



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-I- PREPARATION OF SOPS FOR ETHICS COMMITTEE FOR CLINICAL TRIALS

Effective date: 02-Sep-2023 to 01-Sep-2025

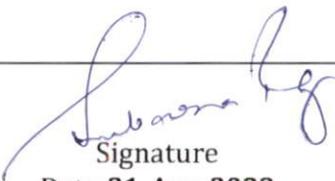
Prepared By:

Revana Devarinti IEC Administrator- KAHER	 Signature Date:28-Aug-2023
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Reviewed By:

Mrs.Geetanjali Salimath Member-secretary-IEC-KAHER	 Signature Date:30-Aug-2023
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Approved By:

Dr.Subarna Roy Charperson - IEC-KAHER	 Signature Date:31-Aug-2023
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Authorized By:

Prof.(Dr).M.S.Ganachari Registrar-KAHER, Belagavi	 Signature Date:02-Sep-2023
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IEC SOP-01: WRITING, REVIEWING, DISTRIBUTING AND AMENDING SOPs

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IEC SOP-01: WRITING, REVIEWING, DISTRIBUTING AND AMENDING SOPs

1. PURPOSE:

The purpose of Standard Operating Procedure (SOP) is to define the process for writing, reviewing, distributing and amending SOPs of the Institutional Ethics Committees (IEC). The SOPs provide clear, explicit instructions so, that the related activities of the institutional ethics committee are conducted in accordance with applicable utmost national and international ethical rules, regulations and guidelines.

2. SCOPE:

This SOP covers the procedures of writing, reviewing, distributing and amending SOPs of the Institutional ethics committee-KAHER. The IEC SOP will be reviewed periodically at least once every 36 months and revised when necessary.

The below mentioned reasons for the amendment of SOP of SOP:

- Any changes in IEC membership requirements
- As per utmost CT rules and regulations
- Problems or deficiency in the SOP
- Regulatory authority requirements
- Stake holders' requirements

3. RESPONSIBILITY: It is the responsibility of the Chairperson of ethics committee to appoint the Team members for preparing, drafting or editing any SOP of the Ethics Committee.

3.1. Secretariat of Ethics Committee:

- 3.1.1. Assist Chairperson to formulate an SOP Team
- 3.1.2. Co-ordinate activities of writing, reviewing, distributing and amending SOPs
- 3.1.3. Ensure that all the IEC members and involved administrative staff have access to the SOPs
- 3.1.4. Ensure that all the IEC members and involved staff are working according to current
- 3.1.5. Version of SOPs and maintain an up-to-date distribution list for each SOP.
- 3.1.6. Maintain a file of all current versions of SOPs
- 3.1.7. Maintain a file of all past SOPs of the IEC

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3.2. SOP Team:

- 3.2.1. Assess the request(s) for SOP/s revision in consultation with the Member Secretary and Chairperson.
- 3.2.2. Propose new / modified SOP/ s as needed
- 3.2.3. Draft the SOP/s in consultation with the IEC members and appropriate administrative staff
- 3.2.4. Review the draft SOP
- 3.2.5. Submit the draft for approval to Chairperson
- 3.2.6. Final SOP will accept by the registrar-KAHER, Belagavi
- 3.2.7. **Chairperson of the ethics committee**
 - Approves the SOPs
 - Signs and dates the approved SOP versions.

4. FLOW CHART:

Sl.No.	Activity	Responsibility
1.	Appoint the SOP Team	Chairperson
2.	List all relevant SOPs	SOP Team
3.	Design a format and layout	SOP Team
4.	Write a new/revised SOP	SOP Team
5.	Approve a new/revised SOP	Chair person
6.	Implement, distribute and file all SOPs	Member Secretary
7.	Review and request for a revision of existing SOPs	SOP Team / IEC members/ administrative staff/chair person
8.	Manage and archive superseded SOPs	Administrative staff

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5. DETAILED INSTRUCTIONS:

5.1. Chairperson of IEC:

- 5.1.1. Appoint one or more SOP Teams
- 5.1.2. Approve the SOPs
- 5.1.3. Sign and date the approved SOPs

5.2. List all relevant procedures:

- 5.2.1. Write down step by step all the procedures of the IEC that are to be standardized in the form of an SOP
- 5.2.2. Organize, divide and name each process

5.3. Format and layout:

- 5.3.1. Each SOP should be given a number and a title that is self-explanatory. A unique code number with the format SOP/XX/VV.W
- 5.3.2. XX - Two-digit numbers assigned specifically to the SOP.
- 5.3.3. VV - version with two-digit number identifying the version of the SOP
- 5.3.4. W is a two-digit number identifying the version of SOP with minor changes in the SOP.
- 5.3.5. The number of version should be started from 01 and the W should be started with 0, for example, SOP 01/V-8.5 is the SOP number 01 version 01 with one minor revision i.e. V-8.5
- 5.3.6. Each SOP will be prepared according to the standard template.

5.4. Write and approve new SOP:

- 5.4.1. The approved SOPs will be implemented from the effective date.
- 5.4.2. The approved SOPs will be distributed to the EC members and the relevant staff By the Secretariat. When revised version is distributed, the old version will be retrieved from the members and destroyed. However, one copy of the old version will be retained at the Secretariat.

5.5. Implement, distribute and file ALL SOPs

- 5.5.1. A draft will be prepared by the member of the SOP team
- 5.5.2. The draft SOP will be discussed with the other members of the SOP team
- 5.5.3. The final version will be passed to the Chair person for review and approval.

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5.6.Review and request for a revision of an existing SOP:

- 5.6.1. Any member of the ethics committee, secretariat or administrative staff who notices an inconsistency between two SOPs or has any suggestions on how to improve a procedure should use the form (Annexure-2) to make a request.
- 5.6.2. If the SOP Team agrees with the request, an appropriate team will be designated to proceed with the revision process. If the committee does not agree, the chairperson will inform the person who made the request of the decision.
- 5.6.3. Revision of the SOPs will be reviewed and approved in the same manner as new SOPs (section 5.4).

5.7.Manage and archive superseded SOPs: Superseded SOPs should be retained and clearly marked “SUPERSEDED” and archived in the historical file by the secretariat.

6. GLOSSARY:

- 6.1. **SOP:** Detailed, written instructions, in a certain format, describe all procedures (Standard Operating activities and action undertaken by an organization to achieve Procedure), with uniformity of the performance of a specific function. The aim of the SOPs and their accompanying checklists and forms is to simplify the organization and documentation of operation, whilst maintaining high standards of Good Clinical Practice.
- 6.2. **IEC members:** Individuals serving as regular and alternate members on the Institutional Ethics Committee. These committees are constituted in Accordance with the IEC membership requirements set forth in ICH GCP and NDCT Rules, 2019.
- 6.3. **SOP Team:** A selected committee of the members of KAHER Ethics Committee and administrative staff who oversee the creation, preparation, review and periodic revision of the institute SOPs.
- 6.4. **Master SOP files:** An official collection of the institute standard operating procedures (SOP) accessible to all staff, IEC members, auditors and government inspectors as a paper copy with an official stamp on first and last pages, and the approval signatures with effective date.

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7. Forms

Form No: 01	SOP Index Page
Form No: 02	Main text
Form No: 03	Document History
Form No: 04	Log of SOP Recipients
Form No: 05	Request for revision of SOP

IEC SOP-01: WRITING, REVIEWING, DISTRIBUTING AND AMENDING SOPs**Form No: 01****INDEX OF STANDARD OPERATING PROCEDURES VERSION-8.5**

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Form No: 02

Standard Operating Procedures Template

Institutional Ethics Committee, KLE Academy of Higher Education and Research (Formerly known as KAHER)

Title: Title which is self-explanatory and is easily understood

SOP/xx/vv.w

Effective Date:

Page: of TITLE

Title which is self-explanatory and is easily understood

SOP/xx/vv.w

Supersedes:

Written By:

Date...

Reviewed By:

Date

Approved by: Chairperson

(Name)

Signature with Date

Acceptance by: Registrar-KAHER

Date:

IEC SOP-01: WRITING, REVIEWING, DISTRIBUTING AND AMENDING SOPs

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Annex no. with title and code

Main Text:

- Purpose:** summarizes and explains the objectives of the procedure.
- Scope:** states the range of activities that the SOP applies to.
- Responsibility:** refers to person(s) assigned to perform the activities involved
- Flow chart:** simplifies the procedures in step by step sequence and states clearly the responsible person(s) or position for each activity
- Detailed instructions:** describe procedures step by step in short and clear phrases or sentences. Split a long sentence into shorter ones.
- Glossary:** clarifies uncommon or ambiguous words or phrases by explanation.
- Reference:** lists sources of the information given in the SOP.
- Annexure:** documents that explain further or clarify complex descriptions. “Description-by-example” is always recommended to avoid difficult texts which may be hard to understand.

IEC SOP-01: WRITING, REVIEWING, DISTRIBUTING AND AMENDING SOPs**Form No: 03**

Document History

(The final version is the version after the approval and Authorized by the Chairperson & Registrar-KAHERs, which is V-8.5)

Author –	Version	Date	Describe the main change
Name		dd-mm-yy	Final version
Name		dd-mm-yy	Minor changes
Name		dd-mm-yy	Major changes
Name		No change	(Routine review)

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Log of SOP Recipients

Sl.No.	Name of Recipients	SOP Code	No. of Copies	Signature	Date

IEC SOP-01: WRITING, REVIEWING, DISTRIBUTING AND AMENDING SOPs**Form No: 05**

Request for Revision of an SOP

IEC of KLE Academy of Higher Education and Research-Belagavi-590010

SOP Version: 8.4-Mar-2023

Requirements for the revision of SOP	
Any changes in IEC membership requirements	NA
As per utmost CT rules and regulations	NA
Problems or deficiency in the SOP	Yes
Any Regulatory authority requirements If applicable	NA
Any stake holders' requirements If applicable	NA

Identified by: Date (D/M/Y): During FERCAP Post Assessment follow up Visit on 04-Mar-2023

Discussed with: IEC Members

SOP revision required: **Yes**

If yes, to be carried out by whom? Chairperson and Members

[Changes in the Membership requirements]

If no, why not?

Date SOP re-finalized:28-Aug-2023

Date SOP approved: 31-Aug-2023

Date SOP becomes effective: 02-Sep-2023



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-II- CONSTITUTING THE ETHICS COMMITTEE FOR RESEARCH ON HUMAN SUBJECTS

Effective date: 02-Sep-2023 to 01-Sep-2025

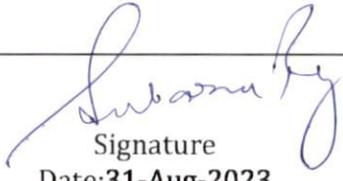
Prepared By:

Revana Devarinti IEC Administrator-KAHER	 Signature Date:28-Aug-2023
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Reviewed By:

Mrs.Geetanjali Salimath Member-secretary-IEC-KAHER	 Signature Date:30-Aug-2023
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Approved By:

Dr.Subarna Roy Charperson - IEC-KAHER	 Signature Date:31-Aug-2023
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Authorized By:

Prof.(Dr).M.S.Ganachari Registrar-KAHER, Belagavi	 Signature Date:02-Sep-2023
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IEC-SOP-02: CONSTITUTING EC FOR RESEARCH ON HUMAN SUBJECTS

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IEC-SOP-02: CONSTITUTING EC FOR RESEARCH ON HUMAN SUBJECTS

1. **Purpose:**

The purpose of this Standard Operating Procedure (SOP) is to describe the terms of reference (TOR), which provide the framework for constitution, selection, appointment, roles and responsibilities of Institutional ethics committee of KLE Academy of Higher Education and Research and its members and procedures for maintaining conflict and confidentiality of all activities and documents.

2. **Scope:**

The SOP applies to the functioning of all activities of Institutional Ethics Committee under the KLE Academy of Higher Education and Research [Formerly Known as KLE University]. This includes the basic responsibilities of the IEC, composition, appointment, Dissolving of the IEC, and conduct of the meeting.

3. **Responsibility:**

- 3.1. The IEC will allow inspectors or officials authorized by the CDSCO to enter its premises to inspect records, data or any documents related to clinical trials and provide adequate replies to any query raised by such inspectors or officials.
- 3.2. The IEC will apply to the CDSCO/ Drug Controller General (India) office to renew the registration, 3 months prior to the expiry of the awarded registration
- 3.3. The Will regularly inform the CDSCO/ Drug Controller General (India) office of change in the membership/constitution of the ethics committee.
- 3.4. The IEC Will competently review and evaluate all ethical aspects of research projects received to ensure compliance with the appropriate laws and safeguarding the welfare of subjects.
- 3.5. Education of professional, administrative, and support staff about ethical issues in creating, developing, revising and implementing ethical guidelines.

4. **Flow chart:**

Sl.No.	Activity	Responsibility
1.	Ethical basis and mandate	IEC Members, Secretariat
2.	Composition of the IEC	The Vice Chancellor of KLE Academy of Higher Education and Research
3.	Appointment of IEC members	Vice Chancellor of KLE Academy of Higher Education and Research
4.	Membership Requirements	IEC Members and Secretariat

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5.	Resignation, Disqualification, Replacement of Members	The Vice Chancellor of KAHER-IEC Members and Secretariat
6.	Independent Consultants	Chairperson of the IEC
7.	Conditions of Appointment	IEC chairman and Secretariat
8.	Secretariat including supportive staff	The Vice Chancellor of KAHER and Research in-Charge in consultation with the IEC Secretary.
9.	Quorum Requirements	IEC Members and Secretariat

5. Detailed Instructions:

5.1 Ethical basis and Mandate: The IEC seek to fulfill the requirements for international assurances and in accordance with the national law and regulations. the Institutional ethics committee of KLE Academy of Higher Education and Research [formerly known as a KLE-University] is registered with the DCGI with accession number ECR/211/Inst/KA/2013/RR-19 under New Drug and Clinical Trials, 2019 (Previous approval no: number ECR211/Inst/KA/2013/RR-16) valid from 20-April-2019 to 19-Apr-2024. IEC has also registered with FWA of the following IORG: FWA: 00024127

> IORG#-0001102

- IRB00001499 JNMC Ethics Committee on Human Subjects Rsc IRB#1
- IRB00012930 KLE Academy of Higher Education and Research IRB#2

> IORG#-0010887

- IRB00012910 KLE Academy of Higher Education and Research IRB#

5.1.1. The Ethics committee will have a minimum of seven and a maximum of fifteen members from medical or non-medical, scientific and non-scientific areas with Atleast

- > One lay person;
- > One-woman member;
- > One legal expert;
- > One independent member from any other related field such as a social science or representative of non-governmental voluntary agency or philosopher or ethicist or theologian

5.1.2. The Ethics Committee shall consist of at least fifty percent of its members who are not affiliated with the institute or organization in which such committee is constituted.

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- 5.1.3. The committee shall include at least one member whose primary area of interest or specialization is nonscientific and at least one member who is independent of the institution.
- 5.1.4. Members should be conversant with the provisions of New Drug and Clinical Trials Rules, 2019, Good Clinical Practice Guidelines for clinical trials in India, and other regulatory requirements to safeguard the rights, safety, and well-being of the trial subjects. While considering an application that involves a conflict of interest of any member of the Ethics Committee, such member may voluntarily withdraw from the Ethics Committee review meeting, by expressing the same in writing, to the Chairperson. The details in respect of the conflict of interest of the member shall duly recorded in the minutes of the meetings of the Ethics Committee.
- 5.1.5. Any change in the membership or the constitution of the registered Ethics Committee shall be intimated in writing to the Central Licensing Authority within thirty working days.
- 5.1.6. Ethics Committee shall review and approve the suitability of the investigator and trial site for the proposed trial.
- 5.1.7. The records of income & expenditure of the Ethics Committee shall be maintained for review
- 5.1.8. The Chairman of Ethics Committee shall enter into Independence with head of institution, that necessary support and facilities and independence shall be provided to Ethics Committee and their records will be maintained.
- 5.1.9. The Ethics Committee shall allow any officer authorized by the Central Licensing Authority to enter, with or without prior notice, to inspect the premises, any record, or any documents related to clinical trial, furnish information to any query raised by such authorized person, in relation to the conduct of clinical trial and to verify compliance with the requirements of these rules, Good Clinical Practices Guidelines and applicable regulations for safeguarding the rights, safety and well-being of trial subjects.
- 5.1.10. Ethics Committee (IEC) shall review and approve all types of research proposals involving human participants with a view to safeguard the dignity, rights, safety and well-being of all actual and potential research participants.
- 5.1.11. IEC of KAHER ensure a competent review of all ethical aspects of the project proposals received by it in an objective manner, the IEC may refer to the SOPs and Guidelines of the Institutional Ethics Committee of KAHER.

IEC-SOP-02: CONSTITUTING EC FOR RESEARCH ON HUMAN SUBJECTS

- 5.1.12. Ensure that universal ethical values and international scientific standards are followed in terms of local community values and customs.
- 5.1.13. It is a dictum that the goals of research, however important, should never be permitted to override the health and well-being of the research participants.
- 5.1.14. IEC shall only review the research proposals (clinical trials, basic research, socio-behavioural or operational studies), which are conducted at the Institute.
- 5.1.15. Genetics studies in any form cannot be approved by IEC of KAHER, Belagavi-590010 Hence, the genetic studies to state that appropriate expert will review such studies as per ICMR Guidelines 2017
- 5.1.16. IEC meeting Schedules: once in month. If needed monthly twice.

5.2 Quorum Requirements: For review of each protocol, at least **five** members are required as per the new drugs and clinical trial rules, 2019 or 50% + 1 of Regular Members for quorum if the attending members are more in numbers.

- i. Clinician
- ii. Layperson
- iii. Medical Scientist
- iv. Member from NGO
- v. Legal Expert

6. **Alternate Members:**

- 6.1. The IEC should nominate alternate Chairperson who can be selected from the non- affiliated institute. The alternate Chairperson can oversee / conduct the meeting in the absence of the Chairperson.
- 6.2. Considering the fact that there may be conflict of interests when the Member Secretary is the Principal Investigator/ co-investigator or is absent from the meeting, the IEC may consider appointing alternate Member Secretary who should be the affiliated to the institute.
- 6.3. The alternate member of required specialty (Legal Expert, Clinical Pharmacologist, Community Member) can be selected for fulfilling the quorum, in case the present member is not able to attend the meeting due to unprecedented prior commitments and the meeting is to be held as per schedule
- 6.4. Alternate members are suggested by the IEC member and nominated by chairperson-IEC-KAHER

IEC-SOP-02: CONSTITUTING EC FOR RESEARCH ON HUMAN SUBJECTS**7. COMPOSITION OF THE IEC-KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH:**

Sl.NO	Name and Designation	Role in the IEC	Affiliation	Gender
1)	Dr. Subarna Roy, Scientist 'G', ICMR-NITM, Nehru Nagar, Belagavi	Chairperson	No	M
2)	Dr. Harsha V.Hegde, Scientist 'E' ICMR-NITM, Nehru Nagar Belagavi.	Scientific Member	No	M
3)	Dr.P.A.Patil, Prof of Pharmacology [USM-KLE] IMP, "VISHILP" 23-A, IInd main, IInd cross, Basav Colony, Bauxite Road, Belagavi.	Medical Scientist	No	M
4)	Mrs.Nagaratana Sunil Ramgouda, Founder President of Ashraya Foundation-NGO, Belagavi	NGO representative	No	F
5)	Mrs.Vaishnavi V Kivadasannavar, M.S.W, Virupaxi Residency 2nd Main, 5th Cross, Sadashiva Nagar, Belagavi.	NGO representative	No	F
6)	Mrs. Renuka Dodawad Rail Nagar, Belgaum	Layperson	No	F
7)	Shri. Praveen Hiremath, Advocate, Anjaneya Nagar, Belagavi.	Legal Expert	No	M
8)	Dr.S.S.Goudar, Prof. of Physiology, J.N. Medical College, Belagavi.	Medical Scientist	Yes	M
9)	Dr.Sridevi Metgud Prof of OBG and Gynecology J.N.M.C, Belagavi	Clinician	Yes	F
10)	Dr.Jayaprakash Appajigol, Associate Professor J.N.M.C and Consultant, KLES Dr.Prabhakar Kore Hospital & MRC, Belagavi-10	Clinician	Yes	M
11)	Dr. Abhilasha Sampagar, Associate Professor of Paediatrics, JNMC, Belagavi	Clinician	Yes	F
12)	Dr.Netra Angadi, Asst.Prof of Pharmacology J.N.M.C, Belagavi-10	Medical Scientist	Yes	F
13)	Dr.Smita Sonoli, Professor, Dept. of Biochemistry, JNMC, Belagavi	Medical Scientist	Yes	F
14)	Mrs.Geetanjali Salimath, Associate Prof, M. Pharm-Pharmacy Practice, KLECOP, Belagavi-10	Member-Secretary	Yes	F
15)	Mr.Revana Devarinti, Asst Prof, M. Pharm-Pharmacy Practice, KLECOP, Belagavi-10	IEC administrator	Yes	M

7.1. *IEC administrator is an Non- Voting Member in the committee and look after the member secretary duties and IEC administrative activities

IEC-SOP-02: CONSTITUTING EC FOR RESEARCH ON HUMAN SUBJECTS

7.2 Membership and selection requirements:

In the interest of the Institute's research program, the IEC members including the Chairperson, the Vice-Chancellor of KLE Academy of Higher Education and Research, Belagavi/Officer-in-Charge taking into consideration their expertise, research interests and experience in ethics, will select Member Secretary.

- 7.2.1. Selected members should possess the necessary research experience- scientific knowledge and expertise; knowledge of ethics, and their commitment and willingness to volunteer the necessary time and effort for the IEC activities
- 7.2.2. Community member will be selected based on the basis that they are willing to publicize the full name, profession and affiliation. Their Curriculum Vitae should be submitted to the IEC office for records.
- 7.2.3. The Member Secretary in the meeting should inform the Chairperson and the IEC members of the potential members and their concurrence should be obtained.
- 7.2.4. Members must disclose in writing any interest or involvement – financial, professional or otherwise – in a project or proposal under consideration.
- 7.2.5. the IEC shall decide the extent to which members that might have a conflict of interest may participate in bringing out an advice/decision, [Refer to SOP/03/V-8.3 – Confidentiality /Conflict of Interest Agreement- the members are consented with the same version of Documents]
- 7.2.6. Members will be required to sign a confidentiality agreement at the start of their term.

7.3. Terms of Appointment:

The IEC of KAHER Members can be appointed for a duration not exceeding **05** Years for **02** terms. However, depending of the need and expertise of the member, the term can be extended for further period of five years in an exceptional case with the approval from the Competent authority with following conditions:

- 7.3.1. Willingness to publicize his/her full name, profession, and affiliation
- 7.3.2. willingness to abide by the requirements laid in the SOP
- 7.3.3. All IEC Members and Independent Consultants must sign Confidentiality / Conflict of Interest Agreements regarding meeting deliberations, applications, information on research participants and related matters

IEC-SOP-02: CONSTITUTING EC FOR RESEARCH ON HUMAN SUBJECTS

7.3.4. An investigator can be a member of the IEC; however, the investigator-as-member cannot participate in the review and approval process for any clinical trials in which he or she has a presence as a PI, Co-PI or potential conflict of interest.

7.4. Resignation, Disqualification, Replacement of Members:

Members may resign their positions by submitting a letter of resignation to the Chairperson.

Members may also be disqualified from continuance in the following circumstances:

- Should the Chairperson provide written arguments to the (other) members and there is unanimous agreement
- Member does not comply to the responsibilities set for the members (stubborn- sets up stage for argument/ non-punctual/ not thorough with the job assigned)
- The Vice-Chancellor of KAHER may replace members who have resigned or have been disqualified with new members.

7.5 Members and their responsibilities: The following members through their respective responsibilities contribute to the good functioning of the IEC:

7.5.1 Chairperson:

7.5.1.1. He/She should be a highly respected individual from outside and not affiliated to the institution. He/she is responsible to chair the meetings, invite independent consultants to provide special expertise to the IEC on proposed research protocol.

7.5.1.2. He/She should work in close co-ordination with the Member Secretary, review and sign along with the member secretary all the minutes, proposals and work towards the smooth function of the IEC.

7.5.2 Alternate Chairperson:

7.5.2.1. He/She should be a highly respected individual preferably from outside and not affiliated to the institution, fully capable of managing the IEC and the matters brought before it with fairness and impartiality. Act as Alternative chairperson in absence of the Chairperson.

7.6 Member Secretary: He/She is responsible for the administrative Section 7.15

7.7. Alternate Member Secretary:

7.7.1. He/she is responsible for the proceedings of the meeting in the absence of the member secretary/ if the member secretary has a conflict of interest for a study under review.

IEC-SOP-02: CONSTITUTING EC FOR RESEARCH ON HUMAN SUBJECTS**7.8. Medical scientist:**

- 7.8.1. A basic medical scientist should have post-graduate qualifications and adequate experience in his/her respective field. A basic medical scientist should be an MD in one of the basic sciences. Basic sciences include anatomy, physiology, biochemistry, pharmacology, microbiology and pathology.
- 7.8.2. He/She should review the protocol with respect to the methodology, design of the study and rationale of the study hypothesis and should review overall protocol.
- 7.8.3. He/She can act as a primary scientific reviewer

7.9. Scientific Member:

- 7.9.1. A basic science scientist should have post-graduate qualifications and adequate experience in his/her respective field.
- 7.9.2. He/She should review the protocol in accordance to pre-clinical studies and with respect to the methodology, design of the study and rationale of the study hypothesis and should review overall protocol

7.10. Legal Expert:

- 7.10.1. Role of Legal expert is as primary reviewer of the contract to review the insurance, compensation and trial agreements.
- 7.10.2. Law can help physicians in decision-making and legalized approaches are similarly said to foster deliberation and careful weighing of evidence as well as playing a fundamental role in tempering subjective discretion and minimizing arbitrariness.
- 7.10.3. Should review overall protocol including Clinical trial agreements and insurance in clinical trials.

7.11. Layperson:

- 7.11.1. Represent the interests of the community/participant at large
- 7.11.2. Less influenced by the financial and non-financial conflicts of interests
- 7.11.3. Reviewing the informed consent process to ensure participant protection
- 7.11.4. Evaluating benefits and risks to research participants
- 7.11.5. Reviewing protocols helping to ensure that language and other aspects of a study make sense to the layperson

7.12. Clinicians:

- 7.12.1. A basic science scientist should have post-graduate qualifications and adequate experience in his/her respective field.

IEC-SOP-02: CONSTITUTING EC FOR RESEARCH ON HUMAN SUBJECTS

7.12.2. He/She should review the protocol in accordance to clinical studies and with respect to the methodology, design of the study and rationale of the study hypothesis and should review overall protocol

7.12.3. He/She can act as a primary scientific reviewer.

7.13. Representative of Non-Governmental Voluntary agency/Social science background:

7.13.1. A graduate with specialization in social ethics, intercultural ethics, and the ethics of gender and vulnerable population.

7.13.2. Persons conversant with the value dimensions and values of illness and health Participants eg philosopher, Ethicist, theologian economist and anthropologist

7.13.3. Bring expertise in ethical and moral values to the multidisciplinary team in the clinical setting.

7.14. IEC Assistant Coordinator:

7.14.1. Organizing an effective and efficient tracking procedure for each proposal received

7.14.2. Preparation, maintenance and distribution of study files

7.14.3. Preparation and maintenance of meeting agenda

7.14.4. Receive and check for the completeness of the documents for review by the IEC

7.15. The IEC Administrator and staff: There will be administrative officer/s and attendant/s/helper/s who will help the IEC Chairperson and Member Secretary in executing functions of the IEC. Additional staff may be appointed and duties assigned; as and when deemed necessary by the IEC. The eligibility criteria for new staff to be appointed will be laid down depending on the required job profile. The administrative staff will be appointed by conducting formal interviews (to be conducted by a panel of experts appointed by Vice-Chancellor of KAHER, Belagavi-10

7.15.1. Member secretary will do preliminary review of submitted protocols and determination of primary reviewer in consultation with chairperson if required

7.15.2. Correspondence with the IEC members and external Members

7.15.3. Correspondence with the investigators

7.15.4. Pre and post arrangements of IEC meetings

7.15.5. Preparing agenda and minutes of the IEC meetings

7.15.6. Answering queries of the investigators

7.15.7. Filing study related documents

7.15.8. Archiving and maintaining the study files

IEC-SOP-02: CONSTITUTING EC FOR RESEARCH ON HUMAN SUBJECTS

7.16. The Secretariat shall have the following functions:

- 7.16.1. Organizing an effective and efficient tracking procedure for each proposal received
- 7.16.2. Preparation, maintenance and distribution of study files
- 7.16.3. Allocation of project reviews to specific members to facilitate efficient dispensation of the projects.
- 7.16.4. Organizing IEC meetings regularly
- 7.16.5. Preparation and maintenance of meeting agenda and minutes
- 7.16.6. Receive and check for the completeness of the documents for review by the IEC.

7.17 DUTIES OF THE ATTENDANT/S /HELPER/S

- 7.17.1. Assisting the secretariat in arranging the IEC meetings
- 7.17.2. Dispatching sets of study documents to IEC members and external experts
- 7.17.3. Receiving the study related documents from and dispatching the IEC letters to the investigators

8. The office timings: The administrative staff will avail leave as per KLE Academy of Higher Education and Research Norms. The Secretariat is composed of the Member Secretary and the administrative supporting staff, which includes Ethics Committee coordinator, a full-time peon and lower division clerk. It is mandatory that the clerical assistant and peon should be a permanent employee to ensure efficient record keeping and retrieval of clinical trial related documents.

9. MAINTAINING THE IEC'S DOCUMENTATION AND ARCHIVAL:

- 9.1. Communicating with the IEC members and investigator applicants
- 9.2. Arrangement of training for personnel and IEC members
- 9.3. Organizing the preparation, review, revision and distribution of SOPs (see SOP/02/V-8.5)
- 9.4. Work in unison with the IEC members and the investigators to reduce the turn-around time of the study proposals sent to the IEC for review.
- 9.5. Providing updates on relevant and contemporary issues related to ethics in health research, as well as relevant contemporary literature to the Committee members.

10. TERMS OF REFERENCES OF IEC MEMBERS

- 10.1. Regularly attend and actively participate in the IEC meetings
- 10.2. Review, discuss and consider research proposals submitted for evaluation. Reviewers for each proposal will review the study. Later, if any other issues the other IEC members can voice their comments/suggestions.

