

# National Standard Operating Procedures for Clinical Trials, including Teletrials, in Australia

Based on the International Council for  
Harmonisation Guideline for Good clinical practice

ICH E6 (R2)

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Australian Government  
Department of Health



Australian Government  
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## Introduction

These National Standard Operating Procedures for Clinical Trials, including Teletrials have been developed to assist organisations engaged in conducting clinical trials in Australia to, wherever possible, standardise their procedures for key operations related to clinical trials and specifically teletrials. They have been developed for the National Mutual Acceptance (NMA) Scheme in Australia and to support a consistent approach to national implementation more broadly. They have been endorsed by all states and territories, together with the Therapeutic Goods Administration (TGA) and the National Health and Medical Research Council (NHMRC), through the Clinical Trials Project Reference Group (CTPRG).

The National Standard Operating Procedures for Clinical Trials, including Teletrials, form part of a Teletrials Compendium, developed to support a consistent national approach to implementation of teletrials in Australia, which includes:

- the National Principles for Teletrials in Australia, and
- the National Standard Operating Procedures for Clinical Trials, including Teletrials.

The documents within the Teletrials Compendium are consistent with minimum standard imposed by the International Council for Harmonisation (ICH) [Guideline for Good Clinical Practice E6 \(R2\)](#) - an international ethical and scientific quality standard for the design, conduct, performance, monitoring, auditing, recording, analyses and reporting of clinical trials that involve participation of humans - and comply with the Integrated Addendum to this Guideline published by the TGA.

Compliance with the Teletrials Compendium provides public assurance that the rights, safety and well-being of trial participants are protected, consistent with the principles that have their origin in the Declaration of Helsinki, and that the clinical trial data generated from the clinical trials are credible. These guidelines are also intended to conform with the Universal Declaration on Bioethics and Human Rights, which seeks to address ethical issues related to medicine, life sciences and associated technologies as applied to human beings, taking into account their social, legal and environmental dimensions, and to provide guidance to decisions or practices of individuals, groups, communities, Institutions and corporations, public and private.

The Teletrials Compendium is consistent with the *National Statement on the Ethical Conduct in Human Research 2007 (Updated 2018)*, and also aligns with the Clinical Trials Governance Framework which has been designed to support the delivery and integration of high-quality clinical trials service provision into routine hospital care for improved patient outcomes. These National Principles for Teletrials are also consistent with recommendations from the Clinical Oncology Society of Australia's (COSA) Australasian Teletrial Model – A National Guide to Implementation, September 2016.

These Standard Operating Procedures as described in this document apply to all health service employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants, facilities and or staff. It is understood that all study personnel involved in the clinical study must operate within their scope of practice. In accordance with best practice, the Standard Operating Procedures will be subject to a regular review every two years.

NMA is a national initiative for mutual acceptance of ethical and scientific review in public hospitals for multi-centre clinical trials and research.

The CTPRG, formerly the Clinical Trials Jurisdictional Working Group (CTJWG), was established in July 2014 and involves senior officials from Commonwealth, State and Territory health departments, and the NHMRC. The CTPRG seeks to identify and implement actions and system redesign that will enable a streamlined and consistent national approach to clinical trials within Australia with the intention of enhancing health outcomes and building Australia's ability to attract national and international clinical trials. Delivery of a framework to support national implementation of the Teletrials Model is a key deliverable identified on the CTPRG Implementation Plan.

**NOTE:** Refer to these Glossary and Terms sections for clarification of all relevant definitions and acronyms used throughout this document and the Teletrials Compendium.

## Glossary

TERM	DESCRIPTION
ADE	Adverse Device Effect
ADR	Adverse Drug Reaction
AE	Adverse Event
AHPRA	Australian Health Practitioner Regulation Agency
AI	Associate Investigator
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
ARPANSA Code of Practice	ARPANSA Code of Practice for the Exposure of Humans to Ionizing Radiation for Research
CAPA	Corrective and Preventative Actions
CASA	Civil Aviation Safety Authority
CIOMS	Council for International Organizations of Medical Sciences
CPI	Coordinating Principal Investigator
CRA	Clinical Research Associate
CRC	Clinical Research Coordinator
CRF	Case Report Form
CRO	Contract Research Organisation
CTA	Clinical Trial Approval scheme (previously Clinical Trials Exemption (CTX) scheme)
CTN	Clinical Trial Notification scheme
CTPRG	Clinical Trials Project Reference Group
CTRA	Clinical Trial Research Agreement
CV	Curriculum Vitae
DSMB	Data and Safety Monitoring Board
EMR	Electronic Medical Record

TERM	DESCRIPTION
GCP	Good Clinical Practice
HHS	Hospital and Health Service
HREC	Human Research Ethics Committee
IATA	International Air Transport Association
ICH	International Council for Harmonisation of Technical Requirements of Pharmaceuticals for Human Use
IP	Investigational Product
IMD	Investigational Medicinal Device
IMP	Investigational Medicinal Product
IVRS	Interactive Voice Response System
IWRS	Interactive Web Response System
National Statement	National Statement on Ethical Conduct in Human Research (NHMRC)
NHMRC	National Health and Medical Research Council
NMA	National Mutual Acceptance
PI	Principal Investigator
PICF	Participant Information and Consent Form
PMS	Post Registration or Marketing Surveillance Study
RGO	Research Governance Officer
SADE	Serious Adverse Device Effect
SAE	Serious Adverse Event
SMF	Study Master File
SSA Form	Site Specific Assessment Form
SSI	Significant Safety Issue
SSSF	Satellite Site Study File

TERM	DESCRIPTION
SUSAR	Suspected Unexpected Serious Adverse Reaction
TGA	Therapeutic Goods Administration
UR	Unit Record
USADE	Unanticipated Serious Adverse Device Event
USM	Urgent Safety Measure

## Terms

Please refer to terms in this section when reading the National Standard Operating Procedures for Clinical Trials, including Teletrials, in Australia and other associated documents.

### **Adverse Device Effect (ADE)**

Adverse event related to the use of an Investigational Medical Device.

*Note: This definition includes adverse events resulting from insufficient or inadequate instructions for use, deployment, implantation, installation, or operation, or any malfunction of the Investigational Medical Device. This definition includes any event resulting from use error or from intentional misuse of the Investigational Medical Device.*

### **Adverse Drug Reaction (ADR)**

Any untoward and unintended response to an Investigational Medicinal Product or device related to any dose administered. All adverse events judged by either the reporting Investigator or the Sponsor as having a reasonable possibility of a causal relationship to an Investigational Medicinal Product or device, would qualify as adverse reactions. The expression “reasonable possibility of a causal relationship” means to convey in general that there is evidence or argument to suggest a causal relationship.

### **Adverse Event (AE)**

In the Australian context, an adverse event (AE) is any unfavourable and unintended sign (including an abnormal laboratory finding), symptom or disease temporally associated with the use of a medicinal product, whether or not considered related to the medicinal product. An adverse event is an incident that results, or could have resulted, in harm to a patient/participant or consumer. An unintended near miss is a type of adverse event.

### **ARPANSA Code of Practice for the Exposure of Humans to Ionizing Radiation for Research Purposes (2005)**

See **Code of Practice**

### **Associate Investigator (AI)**

Any individual member of the clinical trial team designated and supervised by the Principal Investigator at a trial site to perform critical trial related procedures and/or to make important trial related decisions e.g. associates, residents, research fellows.

Where the Teletrial Model is implemented:

- An AI when located at a Primary Site may be delegated some or all of the study related activities by the PI according to their level of experience and documented in the Delegation Log.
- An AI when located at the Satellite Site is the local contact for study related matters at the Satellite Site and will be under the supervision of the PI at the Primary Site.

### **Audit**

An audit is a systematic and independent examination of trial activities to determine whether a trial is conducted in accordance with applicable requirements. May be scheduled periodically at sites to confirm Protocol compliance and adherence to GCP and regulatory requirements. Routine audits often involve an opening meeting and are conducted according to a pre-prepared plan, which may be revised based on initial findings as the audit proceeds. Audits normally include interviews with the trial team, supporting department staff and the research office, document review, and facility tours.

### **Australian Health Practitioner Regulation Agency (AHPRA)**

Working with 15 National Health Practitioner Boards, the Australian Health Practitioner Regulation Agency (AHPRA) is the national organisation responsible for implementing the National Registration

and Accreditation Scheme (the National Scheme) across Australia.

### **Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)**

The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) is the Australian Government's primary authority on radiation protection and nuclear safety. ARPANSA regulates Commonwealth entities using radiation with the objective of protecting people and the environment from the harmful effect of radiation.

### **Blue Card**

An Adverse Reaction reporting form to report suspected adverse reactions to vaccines and prescription, over-the-counter and complementary medicines to the Therapeutic Goods Administration.

### **Case Report Form (CRF and e-CRF)**

A printed, optical, or electronic document designed to record all of the Protocol required information to be reported to the study Sponsor on each trial participant. The data collected in the CRF is used as the basis of the trial report and any publications, as well as making up part of the data for regulatory approval for the unapproved therapeutic goods.

### **Certified copy**

A certified copy is a copy of an original document that has been verified to be a true copy of the original document by an authorised witness after they have sighted the original document.

### **Civil Aviation Safety Authority (CASA) Training**

Part 92 of the Civil Aviation Safety Regulation (CASR) prescribes the minimum safety requirements for the consignment and carriage of dangerous goods by air. It includes training, documentation, record keeping and incident reporting as well as provisions for packaging, marking, labelling, loading of and stowage in aircraft. Staff involved in the preparation, safe handling and carriage of dangerous goods on aircraft, are required to undertake CASR Part 92 training.

### **Clinical Research Associate (CRA)**

An individual designated by a Sponsor or Contract Research Organisation (CRO) to monitor the sites conduct in a clinical trial.

### **Clinical Research Coordinator (CRC)/ Clinical Trial Coordinator (CTC)**

A research worker who works at a clinical research site under the immediate direction of a Principal Investigator, whose research activities are conducted in accordance with Good Clinical Practice guidelines, the National Statement, and the National Clinical Trials Governance Framework. May also be called "Clinical Study Coordinator" or "Trial Coordinator" or "Research Coordinator" or "Research Nurse".

Where Teletrials is engaged, the CRC at the Primary Site is the contact for coordinators at both Primary and Satellite Sites. Their duties are extended to include Satellite Sites in all aspects of their role (these roles can be delegated to Satellite Site coordinators).

### **Clinical Trial Agreement**

See **Clinical Trial Research Agreement**.

### **Clinical Trial Approval (CTA) scheme - (previously Clinical Trials Exemption (CTX) scheme)**

The CTA scheme is established under the Therapeutic Goods Act 1989 (Cth) and is administered by the TGA. Under the CTA scheme, therapeutic goods are permitted to be used for experimental purposes if the relevant clinical trial is approved by the TGA.

Under the CTA scheme, a Sponsor submits an application to the TGA for evaluation and comment requesting to administer an investigational agent to participants under specified conditions of a particular research study in a clinical setting such as in clinical trials.

A Sponsor cannot commence a CTA trial until written advice has been received from the TGA regarding the application, and approval for the conduct of the trial has been obtained from an ethics committee, and authorisation has been obtained from the Institution at which the trial will be conducted.

### **Clinical Trial Notification (CTN) scheme**

The CTN scheme is an online notification scheme established under the Therapeutic Goods Act 1989 (Cth) and is administered by the TGA under the CTN scheme, therapeutic goods are permitted to be used for experimental purposes if the relevant clinical trial is notified to the TGA.

CTN trials cannot commence until the trial has been notified to the TGA, the appropriate notification fee paid and Human Research Ethics Committee (HREC) approval has been received. Information relating to a proposed clinical trial is submitted directly to the TGA by the Sponsor. The Institutions where the clinical trial will be undertaken are also documented on the CTN. As it is a notification scheme, the TGA does not review any data relating to the clinical trial.

Once a trial is notified to the TGA, the Sponsor can supply the “unapproved” therapeutic goods to be used in the trial.

### **Clinical Trials Governance Framework**

The [National Clinical Trials Governance Framework](#) is a key initiative of the Revitalised clinical trials agenda endorsed by all Health Ministers in March 2017. It has been developed by the Australian Commission on Safety and Quality in Health Care on behalf of all jurisdictions to support the delivery and integration of high-quality clinical trials service provision into routine hospital care for improved patient outcomes.

The National Clinical Trials Governance Framework is aligned with the National Safety and Quality Health Service (NSQHS) Standards. Once embedded, just as health service organisations need to meet requirements of the NSQHS Standards when they are accredited, the actions in the National Clinical Trials Governance Framework will also be mandatory for health service organisations and trial sites providing clinical trial services.

### **Clinical Trial Research Agreement (CTRA)**

A legally binding agreement that manages the relationship between Sponsor and Institution where the Sponsor may be providing the

study drug or device, the financial support and/or proprietary information and the Institution may be providing data and/or results, publication or input into further intellectual property. The agreement covers matters such as confidentiality, intellectual property, ownership of data, insurance and indemnity. The Medicines Australia CTRA is the recommended Standard form.

### **Clinical Trial Team**

The clinical trial team includes individuals, identified by the Investigator, who are responsible for study coordination, data collection and data management. Members of the clinical trial team may also be the research coordinator, study coordinator, research nurse, study nurse or Associate Investigator, clinical trial pharmacist and may have respective roles in the clinical trial as per the Delegation Log, including:

- Participant recruitment and enrolment
- Obtaining consent from prospective participants, meet with research participants, and collect and record information from research participants
- Maintain consistent study implementation
- Data management, and to ensure integrity
- Dispensing and administering the Investigational Product
- Compliance with regulatory and reporting requirements.

### **Cluster**

A group of sites involved in undertaking the same study, consisting of a Primary Site who assumes overall responsibility for the conduct of the same study and one or more Satellite Sites, which conduct the study under the direction of the Primary Site using telehealth. A cluster can be made up of sites in the same Hospital Health Service or across different Hospital Health Services.

### **Code of Practice for the Exposure of Humans to Ionizing Radiation for Research Purposes (2005) (ARPANSA Code of Practice)**

This Code of Practice is designed to ensure that researchers proposing to expose research participants to ionizing radiation provide the participants with relevant information as part of the informed consent process as approved by a HREC.

### **Contract Research Organisation (CRO)**

A person or an organisation (commercial, academic, or other) contracted by the Sponsor to perform one or more of a Sponsor's trial related duties and functions.

### **Coordinating Principal Investigator (CPI)**

In Australia, and specifically in the context of the National Mutual Acceptance (NMA) scheme, this term is sometimes used to describe the health professional, whether or not they are an Investigator at any particular site, who is assigned the responsibility for the conduct of the study and coordination of Investigators at different sites participating in a multicentre trial. This includes coordination of all HREC processes, such as the initial submission and any required notifications throughout the trial, on behalf of the individual Primary and/or Satellite Site Investigators.

The term Coordinating Principal Investigator (CPI) is a term used in Australia in the context of the NMA scheme to describe the Investigator responsible for coordinating the ethics application and related notifications associated with a trial, and so this role has been included in these SOPs. However, the CPI cannot be responsible for trial activity at a site (except where they are also the Principal Investigator). Further, for the avoidance of doubt, the role of the CPI is not relevant for the purposes of teletrials, and the only relationship is between the PI and the AI.

### **Council for International Organizations of Medical Sciences (CIOMS) form**

The CIOMS form provides a standardised format for the reporting of suspected adverse reactions to any particular medical product, including Suspected Unexpected Serious Adverse Reactions (SUSARs) from Australian clinical trials sites.

### **Credentialing**

Credentialing is the formal process used by a health service organisation to verify the qualifications, experience, professional standing, competencies and other relevant professional attributes of clinicians, so that the organisation can form a view about the clinician's competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments.

### **Curriculum Vitae (CV)**

A résumé of academic and professional training, work history and other qualifications.

### **Dangerous Goods**

Articles or substances which are capable of posing a risk to health, safety, property or the environment and which are shown in the list of dangerous goods in the International Air Transport Association (IATA) Regulations or which are classified according to the IATA Regulations as such.

### **Data and Safety Monitoring Board (DSMB), or Independent Data Monitoring Committee (IDMC) or Monitoring Committee or Data Monitoring Committee**

An independent data-monitoring committee that may be established by the Sponsor (or the Institution acting as Sponsor) to assess at intervals the progress of a clinical trial, the safety data, and the critical efficacy endpoints, and to recommend to the Sponsor whether to continue, modify, or stop a trial. The composition and operations of the IDMC must be approved as part of the ethical review process by a HREC.

### **Delegation Log**

A list of appropriately qualified and trained persons to whom the Principal Investigator has delegated significant study-related duties and functions. The Log details related duties and documents which study-specific roles and responsibilities are assigned to each staff member on the study team. Delegation Logs should be actively maintained (not constructed retrospectively) so there is evidence of appropriate delegation before any trial activities are undertaken. Each entry

is signed and dated by the delegates and countersigned by the Principal Investigator.

### **Deviation**

A deviation is any breach, divergence or departure from the ICH Good Clinical Practice (GCP), the approved Protocol, SOPs or applicable regulatory requirements that does not have a significant impact on the continued safety or rights of participants or the reliability and robustness of the data generated in the research project.

GCP requires all deviations to be reported to the Investigator and trial Sponsor.

### **Essential Documents**

Documents which individually and collectively permit evaluation of the conduct of a study and the quality of the data produced. These documents serve to demonstrate the compliance of the Investigator, Sponsor and monitor with the standards of Good Clinical Practice (GCP) and with all applicable regulatory requirements. They may be subject to, and should be available for, audit by the Sponsor's auditor and inspection by the regulatory authority(ies).

Essential Documents for the trial should be supplemented or may be reduced where justified (in advance of study initiation) based on the importance and relevance of the specific documents to the study.

### **Financial Disclosure Form (FDF)**

A statement form in compliance with the U.S Code of Federal Regulations for which clinical Investigators are required to disclose to the study Sponsor their financial interests for the period of time they participated in the study and for one year following the end of the study.

### **Good Clinical Practice (GCP) ICH GCP E6 (R2)**

An international ethical and scientific quality standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials that involve participation of humans. GCP provides assurance that the data and reported results are credible and accurate, and that the rights,

integrity, and confidentiality of clinical trial participants are protected.

Compliance with this standard provides public assurance that the rights, safety and well-being of trial participants are protected, consistent with the principles that have their origin in the Declaration of Helsinki, and that the clinical trial data generated from the clinical trials are credible.

These SOPs rely upon the carefully considered Clinical Trials Governance Framework which uses ICH GCP as an objective international minimum standard for clinical practice - as does the TGA over areas for which it has legislative control. The TGA is fully supportive of the approach taken and the matter has been considered by all Health Ministers. The National Statement remains an important contributor.

The National Statement exceeds the minimum requirements for ethics committees set out in ICH GCP and is the Australian standard against which all research involving humans, including research, is reviewed. For the purposes of these SOPs, the National Statement effectively replaces ICH GCP E6 (R2) Section 3.

### **Human Research Ethics Committee (HREC)**

Human Research Ethics Committees review research proposals involving human participants to ensure that they are ethically acceptable and in accordance with relevant standards and guidelines, such as the National Statement. HRECs are usually established by organisations (public, not-for-profit or private) which conduct research involving humans. Universities and hospitals are the most common of these organisations.

In accordance with the Clinical Trials Governance Framework, a HREC is required to have notified its existence to the Australian Health Ethics Committee (AHEC) of the NHMRC to provide assurance that it is operating within NHMRC guidelines. HRECs in Australia (sometimes with the assistance of sub-committees) generally provide both an ethical and scientific review, which may be supplemented on an as-needed basis by external expert advice as the committee(s) concerned sees fit. Applications to a HREC for

approval of a clinical trial are usually made using a standardised form that includes a number of essential elements.

