Veterans Health Administration
Research & Development
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The Mayo Clinic Expanded Access Program (EAP): Expanded Access to Convalescent Plasma for the Treatment of Patients with COVID-19

Frequently Asked Questions

Updated July 19, 2020

1. Are Physicians who are conducting the Mayo Clinic Expanded Access Program: Expanded Access Convalescent Plasma for the Treatment of Patient with COVID-19 required to complete ORD required training in ethical principles of human subjects protections?

Answer: Yes. ORD policy in VHA Directive 1200.05, Paragraph 26 requires all VA employees involved in conducting VA human subjects research to complete training in ethical principles which apply to research conducted on human subjects every 3 years. ORD has numerous options that can be used to meet this requirement at https://www.research.va.gov/programs/orppe/education/ord_training/options.cfm.

Please note: ORD has also developed a set of training slides, "Human Subjects Protections Training for VA Research Personnel Conducting Expanded Access Program Activities for the Treatment of Patients with COVID-19 (April 16, 2020)" that can be used to meet ORD's training requirement for training in ethical principles for VA employees who are conducting VA human subjects research activities when the following criterion is met:

The VA Research Activity is an expanded access program regulated by the U.S. Food and Drug Administration involving investigational drugs, biologics, or medical devices for the treatment of COVID-19.

No test is associated with the training slides. The VA employee can enter his or her name and the date the employee has reviewed the training course on the certificate at the end of the training. There is no need to complete this training if the VA employee conducting research has already completed training in ethical principles.

These training slides are located on the ORD COVID-19 SharePoint site at https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19 in the Expanded Access – Convalescent Plasma for COVID-19 Treatment on the ORD Notice and Guidance page. The training slides are also posted on ORD's webpage "Options for Fulfilling ORD's Training Requirements" in the Header Section: "VA Course for VA Employees Conducting Expanded Access Programs for COVID-19" at https://www.research.va.gov/programs/orppe/education/ord_training/options.cfm

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2. Is a VA Form 10-250 required to be completed for the Mayo Clinic Expanded Access Program: Expanded Access Convalescent Plasma for the Treatment of Patient with COVID-19?

Answer**:** No. ORD has confirmed with VHA Privacy that a VA Form 10-250 is not required.

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3. Who is responsible for donor qualifications?

Answer: The blood center where the collection occurs is responsible.

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4. Does the patient have to be crossmatched for plasma infusion?

Answer: No. The patient has to have blood typing to determine the ABO category. This blood type is entered into the online ordering form. Your VHA Transfusion Service will have information on how to choose the right plasma for the patient. Use group specific plasma when possible. If group specific is not available, select second choice according to the chart (reference: AABB) below or use type AB. Group O recipients may receive any type plasma. Rh type need not match.

Recipient Type	Donor 1st choice	Donor 2nd choice	Donor 3rd choice
O	O	A	B or AB
A	A	AB	None
B	B	AB	None
AB	AB	None	None

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5. How will my blood bank know when the plasma arrives?

Answer: The Blood Bank Computer System (VBECS) is already updated to accept ISBT 128 COVID-19 Convalescent Plasma. The COVID-19 Convalescent Plasma will come "frozen" and the transfusion service will receive it into their inventory per their established protocol. Once thawed, the plasma expiration changes to 24hours. (do not thaw until the use is confirmed).

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6. Is my R&D Committee required to obtain copies of the Mayo Clinic IRB minutes?

Answer: No. The Mayo Clinic IRB is an external IRB; it is not a subcommittee of the R&D committee. The R&D Committee is not required to review the minutes of an external IRB when an external IRB is the IRB of Record for a VA research activity for a

VA Facility. As stated in VHA Directive 1200.05, Paragraph 6.f., ". . . When a VA facility uses an IRB other than its own internal IRB, such as, but not limited to, the VACO IRB, the IRB of another Federal agency, or a non-VA academic institution's IRB, the role of the R&D Committee is to review and evaluate facility-specific aspects of these relationships, rather than the subcommittee itself, to ensure the obligations as detailed in the MOU are being met.

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7. Is my R&D Committee required to obtain copies of the Mayo Clinic IRB rosters?

