<table>
<thead>
<tr>
<th>Section</th>
<th>Current Version</th>
<th>Comments</th>
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| Section 1 Overview of IMPAACT Network | 4.0, 20JAN2023 | • Updated language throughout to align with NIH Language Guide and included reference to the Guide  
• Updated mission statement to align with overall Network priorities  
• Updated Network Leadership organizational structure figure  
• Specified that each organization within the Network must adhere to institutional policies and guidelines on issue escalation and quality management  
• Added Network MOP sign-off requirements  
• Reviewed and updated links throughout |
| Section 2 Network Groups | 4.0, 20JAN2023 | • Revised concurrence requirements for SLG and MOG decisions and noted that the chair and vice chair(s) may determine next steps if decisions are mixed or split  
• Revised voting membership to include *ex officio* members  
• Clarified site laboratory support between the Laboratory Center (LC) and Westat and added that the LC is responsible for coordination of the Pharmacometrics Service Core |
| Section 3 Good Documentation Practices | 4.0, 20JAN2023 | • Made minor updates to the ALCOA+ definitions  
• Added new section on Trial Master Files  
• Reviewed and updated acronyms and links throughout |
| Section 4 IMPAACT Protocol Teams | 4.0, 20JAN2023 | • Updated list of protocol team responsibilities throughout the life cycle of the study  
• Added development of the Analysis Implementation Plan (as relevant) to list of statistician responsibilities  
• Added study-specific pharmacy training to DAIDS protocol pharmacist responsibilities  
• Added monitoring study data and issuing site queries, as needed, to protocol data manager responsibilities and monitoring laboratory data and issuing lab queries to laboratory data manager responsibilities  
• Reviewed and updated acronyms and links throughout |
| Section 5 Community Partnership | 4.0, 20JAN2023 | • Minor formatting revisions  
• Reviewed and updated acronyms throughout |
| Section 6 Network Meetings and Communications | 4.0, 20JAN2023 | • Emphasized the use web-based platforms as the preferred approach for virtual meetings  
• Added review from relevant protocol team for press releases and materials that are developed within the Network |
# IMPAACT Manual of Procedures  
## Overview of Section Contents and Identification of Current Section Versions

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| Section 7 General Policies and Procedures    | 4.0, 20JAN2023  | • Clarified language on financial disclosures, per the DAIDS policy on Collection of Financial Disclosures  
• Added responsibility for the Operations Center to send the ClinicalTrials.gov checklist to DAIDS and their regulatory contractor after Version 1.0, for IND studies  
• Updated language for ClinicalTrials.gov definitions of primary completion date |
| Section 8 Human Subjects Considerations      | 4.0, 20JAN2023  | • Updated requirements for HSP/GCP training as per the DAIDS SCORE Manual  
• Added reference to single IRBs  
• Clarified that the age of assent will be determined by IRB/EC policy and local guidelines; and added reminders to reconsenting when a participant reaches age of assent or consent |
| Section 9 Protocol Development and Modifications | 4.0, 20JAN2023 | • Added clarifying steps for scientific committees for revising/resubmitting or approving protocol concepts  
• Added use of Representative Studies Rubric tool and NIAID language guide, to guide and monitor for representation in protocols  
• Added role of SLG to evaluate proposed protocol chair and vice chair for a given protocol  
• Clarified requirements for team sign off when modifications are made to study objectives, design, or other significant changes  
• Updated expected timelines for protocol development  
• Added language for team review/sign off requirements prior to MPRG review, as well as procedures for additional MPRG reviews  
• Clarified communications of scientific review committee outcomes  
• Added steps for review of draft protocol with sIRB is required  
• Clarified signoff requirements for amendments, letter of amendments, and urgent safety notifications  
• Added instructions for sites once an amendment is approved |
| Section 10 Site Selection for IMPAACT Studies | 4.0, 20JAN2023  | • Clarified that a one-step site selection process is utilized for most studies  
• Added expectations for timing of site selection and process/considerations for inviting sites to submit applications  
• Added details for site selection plan that is provided to the MOG for review |
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| Section 11  
Study Specific  
Pre-Implementation  
Activities | 4.0, 20JAN2023 | • Added information on confidentiality disclosure agreements  
• Clarified roles of LC and LT to coordinate laboratory processing chart (LPC) review and distribution  
• Clarified review, sign-off, and timing of SPDSMP, PK DMP, and SAPs  
• Added that studies with pharmaceutical funding support may require a study-specific funding agreement with the pharmaceutical company to be finalized prior to opening a study to accrual  
• Added sign-off requirements if significant updates are made to the study-specific checklist after finalization  
• Added process details for clinical trials insurance  
• Added reference of material transfer agreements being included in overall study-specific activation checklist  