In addition to the National Statement the HREC considers other guidance material including: Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders (2018), Keeping research on track: a guide for Aboriginal and Torres Strait Islander peoples about health research ethics, and the Australian Code for the Responsible Conduct of Research (the Code). Other guidance material may also be referred to including, but not limited to: Standard Protocol Items: Recommendations for Interventional Trials (SPIRIT) and the Consolidated Standards of Reporting Trials (CONSORT).

HRECs also consider relevant national and jurisdictional legislation including guardianship legislation and the roles of civil and administrative tribunals for participation of people without the capacity to provide consent. HRECs also monitor compliance with the approved Protocol during the conduct of the trial and provide advice on strategies to promote awareness of the ethical conduct of clinical trials and research more broadly.

### **Independent Third Party Provider**

An individual or group of individuals contracted by and external to a clinical trial site to provide a service related to a clinical trial, who is/are qualified to perform those trial related duties and functions. The individual or group of individuals provide the service under supervision of the Principal Investigator who ensures the integrity of the trial related duties and functions performed and any data generated by them.

### **Informed Consent**

Informed consent is a process of communication between a patient/participant and a clinician about options for treatment, care processes or potential outcomes. This communication results in the patient/participant's authorisation or agreement to undergo a specific intervention or participate in planned care. The

communication should ensure that the patient/participant has an understanding of the care they will receive, all the available options and the expected outcomes, including success rates and side effects for each option.

Informed Consent may be expressed orally, in writing or by some other means depending on: the nature, and complexity of the research; and the participant's personal and cultural circumstances.

Research is 'low risk' where the only foreseeable risk is one of discomfort. Where the risk, even if unlikely, is more serious than discomfort, the research is not low risk. The greater the risks to participants in any research for which ethical approval is given, the more certain it must be both that the risks will be managed as well as possible, and that the participants clearly understand the risks they are assuming.

Potential participants who wish to participate in research will provide a record of their agreement, either through physically signing a paper copy of the consent form or electronically signing a consent form using an approved format that accurately documents the time, date and authenticity of their signature. The PI/ delegate will countersign and date that the consent process has occurred. Ideally this will be done contemporaneously; however, under special circumstances related to the nature of the study the HREC may approve this signature to occur at a later time with appropriate documentation.

### **Inspection**

An official review of trial related activities by a regulatory authority that has rights conferred by regulation (e.g. to enter premises and to request documents) to determine whether a trial is conducted in accordance with applicable requirements. May be scheduled periodically at sites to confirm Protocol compliance and adherence to GCP and regulatory requirements. Regulatory inspections normally require more extensive planning and input from the organisation than routinely conducted trial audits. Inspections

often involve an opening meeting and are conducted according to a pre-prepared plan, which may be revised based on initial findings. Inspections normally include interviews with the trial team, supporting department staff and research office, document review, and facility tours.

### **Institutional Review Board (IRB)**

A term used to refer to an independent research ethics committee used in some countries, particularly the United States. In Australia, the term Human Research Ethics Committee should be used.

### **Interactive Voice Response System (IVRS)**

Interactive Voice Response System is an interactive technology that allows a computer to interact with a human to detect voice and keypad inputs. These can be accessed via telephone. Users respond/provide their responses via the touch-tone key pad of a telephone.

This system is used to proactively manage the key aspects of their clinical trials which includes enrolment/randomization, dosing/drug dispensation, clinical supplies, drug inventory management, and un-blinding.

### **Interactive Web Response System (IWRS)**

Interactive Web Response System is an interactive technology that allows a computer to interact with a human through data input using a web browser. Users respond/provide their responses via the internet site. This system is used to proactively manage key aspects of their clinical trials which includes enrolment/randomization, dosing/drug dispensation, clinical supplies, drug inventory management and un-blinding.

### **International Air Transport Association (IATA)**

An international organisation that develops the commercial standards globally, for the air transport system. In the context of this document, IATA sets the standards for training personnel in the packing and shipping of Dangerous Goods including Dry Ice, e.g. packing and shipping of biological samples in clinical trials.

### **International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH)**

The ICH is a joint initiative involving both regulatory authorities and the pharmaceutical industry to discuss scientific and technical aspects of pharmaceuticals and develop ICH guidelines.

Since its inception in 1990, ICH has gradually evolved, to respond to increasingly global developments in the pharmaceutical sector and the increasingly global face of drug development, and these ICH guidelines are applied by a growing number of regulatory authorities.

ICH's mission is to achieve greater harmonisation worldwide to ensure that safe, effective, and high-quality medicines are developed, registered and maintained in the most resource-efficient manner whilst meeting high standards.

Harmonisation is achieved through the development of ICH Guidelines via a process of scientific consensus with regulatory and industry experts working side-by-side. Key to the success of this process is the commitment

of the ICH regulators to implement the final Guidelines.

The National Statement exceeds the minimum requirements for ethics committees set out in ICH GCP and is the Australian standard against which all research involving humans, including research, is reviewed. For the purposes of these SOPs, the National Statement effectively replaces ICH GCP E6 (R2) Section 3.

### **International Organisation for Standardisation (ISO) 14155:2011 Clinical Investigation of Medical Devices for Human Subjects**

The international standard which addresses good clinical practice for the design, conduct, recording and reporting of clinical investigations carried out in human subjects to assess the safety or performance of medical devices for regulatory purposes.

### **Investigational Brochure (IB)**

A compilation of the clinical and non-clinical data available on the experimental products intended for use in the clinical trial in question. It provides trial organisers and staff with an understanding of the rationale of the trial, in order to inform their compliance with the Protocol requirements. The information enables a risk/benefit assessment of the appropriateness of the proposed trial, of vital importance to HREC considerations.

Medicine: A compilation of the clinical and non-clinical data on the Investigational Product that is relevant to the study of the product in human participants. For marketed products it may be acceptable to use the Product Information.

Device: A compilation of the current clinical and non-clinical information on the Investigational Medical Device relevant to the clinical investigation.

### **Investigational Medicinal Device (IMD)**

A medical device is any instrument, apparatus, implement, machine, appliance, implant, software, material or other similar or related article that is being assessed for safety or performance in a clinical investigation.

This includes medical devices already on the market that are being evaluated for new intended uses, new populations, new materials or design changes.

### **Investigational Medicinal Product (IMP)**

A pharmaceutical form of an active ingredient or placebo being tested or used as a reference in a clinical trial, including a product with a marketing authorisation when used or assembled (formulated or packaged) in a way different from the approved form, or when used for an unapproved indication or a new patient/participant group, or when used to gain further information about an approved use.

### **Investigational Product**

The Investigational Product (IP) includes any product, or intervention being investigated, tested or used as a placebo or reference point in a clinical trial. This includes a pharmaceutical form of an active ingredient or placebo being tested or used as a reference in a clinical trial, including a product with a marketing authorisation when used or assembled (formulated or packaged) in a way different from the approved form, or when used for an unapproved indication, or when used to gain further information about an approved use. The Sponsor or their delegate, is responsible for the provision and maintenance of the IP.

An investigational product can be an Investigational Medicinal Device or Investigational Medicinal Product.

### **Investigator**

An individual engaged in the conduct of a clinical trial research study at a study site and ensures that the study complies with ICH GCP E6 (R2) guidelines. An Investigator can be either a Coordinating Principal Investigator, Principal Investigator, or an Associate Investigator.

It should be noted that in ICH GCP the term Sub Investigator is used to refer to an individual member of the clinical trial site to perform critical trial related procedures and/or to make important trial related decisions (e.g. associates, resident's research

fellow). For the purposes of the Teletrials Compendium, the term Associate Investigator is used to refer to the Sub Investigator role and to reflect the Australian context.

Under the Teletrials Compendium, and in accordance with ICH-GCP, the Principal Investigator is the Investigator responsible for all aspects of the clinical trial at a site and within a cluster. An Associate Investigator cannot be responsible for trial conduct at a site but may be delegated duties according to expertise and scope of practice.

The term Coordinating Principal Investigator (CPI) is a term sometimes used in Australia in the context of the National Mutual Acceptance (NMA) scheme to describe the Investigator responsible for coordinating the ethics application and related notifications associated with a trial, and so this role has been included in these SOPs. However, the CPI cannot be responsible for trial activity at sites. Further, for the avoidance of doubt, the role of the CPI is not relevant for the purposes of teletrials, and the only relationship is between the PI and the AI.

### **Monitoring**

The act of overseeing the progress of a clinical trial, and of ensuring that it is conducted, recorded, and reported in accordance with the Protocol, Standard Operating Procedures (SOPs), GCP, and the applicable regulatory requirement(s).

### **Monitoring Plan**

A document developed by the Sponsor that is tailored to the specific human subject protection and data integrity risks of the trial. The plan should describe the monitoring strategy, the monitoring responsibilities of all the parties involved, the various monitoring methods to be used, and the rationale for their use. The plan should also emphasize the monitoring of critical data and processes. Particular attention should be given to those aspects that are not routine clinical practice and that require additional training. The monitoring plan should reference the applicable policies and procedures.

### **National Health and Medical Research Council (NHMRC)**

The NHMRC is Australia's leading expert body for supporting health and medical research; for developing health advice for the Australian community, health professionals and governments; and for providing advice on ethical behaviour in health care and in the conduct of health and medical research.

### **National Mutual Acceptance (NMA)**

The NMA scheme provides the framework for single scientific and ethical review of multi-centre human research projects in publicly funded health organisations of participating jurisdictions.

In order for ethics reviews of human research to be accepted under the NMA scheme, the HREC conducting the review must be under the authority of an Institution certified under the NHMRC National Certification Scheme, and also a Certified Reviewing HREC under the NMA scheme.

There will be some exceptions to single scientific and ethical review and details can be found on jurisdictional health websites.

### **National Statement on Ethical Conduct in Human Research 2007 (Updated 2018) (National Statement)**

The National Statement is the principal ethical guideline setting out the requirements for the ethical design, review and conduct of human research in Australia (including clinical trials). It is authored by the NHMRC, the Australian Research Council (ARC) and Universities Australia.

The National Statement exceeds the minimum requirements for ethics committees set out in ICH GCP and is the Australian standard against which all research involving humans, including research, are reviewed. For the purposes of these SOPs, the National Statement effectively replaces ICH GCP E6 (R2) Section 3.

### **Participant**

A participant is a clinical trial subject, patient/participant or consumer who is enrolled to participate in a clinical trial.

### **Participant screening log**

A document used to record the identification of participants who entered pre-trial screening.

#### **Participant enrolment log**

A document used to record the chronological enrolment of participants by trial number.

#### **Participant identification list**

A confidential document that the Investigator/Institution keeps of the names of all trial participants linked to their corresponding unique clinical trials identifier code. It allows an Investigator/Institution to reveal the identity of any participant and to make future contact if required.

#### **Participant Information and Consent Form (PICF)**

The written information approved for use to provide information to potential participants and to record their decision to participate. The PICF must be approved by an HREC prior to use.

#### **Post Registration or Marketing Surveillance Study (PMS)**

The term "post-marketing surveillance (PMS) study" implies a scientifically rigorous study of a product that is approved for registration in Australia designed to produce reliable information about drug safety.

PMS studies are generally performed on the initiative of the sponsoring company, but may be suggested or requested by other parties. They should generally be designed to address a specific drug safety question or hypothesis (the latter often identified initially by voluntary reporting).

#### **Primary Site**

Under the Teletrials Model, the Primary Site coordinates the trial across a cluster to enhance participant reach, recruitment and management. The Principal Investigator located at the Primary Site has full responsibility for conducting the clinical trial at their site and any Satellite Site within their cluster under ICH GCP.

#### **Principal Investigator**

The Principal Investigator (PI) is the Investigator responsible for the conduct, management, monitoring and reporting of a trial at their own site.

Where the Teletrial Model is implemented, the Principal Investigator at the Primary Site assumes overall responsibility and provides oversight to Satellite Site(s) within a cluster. Associate Investigators at Satellite Site(s) operate under the direction and responsibility of the Principal Investigator at the Primary Site.

#### **Protocol**

A detailed clinical trial plan that includes the purpose and procedures of the research and who can be part of the trial. The Protocol provides the rationale, design, methodology for the trial conduct, who may participate in a trial, the length of a trial and the schedule of tests, procedures, medications and dosages, method of analysis, monitoring of data safety and quality. The Sponsor of the trial is responsible for the Protocol.

The structure and minimum contents of a trial Protocol is defined in ICH GCP (refer to SOP 04 Protocol and Investigational Brochure Requirements).

The Protocol must be formally approved by the HREC prior to trials commencement.

#### **Protocol Amendment**

A written description of a change(s) to or formal clarification of a Protocol. The Protocol amendment must be formally approved by a HREC prior to being enacted, except where participant safety is threatened.

#### **Research Governance Officer (RGO)**

The RGO is the individual appointed within an organisation who is responsible for the assessment of applications for site authorisation and who provides administrative oversight of authorised research projects.

Research Governance considers legal compliance, financial management, accountability and risk management associated with research at a participating site.

### **Risk Assessment**

Risk assessment is the assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future, and minimising their likelihood and consequence.

### **Risk Management**

Risk management is the design and implementation of a program to identify and avoid or minimise risks to patients/participants, employees, volunteers, visitors and the organisation.

### **Safety Monitoring Plan**

A description of the methods, roles and responsibilities and requirements for monitoring the safety data of the trial.

### **Satellite Site**

A Satellite Site is located in a geographically separate health facility and trial activities are delegated by the Primary Site (clinical trial site) to the Satellite Site, to enable performance of activities associated with the conduct of a clinical trial at the Satellite Site and to support trial accessibility of remote participants to a clinical trial.

A Satellite Site can be located in metropolitan, regional or rural settings. Delegated activities to be performed by a Satellite Site are trial and Satellite Site specific. The Primary Site must consider a Satellite Site's personnel and facilities in developing a Delegation Log and Supervision Plan suitable for a trial. The proposed delegation of duties and Supervision Plan must be agreed at the time of site selection and must be documented before the study is initiated at each Satellite Site.

For each trial, infrastructure and training requirements are the same for both the Primary and Satellite Sites.

A Satellite Site should have the following:

- Appropriately contracted qualified and trained Investigator(s) and delegated staff to undertake delegated trial related activities including obtaining informed consent (if required). Study staff are trained in the Protocol, IB, study procedures and Adverse Event (AE)/Serious Adverse Event (SAE) reporting. A system for safety reporting duties is in place for all study staff.
- Study related documentation including a Satellite Site Study File, procedures for managing the security of information and trial data and a process for managing data security or privacy breaches.
- An understanding of the process for securely and suitably storing and ensuring accountability for the Investigational Medicinal Product (IMP).

### **Satellite Site Study File (SSSF)**

A folder containing all the Satellite Site study relevant documents generated during the course of the trial. The content of the Satellite Site Study File can be decided with the study team and the Sponsor. The SSSF may be a sub-set of the Study Master File (SMF) and should be prefaced with an index of contents as well as indicate the location(s) of all Essential/Source Documents.

### **Scope of Clinical Practice**

Scope of clinical practice is the extent of an individual clinician's approved clinical practice within a particular organisation, based on the clinician's skills, knowledge, performance and professional suitability, and the needs and service capability of the organisation.

### **Serious Adverse Device Effect (SADE)**

An adverse device effect that has resulted in any of the consequences characteristic of a serious adverse event.

### **Serious Adverse Event (SAE) – drug**

Any untoward medical occurrence that, at any dose:

- results in death
- is life-threatening
- requires inpatient hospitalisation or prolongation of existing hospitalisation
- results in persistent or significant disability/capacity
- results in or is associated with a congenital anomaly/birth defect

### **Serious Adverse Event (SAE) – device**

Serious Adverse Event for medical devices: any adverse medical occurrence that:

- led to a death
- led to a serious deterioration in health of a study participant user or other. This would include:
  - a life-threatening illness or injury
  - a permanent impairment of body function or permanent damage to a body structure
  - a condition requiring hospitalisation or increased length of existing hospitalisation
  - a condition requiring unnecessary medical or surgical intervention
  - foetal distress, foetal death or a congenital abnormality/birth defect
- might have led to a death or a serious deterioration in health had suitable action or intervention not taken place. This includes:
  - a malfunction of a device such that it must be modified or temporarily/permanently taken out of service
  - a factor (such as a deterioration in the characteristics or performance) found on examination of the device

### **Serious Breach**

A breach of Good Clinical Practice (GCP) or the Protocol that is likely to affect to a significant degree the safety or rights of a research participant or the reliability and robustness of the data generated in the research project.

A Serious Breach must be notified to the reviewing HREC.

### **Significant Safety Issue (SSI)**

A safety issue that could adversely affect the safety of participants or materially impact on the continued ethical acceptability or conduct of the trial.

### **Site-Specific Assessment Officer**

The site-specific assessment officer responsibilities are distinct from those of the HREC and the Research Governance Officer. The granting of ethical approval by a HREC does not oblige an approving authority to grant authorisation at their site as the site may not have the capacity or capability to undertake the trial based on the Protocol requirements. As part of the process to confirm whether authorisation should be granted, the site-specific assessment officer confirms the clinical trial has undergone HREC review and received approval prior to commencement. Specifically, this position is responsible for undertaking authorisation activities in a timely manner.

### **Source Data**

All information in original records and certified copies of original records of clinical findings, observations, or other activities in a clinical trial necessary for the reconstruction and evaluation of the trial. Source Data are contained in Source Documents (original records or certified copies).

Collection of accurate Source Data (contained in Source Documents) is essential for compliance with GCP. The format used (whether paper or electronic) should permit the reconstruction of the clinical care given to the participant and describe any significant participant-related events that may occur during the conduct of the trial. Source Data

should be attributable, legible, contemporaneous, original, accurate, and complete.

### **Source Documents**

Original documents (where the Source Data was first recorded), data, and records (e.g. medical/hospital records, clinical and office charts, laboratory notes, memoranda, subjects' diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate copies, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept at the pharmacy, at the laboratories and at medico-technical departments involved in the clinical trial). The principles apply to all records referenced irrespective of the type of media used.

Source Documents substantiate the existence of the participant and integrity of trial data collected.

### **Sponsor**

An individual, company, Institution or organisation which takes on the responsibility for securing the arrangements, the initiation, management, and/or financing of a clinical trial.

All clinical trials conducted in Australia must have a trial Sponsor that is an Australian entity (an overseas company cannot be the Sponsor of a trial in Australia). Sponsors of trials under the TGA CTN or CTA schemes may include individuals, companies, Institutions, or organisations. The ultimate responsibility for the quality and integrity of the clinical trial data resides with the trial Sponsor. The trial Sponsor retains overall responsibility for all delegated functions in accordance with the Guideline for Good Clinical Practice and the International Organisation for Standardisation for trials under the CTN or CTA schemes. This also applies when a non-commercial trial Sponsor delegates activities to a Coordinating Principal Investigator, trial coordinating centre or clinical research organisation.

The Sponsor is also responsible for ensuring that appropriate approvals are obtained prior to the commencement of the clinical trial, that conditions of any approvals are adhered to during the course of the clinical trial, and that the ethics principles of research merit and integrity, justice, beneficence and respect are applied to the conduct of clinical trials.

### **Study Master File (SMF) or Investigator Site File (ISF)**

A folder containing all the study related Essential Documentation/Source Documents as defined by the study team and in accordance with ICH GCP E6 (R2), Section 8.2, 8.3 and 8.4 that should be established at the beginning of a trial both at the Investigator/Institution's site and at the Sponsor's office.

The SMF should also be prefaced with an index of contents as well as indicate the location(s) of all Essential/Source Documents. The storage system used during the trial and for archiving (irrespective of the type of media used) should provide for document identification, version history, search, and retrieval.

Where the Teletrial Model is implemented the Primary Site should have control of all Essential Documents and records generated by the Investigator/Institution before, during, and after the trial.