Answer**:** ORD evaluated the Mayo Clinic IRB rosters prior to the IRB Authorization Agreement being entered into by the Chief Research and Development Officer CRADO) and the Mayo Clinic IRB. Current copies of the Mayo Clinic IRB Rosters for the two Mayo Clinic IRB Panels (IRB Friday and IRB C) reviewing the Mayo Clinic EAP are located on the ORD COVID-19 SharePoint site in the Expanded Access Folder for Convalescent Plasma located at https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19/SitePages/ORD-Communications.aspx. ORD will be responsible for any reporting of any IRB roster changes rather than have 96 VA Facilities report IRB changes.

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8. What are the reporting requirements for the treating physician once a patient is registered the convalescent plasma is received for transfusion?

Answer: The Mayo Clinic Expanded Access Program (EAP) has published a physician workflow located at https://www.uscovidplasma.org/physicians-steps describing the different reports that must be completed after a patient is registered into the Mayo Clinic EAP. The reporting requirements have been revised since the protocol was initially approved on April 1, 2020. The Mayo Clinic EAP published a set of reference guides on June 9, 2020 located at https://www.uscovidplasma.org/reference-guides.html on how to complete the forms and reports.

As per the instruction located at https://www.uscovidplasma.org/physicians-faq-eap, SAEs are required to be completed for the 7 day period following the last transfusion of COVID-19 convalescent plasma. All reporting requirements are available through the Unique Patient Status Dashboard. After patient enrollment, please fill out the Medical History Form to provide additional pre-transfusion information. Within 24 hours of each convalescent plasma transfusion, please complete the Plasma Transfusion Form. If two transfusions are completed within 12 hours of each other, you may report them both on one form.

Beginning seven days after the date of enrollment and then every seven days thereafter, complete the Weekly Rapid Patient Update and End of Study Form for each patient until one of the following occurs:

- Physician decided no plasma transfusion was required (if conditions change and transfusion is given, please fill out a Transfusion Form and then fill out the next Weekly Patient Rapid Update Form in seven days)
- Patient was in hospital for ≥ 30 days after latest transfusion in the EAP
- Patient was discharged
- Patient passed away.

Please refer to the information posted on https://www.uscovidplasma.org/. Any questions regarding completion of forms should be sent to: USCOVIDplasma@mayo.edu.

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Updated: July 19, 2020

9. Is the Mayo Clinic REDCap secure?

Answer: The Mayo Clinic REDCap database resides behind multiple layers of physical security. Additionally, when a user submits a form, it is transmitted with a secure Https encrypted connection. All inbound network traffic is monitored 24 hours a day and any web traffic without the proper, secure token will be immediately blocked. This has been approved by the FDA.

A copy of the Office of Information Security Research Support Division's review of the Mayo Clinic REDCap is located in the ORD COVID-19 SharePoint site at https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19 in the Expanded Access – Convalescent Plasma for COVID-19 Treatment on the ORD Notice and Guidance page. The protocol meets VA security requirements and other regulatory requirements for access, maintenance, transmission, and storage of VA research data. Local ISSO review is not required.

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10. Can multiple physician/PIs register from a single site?

Answer: Your site/ medical center can designate one physician/PI for this Expanded Access Program or multiple physicians/ PIs can register for each site.

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11. How can my VA facility participate in the Mayo Clinic EAP to obtain Convalescent Plasma for COVID-19 Treatment?

Answer: See ORD Notice (April 10, 2020) titled, "VA Facility Participation in the Expanded Access Program: "Expanded Access to Convalescent Plasma for the Treatment of Patients with COVID-19"located at in the ORD COVID-19 SharePoint site at https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19 in the Expanded Access – Convalescent Plasma for COVID-19 Treatment on the ORD Notice and Guidance page.

The information is also posted on the Mayo Clinic IRB Information page at https://www.research.va.gov/programs/orppe/mayoclinic_irb.cfm.

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Updated: April 26, 2020

12. Has the Mayo Clinic IRB approved the use of electronic consent for VA Facilities participating in the Mayo Clinic EAP?

