior to carry out its man | |
| This Agreement thus encompasses any information de Undersigned in conjunction with the duties as a memb written information provided to the Undersigned that nature shall be identified accordingly. | er of the CHONG HUA HOSPITAL IRB. Any |
| As such, the Undersigned agrees to hold all Confiden trust or confidence and agrees that it shall be used onl any other purpose or disclosed to any third party. review shall not be copied or retained. All Confident shall remain the sole property of the IRB. | ly for contemplated purposes, shall not be used for Written Confidential information provided for |
| The Undersigned agrees not to disclose or utilize, dire information belonging to a third party in fulfilling confirms that his/her performance of this agreement contractual obligations they may have to third parties. | this agreement. Furthermore, the Undersigned |
| | |
| CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT FORM | Page 1 of 3 |



| CHONG HUA HOSPITAL Healing with Passion. Caring with Compassion. | CONFIDENTIALITY/ CONFLICT OF INTEREST AGREEMENT FORM |
|--|--|
| | Form HRP-IRB-004 |
| Conflict of Interest | |
| It is recognized that the potential for conflict of interes and its Chairperson to manage the conflict issues so th subjects. | |
| It is the policy of the CHONG HUA HOSPITAL IR comment or approval of any activity in which he/she h information as requested by the CHONG HUA HOS | has a conflict of interest except to provide |
| The Undersigned will immediately disclose to the Cha any actual or potential conflict of interest that he/she n submitted for review by the Committee, and to abstain recommendations in respect of such proposals. | nay have in relation to any particular proposal |
| If an applicant submitting a protocol believes that an I investigator may request that the member be excluded | |
| The request must be in writing and addressed to the C that substantiates the claim that a conflict exists with t may elect to investigate the applicant's claim of the po | the EC member(s) in question. The Committee |
| When a member has a conflict of interest, the member participate in the IEC/IRB review or approval except t Committee. | |
| Examples of conflict of interest cases may be any of the | he following: |
| A member is involved in a potentially competi Access to funding or intellectual information n A member's personal biases may interfere with | nay provide an unfair competitive advantage. |
| | |
| | |

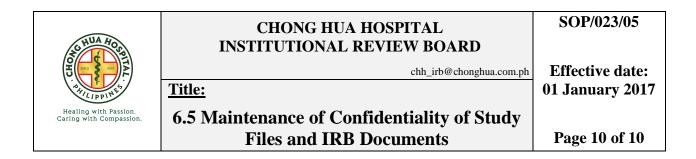


| | NG HUA HOSPITAL with Passion. Caring with Compassion. | CONFIDENTIALIT CONFLICT OF INTER AGREEMENT FOR | REST |
|---|--|--|---|
| | AC NAMES CONSIGNATION OF THE CONSIGNATION OF T | F | orm HRP-IRB-00 |
| Agreement on Confid | entiality and Conflict of Inter | nact | |
| Please sign and date th above. The original (si | s Agreement, if the Undersign | ed agrees with the terms and conditi ill be kept on file in the custody of th | |
| information and docum take reasonable measur- including the Access to to use the Confidential in a manner which wou Information (including | entation (which we will refer t es to protect the Confidential I Information Act, not to disclo Information for any purpose of Id result in a benefit to myself | I IRB, I may be provided with confi- o as the "Confidential Information") information; subject to applicable leg se the Confidential Information to ar utside the Committee's mandate, and or any third party; and to return all C ade as part of my Committee duties) immittee member. | I agree to islation, iy person; not in particular, Confidential |
| | | | |
| Whenever I have a cont toward a quorum for vo | | ately inform the Chairperson not to c | ount me |
| | | ately inform the Chairperson not to c | ount me |
| | tinghave read and accept | ately inform the Chairperson not to c the aforementioned terms and condi | |
| toward a quorum for vo | tinghave read and accept | • | |
| toward a quorum for vo | tinghave read and accept | • | |
| toward a quorum for vo I, explained in this Agrees | tinghave read and accept | • | |
| toward a quorum for vo I, explained in this Agrees | ting. have read and accept ment. | the aforementioned terms and condi | |
| toward a quorum for vo I, explained in this Agreen Und | ting. have read and accept ment. | the aforementioned terms and condi | |
| toward a quorum for vo I, explained in this Agreen Und Und | have read and accept ment. | the aforementioned terms and condi | |
| toward a quorum for vo I, explained in this Agreen Und Und | ting. have read and accept ment. lersigned Signature | the aforementioned terms and condi | |
| toward a quorum for vo I, explained in this Agreen Und Und | ting. have read and accept ment. lersigned Signature | the aforementioned terms and condi | |



ANNEX 2: Confidentiality/ Conflict of Interest Agreement Form for Non-Members Requesting Copies of CHH IRB Documents

| HUA HOSE | CHONG HUA HOSPITAL Healing with Passion. Caring with Compassion. | CONFIDENTIALITY AGREEMENT FORM FOR NON-MEMBERS REQUESTING COPIES OF CHH IRB DOCUMENTS |
|------------------------|--|--|
| 0,000.000 | 22.10.047415 10.0000 0100052524 | Form HRP-IRB-00 |
| | | |
| L | as | a non-member of CHH IRB, understand that the |
| A CONTRACT AND INCOME. | The second s | nfidential. I shall use the information only for the |
| indicated purp | ose as described to the CHH IRB | and shall not duplicate, give or distribute these |
| | 727 SW 873 | the CHH IRB. Upon signing this form, I agree to |
| take reasonable | measures and full responsibility to ke | eep the information as Confidential. |
| | T1 | |
| | I have received copies of the fol | llowing CHH IKB documents: |
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| - | | |
| - | | |
| - | | |
| - | | |
| - | | |
| - | Signature of the recipient | Date |
| - | Signature of the recipient | Date |
| - | Signature of the recipient | Date |
| - | | Date |
| - | Signature of the recipient Chairperson of CHH IRB | Date |
| - | | 1 1 <u>0</u> 01 |
| - | | 1 1 <u>0</u> 01 |
| CONFIDENTIALITY AU | Chairperson of CHH IRB | 1 1 <u>0</u> 01 |



ANNEX 3: Log of Request for Copies of CHH IRB's Documents

| CHONG HUA HOSPITAL Healing with Passion. Caring with Compassion. | | | | ANNEX 3 LOG OF REQUEST FOR COPIES OF CHH IRB'S DOCUMENTS Form HRP-IRB-030 ver05 | | | |
|---|------------------|--------------------|--|--|--------------------|-----------------------|------------------------|
| Study File Code (Sponsor Protocol No. and IRB Reference No.) | Date borrowed | No. of borrower | Name & Signature of borrower upon retrieval | Signature of IRB Secretariat upon return | Document copied | No. of copies made | No. of copier received |
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