### **Supervision Plan**

A plan that outlines processes for a Principal Investigator in the supervision of any individual or party to whom he/she delegates study-related duties and functions conducted at a Satellite Site, which includes, but is not limited to, details on joint consultations using telehealth, collation and monitoring of documents, frequency of joint trial meetings across a cluster (with minutes of these meetings) and clarification of activities performed by the PI and the AI, other study staff and independent third party i.e. external service providers.

### **Suspected Unexpected Serious Adverse Reaction (SUSAR)**

An adverse reaction that is both serious and unexpected and possibly, probably or likely related to the drug/device.

### **Teletrial**

Teletrials are defined as follows: A teletrial uses telehealth technology to communicate between the Primary Site and Satellite Site/s and enable delivery of aspects of a clinical trial as defined in the Supervision Plan. This technology supports a Principal Investigator to supervise Associate Investigator/s to conduct a clinical trial at a Satellite Site which is geographically remote from the Principal Investigator's Primary Site. The Principal Investigator remains responsible for the trial.

A detailed Supervision Plan is required, in addition to a Delegation Log required by ICH GCP for all Satellite Sites regardless of experience. Trial participants may have trial visits at both the Primary and Satellite Sites, as determined by the Protocol and Supervision Plan.

The conduct of the trial is detailed under the 'head agreement', (Clinical Trial Research Agreement/Clinical Trial Agreement between the Sponsor and the Principal Investigator's Institution) and a Sub-Contract between the Primary Site and the Satellite Site Institutions (see Teletrial Sub-Contract).

### **Teletrials Compendium**

Set of documents for teletrials that includes National Principles and National Standard Operating Procedures endorsed by all Australian jurisdictions through the Clinical Trials Project Reference Group intended to support nationally consistent and high quality

implementation of the Teletrials Model in Australia.

### **Teletrial Sub-Contract**

A legally binding agreement that manages the relationship between the Primary Site and the Satellite Site where the Satellite Site is a separate legal entity to the Primary Site.

### **Therapeutic Goods Administration (TGA)**

The Therapeutic Goods Administration (TGA) is the Australian Government Department of Health agency responsible for the regulation of, supply, import, export, manufacturing and advertising of therapeutic goods in Australia.

### **Training Log**

A record of all training relating to a specific clinical trial undertaken by a trial staff member who has been delegated clinical trial related duties. The log documents the date, the training undertaken, who gave the training with a signature of both trainer and trainee and is kept current for the duration of the clinical trial.

### **Unanticipated Serious Adverse Device Effect (USADE)**

Serious adverse device effect which by its nature, incidence, severity or outcome has not been identified in the current version of the risk analysis report.

### **Urgent Safety Measure (USM)**

A measure not defined by the Protocol but required to be taken in order to eliminate an immediate hazard to a participant's health or safety. This type of procedure can be instigated by either the Investigator or Sponsor and can be implemented before seeking approval from HRECs or Institution.

# SOP 01 Creation, Implementation and Revision of Standard Operating Procedures

## Purpose

To document the procedure for the creation and implementation of new National Standard Operating Procedures (SOPs) and review of existing SOPs.

## Scope

This SOP applies to any individual delegated the task of writing, reviewing, approving or distributing a clinical research SOP on behalf of an organisation. This applies in all instances when a need is identified to either create a new SOP or modify an existing one. Authors of SOPs should have experience of the area covered by the SOP and be authorised to create or modify these.

## Procedure

### Initiating the creation of a new SOP or revision of an existing SOP

All persons engaged in clinical research may:

- Identify the need for a new SOP or a deficiency or an improvement in an existing SOP and suggest appropriate modification.
- Notify the jurisdictional health department (or equivalent) and discuss this need with the SOP number and title in the subject header.

The CTPRG (or its successor) and/or NMA members will delegate a responsible jurisdiction to coordinate the following steps in the creation of a new or revision of an existing SOP, and in seeking national endorsement across all jurisdictions:

- Actively invite feedback from all users, jurisdictions and interested stakeholders, to inform a regular, formal review of the SOP and to enable a continuous improvement approach.
  - At a minimum, this should be undertaken at least every two years following approval and release of the SOP (including where there may be subsequent revisions to the SOP in future).
  - A clear mechanism for feedback must be established and advertised widely in advance of the formal review period, to ensure all users, jurisdictions and interested stakeholders have adequate opportunity to contribute to the review process. This will include publication on relevant jurisdictional websites of a notice that a formal review of the SOP will be undertaken. The notice will include details of relevant email addresses through which feedback and suggestions for amendment and/or enhancement of the SOPs can be submitted, as well as timeframes of the review and submissions period.
- Assess and verify the need for a new or revised SOP.
- Use the provided template in Appendix 1 and assign a document ID number and Version date for all new SOPs or to modify an existing SOP.
- Draft the new or modify existing SOP and distribute to relevant stakeholders for review and comment.
- Maintain a record of the review process either on a document tracking review log (including at a minimum the SOP ID, version number, reviewer name, review date, changes and comments noted by reviewer, action by owner, date of action, new version) or electronically by using the tracked changes feature with a file naming paradigm and save files on central drive.
- Incorporate relevant comments and if required redistribute to relevant stakeholders for second review.

- If necessary, repeat the above 2 steps (dot point 4 and 5) until a final version is ready for approval.
- Update the front-page identifier box and/or amend history box as necessary, ensuring the 'SOP effective date' and 'SOP review by date' is in alignment with the timeframe identified in this SOP.

## Approval and Authorisation of the SOP

### CTPRG (or its successor) and/or NMA members will:

- Print the final SOP and arrange for approval, authorisation and final sign off by the CTPRG (or its successor) and all jurisdictional health departments and signatories to the National Mutual Acceptance (NMA) Memorandum of Understanding.
- Ensure the original signature field and/or amendment history field is completed by the delegated coordinating jurisdiction.
- File the final approved (in writing) new/amended SOP electronically as a pdf document and distribute to all jurisdictional members to post on their websites.
- Securely store the final, approved, new/amended master SOP.
- Any changes to the approved National Standard Operating Procedures for Clinical Trials, including Teletrials in Australia can **only** be made following the steps outlined in this SOP (SOP 01).

#### c) Training, Implementation, Distribution of the New or Revised SOP

- All relevant jurisdictional stakeholders must be notified of the new/updated SOP between the authorisation and the effective date. This would include Health Services Human Research Ethics Committees (HRECs) and Research Governance Officers (RGOs).
- Training is to be recorded as per SOP - 03 Site Staff Qualifications, Training Records and Capability.

#### d) Review

- The review date is two years after the effective date. The time between SOP authorisation and the effective date may be reduced in special circumstances (e.g. urgent situations where procedures must be implemented immediately).
- An earlier review date is permitted where necessary (e.g. changes to legislation, changes to NMA policy and procedures).

#### e) Superseded SOPs

- All jurisdictional health departments and NMA jurisdictions, on behalf of the CTPRG, will notify relevant stakeholders including all HRECs and RGOs of superseded SOPs.
- The superseded SOP will be watermarked with SUPERCEDED and filed.
- The superseded hard copy master SOP will be clearly marked as superseded and be securely stored as a record of previously used SOPs.
- The superseded SOP will be removed from the relevant websites.

## SOP 02 Investigator Responsibilities

### Purpose

To define the Investigator responsibilities associated with undertaking a clinical trial in accordance with ICH GCP responsibilities for Investigators in clinical trials and teletrials.

### Scope

This Standard Operating Procedure (SOP) applies to all relevant employees including, but not limited, to visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants, facilities and or staff. The responsibilities described in this SOP are additional to and are to be read in conjunction with Investigator responsibilities defined in all other National and/or NMA SOPs.

All study personnel involved in the clinical study must operate within their scope of practice.

### Procedure

#### 2.1 Investigator Responsibilities (CPI/PI/AI)

##### 2.1.1 Before the Research Project Commences

#### **The Investigator must:**

- At all times, fulfil Roles and Functions as defined in the Clinical Trials Governance Framework.
- Declare in writing any conflicts of interest, or payments they will receive from other parties with any relationship to the study and notify the Sponsor.
- Ensure any payment provided to the participant for undertaking the trial is noted in the Participant Information Sheet and Consent form.
- Demonstrate that adequate participant recruitment is possible.
- Demonstrate adequate staffing levels to ensure success of the study at the site (including any Satellite Site/s).
- Be thoroughly familiar with the appropriate use of the Investigational Product as described in the Protocol, in the current Investigational Brochure (IB) for medicines or Product Information for devices and in other information sources provided by the Sponsor.
- Be provided with evidence of HREC approval, Research Governance authorisation, and the registration number of the trial once it is registered on a publicly accessible World Health Organization compliant clinical trials registry before the first participant is recruited to the study.

##### 2.1.2 During the Course and at the Completion of the Research Project

#### **The Principal Investigator must:**

- At all times, fulfil Roles and Functions as defined in the Clinical Trials Governance Framework.
- Perform site evaluation of any Satellite Site deemed to be potentially able to recruit participants to the research project. For each trial, infrastructure and training requirements for Satellite Sites are the same for both the Primary and Satellite Sites, and a Satellite Site should have appropriately contracted, qualified and trained Investigator(s) and delegated staff to undertake delegated trial related activities including obtaining informed consent (if required).
- For teletrials, a detailed Supervision Plan is required, in addition to a Delegation Log required by ICH GCP for all Satellite Sites regardless of experience. The conduct of the trial is detailed under the 'head agreement', (Clinical Trial Research Agreement/Clinical Trial Agreement between the Sponsor and the Principal Investigator's Institution) and a Sub-Contract between the Primary Site

and the Satellite Site Institutions (see Terms). Trial participants may have trial visits at both the Primary and Satellite Sites, as determined by the Protocol and Supervision Plan.

- Delegated activities to be performed by a Satellite Site are trial and Satellite Site specific. The Primary Site must consider a Satellite Site's personnel and facilities in developing a Delegation Log and Supervision Plan suitable for a trial. The proposed delegation of duties and Supervision Plan must be agreed with the team and Sponsor at the time of site selection and must be documented before the study is initiated at each Satellite Site.
- Select and initiate the Satellite Site only when a potentially eligible participant population has been identified.
- Ensure all Primary Site and Satellite Site staff are trained on and adhere to these SOPs.
- Ensure study staff, including those at Satellite Sites, are trained in the Protocol, IB, study procedures, Adverse Event (AE)/Serious Adverse Event (SAE) reporting, and that a system for safety reporting duties is in place for all study staff.
- Promulgate all Protocol variations and ensure adequate training of all trial personnel in the reason for and implications of the new Protocol. Ensure all personnel are suitably trained to undertake the trial and deliver the trial intervention.
- Ensure that study related documentation files and procedures are established and maintained throughout the study at both the Primary and Satellite Sites (as relevant) in accordance with SOP 07 The Study Master File, including procedures for managing the security of information and trial data and a process for managing data security or privacy breaches.
- Ensure study staff, including those at Satellite Sites, have a clear understanding of the process for securely and suitably storing and ensuring accountability for the Investigational Medicinal Product (IMP).
- Sign all trial related documentation during the course of the research project in a timely manner.
- Ensure audit/inspection readiness throughout the study, have oversight of any audit or inspection of their trial at both Primary and Satellite Sites, and ensure any deficiencies identified through audit or inspection are actively managed to ensure continuous improvement:
  - Procedures must be in place to ensure that the Primary Site is made aware of any findings that arise from a Satellite Site audit or inspection.
  - The PI should follow Sponsor requirements to ensure that appropriate Corrective and Preventative Actions (CAPA) have been implemented and findings reported to the health service organisation and HREC.
- Inform relevant staff when recruitment has been completed and mark the Study Master File as closed to recruitment.
- Sign all trial related documentation at the end of the research project such as documents requiring an end date, indicating the research project is completed including but not limited to: Delegation Log, Training Log, Supervision Plan, agreements, progress reports, eCRF/CRF, SAE reports, etc.
- Ensure all trial related staff and third-party providers have been informed of the research project closure, results and publication plan.
- Inform the participant's primary care physician (where the participant has consented to do so) of the research project closure, results and, if applicable, the treatment the participant was allocated for notation in the participant's health and medical record.
- Ensure appropriate ongoing care of participants throughout the trial, if a participant withdraws during the trial and/or if a trial is prematurely terminated.
- Record in the participant's health and medical record at the appropriate Institution (which may be a Satellite Site) the treatment the participant was allocated (if applicable).

- Ensure a lay summary of the trial results (usually provided by the Sponsor) is disseminated to participants in accordance with the HREC application/trial Protocol, and be prepared to respond to queries from participants in relation to the trial results.
- Document any deviation from the Protocol as per the Sponsor's guide.
- Notify the Sponsor, HREC and RGO if they leave the Institution, in writing with either their new place of employment and contact details or who their proposed replacement is with contact details for recording on all archiving related documentation.
- Ensure study related documents are archived according to SOP 13 - Site Close Out and Archiving (including at any Satellite Sites as relevant).

An **audit** is a systematic and independent examination of trial activities to determine whether a trial is conducted in accordance with applicable requirements.

An **inspection** is similar to an audit in that it is an official review of trial related activities but is conducted by a regulatory authority that has rights conferred by regulation. External audits and regulatory inspections may be scheduled periodically at sites to confirm Protocol compliance and adherence to GCP and regulatory requirements.

It is recommended that procedures/work instructions covering specific responsibilities and activities for preparation and conduct of audits and inspections be developed; noting that regulatory inspections normally require more extensive planning and input from the organisation than routinely conducted trial audits.

## SOP 03 Site Staff Qualifications, Training Records and Capability

### Purpose

The purpose of this Standard Operating Procedure (SOP) is:

- a) to ensure the appropriate documentation of clinical research site staff qualifications and training records are completed and maintained up to date during the course of the study, and
- b) to ensure the provision of resources to perform clinical research at all clinical research sites, according to the principles of the ICH GCP (and requirements of the Integrated Addendum to this Guideline published by the TGA), the National Statement (or its successor), and the requirements of the Clinical Trials Governance Framework.

ICH GCP requires the Principal Investigator (PI) and other staff involved in a clinical trial to be qualified by education, training, and experience to perform their role and Good Clinical Practice (GCP) auditors/inspectors look for evidence that staff have received training commensurate with their roles and responsibilities.

The PI is the person responsible, either individually or as a leader of the researchers at a site, for the conduct of research at that site and should be able to demonstrate they can assume the PI role. The PI and all staff with significant trial related duties must maintain records of training (including an appropriate level of accredited GCP training) and qualifications. Staff must have appropriate and documented trial-specific training before performing any clinical trial activities.

### Scope

This SOP applies to all relevant employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants and staff. All study personnel involved in the clinical study must operate within their scope of practice.

### Procedure

#### 3.1 Site Staff Qualifications

##### **The Principal Investigator must:**

- Be qualified by education, training and experience, including in skills, competencies and training requirements articulated in the National Clinical Trials Governance Framework, to assume ultimate responsibility for the proper conduct of the research.
- If required by the local site RGO, submit a current Curriculum Vitae (CV) to the RGO if not submitted previously and at any time the CV changes including (see Appendix 2):
  - current Australian Health Practitioner Regulation Agency (AHPRA) registration details<sup>1</sup>.
  - evidence of appropriate GCP training (see Section 3.4)
  - other relevant documentation requested by the Sponsor, the HREC, and/or the regulatory authority.
  - current workplace name and address.

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<sup>1</sup> Sponsors may confirm a registration status from the APRHA website so this information does not need to be maintained in the Investigator Site File.

- Ensure all investigational site staff, at both Primary and Satellite Sites, or independent third parties, and external service providers have provided appropriate and current evidence that they are qualified by education, training and experience, including in skills, competencies and training requirements articulated in the National Clinical Trials Governance Framework, to assume responsibilities to perform the delegated study-related duties and functions and that they have the legal authority to do so. Delegation should be consistent with the Roles and Responsibilities specified in the Clinical Trials Governance Framework.
- Ensure all investigational site staff, at both Primary and Satellite Sites, independent third parties and/or external service providers, who have been delegated significant responsibilities have a current CV lodged with the research office/SMF for sighting by the Sponsor and/or regulatory authority.
- Implement procedures to ensure the delegated study-related duties and functions are carried out safely.
- Implement procedures to ensure integrity of all data generated.

ICH GCP requires an Investigator or Institution that retains the services of an individual or party to ensure the individual or party is qualified and where appropriate, credentialed to perform those trial related activities.

All vendors contracted as third-party suppliers of clinical trial services (e.g. IMP shipment, eye tests, laboratory or radiology services, participant identification services) should be assessed as appropriately qualified and credentialed and as having sufficient knowledge and experience to perform their contractual obligations.

Where a Satellite Site requires the services of a third-party provider, the process for contracting that provider should be outlined in the Supervision Plan.

### 3.2 Site Staff Training Records

#### **The Principal Investigator must:**

- Ensure all required staff, including new staff involved during the course of a study, who assist with the clinical trial are informed about and trained on the Protocol, any Investigational Product, and their research-related duties and functions. This can be in the form of an Initiation meeting held by any communication means e.g. via face-to-face, skype, videoconference, telehealth etc.
- Ensure that for all study specific training provided, there is a record of documents and tools used, including details of who provided the training and when it was provided, by trial specific staff (e.g. on a training record or log - see Appendix 3 Training Record).
- Ensure all required training is completed and the training record is kept up to date. A copy must be kept at the Primary Site and/or Satellite Sites (when applicable) and available for review on request throughout the entire duration of the clinical research trial.

### 3.3 Capability

#### **The Principal Investigator must:**

- When a teletrial is being conducted, the PI, who is always at the Primary Site and never at the Satellite Site, remains responsible for the trial across the cluster.
- Undertake the roles and functions of the Site Principal Investigator specified in the Clinical Trials Governance Framework.
- Demonstrate the potential for recruiting the required number of suitable participants, either from the Primary Site only, or from the Primary Site and associated Satellite Sites, within the specified recruitment period. This may be in the form of de-identified participant recruitment listings or other documented written or printed evidence.
- Have sufficient time to properly conduct and complete the research within the specified period.
- Have an adequate number of qualified staff and adequate facilities for the foreseen duration of the research.
- Ensure that a robust site assessment is undertaken that fully quantifies the capabilities of each Satellite Site to inform the extent to which trial related activities can be delegated to the site. This may include a pre-commencement assessment before a specific trial is proposed so that the process of trial start up is expedited when a suitable trial is identified. For Satellite Sites that have no or limited experience in delivering clinical trials, a staged approach may be undertaken to allow for gradual building of clinical trials capacity and capability (e.g. the Satellite Site is initially involved in less complex trials with greater levels of oversight provided by the Primary Site).

Robust feasibility and study start up processes enable the trial sponsor to verify that the site is an appropriate location at which to conduct the trial.

The process includes an assessment of the strategic fit of the trial and Protocol to the organisation, whether the trial is considered clinically important by the clinicians involved and sufficiently aligns with the Organisation's clinical services plans.

It is also important to ensure the local patient/participant population is not over-researched and there is a sufficient patient/participant population to meet recruitment targets.

A robust feasibility assessment that fully quantifies the capabilities of each Satellite Site is essential to inform the extent to which trial related activities can be delegated to the site.

- Maintain a record identifying appropriately qualified persons to whom they have delegated significant research-related duties (on a 'per person' basis) such as a Delegation Log. See Appendix 4 Delegation Log.
  - Staff who as part of routine practice provide ancillary or intermittent care by completing a procedure on a trial patient/participant (i.e. vital signs, electrocardiography (ECG), venepuncture or imaging) generally do not need to sign a Delegation Log (or be listed on a 1572 Form for trials conducted under an Investigational Drug Investigation). However, if a key trial end point is based on reporting from routine care, then this should be clearly reflected in the Delegation Log as in this context, such reporting is considered critical to the trial.
  - Where service departments (e.g. pharmacy, laboratories, radiology) are involved in trial-specific activities (e.g. dispensing Investigational Medicinal Products), the PI may delegate the role of supervising and training departmental staff to a Named Person (e.g. a clinical trial pharmacist). This person would train all staff on any aspects of GCP/the Protocol relevant to their role.