Answer: Yes. The Mayo Clinic IRB approved the use of electronic consent on April 23, 2020. ORD worked with the National Center for Ethics in Health Care (NCEHC) and Health Information Management Service (HIMS) for a national deployment using iMED on Thursday, April 30, 2020. The iMED Informed Consent Form for the Mayo Clinic Expanded Access Protocol for Convalescent Plasma includes a cover page, the general Mayo Clinic IRB-approved informed consent document, and the VA Informed Consent Addendum approved by the Mayo Clinic IRB. Individual VA Facilities cannot make changes in the format for the cover page.

ORD is in communication with the Mayo Clinic IRB for any revisions in the IRB-approved consent form. Any revisions in the IRB-approved informed consent form requiring changes in the iIMED consent form will be coordinated by ORD.

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13. Where do I find the most recent IRB-approved version of the Informed Consent Form for the Mayo Clinic Expanded Access Protocol for Convalescent Plasma?

Answer: The most recent version of the general Mayo Clinic IRB-approved informed consent form will be found at https://www.uscovidplasma.org/. ORD will be working with the National Center for Ethics in Health Care (NCEHC) to ensure that changes in the iMED informed consent form are also made when the Mayo Clinic IRB approves a new version of the Mayo Clinic Informed Consent Form. The VA ICF Addendum is located in the Expanded Access-Convalescent Plasma folder on the ORD Notices and Guidance Page on the ORD COVID-19 SharePoint site locate at

https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19.

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14. If my VA facility has registered at the Mayo Clinic Site Registration without assigning "VA" as the first two letters, who do we contact to let you know what site name we used to register?

Answer: ORDCOVIDresearchregulatory ORDCOVIDresearchregulatory@va.gov

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15. If my VA facility consists of two sister hospitals at two different addresses, should I register them separately with Mayo Clinic IRB?

Answer: If the two sister hospitals are part of the same health care system (e.g., New York Harbor and Brooklyn) and thus have a single Federalwide Assurance (FWA), there is no need to register them separately. If they are distinct institutions with their own FWA, they will need to be registered separately.

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16. When can a clinical provider register with Mayo Clinic for this EAP?

Answer: After the VA facility has registered at the Mayo Clinic Site Registration located at https://www.uscovidplasma.org/, each VA physician/investigator treating a potential convalescent plasma recipient(s) must individually register using the Physician/PI Registration Form (see Physician steps located at https://www.uscovidplasma.org/physicians-steps).

R&D Committee approval for this EAP is applicable to all physicians/investigators who are/will be treating patient(s) and are registered with the Mayo Clinic EAP. Individual R&D Committee approval letters are not required for each individual PI unless it is a local requirement.

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17. If local VA blood banks use a non-Red Cross plasma source, does this fall under the Mayo IRB or is local IRB approval required?

Answer: Local IRB approval is not required. When the treating physician/investigator registers the patient using the Patient Enrollment Form located at https://www.uscovidplasma.org/, a notification will be generated to indicate that Mayo Clinic IRB authorizes the physician to order convalescent plasma through the normal ordering process of the local VA facility. The VA blood bank computer system has been updated to accept COVID-19 plasma product codes. The Pathology Service Line Director of your VA facility should be informed of this expanded access

protocol but does not need to be a team member of the program, unless he/she is a treating physician/investigator.

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18. What kind of research training does the clinical provider who will write the orders for convalescent plasma need to have?

Answer: The clinical provider writing the orders and treating the subject is an investigator in this expanded access protocol; the clinical provider must be registered with the Mayo Clinic EAP. As stated in the Mayo Clinic IRB Supplemental SOP completed by your facility, each investigator is required to have training in ethical protections of human subjects protections. ORD has developed a special training that can be used if permitted by the VA Facility. This training is located at

https://www.research.va.gov/programs/orppe/education/ord_training/options.cfm and on the ORD COVID-19 SharePoint site at https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19/SitePages/ORD-Communications.aspx in the Expanded Access – Convalescent Plasma folder.

The training slides are also posted on ORD's webpage "Options for Fulfilling ORD's Training Requirements" in the Header Section: "VA Course for VA Employees Conducting Expanded Access Programs for COVID-19" at https://www.research.va.gov/programs/orppe/education/ord_training/options.cfm

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19. What VA regulatory forms are required vs not required for the Mayo Clinic Expanded Access Protocol for Convalescent Plasma?