IEC-SOP-02: CONSTITUTING EC FOR RESEARCH ON HUMAN SUBJECTS

- 10.3. Monitor serious adverse event reports and recommend appropriate action(s) Review the progress reports and monitor ongoing studies as appropriate.
- 10.4. Evaluate final reports of clinical trials
- 10.5. Maintain confidentiality of the documents and deliberations of IEC meetings. Declare any conflict of interest
- 10.6. Participate in continuing education activities in biomedical ethics and biomedical research
- 10.7. If deemed necessary, should suggest any changes that may be necessary to be included in the SOPs of the IEC
- 10.8. Conduct ethical review of study protocol and its related documents
- 10.9. Conduct monitoring visits for any research proposal, if needed

11. DISSOLVING OF THE IEC:

- 11.1. At any point in time, should the Institute cease to exist, the IEC is automatically dissolved.
- 11.2. The IEC may also be dissolved at any time by the Vice-Chancellor, KLE Academy of Higher Education and Research/Officer-in-Charge of the KLEs Dr Prabhakar Kore Hospital and MRC following written notification to each of the members

12. REFERENCES:

- 12.1. New Drugs and Clinical Trial Rules, 2019
- 12.2. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020
- 12.3. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 12.4. International Conference on Harmonization, Guidance for Good Clinical Practice E6R2 (ICH-GCP) 2016
- 12.5. Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants-2011
- 12.6. 45 Code of Federal Regulations 46.108(b); 21 CFR56.108(c);
- 12.7. OHRP-office for Human Research Protections- 2017

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT

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IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT

1. Purpose and Application:

The purpose of this section is to provide a form of Confidentiality/Conflict of Interest Agreement and identify who should read, understand, accept, sign and date the form. The procedure provides details when and where to sign as well as how the signed document should be kept.

The policy principles and procedures contained in this SOPs applies to:

- Institutional Ethics Committee members
- Permanent, temporary and part-time employees of Ethics Committee
- Guest Attendees i.e Students, Ethics Committee Assessors-External Members of IEC

2. Scope:

This SOP covers the Agreements on both Confidentiality and Conflict of Interest concerning information and procedures followed by the Institutional Ethics Committee of KLE Academy of Higher Education and Research, Belagavi.

3. Responsibility:

As it is mandatory to maintain the confidentiality of study protocols, IEC documents, and correspondence with experts, it is the responsibility of all newly appointed IEC of KLE Academy of Higher Education and Research members to read, understand, accept and sign the agreement contained in the Confidentiality / Conflict of Interest form, before beginning their ethical review tasks to protect the rights and safety of study participants. If non-members of the IEC need copies of documents, it is the responsibility of the IEC member/staff to take confidentiality and conflict of interest agreement forms duly signed and dated.

4. Flow chart:

Sl.No.	Activity	Responsibility
1.	Read the text carefully and thoroughly	IEC members
2.	Ask questions, if any	IEC members

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT

3.	Sign to indicate consent	IEC members
4.	Keep the Agreement in mind	IEC members
5.	Copy Confidential documents	IEC Secretariat
6.	File log of Copies	IEC Secretariat

5. Detailed instructions: the policy of the IEC of KAHER, which every member including the Chairperson, the alternate Chairperson and the alternate members to sign the Confidentiality/Conflict of Interest Agreement with date. Even though the member discontinues being a part of the IEC of KLE Academy of Higher Education and Research for the Clinical Studies, He/she will have to maintain confidentiality which will be valid for all the protocol related information for which he/she had access to Observation of IEC, The KAHER for Clinical Studies meetings/ IEC office visit by Guest Attendees/research students.

5.1. Permission to observe the Institutional Ethics Committee, KLE Academy of Higher Education and Research meetings and will be given only after a formal written request addressed to the Chairperson/Member Secretary.

5.2. Permission will be granted for academic purposes and other reasons at the discretion of the Chairman/Member Secretary.

5.3. They will be requested to sign a Confidentiality Agreement Form for Guest Attendees to Ethics Committee, KLE Academy of Higher Education and Research Meetings/if any IEC office visit.

5.4. They will be escorted by staff of the Institutional Ethics Committee of KLE Academy of Higher Education and Research

5.5. Care will be taken to see only the necessary documents are given access to while proposals will be stored under lock and key.

6. Read the text carefully and thoroughly

6.1. Newly appointed members obtain two copies of the Agreement Form No: 06 and 07

6.2. The member is expected to read the text of the form very carefully.

7. Ask questions, if any

7.1. Direct questions to the Secretariat, if any part or sentences are not clear.

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT

7.2. Let the Member Secretary explain or clarify the contents of the document.

8. Sign with consent

8.1. Sign and date both copies of the document before a member of the Secretariat.

8.2. Give the forms back to a Member Secretary/ Secretariat to sign and date.

8.3. The members have to keep a copy for their records

9. Strategies to manage Conflict of Interest:

9.1. Disclose conflict of interest

9.2. Document the conflict of interest in attendance register /minutes of the meeting

9.3. Refrain from taking part in any discussion/review/ debate about the proposal;

9.4. Refrain from participating in the review process of project proposal by leaving the meeting room.

10. Glossary:

10.1. **Confidentiality:** The non-occurrence of unauthorized disclosure of information:

10.2. **Confidentiality Agreement:** (Secrecy or Nondisclosure agreements). An agreement designed to protect, information, data and expertise from being misused by those who have learned about them. Most confidentiality agreements exclude certain types of information from the definition of confidential information. It is very important that the recipient include these exceptions in the confidentiality agreement. An important point that must be covered in any confidentiality agreement is the standard by which the parties will handle the confidential information. The agreement must establish a time period during which disclosures will be made and the period during which confidentiality of the information is to be maintained.

10.3. **Conflict of Interest:** A situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties.

10.4. **Conflict of interest is present and interferes with ability to make an objective evaluation in cases of:**

10.4.1. Member of IEC have their own research projects under review by the Ethics Committee, when they are an investigator, co-investigator, or when they are in a supervisory or mentoring relationship with a Principal Investigator.

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT

- 10.4.2. A member whose spouse is a Principal Investigator, co-investigator, for any project under review is also considered to have conflict of interest.
- 10.4.3. Members may also be in a conflict-of-interest situation when they have interpersonal or financial relationships with the researchers, or personal or financial interests in a company, organization that may be the sponsor of the research project, or that may be substantially affected by the research.
- 10.4.4. To maintain the independence and integrity of research ethics review, members must identify, eliminate, minimize or otherwise manage real, potential or perceived conflicts of interest. If a member has a personal or financial conflict of interest, then he/she must disclose the nature of the conflict and absent himself or herself from any discussion or decision regarding that research project. In the event that a member's conflict of interest and necessary withdrawal from the meeting will threaten the maintenance of quorum, the Committee can ensure that an alternate member attend to maintain quorum.

11. References:

- 11.1. Integrated addendum to ICH E6(R1): guideline for good clinical practice (E6)R2-2016
- 11.2. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 11.3. New Drugs and Clinical Trial Rules, 2019
- 11.4. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

12. FORMS:

- 12.1. FORM No:06 Confidentiality Agreement Form for IEC members
- 12.2. FORM No:07 Conflict of Interest Agreement Form for IEC members
- 12.3. FORM No:08 Confidentiality Agreement Form for Guest Attendees
- 12.4. FORM No:09 Confidentiality Agreement Form for Independent consultants
- 12.5. FORM No:10 Confidentiality Agreement for Non-members Requesting Copy of IEC Documents
- 12.6. FORM No:11 Log of Requests for Copies of IEC Documents
- 12.7. FORM No:12 Log of Requests for Original Documents

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT

FORM No:06

Confidentiality Agreement Form for Ethics Committee Member

In recognition of the fact, that I _____herein referred to as the “Undersigned”, have been appointed as a member of the Institutional Ethics Committee of KLE Academy of Higher Education and Research, has been asked to assess research studies involving human subjects in order to ensure that they are conducted in a humane and ethical manner, with the highest standards of care according to the applied national, local regulations, institutional policies and guidelines;

Whereas, the fundamental duty of an IEC-KLE Academy of Higher Education and Research member is to independently review both scientific and ethical aspects of research protocols involving human subjects and make a determination and the best possible objective recommendations, based on the merits of the submissions under review;

Whereas, the IEC- KLE Academy of Higher Education and Research for Clinical Studies must meet the highest ethical standards in order to merit the trust and confidence of the communities in the protection of the rights and well-being of human subjects;

This Agreement thus encompasses any information deemed Confidential or Proprietary provided to the Undersigned in conjunction with the duties as a member of the IEC-KLE Academy of Higher Education and Research. Any written information provided to the Undersigned that is of a Confidential, Proprietary, or Privileged nature shall be identified accordingly.

The undersigned agrees not to disclose or utilize, directly or indirectly, any Confidential or Proprietary information belonging to a third party in fulfilling this agreement. Furthermore, the Undersigned confirms that his/her performance of this agreement is consistent with the institute’s policies and any contractual obligations they may have to third parties.

I have read and accepted the aforementioned terms and conditions as explained in this Agreement.

Undersigned Signature	Date
IEC Chairperson/Member secretary	Date

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT**FORM No:07****Conflict of Interest Agreement Form for Ethics Committee Members**

It is recognized that the potential for conflict of interest will always exist but has faith in the Ethics Committee and its Chairperson to manage the conflict issues so that the ultimate outcome is the protection of human subjects.

It is the policy of the IEC of KAHER that no member may participate in the review, comment or approval of any activity in which he/she has a conflict of interest except to provide information as requested by the IEC, KLE Academy of Higher Education and Research for Clinical Studies.

The Undersigned will immediately disclose to the Chairperson of the Ethics Committee any actual or potential conflict of interest that he/she may have in relation to any particular proposal submitted for review by the Committee, and to abstain from any participation in discussions or recommendations in respect of such proposals.

When a member has a conflict of interest, the member should notify the Chairperson and may not participate in the IEC, KLE Academy of Higher Education and Research review or approval except to provide the information requested by the Committee.

I, _____ have read and accept the aforementioned terms and conditions as explained in this Agreement. I shall abstain from any participation in discussions or recommendations in respect of such proposals.

Undersigned Signature	Date
IEC Chairperson/Member secretary	Date

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT

FORM No: 08

Confidentiality Agreement Form

For Guest Attendees to Institutional Ethics Committee-KAHER for Clinical Studies Meetings

Ifromunderstand that I am allowed to attend the Institutional Ethics Committee of KLE Academy of Higher Education and Research Full board/or SAE Review meeting as a guest or an observer. In the course of the meeting of the KLE Ethics Committee, some confidential information may be disclosed or discussed. Upon signing this form, I agree to take reasonable measures to keep the information Confidential.

Indicate the details (date and number) of **the Institutional Ethics Committee of KLE Academy of Higher Education and Research** Meeting attended:

.....
.....
.....

Signature of the Guest or Observer	Date
Member Secretary	Date
IEC Chairperson	Date

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT**FORM No:09****Confidentiality Agreement Form for independent Consultants**

I _____ from _____ as a non-member of the Institutional Ethics Committee, KLE Academy of Higher Education and Research for Clinical Studies, understand that the copy(ies) given to me by the Ethics Committee is (are) confidential. I shall use the information only for the indicated purpose as described to the Institutional Ethics Committee, KLE Academy of Higher Education and Research and shall not duplicate, give or distribute these documents to any person(s) without permission from the Institutional Ethics Committee, KLE Academy of Higher Education and Research. Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information Confidential.

Whenever I have a conflict of interest, I shall immediately inform the Chairperson not to count me towards a quorum for voting.

Signature of the Independent consultant	Date
Member Secretary	Date
IEC Chairperson	Date

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT

FORM No:10

Confidentiality Agreement Form for Non-members Requesting Copies of IEC Documents

I _____ from _____ [as a non-member of Institutional Ethics Committee KLE Academy of Higher Education and Research for Clinical Studies, understand that the copy (i.es) given to me by the Ethics Committee is (are) confidential. I shall use the information only for the indicated purpose as described to the Institutional Ethics Committee and shall not duplicate, give or distribute these documents to any person(s) without permission from the IEC. Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information Confidential.

I have received copies of the following IEC documents:

.....

Signature of the recipient	Date
Member Secretary	Date
IEC Chairperson	Date

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT**FORM No:11****Log of Requests for Copies of IEC Documents**

Sr. No	Date	Name of the Receiver	Documents Requested	Sign of the Receiver	Reason for Request
1.	11-15-Jul-2022	FEFCAP ASSESSOR	Last three Years IEC Approved clinical trial documents	Electronic	Accreditation/Assessment
2.	11-15-Jul-2022	FEFCAP ASSESSOR	IEC Membership Files	Electronic	Accreditation/Assessment
3.	11-15-Jul-2022	FEFCAP ASSESSOR	SAE Files	Electronic	Accreditation/Assessment
4.	11-15-Jul-2022	FEFCAP ASSESSOR	Regulatory documents	Electronic	Accreditation/Assessment
5.					
6.					

IEC SOP 03: CONFIDENTIALITY/CONFLICT OF INTEREST AGREEMENT**FORM No:12****Log of Requests for Original Documents**

Sr. No	Date	Name of the Receiver	Documents Requested	Signature of the Receiver	Reason for Request

IEC SOP 04: TRAINING PERSONNEL AND ETHICS COMMITTEE MEMBERS

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IEC SOP 04: TRAINING PERSONNEL AND ETHICS COMMITTEE MEMBERS

1. **Purpose**

The purpose of this section is to inform the Ethics committee personnel and members why training is necessary and how the members should seek to attend training or workshop programs to up-date themselves on the progress of technology, information and ethics. New IEC members are required to undergo a training program on basic ethics research & GCP to joining the Committee. It is the responsibility of the IEC Secretariat to give copy of the SOPs of the IEC, ICMR and CDSCO guidelines to the IEC members for reference and use.

2. **Scope:**

The SOP applies to all personnel of the IEC.

3. **Responsibility:**

It is the responsibility of the IEC members to have them educated and trained periodically.

4. **Flow chart:**

Sl.No	Activity	Responsibility
1	Topics for training	IEC members / staff
2	How to get trained	IEC members / staff
3	Keeping the training record	IEC members /staff

5. **Detailed instructions:**

5.1. **Topics for training:** Ethics committee members should have knowledge of Good Clinical Practice (GCP) including, Declaration of Helsinki and other National & International guidelines like CIOMS, WHO Ethical Issues:

- › Basic Research Ethics
- › ICH GCP E6(R2) 2016
- › CIOMS-2016
- › Latest version of IEC SOP
- › Ethical Guidelines for application of artificial intelligence in biomedical research and health care
- › Any changes in the recent clinical trial regulations/guidelines

An interchange of ideas, information and experiences with overseas institutions and organizations related to research ethics will be attempted. Efforts would be made to

IEC SOP 04: TRAINING PERSONNEL AND ETHICS COMMITTEE MEMBERS

collect information on overseas trends and to attend international specialist meetings organized for the exchange of experience and information.

5.2 How to get trained

- 5.2.1. All the IEC members should attend the training/ workshop organized by Internal IEC as well as external agencies at least once in a year
- 5.2.2. Recent SOP trainings

5.3. Keeping the training records

- 5.3.1. Fill in the form to record the training/workshop/conference activities in chronological order alongside training agenda
- 5.3.2. Make a copy of the form.
- 5.3.3. Keep the original form (Attendance list) as records with signed and dated.
- 5.3.4. Give the copy to the administrative staff to keep in the IEC member training record file

6. Glossary:

- 6.1. **Conference:** A meeting of individuals or representatives of various organizations for the purpose of discussing and/or acting on topics of common interest.
- 6.2. **Meeting:** Deliberations between at least two (2) persons where such deliberations determine or result in the joint conduct or disposition of business.
- 6.3. **Workshop:** A group of people engaged in study or work on a creative project or subject
- 6.4. **SOP Training:** IEC member secretary/Chairperson will engage on the summary of SOP changes/SOPs

7. References:

- 7.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use(ICH)-2016
- 7.2. WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013
- 7.3. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 7.4. Standard and operational guidance for ethics review of health-related research with human participants-2011
- 7.5. New Drugs and Clinical Trial Rules, 2019
- 7.6. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

IEC SOP 04: TRAINING PERSONNEL AND ETHICS COMMITTEE MEMBERS

Form No: 13

Training Record Form

Name of the Topic:

Venue:

Mode of Training: Online/Offline

National/International Level:

Date and Time:

Name of the Speakers and professional Details/agenda

1. _____
2. _____
3. _____
4. _____
5. _____

Department Name/Affiliation:

Sponsoring Agencies if applicable

List of Audiences attended:

Feedback:

Original Attendance list to be attached:

IEC SOP 05: SELECTION AND RESPONSIBILITIES OF INDEPENDENT CONSULTANTS

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IEC SOP 05: SELECTION AND RESPONSIBILITIES OF INDEPENDENT CONSULTANTS

1. Purpose:

The purpose of this SOP section is to provide procedures for engaging the subject expertise of a professional as a consultant to the Institutional Ethics Committee of KLE Academy of Higher Education and research, Belagavi.

2. Scope:

The Institutional Ethics Committee of KLE Academy of Higher Education and research for clinical trials determines that a study will involve procedures or information that is not within the area of expertise of the committee members, Chairperson of the committee in consultation with the Member-Secretary suggests individuals with competence in special areas to assist in the review of issues that require expertise beyond or in addition to those available in the committee and appointed by the Chairperson.

3. Responsibility:

Upon the advice or recommendation of the Secretariat, Chairperson or any member of the IEC. It is the responsibility of the IEC chairperson and KAHER to nominate and approve the name of the consultants to be endorsed by the IEC Chairperson.

4. Flow Chart:

Sl.No	Activity	Responsibility
1.	Maintaining a specialty-wise list/roster of independent Consultants	Secretariat
2.	Suggestions of Independent Consultants	IEC Members or Chairperson
3.	Appointment of Independent Consultants	Chairperson
4.	Consultation Services	IEC Consultant
5.	Termination of the Services	Consultant / IEC

5. Detailed instructions:

5.1 Selection and Appointment of Independent Consultants (ICs): Identify the experts from the list of the independent consultants/roster maintained by the secretariat or by the Ethics Committee Members, Secretariat and Chairperson.

IEC SOP 05: SELECTION AND RESPONSIBILITIES OF INDEPENDENT CONSULTANTS

- 5.1.1. The Chairperson/ Member Secretary on behalf of the Ethics committee will invite IC(s) selected by the committee in writing to assist in the review of the project and provide his/ her independent opinion in writing. This may be done after seeking concurrence and confirming the availability of the IC through any mode of communication.
- 5.1.2. Make decision based on expertise, availability and independence criteria
- 5.1.3. Get approval from the Ethics Committee.
- 5.1.4. Contact the consultant.
- 5.1.5. Invite the consultant to attend the meeting by sending an appointment letter signed by the Chairman of the Ethics Committee
- 5.1.6. The Secretariat will request IC to declare competing interests, if any and sign a confidentiality agreement. The Secretariat will maintain and provide a specialty-wise roster of consultants.
- 5.1.7. Appointment of Independent Consultants: In accordance with the Standard Operating Procedure (SOP) of the **Institutional** Ethics Committee of KAHER and as per the directions of IEC Members, Member Secretary and chairman the following faculty members of Jawaharlal Nehru Medical College, Belagavi, a constituent unit of KAHER have been appointed as **Independent Consultants** to review the research protocols:
- 5.1.8. In the term of appointment of the aforesaid consultants shall be co-terminus with the of ethics Committee i.e., 02 term of 03-years
- 5.2. **Co-ordination with Independent Consultants for fulfilling administrative requirements:**
 - 5.2.1. The Secretariat will forward a copy of the Confidentiality Agreement and Conflict of Interest Agreements to IC(s) Form No: 06 and 07 for careful reading, understanding and signing.
 - 5.2.2. The Member Secretary will provide explanations/ clarifications (telephonically or in writing) to the Independent Consultant(s) if any doubts or questions are raised. The Chairperson / Legal expert / Ethics Committee Members can provide any further explanations.

IEC SOP 05: SELECTION AND RESPONSIBILITIES OF INDEPENDENT CONSULTANTS

5.3. Reading, understanding and signing the Conflict-of-Interest document and Confidentiality Agreement:

5.3.1. The IC(s) will sign and date the Confidentiality and Conflict of Interest Agreement document.

5.3.2. The Chairperson/Member Secretary will sign and date the Confidentiality and Conflict of Interest

5.3.3. The original copies of these agreements will be retained by the Secretariat and photocopies will be sent to IC (s).

5.4. Consultation Services:

Their professional qualifications may be in the areas of community and/or patient representation, or subject experts unique to the study proposal under ethics review. Subject experts could be invited to offer their views, based on the requirement of research area, for example HIV, genetic disorders *etc.* it is desirable to include a member from specific patient groups in the Committee. Independent Consultants are appointed only for the review of the study sought. They will ***not be able to vote*** or be involved in decision-making. The Review Report Form will be filed with the project proposal in the respective file.

5.5. **Termination of the Services:** Consultation services may be terminated by either the consultants themselves or by the IEC. Upon termination of the consultant's services, a member of the Secretariat ensures that all the qualifying documentation and the reason for discontinuation of the services are filed with the administrative documents.

6. Glossary:

6.1. **Independent consultant:** An expert who gives advice, comments and suggestion upon review of the study protocols with no affiliation to the institutes or investigators proposing the research protocols.

7. Reference:

7.1. ICMR Guidelines-2017

7.2. New Drugs and Clinical trial rules-2019

8. FORMS:

- Form No: 14 ICs Review Report Form

IEC SOP 05: SELECTION AND RESPONSIBILITIES OF INDEPENDENT CONSULTANTS

FORMS:14

PART-A: Study Assessment Form -INDEPENDENT CONSULTANT

IEC Protocol Code		Principal Investigator	
Protocol Version and date		IEC Meeting Date and Time	

Primary Reviewer's name with Designation:

Sl. No	Particulars	Appropriate	Not Appropriate	N/A	Comments
1.	Scientific related issues				
	Rationale				
	Objectives				
	Study design				
	Study population				
	Sample size				
	Inclusion Criteria				
	Exclusion Criteria				
	Withdrawal criteria				
	Procedures used in research				
	The use of placebo				
	The use of medical device				
	Method of Research Assessment - Assessment of efficacy - Assessment of safety				
	Monitoring Complications and solutions				
	Blood or specimens [Frequency & Amount]				
	Duration and number of follow up				
	Static used in analysis				
2.	Ethical issues				
	Involvement of Vulnerability - Identification of Vulnerability - Justification for the use of Vulnerable population - Protection of Vulnerable groups				
	Risk to the health of participants - Identify the risk: physical, psychological, economic, legal risk or risk due to				

IEC SOP 05: SELECTION AND RESPONSIBILITIES OF INDEPENDENT CONSULTANTS

	invasion of privacy and confidentiality				
	Sufficient measures to prevent or minimize the risks				
	Risk to the health of the embryo or the unborn child or spouse				
	Risk to the research community				
	Direct benefits to participants -During and after the study				
	Benefits to Society				
	Favorable benefits/risk ratio				
3.	Qualification of Investigator				
	Expertise of investigator(s)				
	Training of the investigator(s) (GCP for clinical trials or Human Participant Protection)				
	Conflict of interest of the investigator(s)				

For medical device protocols:

Non-significant risk	Significant risk
----------------------	------------------

Risk assessment of the protocol: Put Tick \checkmark Mark

Research not involving more than minimal risk	
Research involving greater than minimal risk but presenting the prospect of direct benefit to the participants	
Research involving greater than minimal risk and no prospect of direct benefit to individual participant, but likely to yield generalizable knowledge about the participant's disorder or condition	

Duration of progress report:	06-Months	12 Months
-------------------------------------	------------------	------------------

Opinion of the Reviewer:

Approve	
Minor Modification	
Major Modification	
Disapprove	

Reviewer Name signature and date



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-III- INITIAL REVIEW PROCEDURES

Effective date: 02-Sep-2023 to 01-Sep-2025

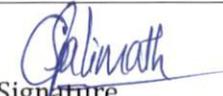
Prepared By:

Revana Devarinti
IEC Administrator-KAHER


Signature
Date:28-Aug-2023

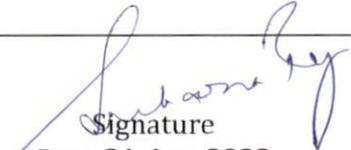
Reviewed By:

Mrs.Geetanjali Salimath
Member-secretary-IEC-KAHER


Signature
Date:30-Aug-2023

Approved By:s

Dr.Subarna Roy
Charperson - IEC-KAHER


Signature
Date:31-Aug-2023

Authorized By:

Prof.(Dr).M.S.Ganachari
Registrar-KAHER, Belagavi


Signature
Date:02-Sep-2023



IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

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IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

1. Purpose:

This standard operating procedure is designed to describe how the Secretariat of the Institutional Ethics Committee (IEC) of KAHER to manages the protocol submissions.

2. Scope:

A protocol submission includes:

- › Submission for Initial Review and Approval
- › Re-submission of Protocols with Corrections
- › ICD/Protocol Amendments-Summary of changes
- › Continuing Review of Approved Protocols
- › Protocol Termination

3. Responsibility:

It is the responsibility of the IEC secretariat to receive, record, and distribute for review and get the proposals approved by the IEC, as well as to deliver the review results by the way of discussion with Decision to the Principal Investigator/Co-Investigator.

4. Flow chart:

Sl.No	Activity	Responsibility
1.	Receive Submitted project proposals	IEC Secretariat
2.	Check for submission items <ul style="list-style-type: none"> • Initial Review Application • Re-submission of Protocols with Corrections • Protocol Amendment-Summary of changes • Continuing Review of Approved Protocols • Protocol Termination 	IEC Secretariat
3.	Complete the submission process	IEC Secretariat
4.	Store the received documents	IEC Secretariat

5. Detailed instructions:

5.1. Receive submitted documents

5.1.1. Initial Review Application

- Go to SOP/08/V-8.5

5.1.2. Re-submission of Protocols with Corrections

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

- Go to SOP/11/V-8.5

5.1.3. Protocol Amendment

- Go to SOP/12/V-8.5

5.1.4. Continuing Review of Approved Protocols

- Go to SOP/13/V-8.5

5.1.5. Protocol Termination/Completion

- Go to SOP/18/V-8.5

5.2. Check for submission items

5.2.1. Check the received documents: Receive the documents from the Principal Investigator after confirming that they are complete with respect to information, forms, approval letters, enclosures, page nos. on each page etc

5.2.2. Initial Review:

5.2.2.1. Check for contents of a submitted project proposal PI checklist form No:16

5.2.2.2. Study assessment Reviewer form no: 17

5.2.3. Resubmission of Protocols with corrections:

5.2.3.1. Check for contents of a submitted project proposal form No:16

5.2.3.2. Study assessment Reviewer form no: 16

5.2.4. Protocol Amendments:

5.2.4.1. Review Report form No: 30

5.2.5. Annual Continuing Reviews of Approved Protocols

5.2.5.1. Check the Annual Report with the template No: 31 for all the points covered.

5.2.5.2. Take out the relevant file and check for the information given in report is same as mentioned in the file.

5.2.5.3. If any point/information is missing, provide Template (soft copy) to the Principal Investigator and request them to give information as per the template only.

5.2.5.4. Go to step 5.1.4.

5.2.6. Protocol Termination/Completion

5.2.6.1. Study report form for study completion and termination form Nos: 32 and 41

5.2.7. Verify contents of submitted clinical trial protocol: Title Page should be complete in following respects

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

- Protocol Title/No:
- Name of the Principal Investigator:
- Name of the Co- Investigator/ Collaborator:
- Enclosures with page nos.
- Participant Information Sheet: refer (Form No: 16B by the layperson)
- To see that the entire questions are included in the Participant Information Sheet as per the given format Informed Consent Document refers (Form no:16-B) Summary of Study Protocol and Detailed Protocol should include the following points refer: (Form No:23)

5.3 Complete the submission process

- 5.3.1. Check for completeness of the submitted documents
- 5.3.2. Notify the applicants if the Dossier is incomplete and State clearly the items missing in the Dossier. Fill up the related parts and the missing documents. If the documents found to be complete, put 'Received' stamp on the Covering letter and the first page of the documents
- 5.3.3. Initial the receiver's name on the receiving documents. Put date, time and inward number for receiving the documents.
- 5.3.4. Attach the filled form no:16 to the trials Protocol documents.

5.4 Processing the submitted documents

- 5.4.1. After review of the Protocol by the Secretariat and give the IEC protocol code [eg: IEC-001-2023 first protocol in the year of 2023] to the respective protocol.
- 5.4.2. IEC Secretariat will check for the completeness of the Ethics Committee dossier.
- 5.4.3. Complete dossier will be circulated to IEC members along with the checklist [including primary reviewers form No:16] through University-KAHER personnel.
- 5.4.4. Will Call/invite the IEC members for full board review of new protocols as per the agenda.
- 5.4.5. The submitted protocol is technically sound and reviews from the members and the same will be approved
- 5.4.6. If the clinical trial protocol is found to be incomplete, the Principal Investigator will be asked to make the corrections in the proposal

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

5.5 Create a Protocol Specific File (for Initial Review)

- 5.5.1. Create the 'Clinical trial protocol' file.
- 5.5.2. Record the name of the Principal Investigator, title and assign number to the trial recorded in the Xls format
- 5.5.3. Keep the copy of the submitted documents with original signatures in the respective file.

5.6 Store the received documents

- 5.6.1. Bind the documents together appropriately.
- 5.6.2. Store the dated and initial original protocol documents on the IEC submission shelf for review in chronological order.