A **Delegation Log** must be used to record which study-related roles and responsibilities have been assigned to each member on the teletrial team. Delegation Logs should be actively maintained (not constructed retrospectively) so there is evidence of appropriate delegation before any trial activities are undertaken. Each entry is signed and dated by the delegates and countersigned by the PI.

A **Supervision Plan** must also be developed before the commencement of a teletrial, which documents the manner and frequency of supervision to be undertaken between the Primary Site and each Satellite Site, and other study staff. It should detail how (and by whom) Satellite Site staff are trained and how they are deemed competent to undertake their delegated duties.

- Where applicable ensure each Satellite Site maintains its own site Delegation Log separate to the Primary Site. Where the PI has delegated such a task to the Satellite Site Associate Investigator, the Associate Investigator will delegate duties appropriately, sign and date the log and send a copy to the Primary Site, when requested. See Appendix 4 Delegation Log.
  - The process for maintaining the Delegation Log across Primary and Satellite Sites may involve the use of wet signatures, scanned copies and/or e-signatures.
- Develop and complete a Supervision Plan before the commencement of a teletrial, which documents the manner and frequency of supervision to be undertaken between the Primary Site and each Satellite Site, and other study staff, especially Associate Investigators and other team members new to the role. The Supervision Plan must include cover for planned leave. See Appendix 5 Supervision Plan.
- Provide oversight, as outlined in the Supervision Plan, to any third party to whom any study-related duty or function is outsourced and take responsibility for any study-related duty or function performed and any data generated by the third party.

### 3.4 GCP Training

In accordance with the [Clinical Trials Governance Framework](#), it is essential that clinical trial Investigators and clinical trial staff with significant delegated trial related responsibilities have access to and undertake training in the principles of GCP as a minimum requirement. Knowledge of GCP should be provided in a way that is proportionate to the individual's role and level of trial activity. A trial risk assessment can be used to inform and justify the level of training, however the following minimum requirements apply:

#### **Staff with significant trial related duties (all trials):**

- Core trial staff should receive TransCelerate accredited GCP training. Refresher GCP training should also be available to trial staff, at appropriate intervals to ensure that staff maintain awareness of current clinical trial standards and legislation.

#### **Ancillary staff involved in trials with novel/non-routine interventions:**

- For staff conducting trial related procedures or involved in the care of trial patients/participants, GCP training may be in an abbreviated format; for example, taking the form of a short departmental trial awareness sessions covering relevant requirements such as:
  - recording adverse events
  - documenting activities in source notes
  - notifying Protocol deviations and adverse events to the core trial team
  - escalating any other issues identified to the core trial team.

#### **Staff provided abbreviated GCP training include:**

- pharmacy staff involved in general dispensing, under the oversight of a trial pharmacist who may perform training on relevant trial/GCP requirements.

- laboratory/diagnostic staff undertaking routine tests used in a trial, under the oversight of a lead contact who may perform training on relevant trial/GCP requirements.
- chemotherapy nurses with only the role of administering Investigational Products under the oversight of a day ward manager who has undertaken relevant GCP training.
- ward or other staff performing routine activities within their scope of practice.

**Ancillary staff involved in standard care trials:**

Trials involving routine treatment (e.g. comparative effectiveness trials) often involve large numbers of healthcare professionals that are suitably qualified to undertake the trial by virtue of the prior education, training and experience, and work to quality systems outlined in their professional codes of practice. Consistent with the Clinical Trials Governance Framework, at a minimum, all trial staff should be made aware of the trial/relevant GCP principles (e.g. at routine meetings, short trial awareness sessions or provision of written materials).

# SOP 04 Protocol and Investigational Brochure Requirements

## Purpose

To describe the procedures related to the development of a research Protocol, an Investigational Brochure (IB), and amendments to these documents ensuring compliance to ICH GCP E6 (R2).

## Scope

This Standard Operating Procedure (SOP) applies to all relevant employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants and staff. All study personnel involved in the clinical study must operate within their scope of practice.

## Procedure

### 4.1 Protocol Content and Development

Specific content of a Protocol will vary depending on the subject of the research, the level of risk to participants, the phase of the research and study design, and whether a medicinal product or a device or a therapeutic intervention is being researched. Consequently, the terminology will be different and should be adapted appropriately.

A range of guidance material may inform and be referred to in development of the Protocol, including but not limited to Standard Protocol Items: Recommendations for Interventional Trials (SPIRIT) and the Consolidated Standards of Reporting Trials (CONSORT).

However, where the Investigator is responsible for the Protocol development they must ensure the Protocol follows the outline as per [ICH GCP E6 \(R2\) Section 6 Clinical Trial Protocol and Protocol Amendment\(s\)](#). This Protocol table of contents is not mandated but it is recommended a trial Protocol should generally include the topics detailed in the section. However, site specific information may be provided on separate Protocol page(s), or addressed in a separate agreement, and some of the information listed may be contained in other Protocol referenced documents, such as an IB.

Where Satellite Sites will be involved in the study, no specific wording will be required in the Protocol, as the following considerations will be addressed in other study-specific documents which may be annexed to the Protocol e.g. the site selection report, ethics application, Supervision Plan, the monitoring manual, laboratory manual, pharmacy manual, safety monitoring manual or a trial specific working guideline. Nevertheless, the following considerations are to be addressed such that Protocol deviations are not created.

- The process by which participants will be informed about the risks and benefits of participation and their agreement (or otherwise) to participate will be clearly described and documented, including what evidence will be recorded for auditing purposes (i.e. face-to-face, videoconference, via telehealth, skype, phone etc).
- Description of how study procedures will be undertaken, e.g. how visits, assessments, collection of data and medical consultations will be conducted i.e. face-to-face or via telehealth or a combination of both.
- Description of storage and handling of Investigational Product, e.g. will the Investigational Product be stored at the Primary Site and shipped to the Satellite Site via appropriate handling and shipping method when a participant is deemed eligible or will Satellite Sites with appropriate facilities store the Investigational Product?
- Description of storage and handling of laboratory samples at Satellite Sites, if involved and if relevant e.g. frequency of and timelines between transport of samples to Primary Site or direct to a central or local laboratory.

- Description of the handling of other study related non-IMP materials.
- Description of the roles and responsibilities of Investigators and other staff who will be involved in the study at both the Primary and Satellite Sites.

#### 4.2 Investigational Brochure Content and Development

Where the Investigator contributes to the content and development of the IB they must ensure the Investigational Brochure follows the outline as per [ICH GCP E6 \(R2\) Section 7 Investigator's Brochure](#).

An example of an IB Table of Contents is found in Section 7.5 Appendix 2 section in the above link. While it is not mandated, its use is recommended as it ensures adherence to ICH GCP E6 (R2). The IB should remain up-to-date via annual revision at a minimum, depending on the type of product and its stage of development.

In some situations, for Investigational Medicinal Products, where a product is registered, and has a well-understood pharmacology, a Product Information document may be substituted for an IB, provided that current and comprehensive information about the product under study is available to the Investigators. If a product is registered, but is being trialled for a new indication, or in a different population to the approved indication, an IB must be collated with reference to this new indication/population.

#### 4.3 Amendment/s to the Protocol and Investigational Brochure

##### **The Investigator must inform the HREC:**

- and obtain acknowledgement of receipt of the updated IB.
- and obtain approval of all amendments to the Protocol including amendments that:
  - are proposed or undertaken without prior HREC approval in order to eliminate immediate risks to participants;
  - may increase the risks to participants;
  - may alter the ethical acceptability of the trial;
  - may affect the viability of the trial;
  - may impact on the scientific validity of the trial; or
  - significantly affect the conduct of the trial (including changes to the Inclusion/Exclusion criteria).
- as soon as possible after any new safety information from other published or unpublished studies is identified that may have an impact on the continued ethical acceptability of the project or may indicate the need for amendments to the research Protocol.

Notification to the HREC is HREC specific and the Investigator should be familiar with the terms of reference of their ethics committee. Refer to SOP 05 Communication with HREC, RGO, Sponsor and Institution's Insurer, regarding communication with the HREC.

The Investigator must comply with any additional conditions place on the project by the HREC as a result of the Protocol variation.

##### **The Investigator must provide to the RGO:**

- The HREC approval letter for the amendment(s).
- A copy (if required by the RGO) of all HREC approved amended documents.

A Site Specific Assessment (SSA) Form will need to be completed for both the Satellite Site and the Primary Site.

Where there is an amendment to the Protocol, authorisation from the RGO to continue the project must be obtained from both the Primary and Satellite Sites where a governance aspect has been affected (if required), including Protocol amendments that:

- are proposed or undertaken without prior HREC approval in order to eliminate immediate risks to participants however that amendment will be implemented prior to governance authorisation.
- may increase the risks to participants.
- significantly affect the conduct of the trial (including changes to the Inclusion/Exclusion criteria).
- pose a risk to the Institution.
- require contract variations or impose additional contractual requirements or obligations by the relevant Institution.
- For a teletrial, if a variation to the Sub-Contract is required, this will need to be negotiated between the Primary and Satellite Sites.

Notification to the RGO is site specific and the Investigator should be familiar with the processes of their RGO.

For the avoidance of doubt, where there is an amendment to the Protocol, a variation to the Clinical Trial Sub-Contract between the Primary and Satellite Sites will be needed if the contract variation impacts on the Satellite Site, as determined by the Primary Site.

## SOP 05 Communication with HREC, RGO, Sponsor and Institution's Insurer

### Purpose

To describe the procedures relating to communication with the Human Research Ethics Committees (HREC), Research Governance Officer (RGO), Sponsor and Insurer.

### Scope

This Standard Operating Procedure (SOP) applies to all relevant employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants, facilities and or staff. All study personnel involved in the clinical study must operate within their scope of practice. This SOP takes into consideration the single ethical review processes.

### Procedure

The procedure for communication with the HREC and RGO is illustrated in a tabular form in the [National Mutual Acceptance Single Ethical Review of Multi-centre Human Research Projects. Monitoring and Reporting Tables.](#)

#### 5.1 Communication with Reviewing HREC

When communication regarding key decision points is verbal, the initiating party should follow up verbal communication with written correspondence/e-mail and send to the call recipient. The title of the letter/e-mail should include the term "FILE NOTE" followed by a text string which should include the decision topic. Such documentation must be filed in the Study Master File (SMF) and where applicable in the Satellite Site Study File (SSSF).

#### **Prior to study commencement, the Investigator (CPI/PI/AI) must:**

- Choose a reviewing HREC who's approval is acceptable to the Institution/s where the clinical study is being undertaken (or ensure the responsible HREC chosen by the CPI is likewise acceptable). Currently acceptable HRECs are documented in jurisdictional policy for public health organisations, and in local Institutional policy for private health organisations.
- Understand the reviewing HREC requirements, submission processes and be aware of their meeting and submission dates to better liaise with Sponsors.
- Be familiar with the relationships between HREC review and approval, governance authorisation and any other processes/approvals that need to be in place (e.g. does the HREC have sub-committees), before any study start up activities can commence. This process and approval flow will be required by Sponsors, auditors and inspectors.
- Submit an ethics application as per the reviewing HREC submission process.
- Include in the relevant section of the ethics application that the trial may be undertaken using telehealth with Satellite Sites, if applicable, and that the informed consent process and/or some or all study assessments will be undertaken using telehealth, face to face consultation or a combination of both.
- Submit any other application as per that process found on the relevant website.
- Ensure all documentation and correspondence pertaining to the submission and approval processes is filed in the SMF e.g. correspondence to and from the HREC, RGO or other bodies.

#### **During the study, the Investigator (CPI/PI/AI) must:**

- Comply with all conditions and restrictions applied by the RGO or HREC on the conduct or continuation of the trial.

- Submit all documents/reports/summaries according to the requirements and timelines as stipulated on the respective reviewing HREC approval letter, including but not limited to: Sponsor reports of accumulated safety data outcome analyses; proposed changes to the Protocol; major or Serious Breaches; annual progress reports; and unforeseen events that might affect continued ethical acceptability of the trial.
- Comply with the reporting requirements outlined in SOP 12 Safety Data Monitoring and Reporting Requirements for Clinical Trials, noting that individual reports of Adverse Events, Serious Adverse Events, Suspected Unexpected Serious Adverse Reactions, Unanticipated Serious Adverse Device Events and six-monthly line listings should NOT be submitted to the reviewing HREC unless otherwise advised.
- Although all deviations must to be reported to the trial Sponsor, only the sub-set of deviations that have a significant impact on the continued safety or rights of participants or the reliability and robustness of the data generated in the clinical trial must be reported to the HREC. These deviations (also known as ‘Serious Breaches’) should also be reported by the Principal Investigator (PI) to their Institution, as they may impact on medico-legal risk, the responsible conduct of research, or adherence to contractual obligations.
- Immediately notify the reviewing HREC of any notification received from a participant in a trial that they intend to initiate a claim for compensation against either the Sponsor and/or the Institution.
- File all documentation in the SMF/SSSF.

**At the end of the study, the Investigator (CPI/PI/AI) must:**

- Submit a trial termination/closeout report according to the requirements and timelines as required by the respective reviewing HREC. This may be stipulated in the approval letter and/or on their website.
- File all documentation in the SMF/SSSF.

## 5.2 Communication with the Research Governance Office

For the purpose of this SOP, the Clinical Trial Research Agreement (CTRA), other site specific trial related documentation and the Site Specific Assessment (SSA) Form constitute a research governance application for the Primary Site. Similarly, for the Satellite Site, a Site Specific Assessment/research governance application consists of the Sub-Contract, the SSA Form and other site specific, trial related documentation. This application may be submitted to the RGO in parallel to the HREC submission if all governance related documentation is available and completed correctly. In the majority of cases, the final document to be provided to the RGO is the HREC approval. This has the advantage of enabling an RGO review in parallel to the HREC review and allows a more timely RGO authorisation which may lead to expedited study start up. It is important to note, that HREC approval must be obtained and submitted to the RGO, prior to the final RGO authorisation being granted.

**Prior to study commencement, the Investigator (CPI/PI/AI) must:**

- Submit the Clinical Trial Research Agreement (CTRA), HREC approval, the SSA Form, evidence of any relevant GCP training, and any other required documentation to the RGO.
- Ensure all documentation and correspondence pertaining to the submission and approval processes is filed in the SMF.
- Ensure each Satellite Site in the cluster (whether in a different Hospital and Health Service (HHS) to the PI or the same HHS) completes a Clinical Trial Sub-Contract and a SSA Form, and submits to their RGO.
- Await site specific RGO authorisation before any study related activity can occur at that site.
- Ensure the Satellite Site files all documentation in the SSSF.

**During the trial, the Investigator (CPI/PI/AI) must:**

- Submit all governance related documents/reports/summaries to the relevant RGO according to the requirements and timelines as stipulated by the respective RGO including but not limited to:
  - changes to the CTRA/Sub-Contract;
  - changes to the budget;
  - any change that might affect continued financial acceptability of the trial;
  - any change that may increase Institutional risk.
- Serious Breaches (those deviations that may have a significant impact on the continued safety or rights of participants or the reliability and robustness of the data generated in the clinical trial) should be reported by the PI to their Institution, as they may impact on medico-legal risk, the responsible conduct of research, or adherence to contractual obligations.
- Immediately notify the RGO of any notification received from a participant in a trial that they intend to initiate a claim against either the Sponsor and/or the Institution.
- Ensure all training and accreditation remains current.
- Ensure the Satellite Site files all documentation in the SSSF.

**At the end of the trial, the Investigator (CPI/PI/AI) must:**

- Notify the RGO the trial has terminated/closed.
- File all documentation in the SMF/SSSF. Poor compliance with the Protocol or Good Clinical Practice (GCP) can lead to data being rejected by regulatory authorities, can compromise participant safety and can nullify a trial's insurance/indemnity. ICH GCP requires that the PI (or delegate) document and explain any deviation from the Protocol and requires that non-compliance with the Protocol, SOPs, GCP, and/or applicable regulatory requirement(s) lead to prompt action to secure compliance.

In the majority of instances, non-compliances are deviations that do not result in harm to trial participants or significantly affect the scientific value of the reported results of the trial. Some of these deviations are unavoidable (e.g. a participant misses a visit) or permitted (e.g. a deviation from the Protocol to protect a participant from an immediate hazard known as an Urgent Safety Measure). ICH GCP requires all non-compliances (both minor and major) to be reported to the trial Sponsor. The NHMRC Guideline: *Reporting of Serious Breaches of GCP or the Protocol for Trials Involving Therapeutic Goods*, categorises certain instances of noncompliance as a Serious Breach, defined as: A breach that is likely to affect to a significant degree: the safety or rights of the trial participant, and/or the reliability and robustness of the data generated in the clinical trial.

Deviations that may (depending on their nature) meet the definition of a Serious Breach include:

- Intentional or accidental loss of blinding of study medication.
- Failure to control Investigational Medicinal Product(s) such that participants are put at significant risk or the scientific value of the trial is compromised.
- Deviations from eligibility criteria related to the diagnosis of patients/participants.
- Non-compliance relating to evaluation of important efficacy endpoints.
- Missing Source Data which are extensive or which concern diagnosis, primary efficacy assessments, and important safety information.
- Persistent or systematic non-compliance with GCP or the Protocol that has a significant impact (e.g. systematic underreporting of serious adverse events leading to an inappropriate dose escalation in a phase I study).
- Proof of fraud relating to clinical trial records or data.

Suspected breaches occurring at the site may be identified by anyone involved in the conduct, management or monitoring of a trial. The Supervision Plan should clarify how Serious Breaches will be managed. Copies of reports (and associated documentation) will be sent to the Primary Site.

Suspected Serious Breaches should be reported to the responsible HREC as they impact on the ethical conduct of the research and to the RGO as they may have contractual implications and implications for the reputation of the Institution.

### 5.3 Communication with the Sponsor

#### **The Investigator (CPI/PI/AI must):**

- Comply with the reporting requirements outlined in SOP 12 Safety Data Monitoring and Reporting Requirements for Clinical Trials, and should consult and adhere to existing guidance for [safety monitoring and reporting](#) published by NHMRC and the TGA.
- Notify the Sponsor within 24 hours of discovery of any Serious Adverse Events (SAE) involving trial participants under the care of the Investigator and where relevant notify the PI in parallel.
- Notify the Sponsor promptly regarding any changes significantly affecting the conduct of the trial, and/or increasing the risk to participants and where relevant notify the CPI/PI/AI. Communication must be followed up with written report/email and filed in the SMF/SSSF.
- Notify the Sponsor of any Protocol Deviation or Breach (which may include significant deviation from the Protocol) and where relevant notify the CPI/PI/AI (see Appendix 6 Protocol Deviation Log).
- Be available to meet with the Sponsor to discuss study progress, issues and safety.
- Provide the Sponsor with copies of all correspondence from the reviewing HREC and/ or RGO.
- Immediately notify the Sponsor of any notification received from a trial participant that they intend to initiate a claim for compensation against either the Sponsor and/or the Institution.

#### 5.4 Communication with Institution's Insurer

If the Institution is notified or becomes aware that a trial participant intends to make a claim for compensation against the Institution or Sponsor for injuries arising as a result of participating in a clinical trial undertaken at the Institution or any of the Satellite Sites under supervision by the Institution, the Institution must promptly notify the Institution's insurer in writing that such an action is intended.