Answer: Your VA Facility must sign and date the form "Concurrence with the Office of Research and Development (ORD) Agreement with Mayo Clinic Institutional Review Board (IRB) For Mayo Clinic IRB Oversight in order for your VA facility to rely upon the Mayo Clinic IRB. Your VA Facility must also be registered as a participating institution at https://www.uscovidplasma.org/. After registering with Mayo Clinic IRB using the Physician/PI Registration Form, the registered physician/investigator must register each patient using the Patient Registration Form at https://www.uscovidplasma.org/; the statement of Investigator commitments for Form FDA 1572 are included in the Physician/PI registration form. Each treating physician/investigator must also complete Research Financial Conflict of Interest Statement (OGE FORM 450 Alternative-VA) prior to R&D Committee approval. No VA Form10-250 Privacy Review checklist is required.

The physician/Investigator must complete required reporting as per the protocol and as described in the physician steps at https://www.uscovidplasma.org/physicians-steps.

This investigational biologic is not dispensed by the VA Facility's pharmacy service; a VA Form 10-9012 Investigational Drug Information Record is not to be completed.

Other local forms may be required as per your local institutional requirements.

R&D Committee approval is required prior to a VA Investigator registering a patient/subject into the Mayo Clinic EAP.

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20. When does the treating physician/investigator need to get an account on Mayo Clinic IRB eSystem?

Answer: The VA physician does not need to have an account on the Mayo Clinic IRB system; permission will not be granted by the Mayo Clinic IRB. All reporting is done using the Mayo Clinic reporting mechanisms described in the Physician Steps at https://www.uscovidplasma.org/physicians-stepshttps://www.uscovidplasma.org/#workflow. All serious adverse event reporting is done using the form located at https://REDCap2.mayo.edu/REDCap/surveys/?s=KC3MPMWXFK&_ga=2.210875925.1855104592.1587388747-310509014.1586169056.
committee process.

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21. Is SRS required for the Mayo Clinic Expanded Access Program?

Answer: No. The protocol is not a research laboratory protocol or program.

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22. Is a local ISSO review required for the Mayo Clinic Expanded Access Program?

Answer: A national ISSO review was conducted for the Mayo Clinic Expanded Access Program. A copy of the Office of Information Security Research Support Division's review of the Mayo Clinic REDCap is located in the ORD COVID-19 SharePoint site at https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19
in the Expanded Access – Convalescent Plasma for COVID-19 Treatment on the ORD Notice and Guidance page. The protocol meets VA security requirements and other regulatory requirements for access, maintenance, transmission, and storage of VA research data. Local ISSO review is not required because a national ISSO review has been conducted.

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23. Is the Mayo Clinic IRB eSystem approved by the ISSO and VHA Privacy to send safety data?

Answer: Yes, ORD has worked with the VA Information Security and VHA Privacy to obtain approval for submission of data.

A copy of the Office of Information Security Research Support Division's review of the Mayo Clinic REDCap is located in the ORD COVID-19 SharePoint site at https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19 in the Expanded Access – Convalescent Plasma for COVID-19 Treatment on the ORD Notice and Guidance page. The protocol meets VA security requirements and other regulatory requirements for access, maintenance, transmission, and storage of VA research data. Local ISSO review is not required.

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24. Does the patient or Legally Authorized Representative (LAR) need to sign a paper copy of the consent form? What happens if the patient or LAR cannot provide consent prior to treatment?

Answer: Verbal consent is not an approved IRB option, nor is it acceptable under FDA regulations for the Mayo Clinic EAP or consistent with FDA's Guidance on Conduct of Clinical Trials of Medical Products during COVID-19 Public Health Emergency located at https://www.fda.gov/media/136238/download.

The Mayo Clinic IRB has approved the following three ways to obtain informed consent. Please note that the signed consent forms do not need to be audited by Research Compliance Officers unless it is a local requirement.

Option 1: Most preferred
Obtain written informed consent from the patient. iMED consent has also been approved by the Mayo Clinic IRB for use in VA Facilities.

Option 2
Use a LAR/Authorized Representative to sign the informed consent document if the patient is not able to provide consent because of an impairment or being unable to communicate (i.e., on a ventilator and sedated). iMED consent has been approved by the Mayo Clinic IRB for use in VA Facilities in addition to use of the paper informed consent.