6. References:

- 6.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use E6R2-(ICH)-2016
- 6.2. Forum for Ethical Review Committees in Asia and the Western Pacific SOPs 2006
- 6.3. WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013
- 6.4. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 6.5. New Drugs and Clinical Trial Rules, 2019
- 6.6. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

7. FORMS:

- 7.1. Form No: 15 Checklist for Investigator
- 7.2. Form No: 16 Study Assessment Form for New protocol
- 7.3. Form No: 17 Clinical Trial Agreement Checklist
- 7.4. Form No: 18 Study Principal Investigator CV Format
- 7.5. Form No: 19 Contents of the proposed protocol for the Conducting Clinical Trial

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

Form No:15

Checklist for Principal Investigator

Name of the Principal Investigator				
Protocol Version and date				
Name of the Department/Affiliation				
Sl.No	Particulars	Yes	No	NA
1.	Covering letter			
2.	Protocol Title page:			
	Name of the Principal Investigator:			
	Name of the Co- Investigator/			
	Enclosures with page nos./Index			
3.	Face-Sheet			
	1) Protocol/Project Title			
	2) Principal Investigator / Site coordinator			
	Name, Affiliation, Official address and E-mail address			
	3) Name, address of the Institution / Orgn. Responsible for conduct / coordination of project.			
	4) Name & address of the Funding / Sponsoring Institution/CRO/Sponsors			
4.	To be answered / responded by the PI / coordinator			
	a) Is request made for obtaining waiver from informed consent? (If yes, give reasons on separate sheet)			
5.	Drawing of blood, body fluids, tissues etc.			
	i) Administration of an investigational substance / implantation of a device (if yes, provide name of the drug / substance / device etc. and its manufacture's name and address) (Also, clearance from the DCGI, if relevant)			
	ii) Exposure to ionizing radiation			
	iii) Use of genetically engineered products (if yes, give details of the product, and appropriate clearances from the DBT, GEAC, DCGI, etc.)			
	d) Does the protocol involve inclusion of vulnerable participants (if yes, special precautions proposed to safeguard their rights and interests			

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

	shall be documented on a separate sheet) Page No.			
6.	Proposal Related			
	Conflict of interest to be provided- if involved in the IEC membership or any other			
	Signature of Principal Investigator responsible for conduct of study with mention of date & place			
	Undertaking by Investigators & Collaborators Signature, Date			
	Investigator Brochure version and date			
	Clinical trial agreement			
	Site or Study-specific Insurance			
	Brief Bio-data of Investigators/Co-investigator [Includes ongoing trial details] -signed and dated			
	Informed Consent Document/ Participant Record Sheet version and date			
	Summary of Study Protocol & Detailed Protocol version and date			
	Assent for minors (12-18 Years) English and translated version and date			
	Data Collection tools and Case report form			
	List of participating centers if the Multicentric trial			
	Sample size overall and site sample size			
	Study participant Accrual methods			
7.	GCP Training Certificate of Study Team (Investigator)-Recent			
8.	Permission from the Governing Authorities			
	CTRI			
	DCGI			
	NAC-SCRT			
	ICSCR			
	BARC			
	Tribal			
Signature of the PI				

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

Form No: 16**Study Assessment Form for New protocol****PART-A- Medical Scientist**

IEC Protocol Code		Principal Investigator	
Protocol Version and date		IEC Meeting Date and Time	

Primary Reviewer's name with Designation:

Sl. No	Particulars	Appropriate	Not Appropriate	N/A	Comments
1.	Scientific related issues				
	Rationale				
	Objectives				
	Study design				
	Study population				
	Sample size				
	Inclusion Criteria				
	Exclusion Criteria				
	Withdrawal criteria				
	Procedures used in research				
	The use of placebo				
	The use of medical device				
	Method of Research Assessment - Assessment of efficacy - Assessment of safety				
	Monitoring Complications and solutions				
	Blood or specimens [Frequency & Amount]				
	Duration and number of follow up				

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

	Static used in analysis				
2.	Ethical issues				
	Involvement of Vulnerability				
	<ul style="list-style-type: none"> - Identification of Vulnerability - Justification for the use of Vulnerable population - Protection of Vulnerable groups 				
	Risk to the health of participants				
	<ul style="list-style-type: none"> - Identify the risk: physical, psychological, economic, legal risk or risk due to invasion of privacy and confidentiality 				
	Sufficient measures to prevent or minimize the risks				
	Risk to the health of the embryo or the unborn child or spouse				
	Risk to the research community				
	Direct benefits to participants -During and after the study				
	Benefits to Society				
	Favorable benefits/risk ratio				
3.	Qualification of Investigator				
	Expertise of investigator(s)				
	Training of the investigator(s) (GCP for clinical trials or Human Participant Protection)				
	Conflict of interest of the investigator(s)				

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

For medical device protocols:

Non-significant risk	Significant risk
----------------------	------------------

Risk assessment of the protocol: Put Tick Mark

Research not involving more than minimal risk	
Research involving greater than minimal risk but presenting the prospect of direct benefit to the participants	
Research involving greater than minimal risk and no prospect of direct benefit to individual participant, but likely to yield generalizable knowledge about the participant's disorder or condition	

Duration of progress report:	06-Months	12 Months
-------------------------------------	------------------	------------------

Opinion of the Reviewer:

Approve	
Minor Modification	
Major Modification	
Disapprove	

Reviewer Name signature and date

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

PART-B**Study Assessment Form for New protocol- LAYPERSON**

IEC Protocol Code		Principal Investigator	
Protocol Version and date		IEC Meeting Date and Time	

Primary Reviewer's name with Designation:

Sl. No	Particulars	Appropriate	Not Appropriate	N/A	Comments
1.	Informed consent issues				
	Objective of the research				
	Voluntary				
	Right to withdraw from the study				
	Alternatives in case of non-participation				
	Rationale of the study				
	Study procedure and participant's responsibilities				
	Risks or discomforts to the participants				
	Benefits to the participants or others				
	Medical care during the study				
	Payment/reimbursement/compensation				
	Privacy and confidentiality				
	Name, contact address, and telephone number of the Investigator				
	Contact address and telephone number of the ethics committee				
	Certificate of informed consent form/Assent form				
Language used in the informed consent form					
2	Format of informed consent form				
	Sign of LAR/Subject/Impartial Witness/PI and study team details				
	Copy of the Patient Information sheet with duly filled ICF shall be handed over to the subject or his or her attender				
Reviewer Name signature and date					

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

Form No: 17**Clinical trial agreement Assessment form - LEGAL EXPERT**

IEC Protocol Code		Principal Investigator	
Protocol Version and date		Meeting Date and Time	

Name and Designation of Reviewer:

Sl. No	Description	Yes	No
1.	Effective date		
2.	Parties Involved		
	Tripartite		
	Quadra parted		
3.	Agreed terms - Definition, Conduct of the study, Responsibility of the company, Principal investigator, Institution		
4.	Study drug and Materials		
5.	Payment Details- Budget and Payment scheduled, payment schedule, Payment terms, Reimbursement, Payment for screen failure, payment for study coordinator.		
6.	Confidentiality of the study participants		
7.	Publications		
8.	Representations, warranties and covenant.- Of the PI, Of the Sponsor, No other Representations or warranties, Of the Institutions		
9.	Governing Law -This agreement and any dispute or claim out of or in connections with it or its subject matter (including non- contractual disputes or claims) shall be governed by and constructed in accordance with the laws of India without regard to the conflict of law principles thereof. The parties irrevocably agree that the courts of India shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this agreement or its subject matter (including non-contractual disputes or claims).		

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

10.	Indemnification - Sponsor Indemnification, Institution Indemnification, Notification, Claims, Representation, subject injury.		
11.	Insurance - Sponsor insurance, Site Insurance		
12.	Compliance, Transparency, Anti - bribery, Anti- corruption and Conflict of Interest.		
13.	Term and Termination		
14.	Agreed by the parties - Sponsor/ CRO, PI, Institution, SMO(if involved)		
15.	Witness details		
Date and sign of the reviewer			

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

Form No:18**Study Principal Investigator CV Format**

Name:	
Present affiliation (Job title, department, and organisation):	
Address (Full work address):	
Telephone number:	Email address:
Qualifications:	
Professional registration (Name of body, registration number and date of registration):	
Previous and other affiliations (Include previous affiliations in the last 5 years and other current affiliations):	
Clinical trials undertaken in the last 03 years:	
Relevant research training/experience in the area:	
Relevant publications (<i>Give references to all relevant publications in the last three years</i>):	
Signature and date	

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

Form No: 19

Contents of the proposed protocol for the conducting clinical trial

- a. Full title of the clinical study,
- b. Protocol, Study number, and protocol version number with date.
- c. The Investigational New Drug (IND) name/number of the investigational drug.
- d. Complete name and address of the Sponsor and contract research organization if any.
- e. List of the investigators who are conducting the study, their respective institutional affiliations and site locations
- f. Name of clinical laboratories and other departments and/or facilities participating in the study.

Table of Contents

1. Background and introduction
 - a. Preclinical experience
 - b. Clinical experience:

Previous clinical work with the new drug should be reviewed here and a description of how the current protocol extends existing data should be provided. If this is an entirely new indication, how this drug was considered for this should be discussed. Relevant information regarding pharmacological, toxicological and other biological properties of the drug/biologic/medical device, and previous efficacy and safety experience should be described.
2. Study rationale: This section should describe a brief summary of the background information relevant to the study design and protocol methodology. The reasons for performing this study in the particular population included by the protocol should be provided.
3. Study objective (primary as well as secondary) and their logical relation to the study design.
4. Study design
 - a. **Overview of the study design:** Including a description of the type of study (i.e., double-blind, multicentre, placebo controlled, etc.), a detail of the specific treatment groups and number of study Subjects in each group and investigative

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

site, Subject number assignment, and the type, sequence and duration of study periods.

- b. Flow chart of the study
 - c. A brief description of the methods and procedures to be used during the study.
 - d. Discussion of study design: This discussion details the rationale for the design chosen for this study.
5. Study population: the number of subjects required to be enrolled in the study at the investigative site and by all sites along with a brief description of the nature of the subject population required is also mentioned.
 6. Subject eligibility
 - a. Inclusion criteria
 - b. Exclusion criteria
 7. Study assessments-plan, procedures and methods to be described in detail.
 8. Study conduct stating the types of study activities that would be included in this section would be: medical history, type of physical examination, blood or urine testing, electrocardiogram (ECG), diagnostic testing such as pulmonary function tests, symptom measurement, dispensation and retrieval of medication, Subject cohort assignment, adverse event review, etc.

Each visit should be described separately as Visit 1, Visit 2, etc.

Discontinued subjects: Describes the circumstances for Subject withdrawal, dropouts, or other reasons for discontinuation of Subjects. State how dropouts would be managed and if they would be replaced describe the method of handling of protocol waivers if any. The person who approves all such waivers should be identified and the criteria used for specific waivers should be provided.

Describes how protocol violations will be treated, including conditions where the study will be terminated for noncompliance with the protocol.

9. Study treatment-
 - a. Dosing schedule (dose, frequency, and duration of the experimental treatment)
Describe the administration of
 - b. Placebos and/or dummy medications if they are part of the treatment plan. If applicable, concomitant drug(s),

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

- c. Their doses, frequency, and duration of concomitant treatment should be stated.
 - d. Study drug supplies and administration: A statement about who is going to provide the study medication and that the investigational drug formulation has been manufactured following all regulations. Details of the product stability, storage requirements and dispensing requirements should be provided. Dose modification for study drug toxicity: Rules for changing the dose or stopping the study drug should be provided. Possible drug interactions
 - e. Concomitant therapy: The drugs that are permitted during the study and the conditions under which they may be used are detailed here. Describe the drugs that a Subject is not allowed to use during parts of or the entire study. If any washout periods for prohibited medications are needed prior to enrolment, these should be described here.
 - f. Blinding procedures: A detailed description of the blinding procedure if the study employs a blind on the Investigator and/or the Subject
 - g. Un-blinding procedures: If the study is blinded, the circumstances in which un-blinding may be done and the mechanism to be used for un-blinding should be given
10. Adverse Events:
- Description of expected adverse events should be given.
- Procedures used to evaluate an adverse event should be described.
11. Ethical considerations: Give the summary of:
- a. Risk/benefit assessment:
 - b. Ethics committee review and communications
 - c. Informed consent process
 - d. Statement of subject confidentiality including ownership of data and coding procedures.
 - e. Vulnerability
 - f. Privacy and Confidentiality
12. Study monitoring and supervision
13. Investigational Product Management:

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

- a. Give investigational product description and packaging (stating all ingredients and the formulation of the investigational drug and any placebos used in the study)
 - b. The precise dosing required during the study
 - c. Method of packaging, labelling and blinding of study substances
 - d. Method of assigning treatments to subjects and the subject identification code numbering system
 - e. Storage conditions for study substances
 - f. Investigational product accountability: Describe instructions for the receipt, storage, dispensation, and return of the investigational products to ensure a complete accounting of all investigational products received, dispensed, and returned or destroyed.
 - g. Describe policy and procedure for handling unused investigational products.
14. Data Analysis: Provide details of the statistical approach to be followed including sample size, how the sample size was determined, including assumptions made in making this determination, efficacy endpoints (primary as well as secondary) and safety endpoints. *Statistical analysis:* Give complete details of how the results will be analyzed and reported along with the description of statistical tests to be used to analyze the primary and secondary endpoints defined above. Describe the level of significance, statistical tests to be used, and the methods used for missing data; method of evaluation of the data for treatment failures, non-compliance, and Subject withdrawals; rationale and conditions for any interim analysis if planned.
- Describe statistical considerations for Pharmacokinetic (PK) analysis, if applicable.
15. Undertaking by the Investigator
16. Appendices: Provide a study synopsis, copies of the informed consent documents (patient information sheet, Informed consent form etc.); Case Record Form (CRF) and other data collection forms; a summary of relevant preclinical safety information and any other documents referenced in the clinical protocol.
1. Protocol- if any amendments- Summary of changes
 2. Investigator brochure
 3. CRF
 4. Patient materials Diaries if applicable

IEC SOP 06: IEC PROTOCOL SUBMISSION PROCEDURES

5. Final/Draft Clinical Trial Agreement
6. CV, MRC and GCP of PI
7. CTRI
8. DCGI Approval Letter/Submission letter
9. Sponsoring agent Details
10. Study or site-specific insurance
11. ICDs –all vernacular languages – Translation and back translation certificates

IEC SOP 07: EXPEDITED REVIEW

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IEC SOP 07: EXPEDITED REVIEW

1. **Expedited review:**

A review will be processed by minimum of **five** Institutional Ethics Committee members and Chairperson. The proposals with minor changes to the approved study proposals and those presenting no more than minimal risk to research participants may be subjected to expedited review

2. **Purpose:**

The purpose of this SOP is to provide criteria for determination of which study proposals can be reviewed through expedited process as well as instructions on composition of ERC (Expedited review Committee), appointment of members, management, review and approval of the expedited review.

3. **Scope:**

This SOP applies to the review and approval of study proposals with minimum risk to participants, protocol amendments, changes in the Participant Information Sheet and/or Informed Consent Document of currently approved studies as per National and International guidelines

4. **Nature of Study Proposals considered for expedited review process:**

The study proposals considered for the ERC include

- 4.1. Where there is no additional risk or activity is limited to data analysis.
- 4.2. Research activities that involve only procedures listed in one or more of the following categories:
 - 4.2.1. Research is on already approved drugs except when studying drug interaction or conducting trial on vulnerable population or
 - 4.2.2. Adverse Event (AE) or unexpected Adverse Drug Reaction (ADR) of minor nature is reported.
- 4.3. Research involving clinical materials (data, documents, records, or specimens) that have been collected for non-research (clinical) purposes.
- 4.4. When in required situations like serious outbreaks or disasters a full review of the research is not possible, prior written permission of IEC may be taken before use of the test intervention. Such research can only be approved for pilot study or preliminary work to study the safety and efficacy of the intervention and the same

IEC SOP 07: EXPEDITED REVIEW

participants should not be included in the clinical trial that may be initiated later based on the findings of the pilot study.

5. **Flow chart:**

Sl.No.	Activity	Responsibility
1.	Receive the submitted documents.	IEC Secretariat
2.	Determine protocols for expedited review. Agenda will be tabulated with titles of study proposals and reasons for ERC referral as heading	Members with consultation and concurrence from the Chairperson.
3.	Expedited review process	IEC members and secretariat
4.	Communicate with the IEC- full board and the Investigator.	Member Secretary and IEC Secretariat

5. **Detailed instructions**

5.1. **Receive the submitted documents.**

- 5.1.1. Receive the application documents submitted by investigators.
- 5.1.2. Fill the relevant checklist to check items received.
- 5.1.3. Inward no which includes the receiving date on the letter and the documents.
- 5.1.4. Sign the receiver's name on the receiving documents.
- 5.1.5. Hand over the received documents to the IEC secretariat.

5.2. **Determine protocols for expedited review: IEC Secretariat determines whether a study is qualified for expedited review according to the following criteria:**

- 5.2.1. Modification /amendment of protocol with minimal changes

IEC SOP 07: EXPEDITED REVIEW

- 5.2.2. Administrative revisions, such as correction of typos
- 5.2.3. Addition or deletion of non-procedural items, such as personnel names, and laboratories, etc.
- 5.2.4. Emergency situations with full committee review process (expeditious)
- 5.2.5. Research involving data, documents or specimens that have been already collected or will be collected for ongoing medical treatment or diagnosis.
- 5.2.6. No additional risks have been identified.

5.3. **Expedited Process: Selection procedure for expedited reviewers**

- 5.3.1. The study proposal will be reviewed by the at least 2 Reviewers based on expertise & a Layperson if there's informed consent forms
- 5.3.2. The member secretary in consultation with the Chairperson will decide the reviewers only when required, depending on the nature of protocol and the expertise in the committee.
- 5.3.3. Carry out the expedited review on the complete proposal (study protocol with all the attached documents as mentioned in the guidelines for submission of proposals).
- 5.3.4. Reviewers' fill-up the Assessment Form & submit or return back to IEC office within 05 working days
- 5.3.5. The expedited review should not take longer than 2 weeks.
- 5.3.6. If any committee member raises concern about any of the proposals presented to it as expedited review, then that proposal shall undergo a regular review.

5.4. **Communicate with the IEC and the investigator.**

- 5.4.1. Full Board notification of items approved through expedited review by the Chairperson.
- 5.4.2. Decision will be documented as Approved/ Referred for Regular Full Review. The IEC Secretariat communicates the decision to the investigator and decision letter signed by the Member Secretary and the Chairperson/Alternate Chairperson.

6. **Glossary:**

- 6.1. Expedited approval - An IEC approval granted only by the Chairman of the IEC (not the full Board) for research, which involves no more than minimal risk.

IEC SOP 07: EXPEDITED REVIEW

7. References:

- 7.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use E6R2(ICH)-2016
- 7.2. Forum for Ethical Review Committees in Asia and the Western Pacific SOPs 2006
- 7.3. WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013
- 7.4. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 7.5. Standard and operational guidance for ethics review of health-related research with human participants-2011
- 7.6. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

8. Forms:

- 8.1. Form No: 20 Document History
- 8.2. Form No: 21 Checklist

IEC SOP 07: EXPEDITED REVIEW

Form No: 20
Document History

Author	Version	Date	Description of the Change

IEC SOP 07: EXPEDITED REVIEW

Form No: 21

Checklist of Documents for Expedited Review

Sl. No.	Documents	Y/No/NA
1	Covering letter	
2	Study proposal	
3	Justification for consideration under Expedited Review	

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

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IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

1. **Purpose:**

This SOP describes how the Institutional Ethics Committee of KLE Academy of Higher Education and Research for Clinical Trial Protocols will review the initially submitted protocol proposal/Community related subject proposals for approval/review by the Ethics Committee.

2. **Scope:**

This SOP applies to the review and assessment of all protocols submitted for initial review and decision from the IEC. The 02 primary reviewers and layperson will review the Ethics Committee dossier prior to full board meeting and thereafter to the IEC members for further checking with respect to scientific and ethical aspects for the clinical trial proposals. The IEC members and the Member Secretary will provide their suggestions. Relevant points made during full board discussion and deliberation about a specific protocol should be documented.

3. **Responsibility:**

It is the responsibility of the Secretariat to check for the completeness of the documents, mark the points on the checklist, and write the comments they might have after reviewing each study protocol. The Secretariat checks the protocol proposal submitted by the Principal Investigator and marks the points in the Checklist.

PI should submit the Protocol Presentations to Secretariat, two days' prior of scheduled meeting. The following contents to be included in the Presentation:

- Study Title (Includes Phase, Version, Methodology)
- Sponsoring agency or CRO Details
- Objectives of the study
- Inclusion/Exclusion Criteria
- Methodology
- Risk-Benefit analysis
- Study Plans
- Study Material details if needed
- Any challenges

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

The Member Secretary shall check the protocol proposal and write comments necessary for clarification/ correction purpose.

4. **Flow chart:**

Sl.No.	Activity	Responsibility
1.	Check the points as per checklist	Primary reviewers
2.	Provide protocol and study related documents along with Checklist	Primary reviewers
3.	Final checking of the dossier	Member Secretary
4.	Receive suggestions from IEC members and Primary reviewers in the full board meeting	IEC Members
5.	Inform Investigators about the comments and suggestions of IEC members during full board meeting	IEC Member Secretary/IEC Administrator
6.	IEC Decision letter given to the Principal Investigator	Member Secretary/IEC Administrator
7.	Record the IEC's Decision in the minutes	IEC Secretariat

5. **Detailed instructions:**

5.1. The primary reviewers will mark on the Assessment Form No: 17 (Part A and Part B)

5.2. Two primary reviewers including layperson shall review the PI submitted protocol & its related documents i.e. informed consent document, IB, questionnaire, patient's diary and PIS & ICF translations etc.

5.3. **Placing the proposal before the Ethics Committee Meeting:**

5.3.1. The study investigator will submit dossier [14 hard + 01 soft copy] to IEC secretariat 21 days prior to schedule the meeting.

5.3.2. The Ethics committee dossiers will be sent to the Members as per the agenda of the meeting on first come first serve basis.

5.3.3. Two primary reviewer will review the PI submitted proposals by using check list [New Study Assessment Form no:16] and the primary reviewer remarks will be discussed during the full board meeting

5.3.4. Principal investigator will be invited to present the protocol and all IEC members shall deliberate and provide inputs/suggestions if any.

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

5.4. Conveying decision regarding study protocol:

- 5.4.1. The IEC members will discuss and clarify the comments and suggestions.
- 5.4.2. The Member Secretary shall record the discussions and minute it. The decision letter is given to the principal investigator

5.5 The Decision on the protocol is:

- a. Approved – with or without suggestions or comments;
- b. Minor modifications
- c. Major modifications for resubmission
- d. Disapproved

5.6. Explanation for the above each IEC decision:

- 5.6.1. Approved – with or without suggestions or comments;
- 5.6.2. Minor modifications – approval is given after examination by the Member Secretary, as the case may be;
Eg. DCGI approval, Insurance and inclusion of trial participants traveling allowance and administrative changes in the protocols
- 5.6.3. Major modifications for resubmission – this will be placed before the full committee for reconsideration for approval; or
- 5.6.4. Not approved (or termination/revoking of permission if applicable) – clearly defined reasons must be given for not approving/terminating/revoking of permission
- 5.6.5. Member of the committee who is/are listed, as an investigator on a research proposal and having conflict of interest shall declare conflict of interest, will not vote on the proposal, and will opt out from all deliberations on the proposal by leaving the board meeting room.
- 5.6.6. An investigator or study team member invited for the meeting will not vote or participate in the decision-making procedures of the ethics committee.
- 5.6.7. An independent consultant invited for the meeting to provide opinion will not vote or participate in the decision-making procedures of the committee.
- 5.6.8. If the study is approved, the Committee will determine the frequency of continuing review from each investigator. Usually, approval is given for *one year*.
- 5.6.9. The Secretariat will list participating members in the meeting and summarize the guidance, advice and decision reached by the IEC members.'

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

5.7. Final communication of the Ethics Committee decision taken on the protocol to the Principal Investigator: The Secretariat will prepare an approval/decision letter and to be sent to the Principal Investigator when the protocol is reviewed at an Ethics Committee full board meeting.

5.8. The letter contains: (Refer: Form No: 26 IEC approval letter format)

6. Storage of Documents:

- 6.1. The Secretariat will keep a protocol proposal, Approval letter, PI communications, DCGI correspondences, hospital administrator's/Sponsors communications and IEC notification by the PI
- 6.2. The file will be stored in an appropriate shelf in the designated cabinet.

7. Timelines for procedures as follows:

- 7.1. PI/study designee: submission of dossier/protocol proposals to IEC office/secretariat- within **21** days
- 7.2. the IEC dossier circulation done Prior to **14 days** of the scheduled meeting
- 7.3. IEC Decision given to PI after the full board meeting – Within **07** working days
- 7.4. Within 90 days after the letter's receipt, an investigator is required to respond to the IEC's letter of recommendations and queries. The principal investigators will get **ONE** reminder prior to 90 days. If there is no response, the protocol will be committed as a new submission.

8. Glossary:

- 8.1. Study Assessment Form: An official record that documents the protocol review process.
- 8.2. Document: Document may be of any forms, e.g., paper, electronic mail (e-mail), faxes, audio or video tape, etc.

9. Reference:

- 9.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use (ICH)-2016
- 9.2. Forum for Ethical Review Committees in Asia and the Western Pacific SOPs 2006
- 9.3. WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013
- 9.4. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 9.5. New Drugs and Clinical Trial Rules, 2019

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

9.6. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

10. Forms:

- 10.1. Form No:22 Guidance for Protocol Submission
- 10.2. Form No:23 Format for Summary and Detailed Protocol
- 10.3. Form No:24 Undertaking by investigators
- 10.4. Form No:25 Guide to Placebo Justification
- 10.5. Form No:26 IEC approval letter format
- 10.6. Form No:27 IEC Decision Letter format

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Form No: 22

Guidance of Protocol Submission to IEC of KAHER

The IEC is currently following the V-8.5 dated Mar-2023 of the Standard Operating Procedures (SOPs), which are individual activity based and are 24 in number.

The SOPs are available on the institutional Ethics Committee institute website and 02 no's hard copies available at IEC of KAHER office.

The templates and forms are available on the Institute website [Institutional Ethics Committee KAHER – KLE Academy of Higher Education and Research \(kledeemeduniversity.edu.in\)](http://Institutional Ethics Committee KAHER – KLE Academy of Higher Education and Research (kledeemeduniversity.edu.in)) for submission to the Institutional Ethics Committee of KLE Academy of Higher Education and research, Beagavi-10

I. Prior to approval of a research study:

- Submission of a New Study Proposal
 - › PI/study designee Submission of ethics committee dossier to IEC office/secretariat– within **21** days
 - › The secretariat sends the copies to the IEC members at least **14 days** in advance of the full board meeting.
 - › The protocol will be reviewed at the scheduled IEC full board meeting
 - › An investigator is expected to be present at the time of full board meeting and will be invited (telephonically and/or mail) to the IEC meeting to discuss issues study proposal.
 - › After the full board, the approval letter will be given within **07 working days**.
 - › Within 90 days after the letter's receipt, an investigator is required to respond to the IEC's letter of recommendations and queries. The principal investigators will get two reminders prior to 90 days. if there is no response. The protocol will be committed as a new submission.

II. Once approval for a study is granted

- › An approval will be granted for usually one-year study period.
- › It is the responsibility of the principal investigator that for studies which will continue for more than a year, a continuing review report needs to be submitted (within 2 months of the due date i.e. 10 months from the date of approval)
- › Submission of Study Related Documents for IEC review or notifications.

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

- › Study related documents (protocol amendments, SAE reports, status reports, study completion reports, protocol deviations/ violations or any other notifications) will be accepted during the office hours. Two set of the above stated study related documents need to be submitted for the IEC review/notification as per the format and one copy will be returned to after being acknowledged by the member secretary/Chairperson/or IEC secretariate.
- › No changes in the protocol, case record form and /or Informed Consent Document shall be initiated without prior written approval from the committee, except when necessary to eliminate immediate hazards to the research participants.

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Form No: 23
FORMAT FOR
EC DOSSIERS-SUBMISSION

Sl. No.	Enclosures:	Page Nos.
1.	Face-sheet	
2.	Study Synopsis	
3.	Summary of Changes if the Protocol is amended	
4.	Protocol signature page if any	
5.	Undertaking of Principal, Co-investigator	
6.	Brief Bio-data, MRC and GCP certificate of investigator and Co-Investigator	
7.	Conflict of interest, if applicable	
8.	Detailed protocol version and date	
9.	Placebo Justification – if applicable	
10.	Investigator Brochure version and date	
11.	Participant Information sheet version and date (All vernacular languages)	
12.	Informed Consent Document version and date (All vernacular languages)	
13.	Translation and Back translation certificates	
14.	Case reports forms if Any	
15.	Subject Dairies if Any	
16.	Funding Agency details or documents	
17.	Final CTA/Draft	
18.	Clinical trial registry-India	
19.	DCGI submission/Approval letter	
20.	Study/site Specific Insurance [Who it covers and validity]	
21.	Any other relevant documents	

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Form No: 24

UNDERTAKING BY THE INVESTIGATOR

1. Full name, address and title of the Principal Investigator (or Investigators when there is no Principal Investigator).
2. Name and address of the medical college, hospital or another facility where the clinical trial will be conducted: Education, training & experience that qualify the Investigator for the clinical trial (Attach details including Medical Council registration number, or any other statements of qualifications)
3. Name and address of all clinical laboratory facilities to be used in the study.
4. Name and address of the Ethics Committee that is responsible for approval and continuing review of the study.
5. Names of the other members of the research team (Co-or sub-Investigators) who will be assisting the Investigator in the conduct of the investigations.
6. Protocol Title and Study number (if any) of the clinical trial to be conducted by the Investigator.
7. Commitments:
 - i. I have reviewed the clinical protocol and agree that it contains all the necessary information to conduct the study. I will not begin the study until all necessary ethics committee and regulatory approvals have been obtained.
 - ii. I agree to conduct the study in accordance with the current protocol. I will not implement any deviation from or changes of the protocol without agreement by the Sponsor and prior review and documented approval or favorable opinion from the ethics committee of the amendment, except where necessary to eliminate an immediate hazard to the trial subject or when the changes involved are only logistical or administrative in nature.
 - iii. I agree to personally conduct or supervise the clinical trial at my site.
 - iv. I agree to inform all trial subject, that the drugs are being used for investigational purposes and I will ensure that the requirements relating to obtaining informed consent and ethics committee review and approval specified in the New Drugs and Clinical Trials Rules, 2019 and Good Clinical Practices guidelines are met.

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

- v. I agree to report to the Sponsor all adverse experiences that occur in the course of the investigation(s) in accordance with the regulatory requirements and Good Clinical Practices guidelines.
 - vi. I have read and understood the information in the Investigator's brochure, including the potential risks and side effects of the drug.
 - vii. I agree to ensure that all associates, colleagues and employees assisting in the conduct of the study are suitably qualified and experienced and they have been informed about their obligations in meeting their commitments in the trial.
 - viii. I agree to maintain adequate and accurate records and to make those records available for audit or inspection by the Sponsor, ethics committee, Central Licencing Authority or their authorized representatives, in accordance with regulatory provisions and the Good Clinical Practices guidelines. I will fully cooperate with any study-related audit conducted by regulatory officials or authorized representatives of the Sponsor.
 - ix. I agree to promptly report to the ethics committee all changes in the clinical trial activities and all unanticipated problems involving risks to human subjects or others.
 - x. I agree to inform all serious adverse events to the Central Licencing Authority, sponsor as well as the ethics committee within twenty-four hours of their occurrence. In case, of failure to do so, I shall furnish the reason for the delay to the satisfaction of the Central Licencing Authority along with the report of the serious adverse event.
 - xi. I will maintain the confidentiality of the identification of all participating subjects and assure security and confidentiality of study data.
 - xii. I agree to comply with all other requirements, guidelines and statutory obligations as applicable to clinical Investigators participating in clinical trials.
 - xiii. Declaration of Conflict of Interest
- 8. Signature of Investigator with date**

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

Form No: 25

GUIDE TO PLACEBO JUSTIFICATION

Name of the PI		IEC Protocol Code	
IEC meeting date		Protocol Version and Date	

Background conditions, such as benefits of standard treatment, risk of using placebo, risk management and disclosure should be considered. The followings are some guides to ease Board decision.

I. Benefits of standard treatment (Yes/No)

- 1) Is there a standard treatment?
- 2) Is the standard treatment widely accepted?
- 3) Has the efficacy of the treatment been consistently proven?
- 4) Are all newly diagnosed patients with this condition put in standard treatment (versus observed or other)?
- 5) Does the treatment act on the basic mechanism of the disease (vs. symptoms)?
- 6) Are most (85%) of the patients with this condition responsive to standard treatment alternatives (vs. resistant or refractory)?

If the answer of (1) to (6) are “yes”, placebo is not recommended.

If any one or more answers are “no”, placebo may be possible.

II. Risks of placebo

- 1) Is the risk of using placebo instead of treatment life threatening?
If yes, placebo is not acceptable.
- 2) Is the use of placebo instead of treatment likely to lead to permanent damage?
If yes, placebo is not acceptable
- 3) Is the risk of using placebo instead of treatment likely to cause irreversible disease progression?
If yes, placebo is not acceptable.
- 4) Can the use of placebo instead of treatment lead to an acute emergency?
- 5) Is the risk of using placebo instead of treatment the persistence of distressing symptoms?
- 6) Is the risk of using placebo instead of treatment severe physical discomfort or pain?