##### **Communication with Solicitor, Sponsor and CPI/PI/AI**

If the Investigator is notified or becomes aware that a trial participant intends to make a claim against the Institution or Sponsor for injuries arising as a result of participating in a clinical trial undertaken at the Institution or any of the Satellite Sites under supervision by the Institution, the Investigator must promptly notify the following in writing that such an action is intended:

- the Institution's authority
- the CPI/PI/AI as relevant, and
- the Sponsor.

The Sponsor, or the Institution acting as Sponsor, will generally be responsible for reporting to their respective solicitors.

## SOP 06 Site Initiation

### Purpose

To describe the procedures related to site initiation of a clinical trial at all sites.

### Scope

This Standard Operating Procedure (SOP) applies to all relevant employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants and staff. All study personnel involved in the clinical study must operate within their scope of practice.

### Procedure

#### 6.1 Site Initiation

##### **Prior to initiation of the study, the Investigator must:**

- Mutually agree with the Sponsor a scheduled date, time and location for the Study Initiation Visit at the participating site to ensure the site is prepared to commence the study. In the case of a teletrial, this may be at the Primary Site only, or could include (remotely) the Satellite Site/s as determined by the study complexity by the Sponsor/PI.
- Review all study related documentation and be familiar with the Investigational Product and Protocol.
- Ensure that all relevant staff involved with the study, (Associate Investigator, Pharmacist, Clinical Research Coordinator and others as appropriate including trial related staff at a Satellite Site), have been advised of the meeting and are able to attend either in person or via videoconference.
- Be in possession of all required approvals and authorisations to conduct the research project.
- For teletrials, ensure a Supervision Plan is in place, that documents the manner and frequency of supervision to be undertaken with other trial staff, especially those new to the role, and, where relevant, trial related staff at a Satellite Site. A Supervision Plan is to be created by the Primary Site for each Satellite Site.
- Do not initiate a Satellite Site under the Teletrials Model until such time as a potentially eligible participant population is identified.

For further guidance refer to Appendix 7 Initiation Checklist Example.

##### **During the initiation Visit the Investigator must ensure the following are available and/or addressed:**

- Study Master File (SMF) containing all required Essential Documents and review arrangements for organising and maintaining study files (Satellite Site Study File in the case of the PI initiating a Satellite Site).
- A list of all study personnel attending the initiation meeting on an attendance log/Training Log with full name, signature, date and the method attended i.e. in person or via videoconference.
- Original, signed and dated curriculum vitae of all study personnel involved in the study at the site and any Satellite Sites for which the Investigator has responsibility.
- Other documents such as, financial disclosures, Training Logs, medical licenses and other Essential Documents as per Sponsor requirements.
- A contact list with names and contact details of all study personnel from all sites including Satellite Sites, Sponsor and independent third-party service providers is available.

- Timeline for shipment, delivery and receipt of Investigational Product and other study related supplies to site.
- A laboratory manual, where applicable, clearly defining sample handling instructions and processes, shipping procedures, documentation handling, contact list of all laboratories involved and any other laboratory activity to be undertaken during the course of the trial.
- A pharmacy manual clearly defining any activity linked to the handling or the Investigational Medicinal Product (IMP)/Investigational Medicinal Device (IMD).
- Any specialised equipment required will be available throughout the period of the trial, e.g. centrifuge, freezer, etc.
- The Case Report Form (CRF), completion guidelines and that they are accessible by all sites.
- Training in all aspects required by the Protocol is recorded on the Training Log.
- Archiving of study records at the end of the study.
- Subsequent training for staff not in attendance at the Initiation Visit. Such initiation training can be conducted remotely where feasible. It is critical however, that this training is undertaken and documented before they commence activities in the study.
- Supervision Plan for teletrials.
- For each teletrial, the above steps must be repeated for each Satellite Site to be established under the Primary Site.

**At the conclusion of the initiation the Investigator must:**

- File the Sponsor's initiation visit report/letter in the SMF.
- Ensure that the staff at the Satellite Site files all communication and documentation in the SSSF.

## SOP 07 The Study Master File

### Purpose

To describe the procedures related to the maintenance of the Study Master File (SMF) held at all clinical research sites/units, according to ICH GCP E6 (R2) Section 8 to ensure it is current at all times for the duration of the clinical study.

### Scope

This Standard Operating Procedure (SOP) applies to all relevant employees, including but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants, facilities and or staff. All study personnel involved in the clinical study must operate within their scope of practice.

ICH GCP defines Essential Documents as, 'documents which individually and collectively permit evaluation of the conduct of the trial and the quality of the data produced'.

A Study Master File (SMF) (otherwise referred to as the **Investigator Site File (ISF)** in some jurisdictions) should be established at the beginning of the trial so that Essential Documents can be filed in an organised way that will facilitate the conduct of the trial, audit, and inspection. Contents should enable the adequate reconstruction of trial conduct at the site along with any key trial decisions.

The SMF/ISF contains identifiable data and proprietary information and should be stored securely with restricted access to authorised staff. It should be actively maintained as the trial progresses. All documentation filed should be complete, accurate and legible. If Essential Documents are stored separately from the SMF/ISF, (e.g. staff training records, maintenance/calibration records for key equipment used in the trial) a file note in the SMF/ISF should indicate their location. Superseded documents should be retained but scored through to indicate that the document is no longer in use. Direct access to all trial related records stored in the SMF/ISF should be provided when requested by monitors, auditors, ethics committees or regulatory authorities. Essentials Documents stored in the SMF/ISF should be originals or certified copies of original documents. Essential Documents include the correspondence generated during a trial. These documents (e.g. emails, telephone call reports, meeting minutes) are an important component in reconstructing the trial as they contain key decisions and discussions relating to the care of participants and the management of the trial.

For Satellite Sites, key trial documents (for example study Protocol/IB), as well as clear evidence of the manner and frequency of supervision of the Satellite Site by the Primary Site (e.g. minutes of calls with Satellite Site staff to review patients/participants and study progress) should be maintained in both the SMF/ISF and the Satellite Site Study File (SSSF).

### Procedure

#### 7.1 The Study Master File – Principal Investigator Responsibilities

##### **The Principal Investigator must:**

- Ensure an SMF is created, if not provided by the Sponsor, prior to study commencement and ensure that it contains at a minimum the Essential Documents listed in Appendix 8 Study Master File Index Example. The SMF is stored at the Primary Site (Satellite Site Study File in the case of the PI initiating a Satellite Site).
- Where the Teletrial Model is implemented, have control of all Essential Documents and records generated by the Investigator/Institution/Satellite Site before, during, and after the trial.
- Establish the maintenance rules of the SMF and relationship between the Primary Site Study Master File (SMF) and Satellite Site Study File (SSSF). For example, the contents of the SSSF, how

and which documents generated at the Satellite Site will be sent to the Primary Site and filed in the SMF and archiving of Satellite Site Study File after study close out. When establishing the maintenance rules, it will be important to ensure that key documents from the SSSF are present in the SMF and vice-versa after the close out of the study but prior to archiving, so that a full record of all study activities under the control of the Principal Investigator (PI) is contained in the SMF. As the SMF contains identifiable data and proprietary information, it should also be stored securely with restricted access to authorised staff.

- Establish prior to the commencement of the trial and maintain a current record of the location of all Essential Documents including Source Documents and where relevant, study related Essential Documents from the Satellite Site. The storage system used during the study and for archiving (irrespective of the type of media used) should provide for document identification and location, version history, search-ability and retrieval for the length of the archiving retention time.
- File Essential Documents in a timely manner.
- Ensure Satellite Sites also maintain SSSF and file study related Essential Documents in a timely manner, with focus on version control.
- Maintain a current contact list of all Study Personnel including staff at all Satellite Site/s within the Cluster involved in the clinical trial, clearly identifying the Primary Site, the Satellite Site and any external service provider.
- Ensure study documentation is kept and archived as specified in SOP 13 Site Close-Out and Archiving.

## 7.2 The Study Master File

- Study related Essential and Source Documents generated for/by the Primary Site, as per Appendix 8 at a minimum, will be filed in the SMF.
- The Study Master File (SMF) should be prefaced with an index of contents as well as indicate the location(s) of all Essential/Source Documents.
- Certified copies of study related Essential and Source Documents generated for/by the Satellite Site, the identity of which will be established prior to the commencement of the trial, will be sent to the Primary Site and filed in the SMF, on request by either, the Sponsor, monitor or Primary Site staff as per rules established prior to the commencement of the trial and documented in the Supervision Plan.
- Where financial documentation, such as the Clinical Trial Agreement and Sub-Contract, invoicing and remittances etc. may be filed in a separate location to the SMF, the location is to be recorded on the SMF index. See Appendix 8 for example of Study Master File Index. A copy may be filed in the SMF if requested by the Sponsor.
- Investigational Product handling documentation e.g. shipping, receipt, Interactive Voice Response System (IVRS), Interactive Web Response System (IWRS), codes, randomisation list and accountability and destruction documents etc. may be kept in a separate file e.g. at the site pharmacy. In this case the location is to be recorded on the SMF index. However, the records must be made available to Sponsors, monitors, auditors and regulatory agencies at any time. The Investigational Product documentation will be archived with the SMF after completion of the study.
- Sample handling procedures are to be clearly documented if performed e.g. in a laboratory manual. Sample management records at both Primary and Satellite Site/s including the storage, processing and transportation of samples between Satellite and Primary Sites are filed in the SMF/SSSF as agreed.
- Other study related materials handling documentation are filed in the SMF/SSSF as agreed.

### 7.3 The Study Master File – Contents

The content of the Satellite Site Study File (SSSF) can be decided with the study team and the Sponsor. The SSSF may be a sub-set of the Study Master File (SMF) and should be prefaced with an index of contents as well as indicate the location(s) of all Essential/Source Documents.

#### **The Satellite Site Study File should contain:**

- All the relevant site-specific Essential Documentation pertinent to the activities that have been and that are to be performed at the Satellite Site, similar to Appendix 8.
- All Source Documents generated at the Satellite Site (or indicate the location of all Source Documents for example the EMR at the Satellite Site).
- Relevant HREC approval and governance authorisation documentation.
- Sub-Contract with the Clinical Trial Agreement in annexure.
- Study specific Supervision Plan.
- Satellite Site Delegation Log.
- Satellite Site Training Records.
- Satellite Site, Site Specific Assessment form.
- Investigational Product shipping, receipt and accountability documents.
- Details of the processing, storage of samples at both Sites and transportation between Satellite and Primary Sites and related documentation (if performed).
- Files notes indicating if the original document is found in another location e.g. pharmacy folder with the pharmacy, a document will be found in the SMF.

## SOP 08 Case Report Forms and Source Documents

### Purpose

To describe the procedures related to the completion of electronic and paper based Case Report Forms (CRF), and maintenance of Source Documents.

### Scope

This Standard Operating Procedure (SOP) applies to all relevant employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants, facilities and or staff. All study personal involved in the clinical study must operate within their scope of practice.

### Procedure

#### 8.1 Completion of Case Report Forms

Where electronic medical records (EMR) are used, a validation system is required with an inbuilt correction and audit trail feature. In the case where there is no inbuilt validated audit trail, printed records of the changes and corrections (e.g. data queries) must be retained.

#### **The Investigator must:**

- Ensure the accuracy, completeness, legibility, (including any changes or corrections) and timeliness of Source Data and data recording adheres to the Protocol, monitoring plan requirements and also the Supervision Plan.
- Ensure that any party delegated to perform data entry or signing for data completeness is recorded on the Delegation Log and is trained to perform those trial related duties and functions.
- Ensure that changes to the paper Source Document do not obscure the original entry, are traceable (signed and dated) and explained (i.e. an audit trail should be maintained).

Source Data are defined as: All information in original records and certified copies of original records of clinical findings, observations, or other activities in a clinical trial necessary for the reconstruction and evaluation of the trial.

Collection of accurate Source Data (contained in Source Documents) is essential for compliance with GCP. The format used (whether paper or electronic) should permit the reconstruction of the clinical care given to the participant and describe any significant participant-related events that may occur during the conduct of the trial.

Source Data should be attributable, legible, contemporaneous, original and accurate (ALCOA). Changes to Source Data should be traceable, should not obscure the original entry, and should be explained if necessary. In addition, Source Data in electronic Form should be complete, consistent, enduring, and available (ALCOA +).

The CRF is defined in ICH GCP as: A printed, optical or electronic document designed to record all of the Protocol required information to be reported to the Sponsor on each trial subject. The data collected in the CRF is used as the basis of the trial report and any publications, as well as making up part of the data for regulatory approval for the unapproved therapeutic goods. The PI has ultimate responsibility for the content of the CRF but may delegate the task to suitably qualified individuals. The PI should, however, maintain oversight of the quality of the data provided to the Sponsor.

Access to the participant's trial related information should be limited to authorised users. Where access (e.g. for trial monitors, auditors and inspectors) cannot be limited to trial participants, certified paper copies of trial related information should be printed.

## 8.2 Source Documents

### **The Investigator must:**

- Maintain adequate Source Documents and trial records including all key observations on each of the trial participants.
- Store all trial related documents in a Study Master File/Satellite Site Study File as required by the applicable regulatory requirement, Sponsor and Protocol and take measures to prevent accidental or premature destruction of these documents.
- Ensure, for both paper and electronic documents, all changes, corrections and amendments are tracked, and version dates and numbers, are updated to reflect the changed data and to maintain the integrity of the data. An explanation of the changes is noted in a record of change.
- Ensure all staff are aware that, upon request, direct access to all trial related records is given to the monitor, auditor, HREC, RGO or regulatory authority, to enable Source Data verification, Sponsor audits or regulatory inspection. Direct access is stipulated in the CTRA and outlined to the participant via the PICF.
- Ensure that for telehealth consultations, the call is documented in the participant's health and medical record at each site as documented in the Supervision Plan, which will detail where the original and certified copies are stored. The written record will include a brief summary of the Protocol number, consultation; follow up instructions and that the visit was conducted via telehealth.
- For paper records, ensure that the agreed approach to Source Documents in the Supervision Plan is followed. This could include requiring a certified copy of any key Essential Documentation generated at the Satellite Site to be sent to the Primary Site for filing in the SMF e.g. SAE reports, to allow remote monitoring by the Sponsor and for auditing and inspection purposes. These can be sent via email or post.
- Where EMR are in use, access to the patient's/participant's trial related information must be limited to authorised users only. The Investigator must ensure appropriate controls are in place to allow access to the patient's/participant's EMR for the purpose of monitoring the study. Authorised users should include CRAs, auditors and regulatory inspectors, subject to those users meeting local access requirements.
- Where there is not a locally accepted practice to limit access in the EMR to limited patients/participants, other measures must be put in place to ensure the patient's/participant's privacy and confidentiality are respected e.g. print the trial related information, sign as a certified copy and place in a paper record for access by Sponsor, regulatory inspectors and auditors etc.

For teletrials, providing access to the Satellite Site EMR from the Primary Site (for PI oversight and study monitoring) is to be encouraged in order to increase the efficiency of study conduct under the Teletrial Model.

## SOP 09 Participant Informed Consent Process and Documentation

### Purpose

To describe procedures and documentation management relevant to the initial and ongoing informed consent process, including consenting via telehealth. The objective is to seek and retain voluntary, informed consent through ongoing communication and information exchange between a patient/participant and a clinician about the best interests of each participant. The provision of sufficient information to make an informed decision is understood as “informed consent” and this term will be applied in this context in this Standard Operating Procedure (SOP).

### Scope

This SOP applies to all relevant employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants and staff. All study personnel involved in the clinical study must operate within their scope of practice.

### Procedure

#### 9.1 Informed Consent Process

- In obtaining and documenting Informed Consent, all persons involved in the research must comply with the National Statement Chapter 2.2, the National Clinical Trials Governance Framework (including the Roles and Functions of Identified Positions) and applicable regulatory requirements, and adhere to ICH GCP R2 and to the ethical principles that have their origin in the Declaration of Helsinki.

Informed consent is a process of information exchange that culminates in a potential trial participant (or their legally acceptable representative) confirming willingness to participate, and to continue to participate, in a study.

For clinical trials, consent is documented using a written, signed and dated Participant Information and Consent Form (PICF).

A person’s decision to take part in a trial must be voluntary and based on sufficient information and adequate understanding of both the proposed research and the implications of participation, including the risks and potential benefits of (and alternatives to) taking part.

Consent must be obtained before the first study-specific procedure or intervention is undertaken.

#### 9.2 Establishing the Informed Consent Process

- The Principal Investigator (PI) for any research project retains overall responsibility for ensuring a participant’s consent has been obtained in the correct manner prior to the participant’s entry into the project. This includes where consent is obtained from participants at Satellite Sites under the responsibility of the PI. However, at their discretion, the PI can delegate the duty for obtaining consent to a suitably qualified Associate Investigator as described in SOP 02 Investigator Responsibilities, SOP 03 Site Staff Qualifications, Training Records and Capability, and the National Clinical Trials Governance Framework. Delegation of all activities must be recorded in a Delegation Log or similar. The PI remains responsible for any delegated activity.
- The Investigator must ensure that they have the relevant Research Governance approval, inclusive of approval by an appropriate HREC, for all written information and any other media used to provide information to potential participants, before these forms, information or other materials may be used to obtain consent from any participant.

- When changes have been made to approved Participant Information resources the Investigator must have the relevant HREC's written approval (and if needed the written authorisation from the local RGO) before these may be used to obtain consent or continued consent from any participant.

### 9.3 Process for Obtaining Informed Consent

- If a participant expresses interest in participating in a research study, the PI or delegate must ensure that the potential participant has a copy of the current version of the HREC approved Participant Information and other approved media. This can be provided in person, by telehealth or by telephone and email or weblink.
- Potential participants, or their legally acceptable representative, should be given adequate time to read any information or to watch any approved media and to discuss with any family and friends and/or their family doctor, prior to agreeing to participate. The PI or delegate may also offer the potential participant the opportunity to bring a friend or family to any meeting with the PI/delegate.
- Whilst delegates such as Study Coordinators/Nurses or other appropriately qualified person may initiate the process of recruitment, and provide guidance around the written information and media, all medical questions must be answered only by Medical and Dental qualified persons working within their scope of practice and appropriate to oversee the use of an unregistered medicine.
- The PI or delegate must assess the potential participant's understanding of what they are agreeing to, that they are aware of the purpose of the study, what will be involved and any risks that may exist. The participants must demonstrate that they fully understand the implications of decisions that may be made within the course of the research.
- After all questions are satisfactorily answered, potential participants who wish to participate in the research will provide a record of their agreement either through physically signing a paper copy of the consent form or electronically signing a consent form using an approved format that accurately documents the time, date and authenticity of their signature. The PI/delegate will countersign and date that the consent process has occurred. Ideally this will be done contemporaneously; however, under special circumstances related to the nature of the study the HREC may approve this signature to occur at a later time with appropriate documentation.
- Witnesses are not a requirement in Australia unless they are providing a signature on behalf of a person who cannot sign themselves or are attesting to a translation of the Participant Information provided (see also ICH GCP Section 4.8.9). If a witness is required, the witness should sign and personally date the witness section of the consent forms.
- Once all parties have signed the Informed Consent documentation, the participant will receive a copy of this and all other written information and media provided to the participant that were used as part of the consent process. A copy of the signed consent documentation must be placed in the participant's medical record to indicate that person is participating in research as part of their medical care.
- Participants may withdraw their consent at any time without giving a reason.