For both of these options using a written paper informed consent document, if the treating physician/investigator cannot physically be in the same room while obtaining informed consent, they or their designee trained to get informed consent can speak with the patient via a telemedicine or telephone device. The patient or his/her family member can photograph the signed consent form and email it to the treating physician/investigator (see Informed Consent options).

In those circumstances when the LAR is not at the hospital, if the LAR/designee is unable to be physically in the room with the patient at the time of written informed consent, the Physician/PI or

their designee trained to get informed consent can speak with the LAR via a telemedicine or telephone device, and ask them to sign the consent form. They can photograph the consent form and email it with signature to the physician/PI.

Option 3: Use only when option 1 or option 2 are NOT feasible

You may utilize an exception for informed consent in an emergency (21 CFR 50.23) which allows you to discuss the participation with a second physician who concurs with your recommendation of enrolling the patient in the Expanded Access Program (EAP). The second physician who is not affiliated with the program (cannot be a registered physician/Principal Investigator for the Mayo Clinic EAP) must put a note in the patient's medical record indicating their concurrence of the patient participating in the EAP. The order for convalescent plasma cannot proceed until the documentation is complete. You are also responsible for informing the patient or the LAR, as time progresses, of the patient's enrollment in the study and answer their questions. Patients may elect to withdraw from the study, but their data will remain in the databank and you are required to fill out the 4-hour infusion, 7 day and 30-day forms for safety evaluation.

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25. Is HIPAA VA Form 10-0493 required to be signed by the patient or LAR?

Answer: No. HIPAA VA Form 10-0493 is not required to be signed by the patient or the patient's LAR. ORD consulted with VHA Privacy, and Privacy Guidance for the Mayo Clinic Convalescent Plasma for the Treatment of COVID-19 developed by VHA IAP, ORD and VA OGC Information Law Group was distributed to the VHA Privacy Officers on April 17, 2020. While the Mayo Clinic EAP is a FDA-regulated research activity, the Common Rule and the HIPAA Privacy Rule both define research as any systematic investigation, including research development, testing, and evaluation, that has as its primary purpose the development of, or contribution to, generalizable knowledge (38 C.F.R. § 16.102(d); 45 C.F.R. § 164.501). The Mayo Clinic convalescent plasma expanded access program does not meet this definition of research, as it is not a systematic investigation designed to develop or contribute to generalizable knowledge. However, the Guidance describes the authority and provisions VHA is using to access, use, and disclose PHI for the purpose of this treatment EAP and adverse event reporting using the investigational biologic.

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26. When does the treating physician/investigator need to enter a note in the patient's medical record?

Answer: The Mayo Clinic IRB protocol does not specifically address when a progress note must or should be entered into the patient/subject's VHA medical record. The VA Physician/Principal Investigator is responsible for entering information into the patient/subject's VHA medical record that other members of the healthcare team providing care to the patient need. Physicians/Principal Investigators should consider placing progress notes into the patient/subject's VHA medical record:

- When informed consent for the patient is obtained from the patient or LAR.
- If an exception from informed consent is used, both the physician/Principal Investigator and second physician must enter a progress note as required by FDA regulations.
- Post-Infusion: when the patient receives the convalescent plasma treatment or no longer qualifies to receive the treatment
- 7 days after infusion if the patient remains hospitalized
- 30 days after infusion if the patient remains hospitalized
- If a serious adverse event occurs that the physician/Principal Investigator evaluates is related to the administration of the convalescent plasma administered to the patient/subject

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27. What are the plans to evaluate whether convalescent immune plasma has an impact on outcomes?

Answer: Originally, the Mayo Clinic EAP was only conducting exploratory statistical analyses will be done as specified in the protocol. The Mayo Clinic is proposing conduct of efficacy analyses. The Mayo Clinic has posted an amendment (Protocol Appendix 1) proposing to create a control group for efficacy analysis. VA sites are not authorized at the present time to participate in a creation of a control group for Efficacy Analysis as described in Protocol Appendix 1. The proposed efficacy analysis are activities outside the scope of the IRB reliance agreement executed between the Mayo Clinic IRB and the VHA Office of Research and Development. https://www.uscovidplasma.org/pdf/COVID-19%20Plasma%20EAP.pdf

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28. Who is the main supplier of convalescent plasma?