If the answer of (4) to (6) are “yes”, placebo is not acceptable unless risk management is adequate.

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

III. Risk management

- 1) Is there benefit in the overall management of the subject?
 - Yes, consider placebo
 - No, placebo not recommended.
- 2) Will the discontinuation of previous treatment put the participant in danger of acute relapse when transferred to placebo?
 - No, consider placebo
 - Yes, placebo not recommended.
- 3) Are subjects at high risk for the use of placebo excluded?
 - Yes, consider placebo
 - No, placebo not recommended.
- 4) Is the duration of the study the minimum necessary in relation to the action of the drug?
 - Yes, consider placebo
 - No, placebo not recommended.
- 5) Are there clearly defined stopping rules to withdraw the subject in case he/she does not improve?
 - Yes, consider placebo
 - No, placebo not recommended.
- 6) Is risk monitoring adequate to identify the progression of the disease before the subject experience severe consequences?
 - Not applicable.
 - Yes, consider placebo
 - No, placebo not recommended.
- 7) Are there clearly defined stopping rules to withdraw the subject before the advent of severe disease progression?
 - Yes, consider placebo
 - No, placebo not recommended.
- 8) If the risk of placebo is an acute emergency, are rescue medication and emergency treatment available?
 - Not applicable.
 - Yes, consider placebo
 - No, placebo not recommended.

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IV. Risk disclosure in the consent form

- 1) Are the risks of getting placebo instead of active treatment fully disclosed?
 Yes, consider placebo.
- 2) Are the risks of the test drug disclosed?
 Yes, consider placebo.
- 2) Are the advantages of alternative treatments explained?
 Yes, consider placebo.

Conclusions:

1. The use of placebo is ethically acceptable because:
 - Subjects are not exposed to severe or permanent harm by the use of placebo.
 - Subjects under placebo will benefit from the overall treatment of the disease.
 - Risks of the use of placebo are minimized.
 - Risks are adequately disclosed in the consent form.
2. The use of placebo in this study could be reconsidered if the following conditions are met:
.....
3. The use of placebo in this study is ethically unacceptable because:
 - Subjects are exposed to severe or permanent harm by the use of placebo instead of active treatment.
 - Due to the nature of the disease, the risks of placebo cannot be minimized.

IEC OFFICE USE ONLY	
IEC Member Secretary/IEC Chairperson name and Signature	

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

Form No: 26

IEC APPROVAL LETTER TEMPLATE

To

Dr.

Dear Dr. _____

The Institutional ethics committee or independent ethics committee (state name of the committee, as appropriate)

IEC protocol Code:

Name of the sponsor or CRO:

reviewed and discussed your application to conduct the clinical trial entitled "....." on.....(date).

The following documents were reviewed:

- a. Trial protocol (including protocol amendments), dated.....version No.(s)
- b. Patient information sheet and informed consent form (including updates, if any) in English or vernacular language version..... And..... date
- c. Investigator's brochure, dated, Version no.....
Proposed methods for patient accrual including advertisements etc. proposed to be used for the purpose.
- d. Principal investigator's current Curriculum Vitae.
- e. Insurance policy or compensation for participation and for serious adverse events occurring during the study participation.
- f. Investigator's agreement with the sponsor.
- g. Investigator's undertaking
- h. Clinical trial agreement
- i. Other documents

The following members of the ethics committee were present at the meeting held on (date, time, place).

.....Chairperson of the ethics committee;

..... Member-Secretary of the ethics committee;

..... Name of each member with designation;

Conflict of Interest: Yes/No

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL

Approval Period: ONE Year

IEC Decision:

1	Approved with or without suggestions	
2	Minor modifications	
3	Minor modifications for resubmission	
4	Disapproved	

The ethics committee to be informed about the progress of the study, any Serious Adverse Events (SAE) occurring in the course of the study, any changes in the protocol and patient information or informed consent and to be provided.

Progress of the study periodically [Biannual* and/or Annual report]

During the course of this investigation, any significant deviations from the approved protocol and/or serious adverse events should immediately be brought to the attention of the Ethics Committee

Submit the continuing letter at least 2 months prior to the end of -the approval period

Yours sincerely,

Member Secretary, Ethics Committee

IEC SOP 08: INITIAL REVIEW OF SUBMITTED PROTOCOL**Form No: 27****IEC DECISION LETTER FORMAT**

IEC Protocol Code:

Protocol Title:
Protocol Version and Date:
Name of the investigator:
Name of affiliation/Department:
Status of Review Process New Review <input type="checkbox"/> Revised Review <input type="checkbox"/> Expedite Review <input type="checkbox"/>
Date of IEC Meeting: Venue:
Decision on the Protocol: a. Approved – with or without suggestions or comments <input type="checkbox"/> b. Minor modifications <input type="checkbox"/> c. Major modifications for resubmission <input type="checkbox"/> d. Disapproved <input type="checkbox"/>
Any suggestion or remarks:
Approved for the period of _____

You are requested to report to the Ethics Committee the following:

- › Progress of the study periodically [Biannual* or Annual report]
- › During the course of this investigation, any significant deviations from the approved protocol and/or serious adverse events should immediately brought to the attention of the Ethics Committee.
- › Submit the continuing request letter at least 2 months prior to the end of -the approval period

Signature of Member Secretary

IEC SOP 09: VULNERABLE POPULATIONS

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IEC SOP 09: VULNERABLE POPULATIONS

Introduction:

The IEC of KLE Academy of Higher Education and Research takes special consideration to protecting the welfare of vulnerable subjects such as children, prisoners, fetuses/neonates, pregnant women, and individuals with consent capacity impairment. The IEC carefully considers group characteristics, such as economic, social, physical, and environmental conditions, to ensure that the research incorporates additional safeguards measures for vulnerable subjects. The IEC may require additional safeguard measures to protect potentially vulnerable population. For instance, the IEC may require that the investigator submit each signed informed consent form to the IEC, that someone from the IEC oversee the consent process, or that a waiting period be established between initial contact and enrollment to allow time to the study participant time for family discussion and query resolution, and questions. IEC expects to follow the principles laid down in the ICMR-Ethical Guidelines for Biomedical Research on Human Participants.

1. Purpose:

The purpose of this SOP is to describe how the IEC will ensure that the rights and interests of vulnerable population are safeguarded. The IEC will ensure that individuals or communities included for research are selected in such a way that the burdens and benefits of the research are equally distributed. There is a provision for the oral assent: 07 to <12 years and written consent: 12 to <18 years

2. Scope:

This SOP applies to the process by which the IEC will protect the rights and interests of vulnerable population. Additional protection will be ensured depending upon the risk of harm and the likelihood of benefit.

3. Responsibility:

It is the responsibility of the IEC members to identify study proposals including vulnerable population and ensure that these are considered for full board. The IEC will ensure that measures for safeguarding rights and interests of vulnerable participants are mentioned in the face sheet, study proposal, Participant /Assent Information Sheet/ and informed consent/assent form. They have the responsibility to ensure that

IEC SOP 09: VULNERABLE POPULATIONS

the vulnerable population is not exploited and they will guide the investigators to design protocols and describe the process of informed consent in such a manner that this will be done.

4. **Detailed instructions:**

4.1 **Determine protocols including vulnerable population:**

Study proposals presented in the Ethics Committee Meeting, which includes vulnerable population: It is the responsibility of the IEC to see whether the inclusion of vulnerable populations in the study is justifiable or the population is just being exploited to generate clinical data. In such cases, appropriate reviewers will assess the risk and ensure measures for protecting their rights. Review of risk assessment shall documented in IEC minutes.

4.2 **Vulnerable groups:**

Effort may be made to ensure that individuals or communities invited for research be selected in such a way that the burdens and benefits of the research are equally distributed.

- 4.2.1. Research on genetics should not lead to racial inequalities;
- 4.2.2. Persons who are economically or socially disadvantaged should not be used to benefit those who are better off than them;
- 4.2.3. Rights and welfare of mentally challenged and mentally differently able persons who are incapable of giving informed consent or those with behavioural disorders must be protected. Appropriate proxy consent from the legal guardian should be taken after the person is well informed about the study, need for participation, risks and benefits involved and the privacy and confidentiality procedures. The entire consent process should be properly documented;
- 4.2.4. Adequate justification is required for the involvement of participants such as prisoners, students, subordinates, and employees, service personnel etc. who have reduced autonomy as research participants, since the consent provided may be under duress or various other compelling reasons.
- 4.2.5. Persons, who are terminally ill, have an incurable disease and mental illness.

IEC SOP 09: VULNERABLE POPULATIONS

4.3. Consideration issues and protection of specific vulnerable groups:

- 4.3.1. **Children:** Before undertaking research/trial in children the investigator must ensure that –
- 4.3.1.1. Children will not be involved in research that could be carried out equally well with adults;
 - 4.3.1.2. The purpose of the research is to obtain knowledge relevant to health needs of children. For clinical evaluation of a new drug the study in children should always be carried out after the phase III clinical trials in adults. It can be studied earlier only if the drug has a therapeutic value in a primary disease of the children;
 - 4.3.1.3. A parent or legal guardian of each child has given proxy consent;
 - 4.3.1.4. The assent of the child should be obtained to the extent of the child's capabilities such as in the case of mature minors from the age of seven years up to the age of 18 years.;
 - 4.3.1.5. Research should be conducted in settings in which the child and parent can obtain adequate Medical and psychological support;
 - 4.3.1.6. Interventions intended to provide direct diagnostic, therapeutic or preventive benefit for the individual child participant must be justified in relation to anticipated risks involved in the study and anticipated benefits to society;
 - 4.3.1.7. The child's refusal to participate in research must always be respected unless there is no medically acceptable alternative to the therapy provided/ tested, provided the consent has been obtained from parents / guardian;
 - 4.3.1.8. Interventions that are intended to provide therapeutic benefit are likely to be at least as advantageous to the individual child participant as any available alternative interventions;
 - 4.3.1.9. The risk presented by interventions not intended to benefit the individual child participant is low when compared to the importance of the knowledge that is to be gained.
- 4.3.2. **Pregnant or nursing women:**
- Pregnant or nursing women should in no circumstances be the participant of any research unless the research carries no more than minimal risk to the foetus or infant and the object of the research is to obtain new knowledge about the foetus,

IEC SOP 09: VULNERABLE POPULATIONS

pregnancy and lactation. As a general rule, pregnant or nursing women should not be participants of any clinical trial except such trials as are designed to protect or advance the health of pregnant or nursing women or fetuses or nursing infants, and for which women who are not pregnant or nursing would not be suitable participants.

- 4.3.2.1. The justification of participation of these women in clinical trials would be that they should not be deprived arbitrarily of the opportunity to benefit from investigations, drugs, vaccines or other agents that promise therapeutic or preventive benefits. Example of such trials is, to test the efficacy and safety of a drug for reducing perinatal transmission of HIV infection from mother to child, Trials for detecting foetal abnormalities and for conditions associated with or aggravated by pregnancy etc.
- 4.3.2.2. Women should not be encouraged to discontinue nursing for the sake of participation in research and in case she decides to do so, harm of cessation of breast-feeding to the nursing child should be properly assessed except in those studies where breast feeding is harmful to the infant. Compensation in terms of supplying supplementary food such as milk formula should be considered in such instances.
- 4.3.3. **Research related to termination of pregnancy:** Pregnant women who desire to undergo Medical Termination of Pregnancy (MTP) could be made participants for such research as per The Medical Termination of Pregnancy Act, GOI, 1971.
- 4.3.4. **Research related to pre-natal diagnostic techniques:**
In pregnant women such research should be limited to detect the foetal abnormalities or genetic disorders as per the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, GOI, 1994 and not for sex determination of the foetus.
- 4.3.5. An audio-video recording of the informed consent process in case of vulnerable subjects in clinical trials of New Chemical Entity or New Molecular Entity including procedure of providing information to the subject and his understanding on such consent, shall be maintained by the investigator for record. Provided that in case of clinical trial of anti-HIV and anti-leprosy drugs, only audio recording of the informed

IEC SOP 09: VULNERABLE POPULATIONS

consent process of individual subject including the procedure of providing information to the subject and his understanding on such consent shall be maintained by the investigator for record.

5. **Glossary:**

5.1. Vulnerability: The Council for International Organizations of Medical Sciences (CIOMS) defines vulnerability as “Substantial incapacity to protect one’s own interests owing to such impediments as lack of capability to give informed consent, lack of alternative means of obtaining medical care or other expensive necessities, or being a junior or subordinate member of a hierarchical group.”

5.2. Vulnerable (research) participants: Vulnerable persons are those who are relatively (or absolutely) incapable of protecting their own interests. More formally, they may have insufficient power, intelligence, education, resources, strength, or other needed attributes to protect their own interests. Individuals whose willingness to volunteer in a research study may be unduly influenced by the expectation, whether justified or not, of benefits associated with participation, or of a retaliatory response from senior members of a hierarchy in case of refusal to participate may also be considered vulnerable. (WHO).

6. **References:**

- 6.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use (ICH)-2016
- 6.2. Forum for Ethical Review Committees in Asia and the Western Pacific SOPs 2006
- 6.3. WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013
- 6.4. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 6.5. National ethical guidelines for biomedical research involving children-2017
- 6.6. New Drugs and Clinical Trial Rules,2019
- 6.7. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

7. **Forms:** Form No:28 Assent Form Template

IEC SOP 09: VULNERABLE POPULATIONS

Form No:28

Oral Assent Form Template

[oral assent: 07 to <12 yrs. and written consent: 12 to <18 yrs.]

Ihave read /have had read the participant information sheet version no.dated.....bearing page numbers of the research study entitled

The information contained in the participant information sheet regarding the nature and purpose of the study, safety, and its potential risks / benefits and expected duration of the study, and other relevant details of the study including my role as a study participant have been explained to me in the language that I understand. I have had the opportunity to ask queries, which have been clarified to my satisfaction.

I understand that my participation is voluntary and that I have the right to withdraw from the study at any time without giving any reasons for the same. This will not affect my further medical care or any legal right.

I understand that the information collected about me during the research study will be kept confidential. The representatives of sponsor/, government regulatory authorities'/ethics committees may wish to examine my medical records/study related information at the study site to verify the information collected. By signing this document, I give permission to these individuals for having access to my records.

I hereby give my assent willingly to participate in this research study.

For Limited or non-readers: (Illiterate participants) I have witnessed the assent procedure of the study participant and the individual has had the opportunity to ask questions. I confirm that the individual has given assent freely.

Signature Of Impartial Witness/LAR	Signature/Thumb Impression Of Representative & Date
Name of the witness	Name of the study participant
Signature/thumb impression of mother/father	Signature of the person administering the assent & date
Signature of principal investigator	Signature of person administering the consent

IEC SOP 10: AV- RECORDING OF INFORMED CONSENT PROCESS

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IEC SOP 10: AV- RECORDING OF INFORMED CONSENT PROCESS

1. **Background:**

As per the DCGI office order dated 25-Aug-2015, G.S.R. 611. (E) 31st July 2015 and New Drugs and Clinical Trial Rules, 2019.

2. **Purpose:**

The purpose of this SOP is to describe the procedures for Audio-Visual (AV) recording, storage and archival of the informed consent and assent process for regulatory studies.

3. **Scope:**

This SOP applies to all those regulatory clinical trials approved by the DCGI, which require documenting of the written informed consent and assent process.

3.1. An audio-video recording of the informed consent process in case of vulnerable subjects in clinical trials of New Chemical Entity or New Molecular Entity including procedure of providing information to the subject and his understanding on such consent, shall be maintained by the investigator

3.2. Provided that in case of clinical trial of anti-HIV and anti-leprosy drugs, only audio recording of the informed consent process of individual subject including the procedure of providing information to the subject and his understanding on such consent shall be maintained by the investigator for record.

3.3. Statement that there is a possibility of failure of IP to provide an intended therapeutic effect

3.4. Statement that in case of Placebo-controlled trials, the placebo administered to the subjects shall not have any therapeutic effect

3.5. Any other pertinent information

4. **Responsibilities:**

4.1. IEC will ensure that Principal investigator will conduct AV recording of the informed consent process, store and archive without violating the participant confidentiality as detailed below in section 6.

4.2. IEC will specifically ask for consent for AV Consenting in addition to the ICF

4.3. AV recordings may be reviewed periodically by IEC members

IEC SOP 10: AV- RECORDING OF INFORMED CONSENT PROCESS

5. **Applicable rules, regulations and guidelines:**

- 5.1. New Drug and Clinical Trial Rules 2019.
- 5.2. Ethical Guidelines for Biomedical Research on Human Participants, ICMR2017.
- 5.3. International Conference on Harmonization; Good Clinical Practice Guidelines: E6(E2)-2016

6. **Detailed Instructions to PI:**

All basic principles and procedures for the administration and documentation of the informed consent process in a described manner:

- 6.1. if the participant is unable to give consent for medical or legal reasons, the consent should be taken from the legally authorized/acceptable representative (LAR) and the process recorded.
- 6.2. If the participant/LAR is illiterate, then an impartial witness is needed. This person should also be in the frame for the entire duration of the consent process.
- 6.3. AV recording should be done of assent process wherever applicable
- 6.4. Ensure the following infrastructure is available prior to counseling of potential participant:
 - a. The informed consent process should be carried out in the designated area when the following conditions should be met) that is -
 - i. Free from disturbance
 - ii. Well lit
 - iii. Ensures privacy for the study participant
 - iv. Participant should be comfortable
 - b. Camera having video facility with
 - Good resolution
 - Sufficient memory (at least 4 GB)
 - Sufficient battery backup (at least 2 hours)
 - Show non-editable date & time on video (preferably)
 - a. Computer/laptop with CD/DVD writer
 - b. Blank CDs/DVDs with cover
 - c. External Hard disk

IEC SOP 10: AV- RECORDING OF INFORMED CONSENT PROCESS

6.5. Before starting the informed consent process (and the AV recording of the same)

- 6.5.1. The potential participant/LAR/ Impartial witness should be informed that the whole process of taking the consent is being recorded as per Govt. of India notification to ensure that he/she has understood all the potential risks and benefits involved in the study including failure of the IMP, study details and his/her rights for the purpose of documentation and the confidentiality of the same is assured.
- 6.5.2. The potential participant/LAR/ impartial witness should be made aware that his/her recording might be shown to government agencies or members from the IEC and independent auditors.
- 6.5.3. His/her consent should be documented in a separate ICD. The process of obtaining signatures of the potential participant/LAR/ impartial witness & Principal Investigator on this Audio-video consent form should be carried out as per specified in Form No:16 Part B

7. Actual AV recording process:

- 7.1. Participant/LAR should read out all the statements mentioned in ICF as per New Drugs and Clinical Trial Rules, 2019 and state whether he/she agrees or not for each statement and affix signature/thumb print at the end the actual signing process should be recorded.
- 7.2. The impartial witness shall be requested to enter the name and details of the participant and the date the consent is documented. The impartial witness will also be requested to sign and date the consent form.
- 7.3. The PI/Co-I/medically qualified person delegated by the PI will also sign and date the consent form at the end of the process.
- 7.4. The recording will be stopped at the end of PI signature
- 7.5. The recording should be checked for completeness and clarity of both audio and video recording.
- 7.6. No editing should be done on the recording to maintain authenticity.
- 7.7. The computer/laptop should be password protected. Only the PI will know the password and members of the study team as designated by the PI. AV consent log should be maintained wherein, each time the data is accessed, the details of who

IEC SOP 10: AV- RECORDING OF INFORMED CONSENT PROCESS

accessed the data, date and reasons for the same this should be entered into the designated register.

- 7.8. The recording should be then transferred to a CD labeled according to study name, unique identifier assigned to the participant, date and time of the recording, no. of recordings (applicable during re-consenting) and archived in the external Hard drive. The CD should be filed in the participant binder.
- 7.9. HIV and Leprosy trial only Audio consent is mandatory

8. Archival

- 8.1. The soft copies of the recordings should be stored in a secured in an external hard drive for a minimum of five years.
- 8.2. The original recording in the computer/laptop will be deleted when study is closed out.

9. References:

- 9.1. Draft Guidelines on Audio-Visual Recording of Informed Consent Process in Clinical Trial, CDSCO, MOHFW, 9th Jan 2014
- 9.2. FERCAP guidelines for Audio-Visual consent process
- 9.3. New Drugs and Clinical Trial Rules,2019

IEC SOP II: REVIEW OF RESUBMITTED PROTOCOL

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IEC SOP II: REVIEW OF RESUBMITTED PROTOCOL

1. **Purpose:**

This SOP describes how resubmitted study protocols are managed, re-reviewed and approved.

2. **Scope:**

This SOP applies to study protocols that have been reviewed earlier with recommendations from IEC for some corrections in the initial review process.

3. **Responsibility:**

It is the responsibility of the IEC Secretariat to ensure the completeness of the resubmitted documents and to notify the Chairperson that a protocol with conditions for revision has been resubmitted to the IEC for reconsideration. A re-submitted protocol may be reviewed and approved by either the Chairperson/member secretary, IEC members/reviewers, or full IEC. Decision for the review of the protocol should be determined by the IEC at the time of the initial review and mentioned in the minutes of the Ethics Committee meeting in which the proposal discussed.

4. **Flow chart:**

Sl.No.	Activity	Responsibility
1.	Receive resubmitted documents	Secretariat
2.	Review the revised protocol & its related documents	Members
3.	Sending the protocol to Primary reviewers	Secretariat
4.	IEC Meeting	IEC Members
5.	Communicate the IEC decision	IEC Secretariat
6.	Document the decision	IEC Secretariat

5. **Detailed instructions:**

5.1 Receive protocol resubmitted dossier:

IEC SOP II: -REVIEW OF RESUBMITTED PROTOCOL

- 5.1.1 check the received dossier for: Minutes of previous IEC meeting
- 5.1.2 Response to the comments by Investigators
- 5.1.3 Revised version of protocol and related documents such as the informed consent document, data collection or case report forms, diary sheets, etc are included as part of the dossier.
- 5.1.4 Put the stamp, write date and acknowledge the receipt of the protocol.

5.2 Review the revised protocol

- 5.2.1. Check the received protocol as per Check list form
- 5.2.2. Refer to the meeting minutes as guidance for the review.
- 5.2.3. Ensure that the investigator gives the response to comments of IEC members as mentioned in the minutes and page numbers where changes are made are mentioned in the proposal.
- 5.2.4. Make further comments if the response is not satisfactory and the changes have not been incorporated in the study proposal.
- 5.2.5. Notify the IEC Secretariat.
- 5.2.6. Ask the Principal Investigator to make the necessary revisions.
- 5.2.7. Send the resubmitted proposal with incorporated changes to reviewers /full board as per the decision in the minutes.
- 5.2.8. If the proposal has only minor modifications as decided in the previous full board meeting, the proposal with incorporated changes is sent to member secretary for a review and approval.
- 5.2.9. The Secretariat to receive the re-submitted documents and inform the Member Secretary. Follow instructions in 5.4 respectively.

5.3 IEC meeting:

If the IEC previously decided that major modifications are to be made in the proposal, then the revision will be processed as:

- 5.3.1. The primary reviewer presents a brief oral or written summary of the study design and his/her comments to the IEC members.
- 5.3.2. The Chairperson entertains discussion on the protocol revision.

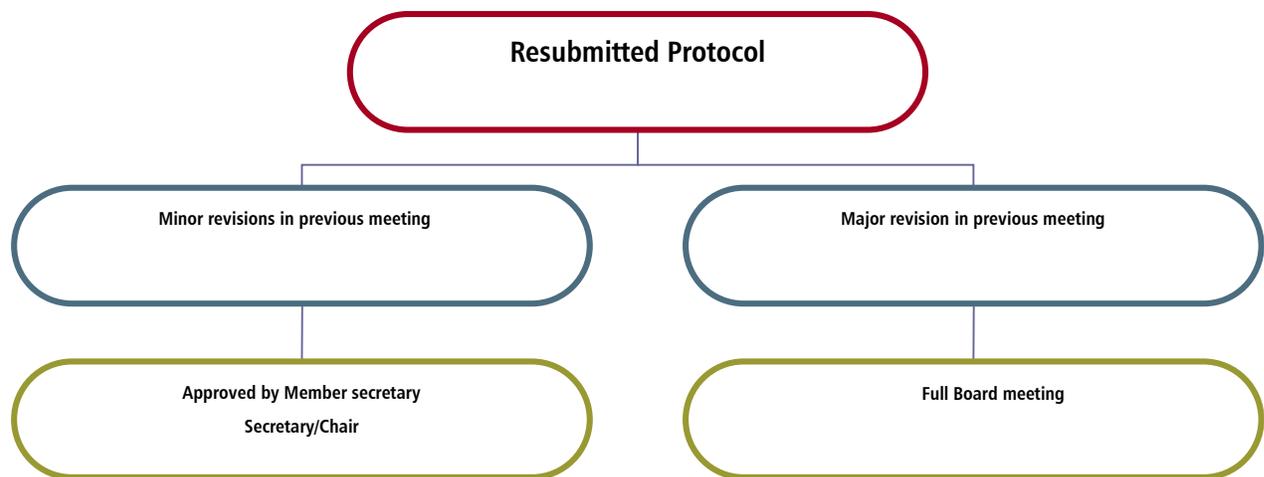
IEC SOP II: -REVIEW OF RESUBMITTED PROTOCOL

- 5.3.3. Further recommendations for modifications to the protocol, consent form as requested by the Committee are noted in the meeting minutes as 'with modifications made by IEC and will be communicated to the investigator.
- 5.3.4. The Chairperson takes a consensus of the IEC members on the revision to either:
The decision on the protocol as:
- Approved – with or without suggestions or comments;
 - Revision with minor modifications
 - Revision with major modifications for resubmission
 - Disapproved
- 5.3.6. Member of the committee who is/are listed as investigator on a research proposal and having conflict of interest shall declare conflict of interest, will not vote on the proposal, and will opt out from all deliberations on the proposal by leaving the meeting room.
- 5.3.7. An investigator or study team member invited for the meeting will not vote or participate in the decision-making procedures of the committee.
- 5.3.8. An independent consultant invited for the meeting to provide opinion will not vote or participate in the decision-making procedures of the committee.
- 5.3.9. If the IEC decision is 'Approved', without implies the approval of the study as it is presented with no modifications and the study can be initiated.
- 5.3.10. If the IEC Decision is approved with or without suggestions, it implies that the study can be initiated only after PI responses is reviewed and approved by the member secretary of IEC.
- 5.3.11. If the IEC decision is minor modification, it implies that the Approval is given after receiving supportive documents/Clarifications and Examination by member secretary
- 5.3.12. If the IEC decision is major modification for resubmission, it implies the PI should resubmit with the major modification for reconsideration of proposal by full board review.
- 5.3.13. Member of the committee who is/are listed, as investigator on a research proposal and having conflict of interest shall declare conflict of interest, will not vote on the

IEC SOP II: -REVIEW OF RESUBMITTED PROTOCOL

proposal, and will opt out from all deliberations on the proposal by leaving the meeting room.

- 5.3.14. An investigator or study team member invited for the meeting will not vote or participate in the decision-making procedures of the committee.
- 5.3.15. An independent consultant invited for the meeting to provide opinion will not vote or participate in the decision-making procedures of the committee.
- 5.3.16. If the IEC decision is 'Approved', without implies the approval of the study as it is presented with no modifications and the study can be initiated.
- 5.3.17. If the IEC Decision is approved with or without suggestions, it implies that the study can be initiated only after PI responses is reviewed and approved by the member secretary of IEC.
- 5.3.18. If the IEC decision is minor modification, it implies that the Approval is given after receiving supportive documents/Clarifications and Examination by member secretary or expedited review of the case may be.
- 5.3.19. If the IEC decision is major modification for resubmission, it implies the PI should resubmit with the major modification for reconsideration of proposal by full board review.



5.4 Written Communication of the Decision:

- 5.4.1. The Secretariat then prepares the Approval letter and gets the member Secretary or Chairperson's signature.
- 5.4.2. If the study is approved, the Committee determines the frequency of Continuing Review for each study site (usually it should be once a year).

IEC SOP II: -REVIEW OF RESUBMITTED PROTOCOL

- 5.4.3. The Secretariat sends an Approval letter to the investigator the IEC decision and schedule of continuing review.
- 5.4.4. The letter contains, at a minimum, a listing of each document approved, the date set by the Committee for frequency of continuing review, and a review of other obligations and expectations from the investigator throughout the course of the study.
- 5.4.5. If the Committee requires modifications to any of the documents, the Secretariat sends a written request of the specific changes to the investigator to make the necessary changes and resubmit the documents to the IEC.

6. **Glossary:**

- 6.1. **Document:** All kinds of evidence to include paper documents, electronic mail (e-mail), fax, audio or video tape.

7. **References:**

- 7.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use E6R2 (ICH)-2016
- 7.2. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 7.3. New Drugs and Clinical Trial Rules,2019
- 7.4. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-IV- PROTOCOL AMENDMENTS, CONTINUING REVIEW AND END OF STUDY

Effective date: 02-Sep-2023 to 01-Sep-2025

Prepared By:

Revana Devarinti
IEC Administrator-KAHER


Signature
Date:28-Aug-2023

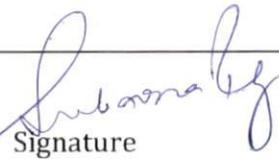
Reviewed By:

Mrs.Geetanjali Salimath
Member-secretary-IEC


Signature
Date:30-Aug-2023

Approved By:

Dr.Subarna Roy
Charperson - IEC-KAHER


Signature
Date:31-Aug-2023

Authorized By:

Prof.(Dr).M.S.Ganachari
Registrar-KAHER, Belagavi


Signature
Date:02-Sep-2023



IEC SOP 12: REVIEW OF AMENDED STUDY PROTOCOLS

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IEC SOP 12: REVIEW OF AMENDED STUDY PROTOCOLS

1. **Purpose:**

The purpose of this standard operating procedure is to describe how protocol amendments/ICF Amendments/data forms are managed and reviewed by the IEC of KAHER, Belagavi-10

2. **Scope:**

This SOP applies to previously approved study protocols but later being amended any study related documents and submitted for approval by the IEC. Amendments made to protocols may not be implemented until reviewed and approved by the IEC. The Member Secretary or Chairman of IEC acknowledges amended Documents for notifications with minor/Administrative changes.

3. **Responsibility:**

It is the responsibility of the IEC Secretariat to manage protocol amendments/ICD/Data forms. Investigators may amend the contents of protocols from time to time. Amendments may be submitted for either “expedited” review by the Chairperson and or Member secretary review.