• Added details on site specific translations, and role of NICHD coordinating center for translation of protocols into Portuguese for sites in Brazil |
| Section 12  
Study Implementation | 4.0, 20JAN2023 | • Clarified that enrollment in IMPAACT studies is competitive across sites, unless otherwise specified  
• Added reference to dashboard on DMC portal for accrual and retention information  
• Clarified that the DMC notifies DAIDS of a change of status to “enrolling” and “closed to accrual”  
• Clarified DMC-provided materials, including the print matrix of eCRFs  
• Added that CRMs may use their discretion when documenting calls with large numbers of site representatives  
• Clarified that studies with collaborating pharmaceutical companies may include pharmaceutical representatives on the CMC; however, they will be limited to an advisory role only  
• Updated categories of protocol deviations, reporting processes/timelines, and notification requirements to DAIDS |
| Section 13  
Study Oversight | 4.0, 20JAN2023 | • Added details on remote clinical site monitoring  
• Added role of medical officers in SMC review  
• Clarified process for initial and routine SMC reviews  
• Added new section (13.7): IMPAACT Network Issue Escalation |
| Section 14  
Study Close-out | 4.0, 20JAN2023 | • Added requirement to include DAIDS monitoring operations branch representatives to team calls to plan for study closure  
• Added sIRB communications for study close out  
• Added that NICHD sites should contact Westat for guidance on protocol deregistration if needed  
• Added review of financial disclosure forms as a component of close-out |
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<tr>
<td>Section 15 Ancillary Studies and Investigations</td>
<td>4.0, 20JAN2023</td>
<td>• Clarified role of proposing ancillary study investigator to communicate with relevant study sites to confirm IRB and MTA requirements for specimen shipment</td>
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<td>• Updated email lists for ancillary study notifications</td>
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<td>• Clarified the types of projects that require a specimen and data usage agreement (SDUA)</td>
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<td>Section 16 Training</td>
<td>4.0, 20JAN2023</td>
<td>• Added Department of Transportation (DOT) Training for transport of specimens, as applicable to US sites</td>
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<td>• Added option of protocol teams providing participant logs from online trainings for training documentation; and clarified that virtual attendees must document attendance in on-site training files</td>
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<td>• Corrected timing for development of training plans around time of protocol finalization</td>
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<td>• Referred to the DAIDS SCORE Manual for training requirements and documentation templates</td>
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<td>Section 17 Laboratory Considerations</td>
<td>4.0, 20JAN2023</td>
<td>• Emphasized that that Network Laboratory Center (NLC) consists of the IMPAACT Laboratory Center (ILC) and Westat; separated requirements for each group for clarity</td>
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<td>• Added references to the MiPAL system for IMPAACT LC</td>
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<td>• Clarified processes for specimen archive and destruction decisions</td>
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<td>• Clarified that shipping institution and receiving labs are ultimately responsible for MTAs</td>
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<td>Section 18 Network Evaluation</td>
<td>4.0, 20JAN2023</td>
<td>• Clarified that project accrual numbers are based on site-provided goals as indicated in the MOG-approved site selection and accrual plan</td>
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<td>• Added PBMC storage shipping compliance for lab data criteria</td>
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<td>Section 19 Publications Requirements and Procedures</td>
<td>4.0, 20JAN2023</td>
<td>• Corrected analysis and publication review dates for consistency within section</td>
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<td>• Updated final data entry section to account for study-specific timelines; communicated by the DMC</td>
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<td>• Separated tables for primary analysis planning and publication writing</td>
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<td>• Updated language throughout section to account for abstracts and manuscripts</td>
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<td>• Replaced reference to “writing team chairs” with “lead authors”</td>
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<td>• Clarified requirement for co-author and protocol team review of publications prior to submission to the IMPAACT Publications Review Group</td>
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<tr>
<td>Appendix I Unblinding Procedures</td>
<td>4.0, 20JAN2023</td>
<td>• Clarified that full unblinding occurs after the final clinical database lock has occurred</td>
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<tr>
<td></td>
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<td>• Added reference to DAIDS Emergency Unblinding Policy</td>
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