Answer: The American Association of Blood Banks (AABB) blood collection centers are the designated suppliers of plasma for the study.

http://aabb.org/sa/facilities/bbts/Pages/BBTSAccrFac.aspx If you do not have access to one of these suppliers through your VHA facility blood service, your VA Facility can contact the Red Cross at https://plasma.app.redcross.org/ConvalescentPlasmaDonorRequest/Order/Create.

Posted: April 26, 2020

29. Our facility providers have talked about contacting our Veteran COVID patients that have recovered and asking them to donate for the convalescent plasma study. Would they need a research protocol approved to recruit patients to donate for this purpose?

Answer: No. Donating plasma is not part of the research study. Providers should only reach out to patients who they have personally treated. Providers may not access the records of patients who they have not treated who have had COVID infection solely for the purpose of contacting them to donate plasma. Check with your local Privacy office for any restrictions.

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30. Can we reach out through Employee Occupational Health for our site to our employees who had COVID-19 and recovered to donate plasma?

Answer: Your local human resources office will have to answer that question.

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31. Are alerts send to remind providers to complete the forms at the different times?

Answer: There are no reminders sent by the Mayo Clinic Principal Investigator or study team

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32. Where can people donate plasma who have had COVID (lab diagnosed) and are 28 days without symptoms?

Answer: Any American Association of Blood Bank Donor Center.
http://aabb.org/sa/facilities/bbts/Pages/BBTSAccrFac.aspx

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33. Can someone provide references for the SOP? There were none on the template, and our facility typically require references to justify why identified personnel are directed to take action according to the outlined procedures.

Answer: The SOP was created for your convenience. If your VA Facility requires references, you can create or find those using the information provided by ORD.

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34. Can you clarify the inclusion criteria re: "lung infiltrates > 50% in 24-48 hours?" Does this refer to abnormalities on lung imaging in > 50% of the lung fields, or an increase in volume of infiltrates by > 50%?

Answer: The protocol can be found at: https://www.uscovidplasma.org/pdf/COVID-19%20Plasma%20EAP.pdf. Physicians who have questions about the inclusion criteria should contact uscovidplasma@mayo.edu

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35. We've talked about physicians registering in the Mayo REDCap -- will they have an opportunity to register their staff to be able to place the follow up data into the REDCap?

Answer: Fields are present in the forms completed by the PI for research coordinators. The Mayo Clinic EAP has revised its procedures so that research team members (such as the research coordinator) can complete the Serious Adverse Event Reports.

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36. Can we anticipate that patient will meet inclusion criteria? if a patient meets half of the operationalized "severe" criteria... do we wait until they decompensate more?

Answer: The registration for plasma in the Mayo Clinic protocol portal requires certification that the patient meets all inclusion criteria at the time of registration.

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37. If a Blood Bank receives a unit of convalescent plasma but patient eligibility changed or patient expires, can that unit be saved for the next COVID patient that a physician requests convalescent plasma for?

Answer: If there is an immediate need and the patient meets the regulatory requirements for Investigational COVID-19 Convalescent Plasma, including record keeping, notification, protocol/treatment plan, and IND requirements. See additional information here (information may change daily):

Recommendations for Investigational COVID-19 Convalescent Plasma located at https://www.fda.gov/vaccines-blood-biologics/investigational-new-drug-ind-or-device-exemption-ide-process-cber/recommendations-investigational-covid-19-convalescent-plasma

COVID-19 Convalescent Plasma - Emergency INDs FAQ located at https://www.fda.gov/media/136470/download.

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38. Can you ask whether potential donors 1) need to have a repeat negative COVID-19 test, 2) whether donors get paid to donate plasma?

Answer: See the FDA: Recommendations for Investigational COVID-19 Convalescent Plasma for donor requirements.

There are established donor qualification requirements in addition to COVID-19 Convalescent Plasma INDs requirements. Check with your local blood supplier for Blood Donation Eligibility Requirements. Blood Donation Eligibility Requirements source American Red Cross

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39. How is the convalescent serum going to be referenced when it arrives at the blood bank? The recipient's info?