4. **Flow Chart:**

Sl.No.	Activity	Responsibility
1.	Receive the Amendment Package	IEC Secretariat
2.	Check for completeness	IEC Secretariat
3.	Provide it to the members & Primary reviewers	IEC Secretariat
4.	Determine whether for Full Review	IEC Member secretary / Chairperson
5.	Amendment Review Process	IEC Secretariat/Members /Chairperson
6.	Inform the Principal Investigator	IEC Secretariat
7.	Store Documents	IEC Secretariat

IEC SOP 12: REVIEW OF AMENDED STUDY PROTOCOLS

5. **Detailed instructions:**

- 5.1** Manage the Amendment Documents/Dossiers: The Principal Investigator will submit Amended Protocol of an existing and previously approved protocol should be made in the covering letter to the chairperson/Member-Secretary. The request should:
- 5.1.1. state/describe the list of amendments [including summary of changes]
 - 5.1.2. Provide the reason/justification for the amendment
 - 5.1.3. If ANY minor, administrative changes are reviewed and approved by Member-Secretary.
- 5.2. Upon receipt of the amendment document from the PI, the Secretariat of the IEC should follow the receiving procedure in SOP/06/V-8.5 (Management of Protocol Submission) and SOP/23/V-8.5 (Maintaining Confidentiality of IEC Documents).
- 5.3. After review of the materials, the Member Secretary/secretariat will determine whether the protocol requires expedited or full review.
- 5.4. The amended version of the protocol and related documents should be provided to the IEC members.
- 5.5. Keep “Sent” and “Received” acknowledgment on hard copy (Signature for received) related to the notification of the Chairperson/Member Secretary in the protocol file under the Correspondence Section-Follow IEC SOP/23/V-8.5 in preparing and distributing the documents.

6. **Protocol Amendment Review Process:**

6.1. Review amended protocols:

- 6.1.1. Use the process outlined in the Study Assessment Form (see SOP/06/V-8.5) to review amended protocols and its related documents.
- 6.1.2. Note recommendations for changes to the protocol and/or informed consent requested by IEC Members in the minutes as “with modifications made by IEC’ and will be communicated to the investigator.

6.2. The Chairperson and the IEC members can give the following decisions:

- Approve
 - Minor modification to the amendment,
 - Major modification to the amendment
 - Disapprove
- 6.2.1. Not approve the amendment request, stating the reason – but allow the study to continue as previously approved.

IEC SOP 12: REVIEW OF AMENDED STUDY PROTOCOLS

6.3. Secretariat responsibilities:

- 6.3.1. “Decision letter” to PI and if further amendments are decided PI should resubmit with in change in protocol version no. and date.
- 6.3.2. If the IEC approves the protocol amendment, the Secretariat staff communicates this decision to the investigator.
- 6.3.3. If the IEC does not approve the protocol amendment, the IEC Secretariat inform the investigator in writing of the decision and the reason for not approving the amendment.
- 6.3.4. Keep the minutes of the meeting relevant to the discussion and the decision reached by the IEC as the official records of the amendment review process.

6.4. Store documents: Place the original completed documents, the “clean” version of the protocol and related documents in the protocol file with the other documents pertaining to the amendment.

7. Glossary:

7.1. Amendment protocol: A package of the amended parts and related documents of Package, the protocol, previously approved by the IEC. In the course of the study, the Principal Investigator may decide to make changes in the protocol.

7.1.1. Major: there is a change in the Protocol title and methodology any other modification in the ICDs

7.1.2. Minor: there is changes in the administrative aspects, typos and grammatical errors,

7.1.3. Clinical Research department: An institute or an office where the study takes place and where the principal investigator and/or his/her staff may be reached.

8. Forms:

Form No: 29 Submission of amended study protocol template

Form No: 30 Amended study protocol assessment form

9. References:

9.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use(ICH)-2016.

9.2. WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013

IEC SOP 12: REVIEW OF AMENDED STUDY PROTOCOLS

9.3. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017

9.4. New Drugs and Clinical Trial Rules, 2019

IEC SOP 12: REVIEW OF AMENDED STUDY PROTOCOLS

Form No: 29

Submission of Amended study proposal Template

IEC Protocol Code	
Protocol Title	
Name of the PI:	
Amended Version and Date	
Date of EC approval:	
Date of start of study	
1	Details of amendment(s)
2	Impact on benefit-risk analysis Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe in brief:
3	Type of review requested for amendment: Expedited review (No alteration in risk to participants) <input type="checkbox"/> Full review by EC (There is an increased alteration in the risk to participants) <input type="checkbox"/>
4	Version number of amended Protocol/Investigator's brochure/ICD:
Signature of the PI	

IEC SOP 12: REVIEW OF AMENDED STUDY PROTOCOLS

Form No: 30

Study Assessment Form for Amended protocol

IEC protocol Code	
Name of Principal Investigator	
Protocol Version & Date	
Reviewer's name with Designation:	
Meeting Date (D/M/Y):	

Mark and comment on whatever items applicable to the study

Sl. No	Particulars	Appropriat e	Inappropriat e	NA
Details of Amended Protocol (If Applicable)				
1.	Summary of Changes			
2.	Inclusion Criteria			
3.	Exclusion Criteria			
4.	Vulnerability assessment (If Applicable)			
5.	Analysis of types of samples			
6.	DCGI submission/Approval Letter if Applicable			
Participant Information Sheet and Informed Consent Documents				
1.	Contents of the ICD Translation and back translation certificates			
2.	Language of the ICD: Kannada, Hindi, English and Marathi			
3.	Risks and Benefits			
4.	Period of storage of biological samples if Any			
5.	Privacy & Confidentiality			
6.	Provision for Compensation per subjects in ICFs-TA(INR)			
Reviewer Signature				

IEC SOP 13: CONTINUING REVIEW OF CLINICAL TRIALS

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IEC SOP 13: CONTINUING REVIEW OF CLINICAL TRIALS

1. Purpose:

- 1.1. This standard operating procedure (SOP) is intended to outline the process that the IEC of KLE academy of Higher Education and research will use to conduct the ongoing reviews of protocols that have already approved by the IEC.
- 1.2. The purpose of the continuing review is to periodically monitor the progress of the study, to ensure continuous protection of the rights and welfare of research participants

2. Scope:

- 2.1. This SOP applies to conducting any continuing review of study protocols involving human participants at intervals appropriate to the degree of risk but at least once a year.
- 2.2. Depending upon the degree of risk to the participants, the nature of the studies, and the vulnerability of the study participants and duration of the study, the IEC may choose to review or monitor the protocols more frequently.

3. Responsibility:

- 3.1. It is the responsibility of the Principal Investigators to submit the study protocols for continuing review as mentioned in the approval letter.
- 3.2. The Ethics Committee is responsible for determining the date of continuing review. The period is usually one year as provided in the approval letter.
- 3.3. The IEC is responsible for reviewing the progress made in the protocol, the occurrence of unexpected events or problems, and the rate of enrolment of participants. The protocol, informed consent documents and assent documents are examined to ensure that the information remains accurate.
- 3.4. The frequency for study progress report is for every biannual and or annually. (* Biannual report to be submitted short duration studies i.e. PK/PD studies and or which studies have <6-8 months of study duration.) if any.

IEC SOP 13: CONTINUING REVIEW OF CLINICAL TRIALS

4. Flow chart:

Sl.No.	Activity	Responsibility
1.	Determine the date of continuing review	IEC Secretariat
2.	Remind PI for continuing review submission or study progress report to IEC	IEC Secretariat
3.	Manage continuing review upon receipt	IEC Secretariat
4.	Notify to the members of the IEC	IEC Secretariat
5.	Incorporate the reports in the agenda of the forthcoming meeting	IEC Secretariat
6.	Study progress report review in the full board meeting	IEC Secretariat, IEC Members and Chairperson
7.	Approval of minutes	Chairperson
8.	Providing renewal letter to the PI for the period of ONE Year	IEC Secretariat

5. Detailed Instructions:**5.1. Remind Principal Investigator for continuing review submission:**

- 5.1.1. IEC Secretariat Remind the Investigator within 1 month of expiry of approval
- 5.1.2. It is the responsibility of the principal investigator that for studies which will continue for more than a year, a request for continuing approval and progress report needs to be submitted (within 2 months before the due date i.e. 10 months from the date of approval)
- 5.1.3. If the request and report is not received within two months of due date, the secretariat will remind the Principal Investigator. At the end of two months, if no report is received the study will be suspended and same will be communicated to PI
- 5.1.4. any study related data during the lapse period (between the due date and the late submission date) will be considered null and void

IEC SOP 13: CONTINUING REVIEW OF CLINICAL TRIALS

5.2 Manage continuing review document upon receipt: The Secretariat will receive a package submitted by the Study Team of continuing review for each approved protocol.

5.2.1. IEC members will monitor the subject's safety and wellbeing

5.2.2. IEC members will monitor For-cause assessments for the followings Non – compliance/and or complaints of the approved study

5.2.3. IEC members will involve the identification of opportunities for improvement.

5.2.4. Upon receipt of the package, the Secretariat of the IEC should perform the following:

5.2.5. Verify the contents of the document: The Secretariat will verify that the contents of the package include the following documents:

5.2.5.1. Continuing Review Application Form

5.2.5.2. The Progress Report with: Information about the number of participants enrolled to date and since the time of the last review, an explanation for any “yes” (ticked on the Continuing Review Application Form answers on the application form and a discussion of scientific development, either through the conduct of this study or similar research that may alter risks to research participants.

5.2.5.3. The progress report summary of the protocol since the time of the last review (1 copy).

5.2.5.4. Request letter for extension of approval of the project, if the project is ongoing.

5.2.5.5. The Secretariat will check for complete information and for the presence of the required

5.2.5.6. Signatures of the Principal Investigator in the Continuing Review Application or study progress report.

5.3. Filing the continuing review document: The PI of the study submit Annual progress report with request letter for the continuing of study protocol. if further amendments are decided PI should again change version no. and date

IEC SOP 13: CONTINUING REVIEW OF CLINICAL TRIALS

- 5.4 Prepare meeting agenda:** The Secretariat will follow for procedures on the preparation of meeting agenda and place the forwarded Annual Progress Report on the agenda for the meeting of the IEC as Form No: 43 if deemed necessary by the Chairperson/ Member Secretary, on the date which is as close as possible to the due date (i.e. one year after the date of original approval) of the protocol.
- 5.5 Continuing Protocol Review Process:** The IEC Chairperson/ Member Secretary/ members will use the Continuing Review Application Form to guide the review and deliberation process. The IEC members could arrive at any one of the following decisions at the IEC meeting: Continuation of approval for one year
- 5.5 Store original documents:** Place the original completed documents with the other documents in the Continuing Review Package in the protocol file

6. Glossary:

- 6.1. Approved Protocols** Protocol that has been *approved without stipulations* or *approved with recommendations* by the IEC may proceed. Protocols that have been *approved with stipulations* by the IEC may not proceed until the conditions set by the IEC in the decision have been met. Protocols should be amended and submitted to the IEC within *one* month for re-review.

7. References:

- 7.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use E2R2(ICH)-2016
- 7.2. Forum for Ethical Review Committees in Asia and the Western Pacific SOPs 2006
- 7.3. WMA Declaration of Helsinki-Ethical principal for Medical Research involving human subjects-2013
- 7.4. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 7.5. New Drugs and Clinical Trial Rules, 2019
- 7.6. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

8. **Forms:**

Form No: 31 Annual Report Template for the site

IEC SOP 13: CONTINUING REVIEW OF CLINICAL TRIALS

Form No: 31

ANNUAL REPORT TEMPLATE FOR THE SITE

Sl.No	Particulars	Filled by the Investigator
1.	IEC protocol code	
2.	Protocol No: and Version & date	
3.	Protocol Title:	
4.	Principal Investigator:	
5.	Name of the Co-Investigator:	
Study status		
6.	Study duration	
7.	PI Presented to IEC Meeting Date	
8.	Date of Final Approval	
9.	Date of Study initiation (SIV)	
10.	Date Amendments and its approval if Any	
11.	Financial Status	
12.	Objectives	
Study participants status at site		
13.	Sample size	
14.	Screened	
15.	Randomized	
16.	Drops outs/ screen failures	
17.	Ongoing	
18.	Summary of the work done (preferably in 01 paragraphs):	
19.	Study follow ups	
20.	AE/SAE	
21.	Completion/Termination of the study – date	
22.	Protocol deviation and violations:	
23.	Next due for the study Approval:	
24.	Name & Signature of the Principal Investigator with	

IEC SOP 13: CONTINUING REVIEW OF CLINICAL TRIALS

	date	
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IEC SOP 14: REVIEW OF CLINICAL TRIAL FINAL REPORT

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IEC SOP 14: REVIEW OF CLINICAL TRIAL FINAL REPORT

1. **Purpose:**

The purpose of this SOP is to provide instructions on the review and follow-up, of Final Reports for any study previously approved by the Institutional Ethics Committee of KLE Academy of Higher Education and Research, Belagavi.

2. **Scope:**

This SOP applies to the review and follow-up of the Final Report which is an obligatory review of each investigator's activities presented as a written report of studies completed to the IEC. The Institutional Ethics Committee for Clinical Studies provides a Study Report Form for study Completion Form No:32 which is to be followed by the investigators for submission of the Final report.

3. **Responsibility:**

It is the responsibility of the IEC secretariat to review the report for completeness

Sl.No.	Activity	Responsibility
1	Activities before the IEC meeting	IEC Secretariat
2	Activities during the IEC meeting	IEC Secretariat / Members / Chairperson
3	Activities after the IEC meeting	IEC Secretariat

4. **Flow chart:**

5. **Detailed instructions:**

5.1 **Before each IEC Meeting**

- 5.1.1. Receiving and checking the Final study completion report.
- 5.1.2. The Secretariat to send the copies to the IEC members and Chairperson.
- 5.1.3. The Member Secretary and members will review the submitted report in the full board meeting

5.2 **During the IEC Meeting**

- 5.2.1. IEC member reviews and gives their comments on a copy of the Final Report.
- 5.2.2. The Chairman entertains any discussion of the study.
- 5.2.3. If appropriate to the discussions, an IEC member may call for consensus on whether to request further information or to take other action with the investigator.

IEC SOP 14: REVIEW OF CLINICAL TRIAL FINAL REPORT

5.2.4. Summarize what action should be taken.

5.3 After the IEC Meeting

5.3.1. **Notify the investigator of the decision.**

- > No further action required;
- > Request information,
- > Recommend further action

5.3.2. Accept and file the Final Report

5.3.3. Note the decision in the meeting minutes.

5.3.4. Consider the study as closed.

5.3.5. Send the approved Decision letter ((request information and recommend further action) to the Principal investigator.

5.3.6. Archive the entire study protocol along with any amendments and IEC correspondences.

6. References:

- 6.1. Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants-2011
- 6.2. International Conference on Harmonization, Guidance on Good Clinical Practice E2R2(ICH GCP) 2016.
- 6.3. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 6.4. New Drugs and Clinical Trial Rules, 2019
- 6.5. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2021

7. Forms:

- 7.1. Form No: 32 Study Completion report template

IEC SOP 14: REVIEW OF CLINICAL TRIAL FINAL REPORT

Form no: 32

STUDY COMPLETION REPORT TEMPLATE

IEC Protocol Code	
Protocol No.:	
Principal Investigator:	
Protocol Title:	
Date of Final IEC Approval	
Phone number: E-mail address:	
Study site(s):	
No. of Participants as each site:	
Study Design and Sample Size:	
Objectives:	
Duration of the study:	
Total Number of study participants:	
Study dose(s):	
Provision for follow-up of patients:	
Whether the study samples are being retained for future use:	
Outcome and Implications of the Study:	
Presentations (If any):	
Date and signature of the PI	



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-V- MONITORING AND EVALUATION OF ADVERSE EVENTS

Effective date: 02-Sep-2023 to 01-Sep-2025

Prepared By:

Revana Devarinti IEC Administrator-KAHER	 Signature Date:28-Aug-2023
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Reviewed By:

Mrs.Geetanjali Salimath Member-secretary-IEC-KAHER	 Signature Date:30-Aug-2023
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Approved By:

Dr.Subarna Roy Charperson – IEC-KAHER	 Signature Date:31-Aug-2023
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Authorized By:

Prof.(Dr).M.S.Ganachari Registrar-KAHER, Belagavi	 Signature Date:02-Sep-2023
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IEC SOP 15: REVIEW SAE REPORTS

1. **Purpose:**

The purpose of this SOP is to provide instructions on the review SAE initial and follow-up reports of serious adverse events and unexpected events for any clinical trial approved by the Institutional Ethics Committee, KAHER. The Serious Adverse Events must be reported by the investigators to the IEC within 24 hours after the incident. The unexpected events should be included in the continuing review report submitted to IEC.

Unanticipated risks are sometimes discovered during the course of studies. Information that may impact the risk/benefit ratio should be promptly reported to and reviewed by the IEC to ensure adequate protection of the welfare of the study participants.

The unanticipated risks may as well include any event that in the investigator's opinion, may adversely affect the rights, welfare or safety of the participants in the study.

2. **Scope:**

This SOP applies to the review of SAE reports (on site) submitted by Investigators to IEC of KAHER.

3. **Responsibility:**

- 3.1. It is the responsibility of the IEC to review all the Clinical trial SAEs occurred at site in a Timely manner
- 3.2. The researcher is responsible for reporting all SAEs to the EC within 24 hours of knowledge. Reporting of SAE may be done through email or fax communication (including on non-working days). A report on how the SAE was related to the research must also be submitted within 14 days
- 3.3. The report of SAE of due analysis shall be forwarded by the Investigator to IEC, DCGI, and sponsor or its representative within 14 calendar days of occurrence SAE.
- 3.4. the KLE Ethics Committee for clinical trial shall forward its report on serious adverse event of death after due analysis along with its opinion on the financial compensation, if any, determined in accordance with the formula specified in the Seventh Schedule, to be paid by the said sponsor or its representative, who has obtained permission from the Central Licencing Authority for conduct of clinical trial or bioavailability or bioequivalence study, as the case

IEC SOP 15: REVIEW SAE REPORTS

- may be, to the Central Licensing Authority within a period of thirty days of receiving the report of the serious adverse event of death from the investigator;
- 3.5. The report of SAE of due analysis shall be forwarded by the Investigator to IEC, DCGI, and sponsor or its representative within 14 calendar days of occurrence SAE.
 - 3.6. The report should be accompanied by detailed narrative of the SAE and Annexure-1 form of the CDSCO
 - 3.7. Communicate SAE review members/IEC members review the PI submitted SAE Documents and submitted in the Full Board Meeting and IEC opinions with the DCGI and PI within 30 days of SAE Occurrence.
 - 3.8. In the case of other site SAEs consider for information
 - 3.9. The sponsor or his representative shall pay the compensation in case of clinical trial related Injury or death within 30 days of the receipt of such an order from Licensing Authority.
 - 3.10. The IEC Secretariat is responsible for initial screening of the reports and assessing / seeing whether they need a review of full Board, Chairperson, other qualified IEC members or experts.

4. Flow chart:

Sl.No	Activity	Responsibility
1.	SAE related activities before an IEC meeting	IEC Secretariat, SAE Sub-committee members
2.	Review and determine SAE relatedness in the SAE Review sub-Committee	IEC Secretariat, SAE Sub-committee members and subject Expert
3.	Decide the criteria for the review on site or offsite	IEC Secretariat, members
4.	Review and discuss during the IEC meeting	IEC members and Chairperson
5.	Decide what action should be taken	IEC members and Chairperson
6.	Inform investigator, regulatory authorities within 30 days of receipt of the SAE	Secretariat and Chairperson/Member Secretary

5. Detailed instructions:

5.1. Composition of the SAE Sub-Committee:

The SAE sub-Committee members appointed/Selected by the Chairperson of IEC from the Members and subjects' experts from the KLE Institute. The committee consist of members who collectively have the qualifications and experience to review and evaluate the scientific, medical and ethical aspects of adverse events involving the human participants

5.1.1. The composition shall be as follow:

IEC SOP 15: REVIEW SAE REPORTS

- Chairman of Sub-Committee
 - Member-Secretary
 - IEC Administrator
 - Subject Experts- if Needed
 - Physician if Needed
- 5.1.2. The SAE sub-Committee may invite legal expert of IEC of KHAER to provide opinion on the (if any) legal implication of Serious adverse event.
- 5.1.3. The chairperson of the SAE sub-Committee responsible for the conducting of SAE sub-Committee meetings, and lead all discussions and deliberations pertinent to the review of SAEs
- 5.1.4. The chairperson of the SAE sub-Committee/Member-secretary of IEC approve the minutes of meetings.
- 5.1.5. In the event of report of SAEs, the IEC secretariat convenes meeting (as many as necessary) after receiving the SAE related documents.
- 5.2** The Serious Adverse Event (SAE)- sub-committee of IEC of KAHER review the all SAEs occurred at site which have been approved by the IEC of KAHER.
- 5.3 Criteria for SAE Review: As per the WHO Causality assessment scale the criteria for SAE review as follow: (1) off site – on site; (2) SUSAR – Non SUSAR; (3) Related – Non related**
- 5.3.1. Report is forwarded to the SAE members for review and determination if report should be reviewed at the convened meeting and same report is added to the agenda for review at a convened meeting by full Board. An adverse experience/Investigational New Drug Safety Report has been previously seen by full Board but being resubmitted by another investigator participating in the multi-study site (as part of a multi-center/site study).
- 5.3.2. The SAE follow up notification is informed and full Board review
- 5.3.3. Reviewed by the Chairperson/Member Secretary or SAE review committee members and secretariat
- 5.4. Functions of the Member-Secretary of the SAE Sub-committee**
- 5.4.1. To schedule, organize and conduct SAE sub-committee meetings.
- 5.4.2. To prepare and maintain meeting agenda and minutes.
- 5.4.3. To prepare the communication letters related to the adverse event reports.
- 5.4.4. To communicate with the IEC members, regulatory authorities and investigators in timely manner.
- 5.4.5. To provide necessary administrative support for SAE sub-committee related Activities.
- 5.4.6. To ensure adherence of the SAE Sub-committee functioning as per SOPs.

IEC SOP 15: REVIEW SAE REPORTS

5.4.7. Reporting SAE minutes to CDSCO through Sugam portal within 30 days by the IEC Secretariat

5.5. During the full board review meeting:

5.5.1. Ask PI for the uploading of SAE initial report in the SAE Sugam portal

5.5.2. Member-Secretary reads out the minutes of the SAE sub-committee meetings including the recommendations/decisions of the SAE sub-committee.

5.5.3. When a SAE is discussed in the Committee the member secretary should provide information about the earlier SAEs that occurred in the same study.

5.5.4. The Decision be recorded in the minutes of the meeting and circulated.

5.6. **Decision of IEC of KAHER on SAE review:** The SAE sub-committee/IEC may take one or more of the following decisions on review of the SAE reports:

5.6.1. Type of Actions Taken by IEC/ SAE Sub-committee on Review of SAE Report: Following detailed review of the SAE reports and related documents, the IEC/ SAE Subcommittee can suggest one of the following actions bases on WHO Causality Assessment scale and Sub-Committee members opinion.

5.6.2. IEC Decision is :

- No further action required;
- Request information,
- Recommend further action

5.6.3. The detailed narration/ report of SAE be communicated to DCGI (As per New CDSCO rules

5.6.4. Note the information about the SAE in records for future reference

5.6.5. Request further follow-up information and/or additional detail

5.6.6. Ask for periodic follow-up of the research participant till SAE is resolved

5.6.7. Depending on the complexities of issue, IEC/ SAE sub-committee may decide to seek opinion of outside expert consultant who be requested to respond within 14 working days

5.6.8. Provide recommendations regarding/raise queries related to compensation for study-related Death

5.6.9. Suspend the study until additional information is available.

5.6.10. Suspend the study until review is completed (safety monitoring of ongoing patients to be continued).

5.6.11. Suspend enrollment of new participants.

5.6.12. Suspend certain activities under the protocol. Direct the PI to inform participants already enrolled in the study about the AEs and if required obtain their consent again (re-consent) regarding continuation in the research trial. Direct the PI to inform participants already enrolled in the study about the AE and request them to undertake additional visits, additional procedures, additional investigations etc. as prescribed in the amendment. Any

IEC SOP 15: REVIEW SAE REPORTS

other appropriate action. The decision shall be recorded in the minutes of the IEC meeting. Convey the decision of the IEC requiring immediate action from the PI to the PI through Letter/telephone, fax or email within 24 hours. The IEC Member-Secretary in the study file document such a communication.

- 5.6.13. Send formal letter to the PI informing about the IEC recommendations in such situations within 5 working days of the IEC meeting having taken place.

6. Glossary:

- 6.1. **Adverse Drug Reaction:** In the pre-clinical experience with a new medicinal product or its new usages, particularly as the therapeutic dose(s) may not establish all noxious or unintended responses to the product related to any dose should be considered adverse drug reactions. The phrase “responses to a medicinal product” means that a causal relationship between the product and the adverse event is at least a reasonable possibility, i.e., the relationship cannot be ruled out. Regarding marketed products, a response to a product which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis or therapy of diseases or for modification of physiological function.
- 6.2. **IND:** Investigational New Drugs means substances with potential therapeutic actions during the process of scientific studies in human in order to verify their potential effects and safety for human use and to get approval for marketing.
- 6.3. **SAE :(Serious Adverse Event)** The adverse event is SERIOUS and should be reported when the patient outcome is:
- 6.4. **Death** - Report if the patient's death is suspected as being a direct outcome of the adverse event.
- 6.5. **Life-Threatening** - Report if the patient was at substantial risk of dying at the time of the adverse event or it is suspected that the use or continued use of the product would result in the patient's death. Examples: Pacemaker failure; gastrointestinal haemorrhage; bone marrow suppression; infusion pump failure which permits uncontrolled free flow resulting in excessive drug dosing.
- 6.6. **Hospitalization** (initial or prolonged) - Report if admission to the hospital or prolongation of a hospital stay results because of the adverse event. Examples: Anaphylaxis; pseudomembranous colitis; or bleeding causing or prolonging hospitalization.
- 6.7. **Disability** - Report if the adverse event resulted in a significant, persistent, or permanent change, impairment, damage or disruption in the patient's body function/structure, physical activities or quality of life. Examples: Cerebrovascular accident due to drug-induced hypercoagulability; toxicity; peripheral neuropathy.

IEC SOP 15: REVIEW SAE REPORTS

- 6.8. **Congenital Anomaly** - Report if there are suspicions that exposure to a medical product prior to conception or during pregnancy resulted in an adverse outcome in the child. Examples: Vaginal cancer in female offspring from diethylstilbestrol during pregnancy; malformation in the offspring caused by thalidomide.
- 6.9. **Requires Intervention to Prevent Permanent Impairment or Damage** – Report if suspect that the use of a medical product may result in a condition which required medical or surgical intervention to preclude permanent impairment or damage to a patient. Examples: Acetaminophen overdose-induced hepatotoxicity requiring treatment with acetylcysteine to prevent permanent damage; burns from radiation equipment requiring drug therapy; breakage of a screw requiring replacement of hardware to Prevent malunion of a fractured long bone.
- 6.10. **Unexpected ADR** Unexpected Adverse Drug Reaction is an adverse reaction, the nature or severity of which is not consistent with the informed consent /information sheets or the applicable product information (e.g., investigator’s brochure for the unapproved investigational product or package insert / summary of product characteristics for an approved product.

7. References:

- 7.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use(ICH)-2016
- 7.2. WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013
- 7.3. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 7.4. New Drugs and Clinical Trials, 2019
- 7.5. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

8. Forms:

- 8.1. Form No:33** Data elements for reporting serious adverse events occurring in a clinical trial or bioavailability or bioequivalence study
- 8.2. Form No:34** SAE Reporting Template

IEC SOP 15: REVIEW SAE REPORTS**FORM NO: 33****DATA ELEMENTS FOR REPORTING SERIOUS ADVERSE EVENTS OCCURRING IN A CT****1. Patient Details:**

Initials and other relevant identifier (hospital or out-patient department (OPD) record number etc)*

Gender

Age or date of birth

Weight

Height

2. Suspected Drug(s):

Generic name of the drug*

Indication(s) for which suspect drug was prescribed or tested

Dosage form and strength

Daily dose and regimen (specify units - e.g., mg, ml, mg/kg)

Route of administration

Starting date and time of day

Stopping date and time, or duration of treatment

3. Other Treatment(s): Provide the same information for concomitant drugs (including non-prescription or Over the Counter OTC drugs) and non-drug therapies, as for the suspected drug(s).**4. Details of Serious Adverse Event:** Full description of the event including body site and severity, as well as the criterion (or criteria) for considering the report as serious. In addition to a description of the reported signs and symptoms, whenever possible, describe a specific diagnosis for the event*

Start date (and time) of onset of event.

Stop date (and time) or duration of event

DE challenge and rechallenge information.

Setting (e.g., hospital, out-patient clinic, home, nursing home)

5. Outcome: Information on recovery and any sequelae; results of specific tests or treatment that may have been conducted. For a fatal outcome, cause of death and a comment on its possible relationship to the suspected event; Any post-mortem findings

Other information: anything relevant to facilitate assessment of the case, such as medical history including allergy, drug or alcohol abuse; family history; findings from special investigations etc.

6. Details about the Investigator*

IEC SOP 15: REVIEW SAE REPORTS

Name and Address

Telephone number\

Profession (specialty)\

Date of reporting the event to Central Licencing Authority:

Date of reporting the event to ethics committee overseeing the site:

Signature of the Investigator or Sponsor

Note: Information marked * must be provided

IEC SOP 15: REVIEW SAE REPORTS

Form No: 34

SAE Reporting Template

Principal Investigator (Name, Designation and Affiliation)

Title of study

Protocol no:

IEC Protocol Code:

01	Participant details :					
	Subject Initial and No		Age at the time of Event		Gender	
				M	F	
02	Report Type		Initial		Follow up	
					Final	
	What was the assessment of relatedness to the trial in the initial report?					
	By PI		By Sponsor		By IEC	
	Related	Unrelated	Related	Unrelated	Related	Unrelated
3	Describe the event and specify suspected SAE diagnosis:					
4	Date of onset of SAE:			Date of reporting:		
5	Onset lag time after administration of IMP			Location of SAE (Clinic/Ward/Home/Other)		
6	Details of suspected study drug/device/investigational procedure causing SAE:					
	a. Suspect study drug (include generic name) device/intervention:					
	b. Indication(s) for which suspect study drug was prescribed or tested:					
	c. Route(s) of administration, daily dose and regimen, dosage form and strength:					
	d. Therapy start date:		Stop date:			
7	Was study intervention discontinued due to event?					
	Yes			No		
8	Did the reaction decline after stopping or reducing the dosage of the study drug / procedure?					
	Yes			No		
9	Did the reaction reappear after reintroducing the study drug / procedure?					
	Yes		NO		NA	
10	Concomitant study drugs history and lab investigations:					
	a. Concomitant study drug (s) and date of administration:					
	b. Relevant test/laboratory data with dates:					
	c. Patient relevant history including pre-existing medical conditions (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/ renal dysfunction etc)					
11	Have occurred any similar SAE in the particular study					

IEC SOP 15: REVIEW SAE REPORTS

	Yes	No				
12	Seriousness of the SAE					
13	Describe the medical management provided for adverse reaction (if any) to the research participant. (Include information on who paid, how much was paid and to whom).					
14	Outcome of SAE:					
	Fatal		Continuing		Recovering	
	Recovered		Unknown		If any	
15	Was the research subject continued on the trial?					
16	Provide the details about PI final assessment of SAE relatedness to trial.					
17	Has this information been communicated to sponsor/CRO/regulatory agencies?					
18	Does this report require any alteration in trial protocol?					
19	Provide details of compensation provided/ to be provided the participants (include information on who pays, how much, and to whom) Signature of PI:					



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-VI- MONITORING PROTOCOL IMPLEMENTATION/COMPLIANCES

Effective date: 02-Sep-2023 to 01-Sep-2025

Prepared By:

Revana Devarinti IEC Administrator-KAHER	 Signature Date:28-Aug-2023
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Reviewed By:

Mrs.Geetanjali Salimath Member-secretary-IEC-KAHER	 Signature Date:30-Aug-2023
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Approved By:

Dr.Subarna Roy Charperson - IEC-KAHER	 Signature Date:31-Aug-2023
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Authorized By:

Prof.(Dr).M.S.Ganachari Registrar-KAHER, Belagavi	 Signature Date:02-Sep-2023
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IEC SOP 17: RESPONSE TO COMPLAINTS, QUERIES & REQUESTS

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IEC SOP 17: RESPONSE TO COMPLAINTS, QUERIES & REQUESTS

1. **Purpose:**

Since the Institutional Ethics Committee of KAHER considers protection of the rights and welfare of the human subjects participating in a clinical investigation/research approved by the IEC as its primary responsibility by the IEC to asks or request regarding the Complaints quarries and requests related clinical trials from the stakeholders i.e. Pharmaceutical sponsors/CROs, Principal investigator, study participants or any regulatory authority.