### Process for confirming consent where new information arises:

- This process applies to the necessity to obtain and document a participant's expressed willingness to remain in a study. This may arise if changes/amendments are made to the Protocol after the trial has started. The PI or delegate must contact the HREC to obtain ethical approval for these changes and to discuss the need, or immediacy of need, to inform existing participants.
- The PI will ensure that all currently enrolled participants are re-contacted in a timely manner with the relevant new information as approved by an HREC. Unless there is a significant safety concern HRECs will not usually require that patients/participants be recontacted immediately. There are potential implications for blinding of any studies and care must be taken when developing the process for recontact. If approved by the HREC, continued consent may be obtained verbally and recorded in the participant's medical records and Source Documents.
- Where there is an amendment to the PICF, this should be signed by the participant as confirmation of their willingness to continue in the trial. This must be recorded and kept in the medical records and the ISF.

Where the person giving consent is unable to read, is physically unable to sign or mark the document, or where a translator is being used for non-English speaking participants, they may give their consent orally in the presence of an impartial witness (i.e. someone not involved in the conduct of the trial). The witness signs and personally dates the consent form to attest that the information in the PICF was read and explained to the participant or legal representative and that consent was freely given.

In cases where translation is required, a professional interpreter should be accessed to facilitate the process.

Some participants (such as minors, or patients/participants with severe dementia), can only be enrolled in a clinical trial with the consent of a legally acceptable representative or guardian.

The PICF provided to participants should be revised if important new information becomes available that may impact on the participants' continued consent. Participants may withdraw their consent at any time without giving a reason. Participants should be contacted for continued consent promptly to confirm their willingness to continue in the trial. If approved by an ethics committee, the re-consent may be obtained by telephone.

#### 9.4 Research Involving Participants who are Unable to Give Consent

- The Investigator must ensure that the National Statement, Chapter 2.2 and ICH GCP E6 (R2) 4.8.15 are complied with, and the following is taken into consideration:
  - The Declaration of Helsinki states that research involving participants who are physically or mentally incapable of giving consent, for example, unconscious patients/participants, may be done only if the physical or mental condition that prevents giving Informed Consent is a necessary characteristic of the research group. In other words, in these cases, the study must be relevant to the physical or mental condition of the participant that prevents them from being able to consent to participate in the study.
  - Where an adult is unable to give consent to participate in a study, once the Investigator has received HREC approval, and if there is an option to do so under the relevant legislation, the Investigator may apply under the relevant jurisdictional Act to obtain consent for the adult to participate in research that involves a 'medical research procedure' or 'experimental health care' – provided the relevant legislated criteria apply.

If Informed Consent is obtained by telephone, this must be recorded on the Informed Consent form and in the participant's health and medical record, and/or Source Document, stating (as an example):

“The protocol was discussed with [participant’s name] via telephone on [DD/MMM/YYYY].”

## Telehealth

- E-consent may be the preferable option for teletrials, as consent signatures can be obtained contemporaneously at both Primary and Satellite Sites.
- If Informed Consent is obtained by telehealth consultation, all persons who are not known to each other must produce identification to the other person to ensure verification of each person’s identity and to confirm the identity of the participant who is giving valid consent.
- A description of how study procedures, visits, assessments, collection of data and medical consultations will be undertaken e.g. they may be conducted in person or via telehealth or a combination of both, are to be clearly detailed in the HREC application and the PICF and clearly described to the participant during the consent process.
- With telehealth, all measures will be taken to ensure privacy and confidentiality of the participant’s identity.
- If Informed Consent is obtained by telephone, this must be recorded on the Informed Consent Form and in the participant’s health and medical record, and/or Source Document. The Investigator must then sign the Consent Form on the date they received the Consent Form, NOT the date they obtained consent from the participant.

### 9.5 Informed Consent Documentation

Ensure the essential elements are present as described in the National Statement, Chapter 2.2 and ICH GCP E6 (R2) Section 4.8.10.

- The Master PICF is supplied by the Sponsor. Any necessary national or local adaptation will be made as required for submission to the reviewing HREC.
- Once the PICF is signed and dated by both participant and the Investigator, the original PICF is kept in the participant’s health and medical record and a copy is given to the participant.
- Storage of Informed Consent documents may be at the Satellite Site, at the Primary Site or at both sites (refer to SOP 07 The Study Master File).
- Where consent has been obtained by telehealth or telephone, once the PICF is signed and dated by both the participant and the Investigator (and any other person present for example an interpreter), the participant is to tick the statement identifying that consent was obtained by telehealth or telephone with the name of the Investigator. Similarly, the Investigator is to tick the statement identifying that consent was obtained by telehealth or telephone with the name of the participant. The participant’s original PICF is kept in the participant’s health and medical record (electronic or paper), a copy is given to the participant and:
  - where paper records are kept, a certified copy of the participant’s signed and dated PICF is sent to the Primary Site for filing in the participant’s health and medical record with the Investigator’s signed and dated original. The Investigator is to add the date the participant’s PICF was received.
  - where electronic records are kept, both signed PICFs are uploaded into the participant’s electronic medical record and a certified copy of the PICF is not required.
  - If the participant requests a copy of the PICF with the Investigator’s signature, obtain a copy of the Investigator’s signed PICF and give to the participant.

A HREC may approve a Master PICF amended with preapproved local adaptations such as:

- Involvement in this study may require the Investigators to access records involving instances where I have been transported by ambulance. These records may include information relevant to the safety and efficacy of the study material and may help improve

the scientific findings. The Investigator warrants that they will treat the information with the strictest confidence and abide by all relevant privacy policies and legislation.

- By signing this consent form, I give permission for the study Investigator to obtain information from the following:
  - ambulance transportation
  - any admission to any hospital
  - Emergency Department visits,
  - stays in an observation unit,
  - information from my local doctor,
  - for the term of the study period.

The information collected from these places/persons will only be requested if it is required for this study and will only be used for the purpose of this study.

- The appropriate pre-approved wording relating to the use of contraception where a site has a specific requirement.

Pre-approved statements that may be added to the PICF where consent is obtained by telehealth/telephone include the following examples:

- Consent was obtained using telehealth with “Name of Investigator”, whose identification was sighted by the participant who observed the Investigator’s signature being written.
- Consent was obtained using telehealth with “Name of participant”, whose identification was sighted by the Investigator who observed the participant’s signature being written.
- Consent was obtained via telephone with “Name of Investigator”, on [DD/MMM/YYYY]
- Consent was obtained via telephone with “Name of participant”, on [DD/MMM/YYYY].
- Participant’s signed consent form received by the Investigator on [DDMMMYYYY].
- Discussed with [participant] via telephone on [insert date] and received signed consent form on [insert date]. Signed by [Investigator].

# SOP 10 Handling and Shipping of Biological Substances (Cat B) and Dangerous Goods

## Purpose

To outline the procedures to follow when handling and shipping Biological Substances (Cat B) and/or Dangerous Goods in clinical trials to ensure the safety of all staff when carrying out this activity. To also outline the regulations that govern this activity in clinical trials.

## Scope

This Standard Operating Procedure (SOP) applies to all relevant employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants, facilities and or staff. All study personnel involved in the clinical study must operate within their scope of practice.

This SOP covers the handling and shipment of biological substances category B and dangerous goods (dry ice) only. When references to biological samples/specimen/substances are made, category B is implied.

## Procedure

### 10.1 Handling and Shipping of Biological Substance and Dry Ice in Clinical Trials

This activity may be delegated to another staff member or third-party service provider, provided they hold a current certificate to do so. This duty is delegated as per SOP 03 Site Staff Qualifications, Training Records and Capability. It is still the Investigator's responsibility to ensure all procedures and regulations are adhered to.

#### **The Investigator must:**

- Ensure all study staff, who have cause to handle or ship biological substances, hold a current certificate in the International Air Transport Association (IATA) Approved, Civil Aviation Safety Authority (CASA) Certified Dangerous Goods Packaging Course.
- Ensure specimens are collected and handled in accordance with local and Sponsor requirements as written in the Protocol and laboratory manual.
- Ensure specimens are packed and shipped in accordance with local and Sponsor requirements as written in the Protocol and laboratory manual and according to IATA requirements, including that a valid export permit is in place, if required.
- Ensure that in situations where research personnel do NOT hold current certification, arrangements for biological substance/dry ice shipment are made with IATA certified Pathology Laboratory staff or external third party.
- Ensure that the *National Pathology Accreditation Advisory Council (NPAAC): Requirements for the Packaging and Transport of Pathology Specimens and Associated Materials* are followed by relevant certified staff.
- Ensure any training is recorded on the Training Log as per SOP 03 Site Staff Qualifications, Training Records and Capability and copies of certificates are kept in the respective site file (SMF/SSSF).
- Ensure that documentation (e.g. receipts, shipping records, order forms, proformas) related to handling and shipment of biological specimens is maintained and filed in the respective site file (SMF/SSSF). Sites frequently take biological samples (e.g. tissue, blood, urine, and sputum) from trial participants that are then processed, stored, packed and transported to local or central laboratories. To ensure that the integrity of biological samples has been maintained, there

should be evidence of the chain of custody from their point of collection through processing, storage, transport, through to disposal, with evidence of appropriate storage and transit conditions.

Equipment used for processing and storage of samples (e.g. centrifuges, fridges and freezers) should be maintained by suitably qualified persons and periodically inspected, cleaned, and calibrated to the relevant ISO standard according to local policy and manufacturer's manuals. Sample kits provided by Sponsors should also be stored in an appropriate environment and reviewed periodically to ensure there are sufficient for the purpose of the study and they remain in date.

#### 10.2 Notes regarding Certification to handle and transport biological substances and Dry Ice

- To organise training for handling and shipping of biological substances and dry ice, staff should contact their Pathology Service/Laboratory. The CASA Certified Dangerous Goods Packaging Course can be done by any media and must be recorded on the respective Training Log as per SOP 03 Site Staff Qualifications, Training Records and Capability.
- CASA Regulations have defined categories of personnel who should attend training and the subject matter in which they must be qualified. These regulations are mandatory and legally binding and consequently must be adhered to in full.
- Re-certification is required every two years. Certificates and any training records must be kept for a minimum period of 36 months from the most recent training completion date, and must be made available, upon request to the Sponsor, regulatory authority, and CASA.

## SOP 11 Management of Investigational Product

### Purpose

To describe the procedures related to managing all aspects of Investigational Product (IP), either medicinal product or device. Management includes but is not limited to the receipt, storage, accountability, preparation and administration, shipment and destruction of IP.

Note: Relabelling of IP is not covered here as it will follow the procedures sent to the sites by the Sponsor or follow the Institution's pharmacy procedures for relabelling.

### Scope

This Standard Operating Procedure (SOP) applies to all relevant employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants and staff. All study personnel involved in the clinical study must operate within their scope of practice.

Records supporting the provision of IP (Medicinal Product or Device) should permit the reconstruction of accountability so that it is possible to demonstrate that trial participants received the correct IP(s), at the correct dose, at the correct time.

The responsibility for IP accountability at a trial site lies with the Principal Investigator (PI). The task of maintaining IP accountability may be delegated to a pharmacist and/or other appropriately qualified staff in accordance with legislation and medication handling policies.

IP should be transported and stored according to specified conditions and local policy. Approaches to management of IP varies across different jurisdictions.

Investigational Medicinal Products (IMP) should not be destroyed without prior written authorisation by the Sponsor.

The PI or delegate should assess the need for emergency unblinding and only unblind if it is essential for the ongoing medical management of the participant. Wherever feasible, the PI or delegate should discuss the case with the Sponsor/Coordinating Principal Investigator. Where a participant is withdrawn from a trial, the withdrawal should be recorded.

### Procedure

#### 11.1 Management of Investigational Product (Medicinal Product or Device)

Responsibility for IP management and accountability at the trial site rests with the PI. However, the PI may delegate responsibility for IP management to the site pharmacist or, where a pharmacist is not available or involved, to an appropriately qualified person (as per SOP 03 Site Staff Qualifications, Training Records and Capability).

The site pharmacist or the appropriately qualified person will undertake management of the IP at the Primary Site and/or the Satellite Site.

Where the delegation of this activity requires supervision (e.g. pharmacist or appropriately qualified person new to the role), the delegated activity is to be clearly documented on the Supervision Plan, the Delegation and Training Logs (see SOP 03 Site Staff Qualifications, Training Records and Capability).

The task of prescribing IP should only be delegated, as appropriate and within a health practitioner's scope of practice, to medical practitioners, dentists or nurse practitioners. The task of administering IP should only be delegated to medical or clinical staff and within their scope of practice (e.g. registered nurses).

**The Investigator, Pharmacist or appropriately qualified non-pharmacist must:**

- Ensure the IP is used only in accordance with the approved Protocol.
- Confirm IP certification and all relevant trial approvals/notifications are in place before releasing IP for dispensing to participants (i.e. ethics and governance approval, CTN/CTA, drug committee approvals and product compliance with guidance documents and legislation).
- Maintain records of all aspects of the management of the IP. These records at a minimum should include: shipping documents; date of each transaction; quantities; batch/serial numbers; expiration dates/retest dates (if applicable); temperature logs showing the storage conditions of IP throughout the trial period; the set of unique code numbers assigned to the IP and to the trial participant; and record of destruction/return. See Appendix 9 for Individual Participant IP Accountability Record Example.
- Provide maintenance and calibration records for storage equipment (e.g. refrigerators, thermometers) in accordance with Sponsor requirements.
- Ensure that the IP is received, stored respecting correct temperature control, prepared, administered, shipped and destroyed as specified by the Sponsor in accordance with the Protocol, pharmacy manual and applicable regulatory requirement. Consideration must be given to security of the IP, with restricted access to approved personnel.
  - IP should be transported, stored and supplied according to jurisdictional and Institutional policies.
  - The majority of IP will be received, stored and managed within a pharmacy. However, exceptionally, it may be necessary for IMP to be stored in a ward or facility (e.g. for trials where IP is administered in the emergency setting or outside of pharmacy opening hours). Arrangements for IP storage outside of the pharmacy should only occur following consultation with the local pharmacy service. Where organisational policy allows delivery directly to storage areas outside pharmacy, these should be assessed by staff (e.g. pharmacy) to ensure storage conditions are adequate, temperature monitoring is in place and accountability (including an area for returns) meets Protocol/pharmacy manual requirements.
  - Where IP is logged out of pharmacy and transferred to a department/facility/area (or other location) for administration to the patient/participant (e.g. IV infusion in a ward or administration of a vaccination at a participant's home), appropriate chain of custody records should be maintained. Where IP (compounded or reconstituted in pharmacy or for immediate use by nursing or other qualified staff) has limited stability/short half-life, records should be able to demonstrate that it was transported and administered within the specified timeframe.
  - IP should not be destroyed without prior written authorisation by the Sponsor. IP that is unused, expired or returned by patients/participants should be stored in an appropriately controlled area, until ready for return to the Sponsor (usually at intervals) or disposal at site. Returned IP should be stored separately to unused IP. Where IP is to be returned to the Sponsor, all patient/participant-identifiers must be removed beforehand.
- Ensure any deviation to required temperature, storage conditions, potential defect/issue with IP is notified to the Sponsor in a timely manner and in accordance with the study Protocol. Follow study site quarantine process as applicable.
- Explain the correct use of the IP to each participant and check, at intervals appropriate for the trial, that each participant is following the instructions properly. Instruct participants where relevant to return empty and partially used medication containers at their next visit. Extra counselling by the Investigator or delegate, for study participants regarding poor medication compliance, may be required.

- Ensure all staff follow the trial's randomisation procedures, if any.
  - The Primary Site will normally be responsible for the randomisation of Satellite Site participants and for the notification of the result of randomisation to the Satellite Site. The Satellite Site should be provided with the randomisation codes or access to Interactive Response Technology (IRT) (and appropriate training) for trials where emergency unblinding may be required.
- Ensure, for blinded studies, the blind is broken only in accordance with the Protocol. For a blinded study, the Investigator must promptly document and explain to the Sponsor any premature unblinding (e.g., accidental unblinding, unblinding due to a serious adverse event) of the IP.
- Where the IP is shipped to, and/or returned from, a Satellite Site, a written working instruction or procedure documenting the manner in which this process is to occur must be in place at the Primary Site pharmacy. The Sponsor will require evidence of this document for the Primary Site to manage the Satellite Site stock. The document must address, at a minimum, aspects of IP shipment such as: the appropriate transfer method, respecting temperature control and monitoring thereof; clear identification of what is being shipped; that the IP is to be used according to the Sponsor's guidelines; relevant documentation to accompany the shipment; acknowledgement of receipt by Satellite Site or Primary Site; delivery information of IP from or to the Primary Site; filing of relevant documentation at both sending and receiving sites.
- File all relevant trial related documentation in the SMF/SSSF as per SOP 07 The Study Master File.

# SOP 12 Safety Data Monitoring and Reporting Requirements for Clinical Trials

## Purpose

To describe the procedures and requirements related to the safety data collection, verification and reporting requirements for clinical trials involving Investigational Medicinal Products (IMP) and Investigational Medicinal Devices (IMD). This also includes post registration/post marketing surveillance studies.

## Scope

This Standard Operating Procedure (SOP) applies to all health employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants, facilities and/or staff. All study personnel involved in the clinical study must operate within their scope of practice.

In 2016, the NHMRC released important changes to safety guidance documents pertaining to the Sponsor's responsibilities, which change the Sponsor's reporting responsibilities to the Australian regulatory body, the TGA and to HRECs. Refer to [NHMRC Safety Monitoring and Reporting in Clinical Trials Involving Therapeutic Goods \(November 2016\)](#). Consequently, this SOP refers to both the Sponsor's and Investigator's responsibilities relating to safety monitoring.

Reporting of all serious suspected adverse reactions that occur in post registration/marketing surveillance studies undertaken in Australia follow the same reporting lines and timelines as for serious adverse reactions. See Appendices 11 – 15.

## Procedure

Where a Satellite Site(s) is/are involved, staff will report safety issues directly to the Sponsor as per the timelines specified in the Protocol and the safety monitoring plan or similar document in the same way as the Primary Site. Certified copies of the relevant safety reports/documentation generated at the Satellite Site will be sent to the Primary Site for filing in the SMF. The rules will be pre-determined as per SOP 07 The Study Master File and as documented in the Supervision Plan.

NOTE: where a Sponsor delivers Suspected Unexpected Serious Adverse Reactions (SUSARs), analyses of accumulating safety data, annual safety reports and other safety communication through a web portal delivery system or via e-mail, as opposed to paper reports, acknowledgement of receipt by the Investigator/HREC/Institution/TGA of such information will be required by the Principal Investigator (PI), but only after the Sponsor confirms that the report has no bearing on participant safety or trial conduct. There is no longer a requirement for Investigators to print, review and file these reports. See [NHMRC Safety Monitoring and Reporting In Clinical Trials Involving Therapeutic Goods \(November 2016\)](#).

### 12.1 Sponsor Responsibilities

The two documents, the [Australian Clinical Trial Handbook \(November 2020\)](#) and the [NHMRC Safety Monitoring and Reporting In Clinical Trials Involving Therapeutic Goods \(November 2016\)](#) give clear direction to Sponsor responsibilities.

## **A Sponsor:**

- Must be identified for all clinical trials.
- Has ultimate responsibility for the ongoing safety evaluation of the IMP/IMD.
- Is responsible for generating and disseminating all safety communications.
- Must ensure that the trial Protocol has clear sections describing:
  - the assessment and management of risk (if not in an alternative document)
  - safety reporting definitions, procedures, responsibilities and reporting timelines, and
  - any serious adverse events that do not require immediate reporting.
- Must ensure the conduct of the trial, including the monitoring of safety and reporting of adverse outcomes, complies with the study Protocol as well as applicable guidelines.
- May delegate functions and duties to individuals or third parties, such as a Contract Research Organisation (CRO), Data Safety Monitoring Board (DSMB) provided arrangements are in place for oversight of the delegated functions and duties, to ensure the integrity of the functions and duties performed and any data generated.
- Should evaluate and categorise all safety information that is reported by Investigators as well as safety information received from other sources.
- Keep detailed records of all reported adverse events and maintain up-to-date tabulations and/or line listings.
- Review the Investigational Brochure (IB)/Instruction for Use or Clinical Investigation Plan (CIP) at least annually and update it when new and relevant information becomes available.
- Prepare and submit to relevant parties an annual safety report/Development Safety Update Report (DSUR).