Answer: The VAMC Blood Bank/Transfusion Service (BB/TS) process used to receive COVID-19 Convalescent Plasma into inventory should be the same as for other plasma products that are of the same type (frozen, liquid, special requirements). The process used to allocate COVID-19 Convalescent Plasma to recipients (patients/Veterans) should be the same per your VAMC BB/TS established protocol for allocation of blood products. The recipient's demographics, clinical information, providers, etc. are part of the protocol. Check with your VAMC BB/Transfusion Service for additional information.

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40. After a physician registers a patient with into the Mayo Clinic Expanded Access Program: Expanded Access Convalescent Plasma for the Treatment of Patient with COVID-19, how long will it take for my VA Facility to receive the COVID-19 Convalescent Plasma from the Mayo Clinic?

Answer: Mayo Clinic is not providing the COVID-19 convalescent plasma. The COVID-19 convalescent plasma is coming from your hospital blood blank or whatever source they are using for blood products. For sites who do not have local availability, they can order through the Red Cross: https://plasma.app.redcross.org/ConvalescentPlasmaDonorRequest/Order/Create.

Posted: May 4, 2020

41. Can the VA Principal Investigator or a member of the research document on the IRB-approved written informed consent (paper or in iMED) for the Mayo Clinic Expanded Access Protocol that oral consent was obtained and sign for the subject/patient or the subject's legally authorized representative (LAR) as permitted in VHA Handbook 1004: Informed Consent for Clinical Treatment and Procedures?

Answer: **No.** Verbal consent is never permitted for the Mayo Clinic EAP.
VHA Directive 1004.01 does not apply to research consents as per Paragraph 4.d.:

> *". . . Specific consent for any aspect of the recommended treatment or procedure that involves research sponsored by VA, as well as any human subjects research conducted on VA premises, must meet requirements of 38 CFR Part 16 and must be obtained in accordance with VHA Handbook 1200.05, VHA Handbook 1058.03, or superseding regulation and policy. . ."*

VA Physicians/Investigators or research team members who are delegated by the VA Physician/Investigator to obtain consent cannot sign the patient/subject or subject's LAR name and date on the IRB-approved informed consent form (paper or iMED).

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42. Is a VA subject or VA subject's legally authorized representative required to sign a "VA Form 10-0431b, Consent for Transfusion of Blood Products" as described in VHA Handbook 1004.01: Informed Consent for Clinical Treatments and Procedures in addition to the Mayo Clinic Expanded Access Program (EAP) IRB-approved informed consent form?

Answer: No. ORD consulted with the National Center for Ethics in Health Care (NCEHC); NCEHC is the VHA Program Office responsible for the policy interpretations in VHA Handbook 1004.01. The NCEHC has concluded that VHA form 10-0431b is not required for the Mayo Clinic EAP.

Appendix of VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, supports not requiring the use of VHA form 10-0421b in some circumstances: "It is not necessary to obtain a separate signature consent for sedation, anesthesia, or blood product transfusion if the combined consent form for the procedure already contains consent for sedation, anesthesia, or blood product transfusion, as in iMedConsent™." The research consent sufficiently addresses the risks, benefits, and alternatives to the protocol and documents the patient's consent without adding VHA form 10-0421b.

Posted: May 4, 2020

43. Do I put the Mayo Clinic Expanded Access Program (EAP) into ePromise?

Answer: Yes, with one exception. VA Facilities without Federalwide Assurances (FWAs) do not have ePromise and will not be putting it into ePromise.

Under the Mayo Clinic EAP, each registering physician is a Principal Investigator (PI). Please do not make multiple separate entries into ePromise for the Mayo Clinic EAP for each separate PI; make one entry for one PI and list the others as co-PIs.

Posted: May 25, 2020

Updated: June 27, 2020

44. If the patient/subject received COVID-19 convalescent plasma and is discharged before Day 7, does the PI wait until Day 7 to complete the Day 7 form or not complete it?

Answer: If the patient/subject is discharged before Day 7, the Principal Investigator completes any required data collection as part of the Weekly Rapid Patient Update or End of Study Form as indicated on the Patient's Unique Dashboard.