This procedure provides guidelines for dealing with and accommodating requests by stakeholders regarding their request, Queries and complaints in any approved research study.

2. **Scope:**

This SOP applies to all responses to requests from stakeholders concerning their request, Queries and complaints in studies approved by the IEC.

3. **Responsibility:**

The Institute's policy designates the Member Secretary of the IEC as the person responsible for communicating with stakeholders regarding their request, Queries and complaints.

4. **Flow Chart:**

Sl.No	Activity	Responsibility
1.	Complaints, Queries and request from the stakeholders	IEC Secretariat
2.	Taken up in the full board meeting	IEC Secretariat
3.	Action on complaints and any request from the trial stakeholders	IEC members and Chairperson

IEC SOP 17: RESPONSE TO COMPLAINTS, QUERIES & REQUESTS

5. Detailed instructions:

5.1 **Receive the request, Complaints and Queries:**

- 5.1.1. The IEC member receives the inquiry or requests or complaints from clinical research stakeholders
- 5.1.2. Record the request and information in the request record form
- 5.1.3. Communicate with the IEC about study participant rights for instruction (if required).
- 5.1.4. Secretariat may provide assistance in contacting the Member Secretary, but will not provide comments/opinions about the inquiry.

5.2 **Take Action:**

- 5.2.1. SOP related
- 5.2.2. Record information and any action or follow-up taken in the form
- 5.2.3. Take signature of the Chairperson and/or the Member Secretary and date the form.
- 5.2.4. Report to the IEC about the action taken and the outcomes.
- 5.2.5. Communicate the reply with the Clinical Research stakeholder's and keep the record.
- 5.2.6. Clinical Research stakeholder's complaints & action taken by the IEC to notify the head of the Institution.
- 5.2.7. All the Quires and complaints has to be received by the IEC. response and action for the same may be based on the Queries or complaints.

5.3 **IEC Decision:**

- > No further action required;
- > Request information,
- > Recommend further action

5.4 **File the request document**

- 5.4.1. Keep the record form in the "response" file.
- 5.4.2. Keep a copy in the study file.
- 5.4.3. Store the file in the appropriately labeled

6. References:

- 6.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use(ICH)-2016
- 6.2. WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013

IEC SOP 17: RESPONSE TO COMPLAINTS, QUERIES & REQUESTS

6.3. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017

6.4. New Drugs and Clinical Trials, 2019

6.5. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

7. Forms:

7.1. Form No: 36 Clinical Research Stakeholder's Request/Complaint Form

7.2. Form No:37 Study participants Rights and Responsibilities [Kannada]

7.3. Form No:38 Patient's Rights and Responsibilities [English]

7.4. Form No:39 Patient's Rights and Responsibilities [Marathi]

7.5. Form No:40 Patient's Rights and Responsibilities [Hindi]

IEC SOP 17: RESPONSE TO COMPLAINTS, QUERIES & REQUESTS

FORM NO: 36

CLINICAL RESEARCH STAKEHOLDER'S REQUEST/COMPLAINT FORM

Name of the stakeholders: Pharmaceutical sponsors/CROs ,PI, study participants and regulatory authority or any others	
Contact Details of the stakeholders	
Queries, request/complaint form	
Protocol no	
PI of the study	
What is the Queries, request/Complaints?	
Action taken:	
Outcome:	
Name of the IEC member/Secretariat received	
Received date	
Signature of the Member Secretary	

IEC SOP 17: RESPONSE TO COMPLAINTS, QUERIES & REQUESTS

FORM NO:37

STUDY PARTICIPANTS RIGHTS AND RESPONSIBILITIES [KANNADA]



ರೋಗಿಗಳ ಹಕ್ಕುಗಳು ಮತ್ತು ಹೊಣೆಗಾರಿಕೆಗಳು



ರೋಗಿಗಳ ಹಕ್ಕುಗಳು:

- ಗೌರವ ಮತ್ತು ಆದರದೊಂದಿಗೆ ಚಿಕಿತ್ಸೆ ನೀಡುವುದು.
- ತಮ್ಮ ವೈದ್ಯಕೀಯ ಆರೈಕೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಪ್ರೈವೇಸಿಯ ಪರಿಗಣನೆ.
- ತಮ್ಮ ಕಾಲಿಗೆ ಸಂಬಂಧಿಸಿದ ಎಲ್ಲಾ ಮಾಹಿತಿಗಳು ಗೌಪ್ಯವಾಗಿರುತ್ತವೆ ಎಂದು ನಿರೀಕ್ಷಿಸುವುದು. ಕಾನೂನು ಮೂಲಕ ಲಗತ್ತಿಸಿದ್ದಾಗ ನಿರೀಕ್ಷಿಸಿ, ರೋಗಿಗಳಿಗೆ ಅವರ ವಿಷಯವನ್ನು ಅನುಮೋದಿಸಲು ಅಥವಾ ನಿರಾಕರಿಸುವ ಆವಶ್ಯಕತೆಯನ್ನು ತಿಳಿಸಲಾಗುತ್ತದೆ.
- ರಾಜ್ಯ ಮತ್ತು ಭದರಶಾಸ್ತ್ರಾನುಸೂಚನೆಗಳಿಂದ ಒಪ್ಪಿಸಲಾದ ಆದರವ್ಯವಹಾರ ಮಾಹಿತಿಗಳನ್ನು ಒಳಗೊಂಡಂತೆ ಅವರ ಆರೈಕೆಗೆ ಸಂಬಂಧಿಸಿದ ಮಾಹಿತಿಯನ್ನು ಪಡೆಯುವುದು.
- ವೈದ್ಯಕೀಯ ಬದುಕುಗಳಿಗೆ ಅಂತಹ ಪಾರೋಕ್ಷ್ಯದಿಂದ ಸೂಚಿಸುತ್ತಿರುವ ಹೊಣೆಗಾರಿಕೆ, ಅವರ ಆರೋಗ್ಯ ರಕ್ಷಣೆ ಒಳಗೊಂಡ ನಿರ್ಧಾರಗಳಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳುವುದು.
- ಕಾನೂನು ಅನುಮತಿಸುವಷ್ಟಿರಿಸಿ ಚಿಕಿತ್ಸೆಯನ್ನು ನಿರಾಕರಿಸಲು ಮತ್ತು ಅವರ ಕ್ರಿಯೆಗಳ ವೈದ್ಯಕೀಯ ಪರಿಣಾಮಗಳನ್ನು ತಿಳಿಯುವುದಾಗಿದೆ.
- ಮಾದರೀ ವಿಧಾನವನ್ನು / ಅಥವಾ ಚಿಕಿತ್ಸೆಯ ಪ್ರಾಕಾರಕ್ಕೆ ಮುಂದಾಗುವಾಗ ಒಪ್ಪಿಗೆಯನ್ನು ಸಹಿ ಮಾಡಲು ಅಗತ್ಯವಿರುವ ಎಲ್ಲಾ ಮಾಹಿತಿಯನ್ನು ಪಡೆಯಲು, ಅವರ ಮಾತನಾಡುವ ಅಥವಾ ಅರೋಗ್ಯವು ಗಂಭೀರ ಆವಾಹದಲ್ಲಿದ್ದರೆ ಆರೈಕೆ ತುರ್ತು ಸ್ಥಿತಿಗಳನ್ನು ಹೊರತುಪಡಿಸಿ.
- ತಮ್ಮ ನಿರ್ವಹಣೆಯ ಆರೈಕೆ ಸಂಸ್ಥೆಯ ಬಗ್ಗೆ, ಅಥವಾ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆಯ ಬಗ್ಗೆ, ಭೃಶಿ ವಿತರಿಸುವುದು.
- ಶಿಕ್ಷೆಗಳು ಮತ್ತು ಕಾರ್ಯನಿರ್ಧಾರಗಳಲ್ಲಿ ಬದಲಾವಣೆಗಳಿಗೆ ಸುಮ್ಮನ/ಅಪೀಕೆ ನೀಡುವುದು.

ರೋಗಿಗಳ ಹೊಣೆಗಾರಿಕೆಗಳು

- ವಿಧಾರಣಮಾಡಿದ ಚಿಕಿತ್ಸಾ ಮೇಲಣೆಗೆ ಅಂಟಿಕೊಳ್ಳಿ.
- ನಿರೀತ ಸಮಯಕ್ಕೆ ಸುಖವಾಗಿ ಪಾಲನಾಕೊಡುವುದು.
- ತಮ್ಮ ವೈದ್ಯಕೀಯ ಇತಿಹಾಸ ಮತ್ತು ರೋಗ ಲಕ್ಷಣಗಳ ಬಗ್ಗೆ ತಿಳಿಸುವುದು.
- ತಮ್ಮ ನಿರ್ವಹಣೆ ಮತ್ತು ಭೋಜನ ಸಂಸ್ಥೆಯಲ್ಲಿ, ಮಾದರೀ ಬದಲಾವಣೆಗಳೆರಡು ಮಾಡು ತಿಳಿಸಿ.



IEC SOP 17: RESPONSE TO COMPLAINTS, QUERIES & REQUESTS

Form No: 38

Study participants Rights and Responsibilities [English]



Patients Rights and Responsibilities

**PATIENT RIGHTS :**

- To be treated with **RESPECT** and **DIGNITY**.
- To every consideration of **PRIVACY** concerning their medical care.
- To expect that all records pertaining to their care are **CONFIDENTIAL**. Expect when required by law, patients are given the opportunity to approve or refuse their release.
- To access to **INFORMATION** concerning their care, including their medical records, as provided by the state and federal laws.
- To **PARTICIPATE** in decision involving their health care, except when such participation is not indicated for medical releases.
- To **REFUSE** treatment to the extent permitted by law and to be informed of the medical consequences of their actions.
- To receive all information necessary to sign an **INFORMED CONSENT** prior to the start of any procedure and/or treatment, except in emergencies where their lives or health may be in serious danger.
- To voice **GRIEVANCES** about their managed care organization or the medical care provided.
- To offer **SUGGESTIONS/FEEDBACK** for changes in policies and procedures.

PATIENTS RESPONSIBILITIES:

- Adhere to the treatment plan recommended.
- To be on time for appointments.
- To inform about your medical history and symptoms.
- Notify if there are any changes in your address and phone number.



IEC SOP 17: RESPONSE TO COMPLAINTS, QUERIES & REQUESTS

Form No: 40

Study participants Rights and Responsibilities [Hindi]



मरीजों के अधिकार और जिम्मेदारियां



नरीजों के अधिकार:

- नरीजों का आदर और सम्मान के साथ इलाज किया जाना चाहिए।
- नरीजोंके अधिकार हैं की उन्हें उनकी चिकित्सा देण्डाल से संबंधित गोपनीयता के हर विचार को जानना है।
- उम्मीद है कि उनकी देखभाल में (चर्चित सभी अमिलेय नैपनीय होंगे) ककडू के अनुहार लकरी लेने पर, मरीजों को उनकी मुक्ति को साधारण या अनधिकार करने का आदर दिया जाना है।
- उनकी देहाभाव से संबंधित जानकारी तक पहुंच है, जिसमें उनके गैडिकल अभिलेख शामिल हैं, जैसा कि राज्य और राष्ट्रीय कानून द्वारा प्रदान किया गया है।
- उनकी स्वास्थ्य देखभाल से जुड़े विषय में भाग लेने का अधिकार है, जिसमें जब इन तरह की जम्बोदारी चिकित्सा विज्ञान के लिए संकेत नहीं दी जाती है।
- कानून द्वारा अनुमत सीमा तक इलाज को रद्द करना और उनके कानूनी के चिकित्सा परिणामों के बारे में सूचित करना है।
- किसी भी चिकित्सा और / या उपचार को शुरूआत से पहले स्थापित एक सूचनात्मक संमति के लिए आवश्यक सभी जानकारी प्राप्त करने का अधिकार है, लेकिन आपत्कालीन स्थिति पर हस्तक्षेप करने की कोई आवश्यकता नहीं है, जहां उनका स्वास्थ्य गंभीर खतरों में होता।
- शक्ति परिवर्तन और प्रक्रियाओं के लिए सुझाव देने का अधिकार है।

नरीजोंकी जिम्मेदारियां:

- अनुसंधित उपचार योजना का पालन करें।
- दिव्य मय समुदाय में शामिल हों।
- अपनी चिकित्सा इतिहास और लक्षणों के बारे में सूचित करें।
- अगर आपके घरे और खोज खतरों को कोई परिवर्तन हो, तो सूचित करें।



SOP NO-16: INTERVENTION IN PROTOCOL DEVIATION AND VIOLATION

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SOP NO-16: INTERVENTION IN PROTOCOL DEVIATION AND VIOLATION

1. Purpose:

To provide instructions for taking action and maintaining records that identify Investigators/Institutes who fail to follow the procedures written in the approved Protocol or to comply with National/International guidelines and regulations for the conduct of Human research, including those who fail to respond to the IEC requests.

2. Scope:

This SOP applies to all IEC approved research Protocols involving Human participants.

3. Responsibility:

IEC Secretariat is responsible for receiving deviations /violations/waiver reports as per Form No: 37 submitted by the PI and placing it on agenda of the meeting. Reporting of deviation/ non-compliance/ violation/ waiver in any other reporting format will not be accepted. IEC members should review and take action on such reports.

4. Flow chart:

Sl.No	Activity	Responsibility
1.	Protocol deviation and or Violation notified to IEC	PI of the study
2.	Review of PD and Violation	IEC Secretariat
3.	Inclusion of PD and Violation into Agenda	IEC Secretariat
4.	Review and discuss during the IEC meeting	IEC members and Chairperson
5.	Decide what action should be taken	IEC members and Chairperson
6.	Inform to Principal investigator	Secretariat and Chairperson/Member Secretary

5. Detailed instructions:

5.1. Protocol deviation / non-compliance / violation/waiver have been observed:

5.1.1. Maintain a file that identifies study that are found to be non-compliant with National/International regulations or Investigators who fail to follow approved Protocol stipulations or fail to respond to the IEC request for information/action

SOP NO-16: INTERVENTION IN PROTOCOL DEVIATION AND VIOLATION

- 5.1.2. The PI may forward the Protocol deviation/non-compliance/ Violation /waiver reports to inform to the IEC. Protocol Waiver is analogous to a Protocol Deviation, except that prior IEC approval must be obtained before implementing the necessary departures from the Protocol. Therefore, Protocol Waivers are anticipatory, while Protocol Deviations are not. E.g. Protocol Waiver means a prospective decision by a Sponsor or Investigator to permit approval of a subject who does not satisfy the approved inclusion / exclusion criteria for enrollment.
- 5.2. Any report / communication brought to the notice of Member Secretary/Chairperson of IEC
- 5.3. Communication received from any source, informing IEC about an Alleged Protocol violation / non-compliance / Protocol deviation
- 5.4. Noting Protocol deviation / non-compliance / violation / waiver to the Secretariat
- 5.5. PI/study monitor who have performed monitoring of a particular trial site and detect Protocol deviation / non-compliance / violation will inform to the Secretariat in writing **Within 15 Days**.
- 5.6. Whenever Protocol deviation/non-compliance/violation has been observed, the Secretariat will ensure that the issues as well as the details of non-compliance involving Research Investigators are included in the agenda of the IEC meeting.
- 5.7. The deviations/violations will be scrutinized for gravity and implications in the formal full board IEC meeting. The IEC decision will be communicated to the PI.
Note: The Ethics Committee shall withhold at their discretion the approval of current studies or refuse subsequent applications from the Investigators cited. Such decisions are recorded in minutes.

6. Detection of Protocol deviation/ non-compliance/ violation/waiver:

- 6.1. The IEC members performing monitoring of the project at trial site can detect Protocol deviation/non-compliance/violation as follows:
- Not conducted as per Protocol/National/International regulations
 - When scrutinizing annual/periodic reports/SAE reports
 - Any other communication received from the Investigator/trial site/Sponsor/CRO

SOP NO-16: INTERVENTION IN PROTOCOL DEVIATION AND VIOLATION

7. The IEC Discussion and Action: The Chairperson/Member secretary notifies the Investigator regarding the IEC's action in writing,

- 7.1. If the Protocol deviation /non-compliance/violation is detected by any IEC member During the monitoring visit, he/she will present the Protocol deviation / non-compliance /violation information.
- 7.2. If identified by Secretariat / PI, the Secretary will present the Protocol Deviation/non-compliance/violation/waiver information
- 7.3. The Chairperson/IEC members will review the information available and take a decision depending on the seriousness of the violation.
- 7.4. The decision will be taken to ensure that the safety and rights of the research participants are safeguarded.
- 7.5. **IEC Decision is**_____
 1. No further action required;
 2. Request information,
 3. Recommend further action
- 7.6. Inform the PI that IEC has noted the violation/non-compliance/deviation and inform the PI to ensure that deviations/non-compliance/violations will not occur in the future and follow IEC recommendations.
- 7.7. Enlist the measures that PI should undertake to ensure that deviations/noncompliance /violations do not occur in future.
- 7.8. ask for additional information.
- 7.9. Suspend the study till additional information is made available and is scrutinized.
- 7.10. Suspend the study till recommendations made by the IEC are implemented by the PI and are found to be satisfactory by the IEC. Suspend the study for a fixed duration of time.
- 7.11. Revoke approval of the current study.
- 7.12. Inform DCGI/Other relevant regulatory authorities if applicable.
- 7.13. Keep other research proposals from the PI/ Co-PI under abeyance.
- 7.14. Review and / or inspect other studies undertaken by PI/Co-PI

8. Notify the Investigator

- 8.1. The IEC Secretariat members record the IEC's decision.

SOP NO-16: INTERVENTION IN PROTOCOL DEVIATION AND VIOLATION

- 8.2. Request the Chairperson/Member-Secretary to sign and date the letter.
- 8.3. Make two copies of the notification letter
- 8.4. Send the one copy of the notification to the Investigator.

9. Keep records and follow up

- 9.1. Keep a copy of the notification letter in the “non-compliance” file.
- 9.2. Store the file in the shelf with an appropriate label.
- 9.3. Follow up the action after a time period as suggested by the Ethic Committee.

10. Glossary

10.1. **Deviation / Non - compliance / Violation:** The IEC monitors whether Investigators do not perform the study in compliance with the approved Protocol, ICH GCP, FDA regulations and/or fail to respond to the IECs request for information/action.

10.2. **Protocol Deviation:** Accidental or unintentional changes to, or non-compliance with the research protocol that does not increase risk or decrease benefit or; does not have a significant effect on the subject's rights, safety or welfare; and/or on the integrity of the data. Deviations may result from the action of the subject, researcher, or research staff. A deviation may be due to the research subject’s non-adherence, or an unintentional change to or non-compliance with the research protocol on the part of a researcher. Examples of a deviation include:

- A rescheduled study visits
- Failure to collect an ancillary self-report questionnaire
- Subject’s refusal to complete scheduled research activities

10.3. **Protocol Violation:** Intentional change to, or non-compliance with the IEC approved protocol without prior sponsor and IEC approval. Violations generally increase risk or decrease benefit, affects the subject's rights, safety, or welfare, or the integrity of the data.

Examples of protocol violations:

- Failure to obtain valid informed consent (e.g., obtained informed consent on a non-date stamped form)
- Loss of laptop computer that contained identifiable, private information about subjects
- Accidental distribution of incorrect study medication or dose

SOP NO-16: INTERVENTION IN PROTOCOL DEVIATION AND VIOLATION

- Not following inclusion/exclusion criteria

10. References:

- 10.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use (ICH)-2016
- 10.2. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 10.3. New Drugs and Clinical Trail rules,2019
- 10.4. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

11. Form:

Form No: 35 Deviation/Non-Compliance/Violation Record

SOP NO-16: INTERVENTION IN PROTOCOL DEVIATION AND VIOLATION**FORM NO: 35****DEVIATION/NON-COMPLIANCE/VIOLATION NOTIFICATION**

Study Title:

Investigator

Name of the Sponsor/CROs:

Contact No.:

Protocol Deviation/Violation Violation Deviation

1.	Is the deviation related to (Tick the appropriate box) :			
	Consenting	<input type="checkbox"/>	Source documentation	<input type="checkbox"/>
	Enrolment	<input type="checkbox"/>	Staff	<input type="checkbox"/>
	Laboratory assessment	<input type="checkbox"/>	Participant non-compliance	<input type="checkbox"/>
	Investigational Product	<input type="checkbox"/>	Others (<i>specify</i>)	<input type="checkbox"/>
	Safety Reporting	<input type="checkbox"/>		
2.	Total number of deviations /violations reported till date in the study:			
3.	Deviation/Violation identified by: Principal Investigator/study team <input type="checkbox"/>			
	Sponsor/Monitor <input type="checkbox"/>			
	SAE Sub Committee/EC <input type="checkbox"/>			
4.	Provide details of Deviation/Violation:			
5.	Corrective action taken by PI/Co-PI:			
6.	Impact on (if any):			
	Study participant <input type="checkbox"/>			
	Quality of data <input type="checkbox"/>			

Reported by:

Date.....

IEC SOP 18: MANAGEMENT OF STUDY TERMINATION

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IEC SOP 18: MANAGEMENT OF STUDY TERMINATION

1. Purpose:

This procedure describes how an IEC proceeds and manages the termination of IEC Reviewed/Approved research studies. Protocols are usually terminated at the recommendation of the IEC, Data Safety Monitoring Board (DSMB), sponsor or other authorized bodies when subject enrollment and subject follow-up are discontinued before the scheduled end of the study.

2. Scope:

This SOP applies to any study approved by IEC of KLE Academy of Higher Education and Research that is being recommended for termination of IEC approval before its scheduled completion.

3. Responsibility:

It is the responsibility of the IEC Chairperson/Member-secretary to terminate IEC approval of any study that the IEC has previously approved when the safety or benefit of the study participants is doubtful or at risk. The Secretariat is responsible for management of the termination process.

4. Flow chart:

SI.No.	Activity	Responsibility
1.	Receive recommendation for the study termination	IEC Secretariat
2.	Review and Discuss the Termination of the study protocol	IEC Secretariat and Chairperson/Member Secretary
3.	Notify the Principal Investigator	IEC Secretariat
4.	Store the Protocol Documents	IEC Secretariat
5.	Place it in the Inactivate the Protocol Document	IEC Secretariat

IEC SOP 18: MANAGEMENT OF STUDY TERMINATION

5. Detailed instructions:

5.1 **Receive recommendation for study approval termination.**

- 5.1.1 Receive recommendation and comments from IEC members, Sponsor/CROs or other authorized bodies for study protocol termination.
- 5.1.2 Inform the principal investigator to prepare and submit a protocol study termination letter
- 5.1.3 Receive the study protocol study termination prepared and submitted by the principal investigator.
- 5.1.4 The request for termination memorandum should contain a brief written summary of the protocol, its results, and accrual data
- 5.1.5 Termination is indicated under “Action Request”.
- 5.1.6 Completeness of the information, including accrual data since the time of the last continuing review.
- 5.1.7 Presence of the required signatures (Principal Investigator) - Initial and date the package upon receipt. Find the Termination form in SOP/06/V-8.3.

5.2 **Review and discuss the Study termination.**

- 5.2.1. Notify the Chairperson/member secretary regarding the recommendation for study protocol termination.
- 5.2.2. Provide information about any required participant follow-up visits during a suspension/termination
- 5.2.3. Notify of the termination or suspension of new enrollments and/or all ongoing research activities
- 5.2.4. The Chairperson/IEC Members reviews the results, reasons and accrual data.
- 5.2.5. The Secretariat calls for a meeting of full board to discuss about the recommendation. If needed
- 5.2.6. The Chairperson/Member Secretary signs and dates the Protocol Termination Application Form in acknowledgment and approval of the termination
- 5.2.7. After reviewing the all required information about study protocol and their participant safety only IEC had to take action on protocol Suspension/Termination

- 5.3 **Notify the Principal Investigator:** The Secretariat/Member secretary reviews, signs, and dates the Protocol Termination Application Form indicating that the termination process is complete.

IEC SOP 18: MANAGEMENT OF STUDY TERMINATION

5.4 Store the protocol documents:

- 5.4.1. Keep the original version of the request letter for termination and the original version of the Continuing Review Application Form in the Protocol file.
- 5.4.2. Send the file to archive.
 - Store the protocol documents for five years

6. References:

- > WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013
- > Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- > New Drugs and Clinical trial Rules, 2019

IEC SOP 18: MANAGEMENT OF STUDY TERMINATION

FORM NO: 41

STUDY REPORT FORM FOR PROTOCOL TERMINATION

Protocol No.:	
Protocol Title:	
Principal Investigator:	
Date of IEC Approval with reference Numbers	
Phone number/E-mail address:	
Sponsors /Funding Agencies Name:	
Address:	
Protocol No.:	
Protocol Title:	
Principal Investigator:	
Date of IEC Approval with reference Numbers	
Phone number/E-mail address:	
Study site(s):	No of participating sites
Study Design and Sample Size:	
Objectives:	
Methodology:	
Duration of the study:	
Total Number of study participants:	
No.of Study Arms (If any):	
Study Design and Sample Size:	
Objectives:	
Number of participants in each of the Study Arms:	
Study dose(s):	
Reasons for termination (if any):	
Provision for follow-up of patients:	
Whether the study samples are being retained for future use:	
Results:	
Outcome and Implications of the Study:	
Presentations (If any):	
Date and Signature of P.I.:	



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-VII- STUDY MONITORING VISIT BY IEC MEMBERS/SECRETARIAT

Effective date: 02-Sep-2023 to 01-Sep-2025

Prepared By:

Revana Devarinti IEC Administrator-KAHER	 Signature Date:28-Aug-2023
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Reviewed By:

Mrs.Geetanjali Salimath Member-secretary-IEC- KAHER	 Signature Date:30-Aug-2023
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Approved By:

Dr.Subarna Roy Charperson - IEC-KAHER	 Signature Date:31-Aug-2023
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Authorized By:

Prof.(Dr).M.S.Ganachari Registrar-KAHER, Belagavi	 Signature Date:02-Sep-2023
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IEC SOP-19: STUYD MONITORING VISIT

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IEC SOP-19: STUYD MONITORING VISIT

1. Purpose:

The purpose of this SOP is to provide procedures as to when and how a study Protocol should be monitor for its performance or compliance to GCP and SOP of IEC-KAHER.

2. Scope:

This SOP applies to any visit and/or monitoring of any clinical trials which is approved by the IEC of KAHER.

3. Responsibility:

It is the primary responsibility of the IEC to visit or designate some of the Ethics Committee Members to perform the monitoring of the clinical trials. The IEC members or Secretariat in consultation with the Chairperson may an evaluation of a study protocol for a cause or for a routine monitoring

4. Flow chart:

Sl.No.	Activity	Responsibility
1	Selection of study Protocol based on for cause or routine	Secretariat IEC members and Chairperson
2	Sending of Monitoring visit to Investigator of the study	IEC Secretariat/Member Secretary/IEC member
3	Procedures during the visit as per the check list form no:43	IEC Secretariat/Member Secretary/IEC member
4	Procedures after the visit report is submitted to full board meeting	IEC Member/Chairperson/Member secretary
5	Present the findings to the Full Board	IEC member secretary

IEC SOP-19: STUYD MONITORING VISIT

5. Detailed instructions:

5.1 Selection of study Protocol based on the for cause and or routine: Monitoring shall be routine or “for cause” and its decided at a full committee meeting. For research that involves higher risk or vulnerable participants or if there is any other reason for concern, the IEC at the time of initial review or continuing review can suggest that routine monitoring may be conducted at more frequent intervals. Some causes for monitoring are given:

- a) High number of protocol violations/ deviations
- b) Large number of proposals carried out at the study site or by the same researcher;
- c) Large number of SAE reports;
- d) High recruitment rate;
- e) Complaints received from participants;
- f) Non-compliance with IEC directions
- g) Misconduct by the researcher; and
- h) Any other cause as decided by the IEC

IEC SOP-19: STUYD MONITORING VISIT

5.2. Before the visit: The IEC Members only will

- 5.2.1. Review the IEC files for the study and any other correspondence
- 5.2.2. Make appropriate notes, or copy some parts of the files for comparison with the Protocol files.
- 5.2.3. PI may inform about IEC monitoring visit through Mail. If needed or they Will select the random study from the different sponsor/PI/CRO to be Monitored by the IEC members.

5.3. During the visit: The IEC representatives will monitor the study as per form no:43

- 5.3.1. Review the informed consent document to make sure that the study team is using the most recent version of ICD.
- 5.3.2. Review randomly the subject files to ensure that subjects are signing the correct informed consent.
- 5.3.3. Observe the informed consent process, ICF and ICF Documentation.
- 5.3.4. Source documents monitoring
- 5.3.5. Observe laboratory and other facilities necessary for the study.
- 5.3.6. Review the IEC communication documents of the study to ensure that documentation is filed appropriately.
- 5.3.7. Collect views of the study participants, if possible
- 5.3.8. Brief the full board visit report/comments.
- 5.3.9. If needed Investigator site file(ISF) with all the logs
- 5.3.10. Checking of T/A of the study participant

5.4. After the visit: The IEC representative will

- 5.4.1. write a report/comment use form no: 42 within 2 weeks describing the findings during the visit forward a copy of the study team visit form to the Secretariat
- 5.4.2. The Secretariat Will Include this report in the Agenda of the Full Board meeting
- 5.4.3. IEC Monitoring report submitted to the study investigator.
- 5.4.4. Retain one copy of the approved report in the IEC files
- 5.4.5. In the same report IEC request the PI to submit CAPA for monitoring visit to be submitted within 15 days of the recipient.
- 5.4.6. CAPA shall be reviewed by IEC member secretary and will placed in the full board meeting for decision

IEC SOP-19: STUYD MONITORING VISIT

6. Glossary

- 6.1. **IEC representatives:** Many IEC rarely find time to perform monitoring visit themselves. They may ask outside experts or the staff of Ethics Committees to perform the tasks on their behalf and later report their findings to IEC.
- 6.2. **IEC Monitoring visit:** An action that IEC or its representatives visit study sites to assess how well the selected investigators and the institutes are conducting researches, taking care of subjects, recording data and reporting their observations, especially serious adverse events found during the studies. Also, source documents monitoring to know how the subjects are kept informed on the risk and benefit and also (in amended ICF), how the continued consenting process is documented, capturing the need for reconsenting. Normally monitoring visit will be arranged in advance with the intimation to the principal investigators.