### **12.1.1 Safety Data Monitoring**

The Sponsor's plans for safety data monitoring should be documented in a Safety Monitoring Plan or similar document and be given to the PI prior to the commencement of the clinical trial. It must be continually reviewed and updated during the trial, as real-time assessments of safety data are performed, and outcomes are made available.

A Sponsor may utilise an independent safety monitoring committee (e.g. Data Safety Monitoring Board) or independent individuals (e.g. a medical monitor) to:

- Review accruing trial safety data in either an unblinded or blinded manner to assess treatment exposure.
- Access, assess and review emerging efficacy data for the trial.
- Assess the balance of risks and benefits within the trial.
- Document the outcome of these reviews.

### **12.1.2 Sponsor Reporting Requirements**

The outcome of various safety reviews is reported directly to HRECs, the Investigator and the Therapeutic Goods Administration (TGA), by the Sponsor and must indicate the impact of each report on patient/participant safety, trial conduct or trial documentation. The reporting of safety reviews by the Sponsor should be as per *NHMRC Safety Monitoring and Reporting in Clinical Trials Involving Therapeutic Goods (November 2016)* pages 7 and 17 or as detailed in the Protocol. The safety reporting requirement in the Protocol **cannot** be less than that required by the NHMRC.

#### **Sponsor to provide to Investigator:**

- Updated IB at least annually.

- Spontaneous reports of significant safety issues i.e. an issue that could adversely affect the safety of participants or materially impact on the continued ethical acceptability or conduct of the trial.
- Outcomes of analyses of accumulating safety data.
- Significant safety issues: those that meet the definition of an Urgent Safety Measure (i.e. a measure required to be taken in order to eliminate an immediate hazard to a participant's health or safety measure) must be notified within 72 hours, and all other significant safety issues must be notified within 15 calendar days of the Sponsor instigating or being made aware of the issue.

**Sponsor to provide to Therapeutic Goods Administration:**

- Significant safety issues that meet the definition of an Urgent Safety Measure (i.e. a measure required to be taken in order to eliminate an immediate hazard to a participant's health or safety measure) must be notified within 72 hours, and all other significant safety issues must be notified within 15 calendar days of the Sponsor instigating or being made aware of the issue. It is strongly recommended that the Sponsor contact the TGA within 24 hours of an Urgent Safety Measure being taken, and if initial contact is by telephone, it should be followed-up with a written notification provided by facsimile or e-mail within 72 hours.
- All SUSARs occurring in Australian participants.
- For fatal or life threatening Australian SUSARs, immediately, but no later than 7 calendar days after being made aware of the case, with any follow-up information within a further 8 calendar days.
- For all other Australian SUSARs, no later than 15 calendar days after being made aware of the case.

**Sponsor to provide to HREC:**

- Updated IB at least annually which supports trial oversight, depicts a clear picture of evolving safety profile of the trial and provides evidence that the Sponsor is conducting its safety monitoring appropriately.
- Significant safety issues: those that meet the definition of an Urgent Safety Measure (i.e. a measure required to be taken immediately in order to eliminate an immediate hazard to a participant's health or safety measure) must be notified within 72 hours, and all other significant safety issues must be notified within 15 calendar days of the Sponsor instigating or being made aware of the issue.

**12.2 Investigator's Responsibilities**

**The role of the Investigator with regard to safety reporting is to:**

- Provide the Sponsor with all relevant information so that an appropriate safety analysis can be performed.
- Capture and assess all local safety events and report adverse events that occur at the site as further clarified below.
- Ensure safety monitoring complies with the study Protocol, safety monitoring plan if there is one as well as Institutional and national guidelines.
- Act on any events as clinical care dictates.
- Maintain responsibility for oversight of the ongoing safety evaluation of the IMP/IMD.
- Ensure that if signing of safety documents has been delegated to another medical officer, that this is documented on the Delegation Log as per SOP 03 Site Staff Qualifications, Training Records and Capability.

### 12.2.1 Safety Data Monitoring

- Keep detailed records of safety management.
- In the instance of device trials, maintain a permanent record of participant identification, study Protocol number and device serial number or other tracking detail for the lifetime of the device, to enable a rapid response, if a device safety issues arise.
- Review the adverse outcome in the context of known information on the medicine / device and make a determination as to whether the event was drug/device-related (i.e. an adverse reaction).
- Ensure that the immediate and follow-up reports identify participant by unique code number assigned to the trial participant and not by the participant's name, personal identification number, and/or address.
- Ensure any new information regarding safety events is updated on the adverse event page in the CRF/eCRF and/or with a follow up Serious Adverse Event Form (paper or electronic), within 24 hours of the site becoming aware of the change of information and send to Sponsor.

### 12.2.2 Reporting Requirements

The reporting of safety reviews by the Investigator should be as per *NHMRC Safety Monitoring and Reporting in Clinical Trials Involving Therapeutic Goods (November 2016)* or as detailed in the Protocol. The safety reporting requirement in the Protocol cannot be less than that required by the NHMRC.

#### To Sponsor

##### **Within 24 hours of instigating or becoming aware of the event:**

- All SAEs and SUSARs except those that are identified in the Protocol, safety monitoring plan or similar document or Investigational Brochure as not needing immediate reporting.
- Any occurrences of congenital anomaly/birth defect arising from any pregnancy of a participant (or partner).

##### **Within 72 hours of instigating or becoming aware of the event:**

- Significant safety issues which meet the definition of an Urgent Safety Measure instigated by the Investigator (i.e. a measure required to be taken immediately in order to eliminate an immediate hazard to a participant's health or safety measure).
- All Urgent Safety Measures instigated by the site as specified in the Protocol.
- All safety critical events/laboratory abnormalities identified in the Protocol as "critical to safety evaluations".
- Any additional requested information relating to reported deaths (e.g. autopsy reports and terminal medical reports).
- Additional requested information relating to reported deaths.

##### **Within 15 days of instigating or becoming aware of the event:**

- All other significant issues.

#### To Therapeutic Goods Administration

Use the Australian Government Department of Health Report of suspected adverse reaction to medicines or vaccines commonly known as the "Blue Card", CIOMS Form or equivalent to report to the Therapeutic Goods Administration (TGA). When submitting a SUSAR report to the TGA, submit

via the TGA Business Services (TBS) ADR submission portal by email using a “Blue Card” or Sponsor provided CIOMS Form to [adr.reports@tga.gov.au](mailto:adr.reports@tga.gov.au)

- Advise TGA of any safety issues which emerge during this process. Such data do not need to be submitted on a routine basis to the TGA during the trial but should be available for submission to the TGA on request, and where applicable, submitted as part of an application for registration.
- Significant safety issues: those that meet the definition of an Urgent Safety Measure (ie a measure required to be taken immediately in order to eliminate an immediate hazard to a participant’s health or safety measure) must be notified within 72 hours, and all other significant safety issues must be notified within 15 calendar days of the Sponsor instigating or being made aware of the issue.

#### **To Institution/Research Governance Officer**

##### **Within 72 hours of instigating or becoming aware of the event:**

- Significant safety issues that meet the definition of an Urgent Safety Measure (i.e. a measure required to be taken immediately in order to eliminate an immediate hazard to a participant’s health or safety measure).
- SUSARs arising from the local site.
- Any information received from the Sponsor that may be new and have an impact on the continued ethical acceptability of the trial or may indicate the need for amendments to the trial Protocol, including monitoring of safety.

ICH GCP (E6 R2) requires the site to report Adverse Events (AEs) to the Sponsor. In order for sites to ensure appropriate reporting, the PI (or their delegate) should ask participants at each visit (or as required by the Protocol) if they have experienced any AEs and record all AEs reported to them. All AEs should then be assessed for seriousness, for causality and for expectedness by the PI or their qualified delegate.

**All adverse events should be assessed for 'seriousness' against the definition of a Serious Adverse Event (SAE).**

For Investigational Product (IP) trials, all adverse events judged by the reporting Investigator as having a **reasonable causal relationship** with the IP would qualify as an adverse reaction, or in the case of a medical device, an adverse device effect. The expression 'reasonable causal relationship' means to convey, that there is evidence or argument to suggest a causal relationship. A similar principle applies to trials involving non-therapeutic goods. Any adverse event that is judged as having a reasonable causal relationship with the intervention being tested would qualify as a 'related adverse event'. For medicinal product/biological trials, the following are examples of types of evidence that would suggest a causal relationship between the IP and the adverse event:

- A single occurrence of an event that is uncommon and known to be strongly associated with IP exposure (e.g. angioedema, hepatic injury, Stevens-Johnson Syndrome).
- One or more occurrences of an event that is not commonly associated with IP exposure, but is otherwise uncommon in the population exposed (e.g., tendon rupture).
- An aggregate analysis of specific events observed in a clinical trial (such as known consequences of the underlying disease or condition under investigation or other events that commonly occur in the study population independent of the IP) that indicates those events occur more frequently in the IP treatment group than in a concurrent or historical control group.

Sponsors and sites also assess an event's '**expectedness**' to determine whether any Suspected Unexpected Serious Adverse Events (SUSARs) or the device/intervention equivalent, has occurred. This assessment should be performed using the Reference Safety Information chosen for the trial. This would be the IB/Product Information for therapeutic good trials or the Protocol for non-therapeutic good trials.

**Significant Safety Issues (SSIs)** are safety issues that adversely affect the safety of participants or materially impact on the continued ethical acceptability or conduct of the trial. SSIs are unplanned events (not already managed by the Protocol) and as such, result in an action, such as a Protocol amendment or the temporary or permanent halt in the trial. SSIs may arise from the Sponsor's analysis of aggregate data (e.g. a Data Safety Monitoring Board, finds an increase in frequency or severity of an adverse event) or may arise from a single case event such as a SUSAR.

Some SSIs may need to be implemented as an **Urgent Safety Measure (USM)**. A USM is defined as a measure required to eliminate an immediate hazard to the participant's health or safety (e.g. an occurrence of toxic epidermal necrolysis or hepatic failure). The PI should ensure the Sponsor is made aware of a USM within 72 hours of its occurrence at the site.

Any pregnancies (of trial participants or their partners) during the course of a therapeutic goods trial should be notified to the Sponsor as specified in the Protocol. Any pregnancy should be followed-up until its outcome as this ensures the detection and reporting of any congenital anomalies or birth defects.

## SOP 13 Site Close-Out and Archiving

### Purpose

To describe the procedures related to close-out of a clinical trial at all sites and archiving of trial related documentation at the end of the clinical trial.

### Scope

This Standard Operating Procedure (SOP) applies to all relevant employees including, but not limited to, visiting health professionals, contractors, consultants and volunteers who propose to undertake, administrate, review and/or govern human research involving patients/participants and staff. All study personnel involved in the clinical study must operate within their scope of practice.

### Procedure

- f) Site Close-Out
- g) Premature Termination or Suspension of Trial

#### **If the Trial is prematurely terminated or suspended for any reason, the Investigator must:**

- Promptly inform the relevant parties of Sponsor, HREC, RGO, Associate Investigator, any Satellite Site and the TGA by providing a detailed written explanation of the premature termination or suspension.
- Promptly inform the trial participant and their primary care physician where the trial participant has consented, of the termination or suspension and, if applicable, of the Investigational Product and dose they were administered.
- Assure appropriate therapy and follow-up for the participant's continued care.
- h) Site Close-Out

A final close out of a trial can only be done when the Sponsor has reviewed both Investigator/Institution and Sponsor files and confirmed that all necessary documents are in the appropriate files. The Sponsor notifies the Investigator close-out can occur.

#### **The Investigator must:**

- Supervise all staff carrying out close-out activities to ensure they are undertaken in accordance with Sponsor requirements, the Delegation Log and the Supervision Plan.
- Provide a summary report of the trial's outcome to the HREC, RGO and any Satellite Site.
- File documentation and correspondence in the SMF.
- Arrange for archiving of SMF/SSSF.
- Ensure appropriate final disposition of any IP/and other trial related material. This may include return to the Sponsor or destruction of remaining materials.
- Where a Satellite Site is involved: ensure the Satellite Site Supervision Plan is followed regarding the disposition of Essential Documents during the study. Also ensure that evidence of the manner and frequency of supervision to be undertaken by the Principal Investigator (PI) with the Satellite Site staff during the study (e.g. minutes of calls with Satellite Site staff to review patients/participants and study progress) is filed in the Primary Site SMF.
- Ensure any Satellite Site retains documentation and correspondence in their SSSF with original or certified copy of pre-determined documents sent to the Primary Site.

See Appendix 16 Close-Out Checklist Example as a reference guide.

i) Archiving

Study documentation is to be archived as specified in:

- (i) the Australian Code for the Responsible Conduct of Research. Part A, section 2.1
- (ii) ICH GCP E6 (R2) 4.9.5, 5 and 5.12

- Where the specified archiving period is conflicting, documentation is to be archived for whichever period is the longest.
- For legal reasons, sites may consider archiving for longer periods or indefinitely.
- Jurisdictional and Institutional requirements for clinical trial records where the participants are minors must be adhered to.
- Jurisdictional and Institutional requirements for clinical trial records where the participants are adults must be adhered to.
- Archived material should be enduring (e.g. fax thermal paper copied to standard paper to prevent fading) and protected from damage or destruction in a secure, environmentally controlled location (e.g. protection from fire, water damage, pest infestation, and theft).
- Access to archives should be restricted to authorised personnel. Any change in the ownership and location of the archived materials should be tracked. The PI should make the Sponsor aware of the storage arrangements for the Essential Documents and if at any stage these arrangements can no longer be maintained, the Sponsor should be notified in writing so that alternative storage arrangements can be agreed.

j) For Paper Records

- Original documents or certified copies are to be retained.
- Evident identification (e.g. a document retention sticker) that the health and medical record forms part of a clinical trial is to be placed on all volumes of the participant's health and medical record in an appropriate position, without obscuring any information, as guided by the local health information management services practice.
- For commercially sponsored research, archiving arrangements are negotiated with the study Sponsor (and the site's health information management services) prior to study commencement. These details are to be noted in the study specific CTRA and/or the Satellite Site Sub-Contract.
- Identifiable information (e.g. Participant Identification Log and Participant Information Sheet and Consent Forms) is to be archived separately from the main study documents, e.g. with the PI – in case identification of participants is required later. A reference to the type and location of these documents is to be filed with the SMF.
- Satellite Sites will archive the original participant identifiable information at the Satellite Site as per the above and send a certified copy to the Primary Site for archiving with the Primary Site participant identifiable information (or as outlined in the Supervision Plan).
- Where the study documentation will be filed by the Sponsor, the Identifiable information (e.g. Participant Identification Log and Participant Information Sheet and Consent Forms) site records are **NOT TO BE** filed with the Sponsor study records.

k) For Electronic Records

- Where electronic documents and data are archived, they must be suitably protected from unauthorised changes.
- Electronic Medical Records may be archived indefinitely.

## l) Transfer of Paper Records into an Electronic Format

When original records are transferred to other media for the purpose of archiving, the system of transfer should be validated to ensure that information will not be lost or altered. Filing systems should allow review (e.g. by an auditor) in an efficient manner, analogous to that possible with paper study files. Paper records must be scanned in a logical order (e.g. in accordance with the Study Master File index) to ensure that trial reconstruction is possible. There should be a quality control process to certify that the scanned image has been captured without error and so is a suitable record of the original document.

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CTPRG endorses the use of TransCelerate templates wherever possible to ensure global consistency and acceptance, and ease of completion. Investigators are encouraged to consult the TransCelerate and MySCRS websites to ensure use of the most up-to-date templates, and in case new templates become available.

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## Appendix 1 SOP Template

SOP Number:                      SOP Title

### Current Version

<b>DOCUMENT ID (IF APPLICABLE):</b>	CLICK OR TAP HERE TO ENTER TEXT.
<b>VERSION:</b>	1.0
<b>EFFECTIVE DATE:</b>	30 November 2020
<b>REVIEW DATE:</b>	30 November 2022

### Document Approval

NAME	POSITION	SIGNATURE	DATE
<b>MR CHRIS BROOK</b>	Chair, CTPRG		Click or tap to enter a date.

### Document History

VERSION NUMBER	EFFECTIVE DATE	DETAILS OF AMENDMENTS/EDITIONS
<b>1.0</b>	30 November 2020	New: Endorsed by CTPRG, including all jurisdictions, TGA, NHMRC

Footer of the SOP is to note:

Appendix 1    Version: 1.0    Date: 30/11/2020

## Appendix 2 Example of a CV

An example of a CV can be found on TransCelerate CV Template.

**The CTPRG endorses the use of TranCelerate templates. If the provided link is broken please access the [TransCelerate website](#) to locate the current template.**

## Appendix 3 Training Record

Complete, sign, date and retain the original Form at the site. Provide a copy of the completed Form to the Sponsor representative.

**TRAINEE NAME:  
(PRINTED)**

**TRAINEE ROLE:**

<b>PRINCIPAL INVESTIGATOR NAME:</b>		<input type="checkbox"/> Principal Investigator (PI)
<b>PROTOCOL NAME:</b>		<input type="checkbox"/> Study Coordinator (SC)
<b>SITE NUMBER:</b>		<input type="checkbox"/> Associate Investigator (AI)
<input type="checkbox"/> PRIMARY		<input type="checkbox"/> Other (Specify role e.g. Study Nurse)
<input type="checkbox"/> SATELLITE		
<b>TRAINING METHOD</b>	<input type="checkbox"/> Face to face <input type="checkbox"/> Video/teleconference <input type="checkbox"/> eLearning <input type="checkbox"/> Self-directed <input type="checkbox"/> Other (see below)	
<b>OTHER DESCRIPTION:</b>		

Training topic (key)	Trainer Name and Role	Training completed date	Trainer signature and date	Trainee signature and date

Key training topics	
1. Protocol (version/date)	10. IMP handling (version/date)
2. Investigator Responsibilities (version/date)	11. Laboratory Manual (version/date)
3. Informed consent (version/date)	12. Source Documentation (version/date)
4. Interactive web response system (IWRS/IVRS)	13. Monitoring Plan (version/date)
5. ICH GCP E6 R2 (version/date)	14. Other, specify:
6. CRF completion (version/date)	15. Other, specify:
7. EDC System (version/date)	16. Other, specify:
8. Serious Adverse Event (SAE) Reporting (version/date)	17. Other, specify
9. Safety Monitoring Plan (version/date)	Add rows as needed

By signing this training record, I attest that I have completed all training topics listed above for my role in the trial. I agree to follow TGA, the National Statement, ICH GCP guidelines, and the National Teletrials Compendium as well as instructions provided in these training topics when conducting this trial. This training was completed before performing any trial responsibilities, and trial related activities. I was given the opportunity to ask questions and received satisfactory clarification.

Signature:

Date:

## Appendix 4 Delegation Log

An example of a Site Signature and Delegation of Responsibility Log can be found on [TransCelerate/SCRS Site Signature and Delegation of Responsibility/](#)under Form Section.

## Appendix 5 Supervision Plan

### National Teletrial Supervision Plan: Where a Medical Specialist is an Associate Investigator at the Satellite Site

#### Supervision Plan for (xxx) Satellite Site for the Clinical Trial Protocol (xxx)

##### Introduction

A clinical trial that is conducted using the Teletrial Model involves a cluster of sites. The term 'cluster' refers to all the sites involved in undertaking the clinical trial using the Teletrial Model. The cluster consists of the Primary Site (PS) which assumes overall responsibility for the conduct of the clinical trial and one or more Satellite Sites (SS), conducting the clinical trial under the direction of the Primary Site. A Principal Investigator (PI) is appointed at the Primary Site to take responsibility for overall supervision of the trial across a cluster in accordance with Good Clinical Practice and other trial regulatory requirements.