Posted: May 25, 2020

Updated: July 19, 2020

45. Is the SAE report required to be filed by the physician/Principal Investigator?

Answer: No. Mayo Clinic has issued a FAQ at https://www.uscovidplasma.org/physicians-faq.html titled, "Who can complete and submit the EAP forms? stating that ". . . while they [Mayo Clinic IRB] prefer the attending physician PI, any required form can be completed by the delegate the physician/PI chooses. It is a regulatory requirement that all forms be completed and submitted at the appropriate time. However, the physician/PI is required to complete the physician/PI registration (which includes the Form FDA 1572)."

Posted: May 25, 2020

Updated: July 19, 2020

46. How many units of COVID-19 convalescent plasma can be transfused for subjects enrolled into the Mayo Clinic Expanded Access Protocol (EAP) for Convalescent Plasma?

Answer: The protocol states that one to two units of COVID-19 convalescent plasma will be administered. As stated in the protocol, "in general, it is
expected that most patients will receive two units or less, but this language is not intended to restrict the use of convalescent plasma in larger doses when the treating physician determines that such volumes and/or re-treatments are clinically justified."

Posted: May 25, 2020

Updated: July 10, 2020

Updated: July 19, 2020

47. Does my VA Facility have to obtain separate approval from ORD to use iMED consent for research since it is required in VHA Handbook 1004.01: Informed Consent for Clinical Treatments and Procedures?

Answer: No. When ORD worked with the National Center for Ethics in Health Care to nationally deploy the Mayo Clinic Expanded Access Program informed consent document across all VA Facilities using iMED, it was an approval by ORD for VA Facilities to use iMED consent for research. Please note that all research informed consent forms will not be nationally deployed using iMED; most research studies do not involve large number of VA Facilities and would result in thousands of iMED consents deployed nationally that are not applicable to a VA Facility. Research studies involving one or small number of VA sites are entered locally by the VA Facility's iMED consent coordinator.

In addition, an amendment was issued to VHA 1004.01 which removes the prior requirement to obtain ORD approval to use iMED consent for research.

Posted: May 25, 2020

Updated: July 10, 2020

48. Are VA Investigators notified by the Mayo Clinic IRB if the IRB determines that a reported SAE is an unanticipated problem involving risks to subjects or others?

Answer: Yes. ORD and ORO verified with the Mayo Clinic IRB that VHA Facilities will receive written documentation from the Mayo Clinic IRB when the IRB determines that a reported SAE is an unanticipated problem involving risks to subjects or others. However, if the reported SAE is not determined by the Mayo Clinic to be an unanticipated problem involving risks to subjects or others, serious or continuous noncompliance, or results in suspension or termination of IRB approval, no report will be received by VA Facilities of the submitted SAE.

Posted: June 1, 2020

49. Are copies of the Mayo Clinic IRB approval letters for the Mayo Clinic Expanded Access Protocol available?

Answer: ORD has uploaded the Mayo Clinic IRB approval letters for the protocol versions 1.0, Version 2.0, and Mayo Clinic EAP Version 8.0. These are located on the ORD COVID-19 SharePoint site in the Expanded Access Folder for Convalescent Plasma located at https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19/SitePages/ORD-Communications.aspx.

Posted: July 10, 2020

Updated: July 19, 2020

50. Are patients required to have laboratory confirmed SARS-CoV-2 to be eligible to be in the Mayo Clinic Expanded Access Protocol?

Answer: No. The inclusion criteria were modified in the IRB-approved protocol Version 9.0 to allow the inclusion of patients with "clinically suspected" SARS-CO-V-2 in addition to laboratory confirmed SARS-COV-2. The inclusion criteria for inclusion in the Mayo Clinic as stated in protocol 9.0 located at https://www.uscovidplasma.org/pdf/COVID-19%20Plasma%20EAP.pdf is as follows:

1. At least 18 years of age (if less than 18 years contact FDA for emergency IND authorization)
2. Laboratory confirmed or clinically suspected diagnosis of infections with SARS-CoV-2
3. Admitted to an acute care facility for the treatment of COVID-19 complications
4. Severe or life threatening COVID-19, or judged by the treating provider to be at high risk oif progression to severe or life-threatening disease
5. Informed consent provided by the patient or healthcare proxy

Posted: July 19, 2020