7. References:

- 7.1. International Conference on Harmonization of technical requirements for pharmaceuticals for human use(ICH)-2016
- 7.2. Forum for Ethical Review Committees in Asia and the Western Pacific SOPs 2006
- 7.3. Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants-2011
- 7.4. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 7.5. International Ethical Guidelines for Health-related Research Involving Humans- CIOMS-2016

8. Form

- 8.1. Form No: 42 Checklist for IEC members Monitoring Visit

IEC SOP-19: STUYD MONITORING VISIT

FORM NO: 42

CHECKLIST FOR IEC MEMBERS STUDYMONITORING VISIT

Type of Monitoring [√}			
For Cause			Routine
a) High number of protocol violations/ deviations b) Large number of proposals carried out at the study site or by the same researcher; c) Large number of SAE reports; d) High recruitment rate; e) Complaints received from participants; f) Non-compliance with EC directions g) Misconduct by the researcher; and h) Any other cause as decided by the EC			Randomly
Protocol and Study team details			
IEC protocol Code		Date of visit	
PI Name		Site ID	
Study CRCs		Phone No:	
CROs/Sponsors Name and contact details			
Participants Details			
Screened:		Ongoing:	
Enrolled:		completed	
Drop out:		Follow up	
Awareness of the rights [Y/N]-Comments		Subject interview (if planned)	
Satisfied with the process			
Study protocol and its related information			
Use of recent (IEC approved) version of protocol			
Use of recent (IEC approved) version of informed consent document			
Informed consent process complete (including source documentation)			

IEC SOP-19: STUYD MONITORING VISIT

Is the delegation proper (as respect to qualification and experience)	
SAE reporting timely and complete (if any)	
Weather appropriate vernacular consent have been taken	
Investigational Medicinal Products	
Logs up to date	
Safekeeping with controlled access and temperature maintenance	
Clear delegation	
Ethical concerns:	
Grievance handling explained and the same documented	
Subject/s remuneration done as due	
Is there any involvement of vulnerable population (if Yes Please write the type of Vulnerability) _____	
Is the study team conducting repeated education/information about research, benefits, risks and alternatives for vulnerable persons?	
Justification for the inclusion of vulnerable population in the research	
Note: Corrective and preventive action submitted by PI Within 15days of the recipient	

Study status: Enrolling/Follow up/Data cleaning:

IEC SOP-19: STUYD MONITORING VISIT

I. MONITORING-SUMMARY:

Study status details			
Screened:		Ongoing:	
Enrolled:		completed	
Drop out:		Follow up	
CROs/Sponsors Name			
Study participants status and Details:			
Screened:	Enrolled:	Ongoing:	
Drop out:	Completed:	AE/SAE:	
Key Dates			
IEC Approval	Study initiation	First Participant screened	
Essential documents latest versions and date:			
Protocol	ICD	Investigator Brochure	
Qualification, ICH-GCP training etc.,	Co-Investigator	Study CRCs	

II. Documents Reviewed:

- Signed Informed Consents:
- Source Documents:
- Monitoring/ auditing reports:
- Investigational Product use, storage & reconciliation records:
- Delegation of Responsibilities Log:
- Subject Enrolment Log (equitable distribution):
- Clinical trial Agreement, Indemnity & Insurance:
- Investigator's File & Communications file

III. If any suggestions:

IEC Members/Member Secretary Signature



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-VIII- PREPARATION AND REVIEW MEETING AGENDA AND MINUTES OF MEETING

Effective date: 02-Sep-2023 to 01-Sep-2025

Prepared By:

Revana Devarinti IEC Administrator-KAHER	 Signature Date:28-Aug-2023
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Reviewed By:

Mrs.Geetanjali Salimath Member-secretary-IEC-KAHER	 Signature Date:30-Aug-2023
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Approved By:

Dr.Subarna Roy Charperson - IEC-KAHER	 Signature Date:31-Aug-2023
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Authorized By:

Prof.(Dr).M.S.Ganachari Registrar-KAHER, Belagavi	 Signature Date:02-Sep-2023
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IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

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IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

1. Purpose:

The purpose of this SOP is to identify the administrative process and provide instructions for the preparation and circulation of meeting agenda, Meeting proceedings, and invitation and notification letters of institutional Ethics Committee.

2. Scope:

This SOP applies to administrative processes concerning the preparation of the agenda for all regular IEC meetings, divided into three stages: before, during and after the meeting.

3. Responsibility:

It is the responsibility of the Secretariat staff to prepare the agenda for the IEC meeting and to ensure the quality and validity of the minutes after the meeting is over. The Chairperson/Member Secretary should review and approve the agenda and the minutes sent to him/her.

4. Detailed Instructions:

4.1 Submission of Clinical trials related documents/Dossier to IEC

- 4.1.1. Check the completeness of the EC Dossier by IEC secretariat
- 4.1.2. Reviews the new study submission letter/EC Dossier for completeness by secretariate
- 4.1.3. Special meeting may be conducted based on the IEC Chairperson/Member Secretary discretion
- 4.1.4. Consider the appropriate review channel of each protocol: Use the criteria and the procedures as described in the corresponding SOPs when deciding the review channel procedures
 - by Principal Investigator-Submission of ethics committee dossier to IEC office/secretariat- within **21** days

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

- the IEC dossier circulation to be done to IEC Members Prior to **14 days** of the scheduled meeting
- IEC Decision letter given to PI after the full board meeting – Within **07** working days

4.2 Before the full board meeting:

- 4.2.1. Schedule the review as soon as possible after receiving the IEC dossier
- 4.2.2. Consult the Chairperson and other IEC members to schedule the meeting date and time
- 4.2.3. Inform to the IEC members regarding the meeting for confirmation
- 4.2.4. Schedule protocols in the agenda on a first-come first-serve basis.
- 4.2.5. Prepare the meeting agenda, according to the format shown in Form No: 43
- 4.2.6. Include a Study Assessment Form No: 16 –Part A and B by the Primary reviewers and ICD Assessment checklist by Ngo representatives and IEC dossier along with the meeting agenda.
- 4.2.7. Allow IEC members at least **14 days** for the review process.
- 4.2.8. Write down IEC protocol Code as per IEC of KAHER in the square boxes at the bottom right corner
- 4.2.9. Assign the Primary reviewers including Layperson to review the Ethics Committee dossier and Informed consent documents respectively
- 4.2.10. IEC Dossier circulated to each IEC member
- 4.2.11. The Principal Investigator will mention the type of review in the covering letter and will submit the documents accordingly.
- 4.2.12. The Dossier will be sent to the IEC Members for their comments and suggestions will be discussed in the IEC full board meeting

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

4.2.13. Place the new clinical trials/agenda in the full board meeting

›SOP for Expedited Review - SOP/07/V-8.5

›SOP for Initial Review of Submitted Protocols – SOP/08/V-8.5

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

4.3 During the Ethics Committee meeting:

- 4.3.1 The Meeting is conducted in physical mode and Virtual mode partially and all the meeting Minutes or deliberations are recorded and stored securely
- 4.3.2 Present meeting agenda approval from all the members and Member secretary read the previous meeting minutes with the approval from the chairperson
- 4.3.3 At the discretion of the Chairman, guest attendees (potential client, students, etc.) may be allowed to observe the Board meetings.
- 4.3.4 The Chairperson may inform members and attendees of the rules being followed during meetings.
- 4.3.5 The IEC may allow investigators, clinical collaborators, and guest attendees/students etc., to attend the portion of the IEC meeting related to their studies by filling confidentiality agreement and approved by member secretary/Chairperson
- 4.3.6 Decide the degree of risks and benefits
- 4.3.7 Consider whether or not the study should be approved.
- 4.3.8 The IEC administrator/Secretariate records the Proceedings/discussions and the decisions made during the meeting.
- 4.3.9 The IEC Members give their comments right after the presentation and the discussion about the study takes place.
- 4.3.10 **Decision Making Procedure:**
 - 4.3.10.1. Voting will be held only in cases where there is a lack of consensus on an issue/protocol.
 - 4.3.10.2. Voting will be by hand rising.

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

- 4.3.10.3. In order to avoid conflict of interest, only those IEC members who are independent of the investigator and the sponsor of the trial will vote on the research-related matters.
- 4.3.10.4. All voting will take place after the observers / presenters / IEC members with a conflict of interest leave the meeting room.
- 4.3.10.5. The Chairman determines if the number of voting Board members is sufficient to constitute a quorum and proceeds accordingly.
- 4.3.10.6. If a quorum is not met, then the meeting will be deferred.
- 4.3.10.7. An IEC member makes a motion to recommend action on a protocol or issue being discussed.

4.4 After the Ethics Committee Meeting:

- 4.4.1. IEC secretariat prepares the meeting minute's report after completion of meeting of the PI presented protocols.
- 4.4.2. As soon as possible after each meeting, a copy of the minutes is sent to IEC members for records/information.
- 4.4.3. The Secretariat sends an IEC decision letter along with the approved documents to the investigator. The letter contains, at a minimum, a listing of each document IEC decision, the date set by the IEC for frequency of continuing review, and a review of other obligations and expectations from the investigator throughout the course of the study.
- 4.4.4. If the IEC votes not to approve the study, the Chairperson or Secretariat immediately notifies the investigator in writing of the decision and the reason for disapproving the study. If the investigator wishes to appeal this decision, he or she may do so by contacting IEC office. This process is stated in the action letter provided to the investigator
- 4.4.5. If the IEC votes to require modifications to any of the documents, the Secretariat either generates the revisions to the documents, or sends a written request of the specific changes to the investigator asking him or her to make the necessary changes and submit the documents to the IEC Secretariat.
- 4.4.6. The Chairperson/Member secretary indicates approval by signing and dating the minutes.

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

4.4.7. The Secretariat maintains the official copies of the minutes in accordance with the archiving procedures.

4.5 Distributing the minutes and the decision

4.5.1. Send a copy of the IEC decision letter to the Principal Investigators for their records and for them to make the suggested rectifications by the IEC members.

4.5.2. Send the approved minutes to the IEC members.

5 Glossary:

5.1. **Agenda:** A list of things to be done; a program of business at a meeting

5.2. **Minutes:** An official record of the business discussed and transacted at a meeting, conference, etc.

5.3. **Quorum:** Number of EC members required to act on any motion presented to the Board for action.

5.4. **Majority vote:** A motion is carried out if one half plus one member of the required quorum votes in its favor.

6 References:

6.1. New Drugs and Clinical Trial Rules 2019.

6.2. Forum for Ethical Review Committees in Asia and the Western Pacific SOPs 2006

6.3. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017

6.4. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

7 Forms:

Form No: 43 Format of an Agenda

Form No: 44 Format for IEC meetings

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION**FORM NO: 43****Format of an Agenda****Type of Meeting:** Full Board Meeting**Venue:** IEC office, Conference Room, KLES Dr.PK Hospital and MRC, Belagavi-10

Date of issuance:

To,

NOTICE OF MEETING:**IEC Members:**

Member 1 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 2 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 3 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 4 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 5 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 6 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 7 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 8 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 9 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 10 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 11 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 12 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 13 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 14 (name, position, science/non-science, affiliated/non-affiliated, male/female)

AGENDA

1. CALL TO ORDER
2. DETERMINATION OF QUORUM
3. DISCLOSURE OF CONFLICT OF INTEREST
4. APPROVAL OF THE AGENDA
5. APPROVAL OF THE MINUTES OF THE LAST MEETING
6. PROTOCOL REVIEW

6.1. FULL BOARD REVIEW**6.1.1. Protocols for Initial Review**

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

Protocol Code	
Submission date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Time allotment	

6.1.2. Protocols for Modification or Resubmissions

Protocol Code	
Re-Submission date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Time allotment	

6.1.3. Amendments

Protocol Code	
Approval date	
Submission date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Time allotment	

6.1.4. Protocol Non-Compliance (Deviation or Violation) Reports

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

Protocol Code	
Approval date	
Report date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Time allotment	

6.1.5. SAE Reports

Protocol Code	
Approval date	
Report date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Time allotment	

6.1.6. Requests, Queries, and Complaints

Protocol Code	
Approval date	
Application date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

Time allotment	
-----------------------	--

6.1.7. Site Visit Reports

Protocol Code	
Protocol Approval date	
Protocol Title	
Site Visit date	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Time allotment	

6.1.8. Study Termination

Protocol Code	
Protocol Approval date	
Application date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Time allotment	

6.1.9. Continuing and Progress Reports

Protocol Code	
Protocol Approval date	

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

Application date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Time allotment	

6.1.10. Final Reports

Protocol Code	
Protocol Approval date	
Application date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Time allotment	

7. OTHER MATTERS:**8. ADJOURNMENT:**

Kindly make it convenient to attend and bring these relevant documents for your ready reference.

Yours sincerely,

Member Secretary

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION**FORM NO: 44****Format of IEC Meeting Minutes****Type of Meeting:** Full Board Meeting**Venue:** IEC office, Conference Room, KLES Dr.PK Hospital and MRC, Belagavi-10

Date of issuance:

Attendance:**Present:**

Member 1 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 2 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 3 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 4 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 5 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Absent:

Member 1 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 2 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 3 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 4 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 5 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Subject Expert/Intendent Consultant:**Member 1** -Name, Designation -Department-Affiliation, male/female**Others:**

Staff (name, position)

Guest (name, position)

1. CALL TO ORDER

<Title, First name, surname> Chair, called this meeting to order at. Time>

2. DETERMINATION OF QUORUM

Quorum was declared with the presence of members, inclusive of the presence of medical, non-medical/lay, noninstitutional, and female members, as confirmed by the Member Secretary, .

3. DISCLOSURE OF CONFLICT OF INTEREST

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

<Title, surname of chair>called for disclosure of Conflict of Interest (COI) in the Protocols scheduled for deliberation in the meeting. The following member/s inhibited from participation in the deliberations during the full board meeting for the following reasons:

<Title, Name, surname > as Investigator for the study entitled, "TITLE" (PROTOCOL NUMBER)

4. APPROVAL OF THE AGENDA

<Title, surname of chair > presided over the discussion of the agenda of the meeting for

(Date of current meeting). The agenda was corrected during the discussion and approved as amended.

5. APPROVAL OF THE MINUTES OF THE LAST MEETING:

5.1. Corrections in the Meeting Minutes

5.2. Approval of the Meeting Minutes

5.3. Matters Arising from the Minutes of the Last Meeting requiring EC action

6. PROTOCOL REVIEW:

6.1. FULL BOARD REVIEW

6.1.1. Protocols for Initial Review

Protocol Code	
Submission date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Quorum status	
Conflict of Interest	
Assessment of Scientific Issues	<ol style="list-style-type: none"> 1. Rationale and literature review 2. Objectives/Expected output 3. Research/Study design 4. Study population, sampling design, and

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

	<p>sample size</p> <ol style="list-style-type: none"> 5. Inclusion criteria 6. Exclusion criteria 7. Withdrawal criteria 8. Control arms (placebo or less effective intervention, if any) 9. Study procedures and tools 10. Data management and analysis
Assessment of Ethical Issues	<ol style="list-style-type: none"> 1. Risks 2. Benefits 3. Vulnerability
Assessment of Informed Consent Issues	<ol style="list-style-type: none"> 1. Completeness of patient information sheet (PIS) and informed consent form (ICF) 2. Language and translation of PIS and ICF 3. Voluntary participation 4. Insurance and medical care 5. Cost, compensation, and reimbursement 6. Privacy and confidentiality 7. Assent and parental consent 8. Informed consent process
Assessment of the Qualification of the Investigator	<ol style="list-style-type: none"> 1. Expertise 2. Training 3. Conflict of interest
Conclusion and Recommendations	
Action Taken	<ol style="list-style-type: none"> 1. Approved – with or without suggestions or comments; 2. Revision with minor modifications/amendments 3. Revision with major modifications for resubmission 4. Disapproved
Approval Expiration Date (if	

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

applicable)	
Frequency of Continuing Review (in case of approval and minor revision)	

6.1.2. Protocols for Modification or Resubmissions

Protocol Code	
Re-Submission date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Quorum status	
Conflict of Interest	
Assessment of PI Response to Initial Review	
Conclusion and Recommendations	
Action Taken	<ol style="list-style-type: none"> 1. Approved 2. Minor modification to the amendment, 3. Major modification to the amendment 4. Disapprove Expedited review at the level of the Member Secretary;
Approval Expiration Date	
Frequency of Continuing Review (in case of approval and minor revision)	

6.1.3. Amendments

Protocol Code	
Approval date	

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

Submission date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Time allotment	
Quorum status	
Conflict of Interest	
Assessment of Amendment	
Conclusion and Recommendations	
Action Taken	<ol style="list-style-type: none"> 1. Approved 2. Minor modification to the amendment, 3. Major modification to the amendment 4. Disapprove

6.1.4. Protocol Non-Compliance (Deviation or Violation) Reports

Protocol Code	
Approval date	
Report date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Quorum status	
Conflict of Interest	
Assessment of Protocol Non- Compliance Report	
Conclusion and Recommendations	
Action Taken	Decision

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

	No further action required; Request information, Recommend further action
--	---------------------------------------------------------------------------------

6.1.5. SAE Reports

Protocol Code		
Approval date		
Report date		
Protocol Title		
Principal Investigator		
Reviewers		
Sponsor or CRO		
Quorum status		
Conflict of Interest		
Assessment of SAE	Submission Date	
	Date of SAE	
	Onsite or offsite	
	Country (if offsite)	
	SUSAR or Non-SUSAR	
	Related or Non-Related to the Study	
	SAE Status	
Conclusion and Recommendations		
Action Taken	Decision No further action required; Request information, Recommend further action	

6.1.6. Requests, Queries, and Complaints

Protocol Code	
Approval date	

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

Application date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Assessment of Request, Query or Complaint	
Conclusion and Recommendations	
Action Taken	No further action required; Request information, Recommend further action
Conclusion and Recommendations	

6.1.7. Site Visit Reports

Protocol Code	
Protocol Approval date	
Protocol Title	
Site Visit date	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Quorum status	
Conflict of Interest	
Assessment of Site Visit Report	
Action Taken	No further action required; Request information, Recommend further action
Conclusion and Recommendations	

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

6.1.8. Study Termination

Protocol Code	
Protocol Approval date	
Application date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Quorum status	
Conflict of Interest	
Assessment of Risks from Study Termination	
Action Taken	No further action required; Request information, Recommend further action
Conclusion and Recommendations	

6.1.9. Continuing and Progress Reports

Protocol Code	
Protocol Approval date	
Application date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Quorum status	
Conflict of Interest	
Assessment of Continuing and Progress Report	
Action Taken	No further action required;

IEC SOP 20: AGENDA AND MINUTES OF MEETING PREPARATION

	Request information, Recommend further action
Conclusion and Recommendations	

6.1.10. Final Reports

Protocol Code	
Protocol Approval date	
Application date	
Protocol Title	
Principal Investigator	
Reviewers	
Sponsor or CRO	
Quorum status	
Conflict of Interest	
Assessment of Final Report	
Action Taken	No further action required; Request information, Recommend further action
Conclusion and Recommendations	

5. OTHER MATTERS:**6. ADJOURNMENT:** This meeting was adjourned at

Prepared by	SECRETARIAT STAFF-Name	Date and signature
Checked by	Member Secretary-Name	Date and signature
Approved by	Chairperson-Name	Date and signature



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-IX- MANAGING ETHICS COMMITTEE STUDY FILES

Effective date: 02-Sep-2023 to 01-Sep-2025

Prepared By:

Revana Devarinti
IEC Administrator-KAHER


Signature
Date:28-Aug-2023

Reviewed By:

Mrs.Geetanjali Salimath
Member-secretary-IEC-KAHER


Signature
Date:30-Aug-2023

Approved By:

Dr.Subarna Roy
Charperson - IEC-KAHER


Signature
Date:31-Aug-2023

Authorized By:

Prof.(Dr).M.S.Ganachari
Registrar-KAHER, Belagavi


Signature
Date:02-Sep-2023



IEC SOP 21: MAINTENANCE OF ACTIVE CLINICAL TRIALS

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IEC SOP 21: MAINTENANCE OF ACTIVE CLINICAL TRIALS

1. **Purpose:**

To provide instructions for preparation and maintenance of active study files and other related documents approved by the IEC of KAHER.

2. **Scope:**

This SOP applies to all active clinical trial files and their related documents that are maintained in the IEC office in the Data management system [Which is established by the KLE Academy of Higher Education and Research]

3. **Responsibility:**

It is the responsibility of IEC Secretariat to ensure that all study files are prepared, maintained and kept securely for the specified period of time under a proper system that ensures confidentiality and facilitates retrieval at any time.

4. **Flow chart:**

Sl.No.	Activity	Responsibility
1	Organize the contents of the clinical trial files	IEC Secretariat
2	Maintain the clinical trial files in the KAHER's Data management system including In/Outward, Protocol Status and Membership files	IEC Secretariat

5. **Detailed instruction:**

5.1 Organize the contents of the active study files

5.1.1. Get the original documents/copy of the study files.

5.1.2. Gather, classify and combine all related documents together.

5.1.3. Use a folder with the following on the cover

5.1.3.1. The name of the principal Investigator /sponsor

5.1.3.2. The protocol numbers as per IEC of KAHER (eg-First Protocol in the year 2023
i.e 001-2023]

IEC SOP 21: MAINTENANCE OF ACTIVE CLINICAL TRIALS

5.1.3.3. The number assigned by the IEC Secretariat

5.1.4. Check if a study file contains, at a minimum, the following documents:

5.1.4.1. Original application and any updates received during the study.

5.1.4.2. Investigator's brochure or similar documents

5.1.4.3. Approval letters and other correspondence sent to the investigator.

5.1.4.4. Approved documents (protocols, amendment, informed consent form, advertising materials, etc.)

5.1.4.5. Adverse experience reports or Investigational New Drugs safety reports received

5.1.4.6. Continuing review reports

5.2. Put the following into each folder with the following information:

5.2.1 Maintenance of internal log for the record of submission letter, approval letter and other notification from the study investigator.

5.2.2 Sponsor with address and contact phone/e-mail id of contact person, protocol number, investigator name and title/no

5.2.3 Application form of the IEC Protocol, Case Report Form, Investigator's Brochure (drug studies), Informed consent documents with translations in the relevant languages, advertising material and recruitment procedures, investigator bio data, any other material submitted by the investigator.

5.2.3.1. Correspondence

5.2.3.2. Initial Approval with the final version of all above documents (protocol, ICD, CRF etc.

5.2.3.3. Revisions/Amendments

5.2.3.4. Adverse Events

5.2.3.5. Protocol deviation/Violations

5.2.3.6. Continuing Review, if applicable

5.2.3.7. Study termination reports

5.2.3.8. Completion reports (Final report)

IEC SOP 21: MAINTENANCE OF ACTIVE CLINICAL TRIALS

5.3 Maintain the active study files

- 5.3.1. Inward/outward register/ log is maintained in the KAHER's Data Management System
- 5.3.2. Assign the approved study files with unique identifiers (on a sheet of paper) established by a member of the IEC Secretariat
- 5.3.3. Combine related documents of the approved study files appropriately.
- 5.3.4. Indicate date when Annual Review is due
- 5.3.5. Keep all active and potential study files in a secure file cabinet.
- 5.3.6. Maintain the study files in an easily accessible and secure place until the final report is reviewed and accepted by the IEC.
- 5.3.7. Store the closed regulatory study files for at least 5 years and **non**-regulatory research (3 years) or as required by sponsor after the study closure
- 5.3.8. Regular [every 6 months] back up to be taken for the Soft copies of IEC related documents on external hard drive with mention of dates on the backup [Which is stored in the PC-at IEC Office]

5.4 Maintain IEC records: Maintain all the IEC records such as Agenda/minutes of the meeting, Membership files, Attendance registers etc.

Note: For studies with multiple study sites, a member Secretariat should maintain the files to allow cross-referencing without unnecessary duplications.

6 Glossary:

Active Study File	Any approved protocol, supporting documents, records containing Communications and reports that correspond to each currently approved study.
IND	Investigational New Drug is a drug that has never been seen in the market because it is under investigation of its efficacy and safety and not yet been approved for marketing by the local authorities. The drug is therefore approved for used only at some certain study sites
ICD	Informed Consent Document is a written, signed and dated paper confirming participant's willingness to voluntarily participate in a particular trial, after having been informed of all aspects of the trial that are relevant to

IEC SOP 21: MAINTENANCE OF ACTIVE CLINICAL TRIALS

	the participant's decision to participate.
Master file	A file for storage of the originally signed and dated documents

7. Reference:

- 7.1. ICMR guidelines for clinical research- October, 2017
- 7.2. Forum for Ethical Review Committees in Asia and the Western Pacific SOPs 2006
- 7.3. NDCT Rules, 2019

IEC SOP 22: ARCHIVAL AND RETRIEVAL OF CLINICAL TRIALS DOCUMENTS

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IEC SOP 22: ARCHIVAL AND RETRIEVAL OF CLINICAL TRIALS DOCUMENTS

1. Purpose:

To provide instructions for storing inactive study files and completed IEC study documents in a secure manner while maintaining access for review by auditors and inspectors or any external Accreditation Assessors [Clinical Trials].

2. Scope:

This SOP applies to archiving the study files and completed IEC documents that are retained for at least five years (or more for some particular cases) after completion of the research so that the records are accessible for auditors, inspectors and Assessors. Copying files and documents for or by authorized representatives of the national authority is allowed when required.

3. Responsibility:

It is the responsibility of IEC Secretariat for maintaining inactive study files and completed studies of IEC-KLE Academy of Higher Education and Research

4. Flow chart:

Sl.No.	Activity	Responsibility
1	After receiving the final report	IEC members, secretariat
2	Archiving IEC Completed documents	IEC secretariat
3	Retrieving Documents	IEC secretariat

5. Detailed instructions:

5.1 After receiving the final report

5.1.1. IEC Secretariat and Members will review the Final Report/study completion report of the study.

5.1.2. A member of the Secretariat should

- › Remove the contents of the entire file from the active study filing area.
- › Verify that all documents are present in an organized manner.
- › Place the file in a store compactor with particular rack number

5.1.3. Keep the files of the multi-center studies active, until all the study sites are closed.

IEC SOP 22: ARCHIVAL AND RETRIEVAL OF CLINICAL TRIALS DOCUMENTS

5.1.4. Study closure notification should be as per the IEC-KAHER-SOP

5.1.5. Place in Archival room with biometric Lock

5.2 When archiving administrative documents, a staff of the IEC Secretariat should:

5.2.1. Essential IEC Documents are those documents, which individually and collectively allow the evaluation of the conduct of a study and quality of the data generated.

5.2.2. The Regulatory Authority needs essential IEC documents for the sponsor's independent audit function and inspection.

5.3. Retrieving Documents

5.3.1 Keep in mind the SOP/23/V-8.5 (Maintaining Confidentiality of Ethical Review Committee Documents)

5.3.2 Retrieval of documents can only be done with a request form No: 46 signed and dated by the IEC Chairperson or the Member Secretary/secretariat staff.

5.3.3 The requestor must also sign and date the log of request Form No: 45 The Secretariat retrieves archived documents and documents in the inventory (register) kept by Institutional Ethics Committee KAHER for Clinical Trials at Archival room.

5.3.4 Return the file back to its place.

5.3.5 Record, sign and date when the document has been returned and kept.

6. Archival Storage Conditions: Archives to storage in conditions which is dry and seasonally stable with minimum exposure to natural or artificial light and protection from pests, pollution and access by authorized person

- It is a clean and Dry Place
- The doors are lockable and secure.
- CCTV Surveillance
- Fire Extinguisher
- Pest control

7. Disposal/ Shredding of closed files and copies of protocols and documents submitted for ethical review

7.1. At the end of the prescribed period, the documents from the protocol file will be shredded and properly disposed by authorized IEC/ administrative staff, without any notification to PI, keeping environment protection at the foremost.

IEC SOP 22: ARCHIVAL AND RETRIEVAL OF CLINICAL TRIALS DOCUMENTS

7.2. Extra copies of protocols and documents submitted for ethical review and any other extra copies will be shredded by authorized IEC, KAHER personnel after the IEC meeting without any notification to PI. Soft copies of protocol related documents stored in the external hard disk drive will be deleted at the time of shredding of the hard copy.

7.3. A formal disposal log will be maintained form no:47 providing details of documents that will be disposed.

7.4. Disposing Inactive protocols aside from those with Final Reports

8. Glossary:

Administrative Documents	Documents include official minutes of IEC meetings (as described in SOP/13/V-8.5) and the Standard Operating Procedures, both historical files and Master Files as described in SOP/01/V-8.5.
Inactive Study Files	Those studies are approved and or with suggestions which is not initiated at site level
Closed study files	After completion of all study related activity at site with study closure study notification

9. References:

- 9.1. International Conference on Harmonization, Guidance on Good Clinical Practice (ICHGCP) E6R2-2016
- 9.2. National Ethical guidelines for biomedical and health research involving research participant's guidelines -2017
- 9.3. New drugs and Clinical Trial Rules, 2019
- 9.4. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

10. FORMS

Form No:45 Document Request Form

Form No:46 IEC Documents Retrieval Record Form

Form No:47 Log for disposal of study documents

IEC SOP 22: ARCHIVAL AND RETRIEVAL OF CLINICAL TRIALS DOCUMENTS

FORM NO: 45

DOCUMENT REQUEST FORM

Name of Document requested:	
Requested by:	
Date:	
<input type="checkbox"/> Chairperson <input type="checkbox"/> Secretariat <input type="checkbox"/> IEC Member	
<input type="checkbox"/> Secretariat staff <input type="checkbox"/> Authority <input type="checkbox"/> Others.....	
Purpose of the request:	
Retrieved by:	Date:
Returned by:	Date:
Archived by:	Date:

IEC SOP 23: MAINTAINING OF CONFIDENTIALITY OF IEC DOCUMENTS

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IEC SOP 23: MAINTAINING OF CONFIDENTIALITY OF IEC DOCUMENTS

1. Purpose:

The sources of violation of confidentiality are usually found in the day-to-day use of copies of original documents. This SOP therefore describes how to handle original documents and copies of documents in order to protect confidentiality of documents.

2. Scope:

This SOP applies to maintaining confidentiality while handling, distribution and storage of submitted study protocols, IEC documents, and correspondence with experts, auditors and the general public.

3. Responsibility:

Confidentiality of study protocols, IEC documents, and correspondence with experts and auditors is mandatory. IEC members and staff have signed confidentiality agreements with the institute that enforces confidentiality. If non-members of the IEC need copies of documents, it is the responsibility of the IEC member/staff to maintain the confidentiality of documents.

4. Flow chart:

Sl.No.	Activity	Responsibility
1	Access to IEC documents	IEC members and Secretariat
2	Classify confidential documents	IEC members and Secretariat
3	Copy confidential documents	IEC Secretariat
4	File Log of Copies	IEC Secretariat

IEC SOP 23: MAINTAINING OF CONFIDENTIALITY OF IEC DOCUMENTS

5. Detailed instructions:

5.1 Access to IEC Documents: The IEC members and the staff of the Secretariat of the IEC, who must read, understand and agree to the following: Members and Member Secretary of the IEC

5.1.1 Sign a **confidentiality agreement form No:06** with Institutional Ethics Committee KAHER for Clinical Study Protocols institute before the start of any activity for the IEC.

5.1.2 Shall have access to all IEC documents.

5.1.3 Free to request and to use original documents or its copies

5.2 Secretariat of the IEC

5.2.1. The Secretarial Assistant of the IEC is a staff member of the Ethics Committee KAHER for Clinical Studies

5.2.2. Sign a confidentiality agreement with Ethics Committee of KHER for Clinical Studies
Have access to any document issued by or to the IEC.

5.3 Classify confidential documents: The types of documents reviewed by IEC members include:

5.3.1. Study proposals and related documents (case report forms, informed consent documents, diary forms, scientific documents, expert opinions or reviews)

5.3.2. IEC documents (SOPs, meeting minutes, advice and decisions)

5.3.3. Correspondence (experts, auditors, study participants, etc.)

Note: Copies of all versions of documents, including draft and sequential definitive versions are to be kept private and confidential with the exception of those made according to the following sections.

5.4 Copy confidential documents: Copies of documents, including draft and sequential versions, are considered to be confidential and are not permitted to be brought out except when a document is needed for day-to-day operations.

5.5 Copy Authorization:

5.5.1. Only members of the IEC are allowed to ask for copies.

5.5.2. Only staff members of the Secretariat of the IEC are allowed to make such copies.

5.5.3. The Secretary of the EC may ask for help, but is responsible for maintaining

5.5.4. Confidentiality of all documents

IEC SOP 23: MAINTAINING OF CONFIDENTIALITY OF IEC DOCUMENTS

5.6 Log of Copies

- 5.6.1. A Log of Copies form no:48 must be kept by the Secretariat.
- 5.6.2. The log should include: the name and signature of the individual receiving the copy; the initial of the IEC Secretary who made the copy; the number of copies made and the date that the copies were made.
- 5.6.3. Copies requested by non-members of the IEC
- 5.6.4. Copies of IEC's documents requested by non-members of the IEC (including the Secretary) can only be given after the permission from the Member Secretary and the person requesting for the document signs a confidentiality agreement form No: 10
- 5.6.5. Copies made for non-members of the EC must be recorded in both the Log of Requests for Copies of IEC's documents) and the log of Copies of the Original Documents in form no: 48 and 49

5.7 File Log of Copies.

- 5.7.1. The Log of Copies of Original Documents must be stored with the original documents.
- 5.7.2. The Log of Copies of Original Documents is *not* a confidential document and can be reviewed upon request.
- 5.7.3. A Log of Copies of Original Documents must be maintained.

6. Glossary:

Document	<p>Documents mean the followings:</p> <ul style="list-style-type: none"> - Study Protocols and related documents (such as case report forms, informed consents, diary forms, scientific documents, reports, records, expert opinions or reviews) - IEC documents (SOPs, meeting minutes, advice and decisions) - Correspondence (experts, auditors, study participants, etc.) of any forms, such as printed or written papers, hard copies, electronic mails (e-mail), faxes, audio or video tapes, etc.
Non-members	Any relevant person/persons who presently is/are not a member/members of the IEC such as authorities, monitors,

IEC SOP 23: MAINTAINING OF CONFIDENTIALITY OF IEC DOCUMENTS

of the IEC	auditors, subjects, etc.
------------	--------------------------

7. References:

- 7.1. International Conference on Harmonization, Guidance on Good Clinical Practice (ICHGCP) E6R2-2016
- 7.2. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 7.3. New Drugs and Clinical Trial Rules, 2019
- 7.4. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

8. Forms

Form No: 48 Log of Requests for Copies of IEC's Documents

Form No: 49 Log of Copies of Original Documents

IEC SOP 23: MAINTAINING OF CONFIDENTIALITY OF IEC DOCUMENTS

Form No: 49

Log of Copies of Original Documents*Title of the Document:*

.....

Sl.No.	Name of Recipient	No. of Copies	Reasons of the Request	Signature of Recipient	Secretariat Initials	Date

Note: This log should be attached to the original documents



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-X- EVALUATING AN IEC OF KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

Effective date: 02-Sep-2023 to 01-Sep-2025

Prepared By:

Revana Devarinti IEC Administrator-KAHER	 Signature Date:28-Aug-2023
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Reviewed By:

Mrs.Geetanjali Salimath Member-secretary-IEC	 Signature Date:30-Aug-2023
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Approved By:

Dr.Subarna Roy Charperson - IEC	 Signature Date:31-Aug-2023
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Authorized By:

Prof.(Dr).M.S.Ganachari Registrar-KAHER, Belagavi	 Signature Date:02-Sep-2023
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IEC SOP 24: AUDIT AND INSPECTION

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IEC SOP 24: AUDIT AND INSPECTION

1. Purpose

The purpose of this SOP is to guide how to prepare for an audit or inspection of the IEC processes.

2. Scope

This SOP applies to Institutional Ethics Committee of KLE Academy of Higher Education and Research, Belagavi.

3. Responsibility

It is the responsibility of the Secretariat, the Members, and the Chairperson of the IEC to perform all tasks according to the SOPs and to be well-prepared and available to answer questions during evaluation, audit or inspection visits of authorities.

4. Flow chart:

Sl.No.	Activity	Responsibility
1	call for an audit an Audit / Inspection	IEC Chairperson / Head of the Institution
2	Prepare for the audit / Inspection	IEC Secretariat / Members and Chairperson
3	Meet the Auditor / Inspection	IEC Secretariat / Members and Chairperson
4	Discuss the Issues	IEC Secretariat / Members and Chairperson
5	Record the Event	IEC Secretariat

5. Detailed instructions:

5.1 Receive a Call for an Audit / Inspection

5.1.1. Receive a notice of Audit /Inspection

5.1.2. The Member Secretary / Chairperson inform the Director or Head of Institution.

5.1.3. The Chairperson/member secretary should inform IEC members.

IEC SOP 24: AUDIT AND INSPECTION

5.2 Prepare for the audit / Inspection

- 5.2.1. Get a checklist form No:50
- 5.2.2. Go through all steps on the list.
- 5.2.3. Check if all documents are labeled and kept in the right order for easy and quick search.
- 5.2.4. Check for any missing or disorganized records.
 - › Background and training records of IEC members
 - › Application Submission Records
 - › Protocol Assessment Records
 - › Communication Records
 - › Amendment Approval
 - › Meeting Agenda, Minutes, Approval letters
 - › Active files
 - › Continuing and Final reports
- 5.2.5. Review the IEC SOPs.
- 5.2.6. Make sure that no omission or deviation exists.
- 5.2.7. Make sure to have good reasons for any omission or deviation.
- 5.2.8. Inform IEC members about the inspection date so that they are able to attend the audit/inspection meeting.

5.3. During the Audit / Inspection

- 5.3.1. The Chairperson or the Secretariat welcomes and accompanies the auditors/inspectors to the reserved meeting room.
- 5.3.2. Members and some key staff must also be present in the meeting room.
- 5.3.3. The conversation starts with the auditor/inspector stating the purpose of the visit and what kind of information and data are needed.
- 5.3.4. Answer questions of the auditors/inspectors clearly, politely and truthfully with confidence and straight to the point.
- 5.3.5. Find and get all information and files requested by the auditors/inspectors.
- 5.3.6. Take note of the comments, recommendations of the auditors/inspectors.

5.4. Discuss the Issues

- 5.4.1. Review comments and recommendations of the auditors/inspectors.

IEC SOP 24: AUDIT AND INSPECTION

- 5.4.2. Write a report and have it approved by the Chairperson.
- 5.4.3. The Chairperson calls for the correction.
- 5.4.4. Allow appropriate time for correction and improvement process.
- 5.4.5. Carry an internal follow-up audit.
- 5.4.6. Evaluate the outcome.
- 5.4.7. Report the outcome to the Chairperson.

5.5. Record the Audit/Inspection Event

- 5.5.1. Keep record of the report on the audit/inspection meeting in the audit/inspection file.
- 5.5.2. Record also the findings from the internal follow-up audit in the internal audit file
- 5.5.3. CAPA should be provided to Auditor or inspector within timelines mentioned by the authority in the audit/inspection report.

6. Glossary:

External audit	A systematic and independent examination of research trial approval activities and documents to determine whether the review and approval activities were conducted and data were recorded and accurately reported according to the SOPs, GCP, Declaration of Helsinki, and applicable regulatory requirements
Internal Audit	A systematic examination of IEC membership files and other IEC approved study protocol and clinical trial participant related information by Internal members selected by head of institute/Member secretary
Inspection	The act by a regulatory authority of conducting an official review of documents, facilities, records, and any other resources that are deemed by the authorities to be related to the clinical trial and that may be located at the site of the trial, at the sponsors and/or contract research organizations (CRO) facilities, Office of ethics Committees, or at other establishments deemed appropriate by the regulatory authorities

IEC SOP 24: AUDIT AND INSPECTION

7. References:

- 7.1. Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants-2011
- 7.2. Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 7.3. New Drugs and Clinical Trial Rules, 2019

8. Forms

Form No: 50 Audit and Inspection Checklist

Form No: 51 Confidentiality Agreement Form for Auditors/inspectors

IEC SOP 24: AUDIT AND INSPECTION

FORM NO: 50

AUDIT AND INSPECTION CHECKLIST

Internal Audit External Audit Regulatory Inspection	Date:
The date(s) which the audit/inspection has been agreed for:	
Review the SOPs and note details of any omissions or deviations, with reasons	
Check the files for the presence of all signed documents. Note any that are missing and actions taken. <ul style="list-style-type: none"> > Background and training records of EC members > Application Submission Records > Protocol Assessment Records > Communication Records > Amendment Approval > Meeting Agenda, Minutes, Approval letters > Active files > Continuing and Final reports 	
Are any documents known to be missing from the study master file?	
Which personnel and members will be available? Give details of times and dates.	
What arrangements are there in the event the auditor/inspector needs to make copies of documents?	
Completed by: Name and Signature	Date:

IEC SOP 24: AUDIT AND INSPECTION

FORM NO:51

CONFIDENTIALITY AGREEMENT FORM FOR AUDITORS/INSPECTORS

I, _____ from _____ as an **Auditors/inspectors** of Ethics Committee of KAHER for Clinical trials, understand that the copy (ies) given to me by the Ethics Committee is (are) confidential. I shall use the information only for the indicated purpose as described to the Ethics Committee and shall not duplicate, give or distribute these documents to any person(s) without permission from the IEC. Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information as Confidential.

I have received copies of the following IEC documents:

.....
.....
.....

IEC office use only
Signature of the recipient and date
Member Secretary/Chairperson signature and date



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi

IEC SOP/V-8.5-2023

SOP-XI- SUBJECTS/PATIENTS RECRUITMENT STRATEGIES

Effective date: 02-Sep-2023 to 01-Sep-2025

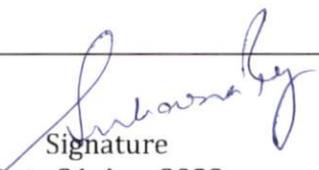
Prepared By:

Revana Devarinti IEC Administrator-KAHER	 Signature Date:28-Aug-2023
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Reviewed By:

Mrs.Geetanjali Salimath Member-secretary-IEC	 Signature Date:30-Aug-2023
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Approved By:

Dr.Subarna Roy Charperson - IEC	 Signature Date:31-Aug-2023
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Authorized By:

Prof.(Dr).M.S.Ganachari Registrar-KAHER, Belagavi	 Signature Date:02-Sep-2023
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IEC SOP 25: STUDY PARTICIPANT RECRUITMENT STRATEGIES

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IEC SOP 25: STUDY PARTICIPANT RECRUITMENT STRATEGIES

1. INTRODUCTION & PURPOSE:

This standard operating procedure (SOP) describes the processes for developing a recruitment plan and provides recommended recruitment definitions, strategies and activities covering the entire recruitment period, screening and rescreening at KLES Dr. Prabhakar Kore Hospital and MRC, Belagavi-10 and regarding the first participant screening and/or Site Initiation Visit to be notified to IEC of KAHER.

2. SCOPE:

This SOP covers the study recruitment process starting from a base population of patients or healthy volunteers through to enrolled study participants.

3. APPLICABLE REGULATIONS AND GUIDELINES:

- 3.1 International Conference on Harmonization of technical requirements for pharmaceuticals for human use (ICH)-2016
- 3.2 WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013
- 3.3 Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- 3.4 New Drugs and Clinical trial rules, 2019
- 3.5 ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

4. RESPONSIBILITY:

This SOP applies to all clinical study team personnel involved in conducting clinical trial activities at the KLE site.

5. Flow chart:

Sl.No.	Activity	Responsibility
1	Patient recruitment strategies	IEC Secretariat / Members and Chairperson
2	Submission of Approval for Patient recruitment methods by the PI	IEC Secretariat / Members and Chairperson

IEC SOP 25: STUDY PARTICIPANT RECRUITMENT STRATEGIES

3	Board meeting for the approval of advertisement materials or any other to recruit the study participants	Approved by the IEC member/Chairperson
4	Recruitment should be done after the IEC final decision and regulatory approval i.e DCGI- & same to be notified to IEC	IEC Secretariate

6. PROCEDURES: Development and Implementation of a Recruitment Plan:

6.1. Identify potential recruitment methods or strategies related to each area of the recruitment process.

- In patient
- Out patient
- Referral in the institution
- Advertisements (web site – internet)
- Health camps
- Private clinics
- Paediatrics

6.2. Select the most suitable recruitment activities. Several recruitment methods may be used throughout the study rather than depending on one single method for recruitment.

6.3. Formalize and document the recruitment plan and strategies including timelines.

6.4. The characteristics of the population from which the research participants will be drawn (including gender, age, literacy, culture, economic status, vulnerable population and ethnicity)

6.5. The means by which initial contact and recruitment is to be conducted

6.6. The means by which full information is to be conveyed to potential research participants or their representatives

i. OUTPATIENT RECRUITMENT PROCESS

Outpatient Recruitment Process



Hospital Registration counters

IEC SOP 25: STUDY PARTICIPANT RECRUITMENT STRATEGIES



Get a Unique 07-digit OPD number



PI OPD/Ward



Screening as per Inclusion/Exclusion criteria



After informed consent Process



Screening



Enrolment

ii. **IN PATIENT RECRUITMENT PROCESS:**

Inpatient Recruitment Process



Hospital Registration counters/Causality-Emergency



Get Unique 07 digit OPD number



PI OPD/ICU/Ward



Inclusion/Exclusion criteria



After informed consent Process



Screening



Enrolment

iii. **REFERRALS:**

OPD/IPD basis



Subjects- Referred by Investigator/Clinician within the hospital

IEC SOP 25: STUDY PARTICIPANT RECRUITMENT STRATEGIES



[By using IEC of KLE approved Protocol-ICDs-Pamphlet]



Check the Inclusion and Exclusion criteria



Send to the study Principal investigator



Again check the Inclusion/Exclusion criteria



After informed consent Process



Screening



Enrolment

iv. **ADVERTISEMENTS:**

Sponsor/CRO develop recruitment material



Principal Investigator/Study designee submit to Ethics Committee

↓ → IEC Review

After IEC of KLE Academy of Higher Education and Research approvals-

Advertisements and Poster



Recruitment Material will be used for the study



OPD/IPD Basis [Unique 07 Digits number]



Check the Inclusion/Exclusion criteria



After informed consent Process



Screening



IEC SOP 25: STUDY PARTICIPANT RECRUITMENT STRATEGIES

Enrolment

v. HEALTH CAMPS:

The institution will conduct health camps in rural areas



If- IEC approved only-By using Recruitment Material-Inclusion/exclusion criteria checklist



Refereed to the site



OPD Basis [Unique 07 Digits number]



Re-Check the Inclusion/Exclusion criteria



After informed consent Process



Screening



Enrolment

vi. PEDIATRICS:

Hospital Delivery birth data base



Immunization clinics



Community health centre awareness



Referrals



Inclusion exclusion criteria

After informed consent Process



Screening

IEC SOP 25: STUDY PARTICIPANT RECRUITMENT STRATEGIES



Enrolment

vii. Private Clinics:

PI of the study can refer private clinic patient to Hospital OPD



OPD registration as per the Hospital policy



Screening

After informed consent Process



All the inclusion criteria are met



Enrolled into the clinical trials

6.7. Review recruitment goals and recruitment strategies periodically during the trial.

6.8. Obtain approval of Institutional Ethics Committee of KLE university for the recruitment methods and materials.

6.9. Implement the recruitment methods.

6.10. The Investigator must schedule a meeting prior to enrolment, in order to secure the co-operation of study team to obtain a sufficient number of subjects.

6.11. Enrolling eligible participants into the study using the protocol specified enrolment procedures.

7. Applicable staff: This SOP applies to all the personnel of the clinical research team and others who may be responsible for subject recruitment in the study. These include the following:

- Investigator
- Research Team (listed in the delegation log)
- CRC
- Sponsors/CRO

8. References

8.1. 21 CFR 312.60 – General Responsibilities of Investigators

8.2. 21 CFR 50.20 – General Requirements for Informed Consent

IEC SOP 25: STUDY PARTICIPANT RECRUITMENT STRATEGIES

- 8.3. 21 CFR 50.25 – Elements of Informed Consent
- 8.4. Guidelines on Good Clinical Practice
- 8.5. ICH Guidelines for Good Clinical Practice (E6)
- 8.6. New Drugs and Clinical Trial rules, 2019
- 8.7. ICMR-National Guidelines for ethics Committees reviewing biomedical and Health research during COVID-19-April-2020

IEC SOP 26: CONTINUOUS IMPROVEMENT: A CORRECTIVE AND PREVENTIVE ACTION

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IEC SOP 26: CONTINUOUS IMPROVEMENT: A CORRECTIVE AND PREVENTIVE ACTION

1. **PURPOSE:** To document the procedure for managing and addressing research-related risks as referred to in ICH E6 R2-2011 section 5.20 and Good Clinical Practice.
2. **RESPONSIBILITY AND SCOPE:** This standard applies to all Trials Conducting/ed at KLEs Dr. Prabhakar Kore Hospital and MRC, which are approved by the IEC of KHAER, Belagav-10
3. **APPLICABILITY:** Principal Investigator/ Investigator, Sub-Investigator(s) research coordinators and others (study Participants)
4. **BACKGROUND:** A Corrective and Preventive Action Plan (CAPA) is a quality system plan used to address a research-related issue that has occurred. It incorporates:
 - › Identifying the root cause of the issue;
 - › Identifying actions to prevent recurrence of the issue (corrective action) or, identify actions to prevent an issue from occurring (preventive action);
 - › Documenting that the required actions were completed.
 - › Some examples of research-related issues include: injury of clinical trial participants or a high potential for this to occur; repeated violations of the protocol; serious breaches of privacy and significant data integrity problems.
 - › The CAPA process is an important part of ensuring quality and ethical research practice and ensuring that systems used in research are continuously improved.

5. PROCEDURE

5.1. Identification of an issue: Potential and/or actual issues that arise during the conduct of research can be identified through several sources.

For example:

- A specific incident has occurred;
- Observations/concerns are made by a research staff member about a potential issue;
- Concerns are raised during/after monitoring, auditing, external/third party audits, or regulatory authority inspection of the research;

IEC SOP 26: CONTINUOUS IMPROVEMENT: A CORRECTIVE AND PREVENTIVE ACTION

- A concern raised by another body such as a data safety monitoring committee, IEC of KLE Academy of Higher Education and Research.
- A concern/issues raised by the clinical trial participants

Please note that these may or may not be a deviation from the protocol.

5.2. Assessing the risk: A CAPA is required in cases where a corrective action and/or preventive action is necessary to appropriately address a risk. Risk assessments improve quality and compliance. They are a proactive, anticipatory approach to improve quality management. The risk should be determined by assessing

- (i) The impact on patient rights/safety and the study objectives, and
- (ii) The likelihood of occurrence/recurrence.

5.3. Developing the CAPA plan

The steps involved are:

- 5.3.1. **Initiation of CAPA:** The concerned clinical research study team/PI shall identify and decide who will take overall responsibility for the CAPA plan. This includes development of the CAPA plan, its implementation, training of staff on the CAPA plan, and evaluation of the results of the CAPA plan within 10 working days.
- 5.3.2. Evaluate the extent of the problem: identify/characterize the problem; determine the scope and impact; investigate data, process, operations and other sources of information; investigate the impact of the issue on the overall research.
- 5.3.3. Focus on determining the root cause(s): investigate how/why the incident occurred (i.e. are there specific causes or sources of the problem; why is this problem occurring; is the problem due to training, design, manufacture, management, documentation, etc.)
- 5.3.4. After identifying the root cause(s), break the solution into discrete, measurable actions that address the root cause(s) - actions items should include:
 - a. What will be done – identify action(s) needed to correct and prevent recurrence (e.g. amending documents, changing systems, staff training)
 - b. Who will make amendments/perform the corrective actions and when?

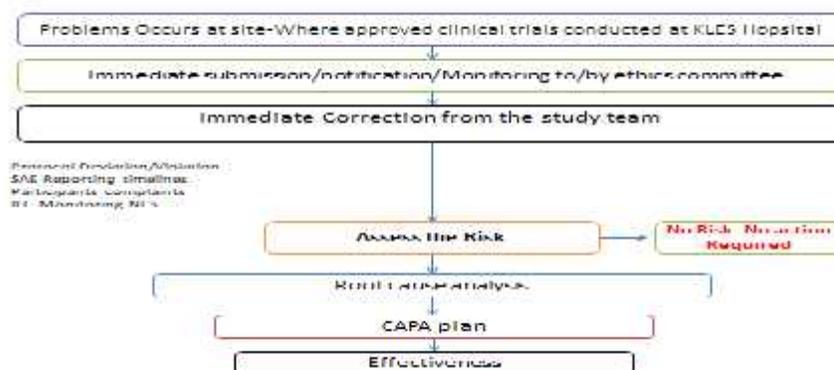
IEC SOP 26: CONTINUOUS IMPROVEMENT: A CORRECTIVE AND PREVENTIVE ACTION

- c. Establishing an achievable target date for completion. Describe the procedures implemented to resolve the problem and indicate who is responsible for the procedure. Indicate an achievable date for the corrective action.
- 5.3.5. Track progress towards completion of all required actions and evaluate whether the implemented actions have successfully addressed the issues.
- 5.3.5. For Preventive Actions, describe the preventive actions or planned, and who is responsible. Create a list of all tasks that must be completed to prevent the problem.

5.4. Documenting and reporting the CAPA

- 5.4.1. CAPAs should be documented using the CAPA template (Attached below). a copy of the CAPA should be sent to the Study Investigator and same CAPA should be reviewed by the PI and Ethics Committee members, and stored with other trial related documents in the Trial Master File.
- 5.4.2. Each issue requires a separate CAPA. All CAPAs should be reviewed, signed and dated by the individual preparing the form and the member Secretary of IEC, KAHER, Belagavi-10
- 5.4.3. If the CAPA is required in response to a protocol deviation, a copy of the CAPA should be submitted to the approving IEC of KAHER in accordance with the sponsors or its repressive requirements for addressing protocol violations, deviations and complaints
- 5.4.4. If the CAPA is unacceptable, the PI will be notified and will need to provide an appropriate response within the given timelines.
- 5.4.5. A summary of all CAPAs (in progress and completed) should be maintained in a CAPA tracking log, and stored with other trial related documents in the Ethics Committee Correspondence file Individually. The CAPA Person must ensure that corrective and/or preventive actions are managed, documented, completed, modified, verified as effective, and closed as required per this procedure.

IEC SOP 26: CONTINUOUS IMPROVEMENT: A CORRECTIVE AND PREVENTIVE ACTION



6. GLOSSARY

- 6.1.** Corrective and Preventive Action (CAPA) Plan – actions taken to collect information and identify a problem, determine root cause, identify and implement a corrective and/or preventive action to prevent further recurrence.
- 6.2.** Correction – immediate remedial actions taken to repair, rework or adjust the effect of an existing deviation or other undesirable situation.
- 6.3.** Corrective Action – immediate action to a problem that has already occurred or has been identified.
- 6.4.** Preventive Action – taken to eliminate the root cause of a potential problem, including the detection/identification of problems.
- 6.5.** Root Cause – factor that caused a non-conformance and should be permanently eliminated through process improvement.
- 6.6.** Root Cause Analysis – a class of problem-solving methods used to identify the root causes of problems or events.

7. REFERENCES

- › Note for Guidance on Good Clinical Practice
- › CDSCO rules and regulations

8. Forms

- › **Form No:52-** Corrective and Preventive Action Plan Template
- › **Form No:53-** CAPA Tracking Log

IEC SOP 26: CONTINUOUS IMPROVEMENT: A CORRECTIVE AND PREVENTIVE ACTION

Form No: 52

Corrective and Preventive Action Plan Template

A CAPA is written to identify a discrepancy/problem in the conduct of a clinical research study, note the root cause of the identified problem, identify the corrective action to prevent the recurrence of the problem, and document that the corrective action has resolved the problem. In general, the tone of CAPA should be forward-looking and not seek to explain an error discovered in the conduct of a clinical research study.

Date:	<i>Date that the CAPA is written</i>
To:	Principal Investigator
From (Person responsible for overall CAPA):	Name, Title, the site/institutional affiliation of the person authoring the CAPA, including their signature
Protocol Title / Research Study:	
IEC protocol Number	
Issue / Deficiency Identified:	Brief description or outline of the topic/process/problem being documented. This can be formatted as a paragraph, numbered list, or bulleted items.
Root Cause:	The reason(s) that the issue arose. Root-cause analysis is a class of problem solving methods used to identify the root causes of problems or events.
Corrective Action Plan:	Description of the correction action(s) taken or planned by the site. If the site was instructed to perform these corrective actions (i.e. by the sponsor or monitor), indicate by whom and as of what date. If status of reports, records or data will remain incomplete or unavailable, make a statement regarding your failed attempts or describe when/how the records will be retrieved or completed.

IEC SOP 26: CONTINUOUS IMPROVEMENT: A CORRECTIVE AND PREVENTIVE ACTION

Implementation:	Description of the procedures used to document resolution of the problem, the persons who are responsible for the procedures, etc.
Effective Date of Resolution:	Effective date for corrective action
Preventive Action:	Description of the preventive actions taken or planned by the site. If the site was instructed to perform these preventive actions, indicate by whom and as of what date. Preventive actions are taken to eliminate the root-cause of a potential problem, including the detection/identification of problems
Evaluation/Follow up:	Any plan/procedure to evaluate the implementation and completion, persons who are responsible for the evaluations, timeframe for the evaluation, etc.
Comments	Any additional comments or information not noted above. Document any relevant observations here.

Ethics Committee Member Signature

IEC SOP 26: CONTINUOUS IMPROVEMENT: A CORRECTIVE AND PREVENTIVE ACTION

Form No: 53

CAPA Tracking Log

CORRECTIVE ACTION REPORT NO.	OPEN DATE	ISSUED TO	DESCRIPTION	DUE DATE	CLOSEOUT DATE

Verified By: _____

Date: _____



Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research
KLES Dr.Prabhakar Kore Hospital and MRC,Belagavi
IEC SOP/V-8.5-2023

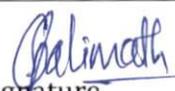
SOP-XII- REVIEW OF BIOMEDICAL AND HEALTH RESEARCH AND CDSCO-CLINICAL TRIALS
DURING COVID-19 PANDEMIC

Effective date: 02-Sep-2023 to 01-Sep-2025

Prepared By:

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Reviewed By:

Mrs.Geetanjali Salimath Member-secretary-IEC	 Signature Date:30-Aug-2023
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Approved By:

Dr.Subarna Roy Charperson - IEC	 Signature Date:31-Aug-2023
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Authorized By:

Prof.(Dr).M.S.Ganachari Registrar-KAHER, Belagavi	 Signature Date:02-Sep-2023
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IEC SOP 27: REVIEW OF BIOMEDICAL AND HEALTH RESEARCH AND CDSCO- CLINICAL TRIALS DURING COVID-19 PANDEMIC

1. Purpose:

The purpose of this Standard Operating Procedure (SOP) is to describe how the IEC of KAHER will function and conduct ethics review in an emergency situation and restrictions as imposed by social distancing requirements during COVID- 19 outbreak.

2. Procedure and Responsibilities:

Sl. No	Procedure	Responsibilities
1.	Submission of study documents for review as per IEC SOP-Initial submission of protocol	Principal investigator
2.	Receive, record, verify completeness and allot reference no.	IEC Secretariate
3.	Categorize depending on risk (Exempt/ Expedited, Full committee), identify need for review by experts/ independent consultants/ patient/ others, designate reviewers	IEC Secretariate/Member secretary
4.	Perform Initial review of documents by the IEC Primary reviewers	Primary reviewers
5.	Schedule virtual Meeting, Prepare Agenda, invite members (Independent Consultants/ Subject Experts/ PI/ Member secretary of local IEC/ in consultation with Chairperson)	IEC Secretariate/IEC-Member
Virtual IEC Meeting		
6.	Open the meeting, determine quorum (section 4.8.4 of ICMR National Ethical Guidelines), COI declaration, Summaries Agenda through Go To Meeting Application	IEC Chairperson
7.	Brief presentation and/ or address queries on the research proposal and leave meeting prior to decision	IEC Secretariate/IEC-Member
8.	Present observations on item reviewed	Primary reviewers
9.	Discuss further on the item and reach consensus	IEC Members
10.	Record Decision and rejoin member who had declared COI before moving on to subsequent item on agenda	IEC Secretariate/IEC-Member
11.	Record minutes of meeting, ratify approved decisions of exemption/ expedited review before closing meeting	IEC Chairperson/member Secretary
12.	Communication of decision and maintaining records.	IEC Secretariate
13.	Follow up/monitoring/ analysis of SAE / handling of issues related to non-compliance, violation, complaints etc.	member Secretary consultation with chairperson

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3. Detailed Instructions:

- 3.1. The Research Proposal should be submitted with supporting documents (Informed Consent, Brief CV of PI/ Co PIs, Questionnaire/ Case report form, Approval/ Comments of scientific committee, CTRI/ CDSCO / HMSC/ MTA/ MoU/ Insurance coverage) as applicable.
- 3.2. Once received, the secretariat will verify protocol for completeness (if not ask PI) and number.
- 3.3. Member secretary to categories research into full review, expedited review of exemption from review.
- 3.4. Member Secretary (in consultation with Chairperson) will identify need for review by subject experts, independent consultants, special invitees, patient representatives, others for prior review or to present views during the meeting.
- 3.5. The project for full review will be included in agenda of virtual full-committee meeting to be scheduled at the earliest (48 hrs.) by the Member Secretary in consultation with Chairperson.
- 3.6. The member will be briefed about the technological requirements and virtual platform used for the conduct of the meeting.
- 3.7. Quorum requirements for review will be applicable as per section 4.8.4 ICMR National Ethical Guidelines, 2017 and New Drugs and Clinical Trial Rules, 2019.
- 3.8. Review procedures as per ICMR National Ethical Guidelines will also hold good for the virtual web ethics meeting

4. References:

- 4.1. Review of Biomedical and Health Research and CDSCO-Clinical trials During COVID-19 Pandemic