The level of supervision should be guided by two main factors:

- Whether there are one or more medical specialists at the Satellite Site. In all cases, the level of clinical oversight would mirror what is appropriate for telehealth.
- The level of clinical trial experience of Satellite Site staff, including whether the Lead Associate Investigator at the Satellite Site has prior experience as a Principal Investigator in their own right. The level of clinical trial oversight may reduce as site staff develop competence in clinical trial conduct.

This Supervision Plan provides a framework for the allocation and delegation of duties and functions. The template reflects the need for supervision of most clinical trial activities conducted at the Satellite Site. The PI should develop procedures for reviewing and documenting the performance of delegated tasks (e.g., observation of the performance of selected assessments) in a timely manner. As the Satellite Site becomes more experienced in the conduct of clinical trials, the level of supervision for certain activities can be adjusted accordingly at the discretion of the PI and by mutual agreement. Investigators may also wish to refer to the TransCelerate Oversight Informational Program, which outlines basic components relevant to PI oversight of clinical trials, and uses scenarios to convey key concepts. Further information is available:

- [Guidance for Use of Principal Investigator Oversight Information Program](#); and
- [TransCelerate Investigator Oversight](#).

This document is supplementary to the standard suite of documents generated as part of a trial's set-up (e.g. the Clinical Trial Research Agreement, Delegation Log).

**This Supervision Plan applies to:**

Primary Site

Satellite Site

**Abbreviations**

Please refer to Glossary of Terms in the Teletrials Compendium for a full list of definitions.

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
COMMUNICATION					
CONDUCTING, COORDINATING AND DOCUMENTING PARTICIPANT VISITS					
<p>GUIDANCE: DELETE FROM FINAL DOCUMENT</p> <ul style="list-style-type: none"> <li>DETERMINE WHETHER JOINT CONSULTATIONS ARE REQUIRED BASED ON THE WHETHER THE SS HAS A MEDICAL SPECIALIST INVESTIGATOR AND WHETHER SS STAFF HAVE PRIOR CLINICAL TRIAL EXPERIENCE (E.G. HAVE DEMONSTRATED COMPETENCIES IN THE CONDUCT OF KEY TRIAL PROCEDURES).</li> <li>WHEN THERE IS A MEDICAL SPECIALIST AT A SS WHO HAS BEEN AN INVESTIGATOR IN A PRIOR TRIAL, THE PI (IN LIAISON WITH THE SPONSOR) MAY DEEM JOINT CONSULTATIONS UNNECESSARY AND INSTEAD, MAY PROVIDE OVERSIGHT THROUGH REGULAR TRIAL MEETINGS.</li> <li>THE PERSON RESPONSIBLE SHOULD DOCUMENT THE CONSULTATION IN THE MEDICAL RECORDS, OR FOR SOURCE DATA NOT RELEVANT TO A PARTICIPANT’S CLINICAL CARE, IN THE PARTICIPANT’S TRIAL FILE AS DESCRIBED IN THE SOURCE DATA LOCATION LIST*. THE VISIT NUMBER/STATUS, DATE, DELIVERY MODE, PERSONS PRESENT, ALL ACTIONS ASSIGNED TO INDIVIDUALS ETC. IS TO BE INCLUDED.</li> </ul> <p><i>*THE LOCATION OF TRIAL DOCUMENTATION MAY BE DEPENDENT ON HOW THE TRIAL HAS BEEN SET UP (E.G. WHETHER THE SPONSOR INTENDS TO MONITOR THE SS DIRECTLY, WHETHER THE SS INVESTIGATOR HAS DIRECT ACCESS TO THE ELECTRONIC RECORDS OF THE PS, ETC.)</i></p> <p>FURTHER INFORMATION AND GUIDANCE CAN BE FOUND IN APPENDIX 8 EXAMPLES 1 AND 2, AND AT:</p> <ul style="list-style-type: none"> <li><a href="#">GUIDANCE FOR USE OF PRINCIPAL INVESTIGATOR OVERSIGHT INFORMATION PROGRAM</a>; AND</li> <li><a href="#">TRANSCCELERATE INVESTIGATOR OVERSIGHT</a>.</li> </ul>					

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
COORDINATING REGULAR TRIAL MEETINGS TO DISCUSS PARTICIPANTS AND TRIAL PROGRESS (E.G. USING TELEHEALTH OR VIDEOCONFERENCE)					
<p><b>GUIDANCE: DELETE FROM FINAL DOCUMENT</b></p> <p>THE FREQUENCY AND DURATION OF TRIAL MEETINGS WILL BE DEPENDENT ON THE NATURE AND COMPLEXITY OF THE TRIAL AND THE NUMBER OF PARTICIPANTS RECRUITED. THE FOLLOWING AGENDA ITEMS ARE TO BE DISCUSSED, AND MINUTES (WITH CLEAR ALLOCATION OF ACTIONS) TO BE PRODUCED AND FILED IN BOTH THE PS AND SS TRIAL FILES. ANY MINUTES RELATING TO THE CLINICAL CARE OF INDIVIDUAL PARTICIPANTS ARE ALSO TO BE FILED IN THE PARTICIPANT MEDICAL RECORDS AT BOTH THE PS AND THE SS.</p> <ul style="list-style-type: none"> <li>• OVERALL STATUS OF THE STUDY</li> <li>• OVERALL STATUS OF THE SITE (STAFFING ETC.)</li> <li>• OVERALL STATUS OF EACH PARTICIPANT ENROLLED AT THE SATELLITE SITE INCLUDING ANY SAFETY CONCERNS</li> <li>• NEW STUDY UPDATES, INFORMATION OR COMMUNICATIONS FROM THE STUDY SPONSOR OR CRO</li> </ul> <p>ANY ISSUES FROM THE SATELLITE SITE ARE TO BE FOLLOWED UP AND RESOLVED IN TIMELY MANNER.</p>					
COORDINATION OF SPONSOR MONITORING VISITS					

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
GUIDANCE: DELETE FROM FINAL DOCUMENT					
IF THE SPONSOR CONDUCTS SS MONITORING VISITS, LIAISON WITH THE SS COORDINATOR AND PHARMACIST WILL BE ARRANGED AS APPROPRIATE. THE PS SHOULD BE MADE AWARE OF ALL VISITS AND PS STAFF MAY WISH TO BE PRESENT VIA TELEHEALTH AS REQUIRED.					
ARRANGING SPONSOR VISITS TO THE SATELLITE SITE					
EDUCATION AND COMPETENCE					
ENSURING ALL STAFF AT THE SATELLITE SITES ARE TRAINED IN APPROPRIATE ASPECTS OF THE TRIAL AND GCP AND ARE COMPETENT TO PERFORM THEIR ROLE					See National Teletrial Compendium SOP 03 for further details
ENSURING STAFF ARE AWARE OF AND UNDERSTAND ANY RELEVANT SOPS					
ENSURING STAFF ARE AWARE OF/TRAINED ON AMENDMENTS					

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
<b>STAFF COVERAGE</b>					
ARRANGING FOR BACK UP STAFF AS REQUIRED AT THE SATELLITE SITE					
<b>CLINICAL CARE DECISIONS</b>					
ALLOCATING RESPONSIBILITY FOR TRIAL RELATED MANAGEMENT DECISIONS AND MANAGEMENT OF HOSPITALISED PARTICIPANTS AT THE SATELLITE SITE (E.G. PROGRESSION, NEED FOR ADDITIONAL INVESTIGATIONS)					
<b>FUNDS MANAGEMENT</b>					
MANAGING PAYMENTS TO SATELLITE SITES					
<b>RESEARCH GOVERNANCE AT THE SATELLITE SITE: INITIAL APPLICATION</b>					

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
CREATING A SATELLITE SITE SSA APPLICATION (WHERE APPLICABLE)					
CREATING SITE-SPECIFIC DOCUMENTATION					
OBTAINING LOCAL SITE HOD SIGN-OFF					
SUBMITTING TO THE LOCAL SITE RGO					
RESPONDING TO LOCAL SITE RGO QUERIES					
<b>RESEARCH GOVERNANCE AT THE SATELLITE SITE: START UP</b>					
SATELLITE SITE START UP (GENERAL)					
SATELLITE SITE START UP (PHARMACY)					

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
SATELLITE SITE START UP (PATHOLOGY)					
SATELLITE SITE START UP (MEDICAL IMAGING)					
PROVIDING OTHER TRIALS RELATED EQUIPMENT					
CONTRACTING THIRD PARTY PROVIDER/SUPPLIER					
INVESTIGATIONAL MEDICINAL PRODUCT (IMP) FOR SATELLITE SITE (AMEND IF DEVICES TRIAL)					
TRANSPORTING IMP TO THE SATELLITE SITE					
ORDERING OF IMP					
RECEIVING AND STORING IMP					
DISPENSING OF IMP					

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
RECONCILING IMP					
TRAINING PHARMACY STAFF (E.G. IN THE REQUIREMENTS OF THE PHARMACY MANUAL)					
SCREENING OF POTENTIALLY ELIGIBLE PARTICIPANTS AT THE SATELLITE SITE					
SCREENING (INCLUSION/EXCLUSION CRITERIA)					
CONSENT PROCESS AT THE SATELLITE SITE					
CONSENTING EITHER REMOTELY OR AT THE SATELLITE SITE					
DOCUMENTING CONSENT IN PARTICIPANT'S MEDICAL RECORDS					
ESSENTIAL DOCUMENT MANagements/CRF ENTRY FOR PARTICIPANTS RECRUITED AT THE SATELLITE SITE					
STORING/MANAGING SOURCE DOCUMENTS					

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
<b>RANDOMISATION</b>					
RANDOMISING A PARTICIPANT ONTO THE TRIAL					
MANAGING PAPER CRF DATA ENTRY					
MANAGING E-CRF DATA ENTRY					
STORING ESSENTIAL DOCUMENTS AT THE SATELLITE SITE AS PER GCP AND SOP 08 OF COMPENDIUM					
<b>PARTICIPANT STUDY INVOLVEMENT AT THE SATELLITE SITE</b>					
SCHEDULING OF NEXT VISIT					
NOTIFYING PARTICIPANT OF NEXT VISIT					
SCHEDULING OF STUDY TESTS/PROCEDURES					

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
BOOKING OF STUDY TESTS/PROCEDURES WITH RELEVANT DEPARTMENT(S)					
MANAGING TRIAL VISIT REQUIREMENTS (E.G. PHYSICAL EXAM, TESTS, PROCESSING SAMPLES FOR SHIPPING ETC)					
CONDUCTING TRIAL CONSULTATIONS AND ASSESSMENTS AS PER PROTOCOL					
<b>SAFETY REPORTING OCCURRING AT THE SATELLITE SITE</b>					
REPORTING SAFETY EVENTS TO SPONSOR					
REPORTING SAFETY EVENTS TO THE SATELLITE SITE RGO					
REPORTING SAFETY EVENTS TO THE HREC (IF REQUIRED)					

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
DEVIATIONS AND SERIOUS BREACHES AT THE SATELLITE SITE					
REPORTING PROTOCOL DEVIATIONS TO THE SPONSOR					
MANAGING SERIOUS BREACHES OCCURRING AT THE SATELLITE SITE					
RESEARCH GOVERNANCE AT THE SATELLITE SITE: AMENDMENTS					
MANAGING AMENDMENTS OF SITE-SPECIFIC DOCUMENTATION					
OBTAINING LOCAL SITE HOD SIGN-OFF (IF REQUIRED)					
SUBMITTING TO THE LOCAL SITE RGO					
RESPONDING TO LOCAL SITE RGO QUERIES					
STUDY CLOSE-OUT AT THE SATELLITE SITE					

CLINICAL TRIAL ACTIVITY	RESPONSIBLE PARTY – INSERT INITIALS OF STAFF				COMMENTS
	PS RESPONSIBLE	SS WITH DIRECT SUPERVISION FROM PS	SS WITH SUPPORT FROM PS	SS RESPONSIBLE	
SATELLITE SITE CLOSE-OUT					
SATELLITE SITE CLOSE-OUT (PHARMACY)					
SATELLITE SITE CLOSE-OUT (PATHOLOGY)					
SATELLITE SITE CLOSE-OUT (MEDICAL IMAGING)					
MANAGING SATELLITE SITE ARCHIVING OF TRIAL DOCUMENTATION					

Signatures to the agreement of the Supervision Plan

**PI SIGNATURE:** \_\_\_\_\_ **DATE: CLICK OR TAP TO ENTER A DATE.** \_\_\_\_\_ **SS LEAD AI SIGNATURE: CLICK OR TAP HERE TO ENTER TEXT.** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Appendix 6 Protocol Deviation Log Example

PURPOSE:	<b>TO RECORD ALL PROTOCOL DEVIATIONS THAT OCCUR AT A STUDY SITE (PRIMARY AND SATELLITE). IT IS REQUIRED FOR BOTH OBSERVATIONAL AND INTERVENTIONAL CLINICAL RESEARCH STUDIES.</b>
AUDIENCE/USER:	<b>COORDINATING PRINCIPAL INVESTIGATOR, PRINCIPAL INVESTIGATOR, ASSOCIATE INVESTIGATOR, OTHER SITE STAFF AT THE SATELLITE SITE.</b>
DEFINITION:	<b>FOR DEFINITION, PLEASE REFER TO THE GLOSSARY AT THE FRONT OF THE COMPENDIUM.</b>
REPORTING RESPONSIBILITIES:	<b>THE PRINCIPAL INVESTIGATOR (PI) IS RESPONSIBLE FOR THE REPORTING OF PROTOCOL DEVIATIONS. SITE STAFF OR A STUDY MONITOR MAY PREPARE A PROTOCOL DEVIATION FORM, BUT EACH DEVIATION SHOULD BE SIGNED AND DATED BY THE PI. THIS FORM IS TO BE KEPT IN THE STUDY MASTER FILE (SMF) AND SATELLITE SITE STUDY FILE (SSSF) FOR THE RELEVANT SITE.</b>
PROTOCOL DEVIATION CODES:	<b>A – CONSENT PROCEDURES B – INCLUSION/EXCLUSION CRITERIA C – CONCOMITANT MEDICATION/THERAPY D – LABORATORY ASSESSMENTS/PROCEDURES E – STUDY PROCEDURES F – SERIOUS ADVERSE EVENT REPORTING/UNANTICIPATED ADVERSE DEVICE EFFECT G – RANDOMIZATION PROCEDURES/STUDY DRUG DOSING H – VISIT SCHEDULE/INTERVAL I – EFFICACY RATINGS J – OTHER</b>

<b>Protocol ID/Number:</b>						<b>Site Name/Number:</b>				
<b>Protocol Title (Abbreviated):</b>						(one sheet per site)				
<b>Principal Investigator:</b>						<b>Associate Investigator:</b>				
No.	Subject ID	Date of Deviation	Date Identified	Deviation Description	Dev. Code [2]	Resulted in Adverse Event?	Did Subject Continue in Study? Date of withdrawal	Ethics reporting requirements (Yes/No)	Ethics reporting date	PI signature and date
1										
2										
3										
4										
5										
6										

## Appendix 7 Initiation Checklist Example

ACTIVITY	YES	NO	N/A	ACTIONS/COMMENTS
<b>ENSURE THE SITE INITIATION MEETING IS SCHEDULED AND ALL RELEVANT STAFF ARE ABLE TO ATTEND</b>				
– PRINCIPAL INVESTIGATOR/COORDINATING PRINCIPAL INVESTIGATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– ASSOCIATE INVESTIGATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– STUDY COORDINATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– SPONSOR OR CRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– PHARMACIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– OTHER RELEVANT STAFF E.G. LABORATORY STAFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>REVIEW INVESTIGATIONAL PRODUCT (OVERVIEW AND BACKGROUND AS PER INVESTIGATIONAL BROCHURE)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SHIPMENT RECORDS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>REVIEW AND CONFIRM RELEVANT STAFF (E.G. ASSOCIATE INVESTIGATOR) UNDERSTANDING OF THE:</b>				
– ICH GCP / THE NATIONAL STATEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– INFORMED CONSENT PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– ROLES AND RESPONSIBILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– RECORD KEEPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– ETHICS AND GOVERNANCE REPORTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ACTIVITY	YES	NO	N/A	ACTIONS/COMMENTS
– PROTOCOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– STUDY PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– RANDOMISATION PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– UN-BLINDING PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– SAMPLING HANDLING PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– RECRUITMENT TARGET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– STUDY TIMELINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– ARCHIVING PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– OTHER (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>REVIEW AND CONFIRM THAT SITE RESOURCES ARE ADEQUATE TO CONDUCT THE TRIAL</b>				
<b>REVIEW CONTENTS OF STUDY MASTER FILE TO ENSURE IT COMPLIES WITH TELETRIALS COMPENDIUM</b>				
<b>REVIEW AND CONFIRM SOURCE DOCUMENTATION LOCATION FOR SATELLITE SITES AND COMPLIANCE WITH TELETRIALS COMPENDIUM</b>				
<b>COMPLETE ALL LOGS AS NECESSARY</b>				
– SITE SIGNATURE AND DELEGATION OF RESPONSIBILITIES LOG (DELEGATION LOG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– TRAINING LOG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– OTHER (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ACTIVITY	YES	NO	N/A	ACTIONS/COMMENTS
<b>COLLECT ALL DOCUMENTS AS NECESSARY E.G. CV</b>				

## Appendix 8 Study Master File Index with document location Example

1. These examples are guides when paper SMF/SSSF are in use. eSMF/eSSSF will follow the software guidelines.
2. Ensure the Supervision Plan outlines which, how and when relevant Satellite Site document is to be sent to the Primary Site for filing in the Study Master File.

### Example 1:

FILE SECTION	DOCUMENTATION	LOCATION	RESPONSIBLE	
			Primary	Satellite
<b>CONTACT LIST</b>	Contact list for all study related personnel at both Primary and Satellite Sites.		<b>Holds for all Satellite Sites</b>	Satellite Site only. Copy to Primary Site as indicated on Supervision Plan  Request full list if needed
<b>CORRESPONDENCE (NOT HREC OR GOVERNANCE)</b>	General correspondence with Sponsor, teleconference and meeting notes		All Satellite Sites	Copy from Primary
<b>AGREEMENTS</b>	Clinical Trial Agreement location, site indemnities, confidentiality agreement(s) location, letters of intent, Health Service Directive for clinical trial regulatory process for Satellite Sites		Held at Primary Site	Sub-Contract which includes master CTRA from Primary
<b>FINANCE</b>	Financial disclosure Forms as appropriate		Held at Primary Site	Copy from Primary
<b>ETHICS COMMITTEE</b>	All ethics correspondence and documentation including all versions of the informed Consent Form, ethics committee		Held at Primary Site	Copy from Primary
<ul style="list-style-type: none"> <li>• <b>APPROVALS</b></li> <li>• <b>ACKNOWLEDGEMENTS</b></li> <li>• <b>COMPOSITION</b></li> </ul>				

FILE SECTION	DOCUMENTATION	LOCATION	RESPONSIBLE	
			Primary	Satellite
<ul style="list-style-type: none"> <li><b>CORRESPONDENCE</b></li> </ul>	composition, statement of committee compliance to the National Statement, approval letters, reports to ethics committee, correspondence as applicable to commercial sponsorship, submission package(s), sample informed Consent Form, approved advertising materials/wording, other information provided to study participants and approved by ethics, tracked changes to Protocol and summary tables, insurance certificate			
<b>INVESTIGATIONAL BROCHURE AND SAFETY UPDATES</b>	All versions as provided to ethics, safety updates from Sponsor		Held at Primary Site	Copy from Primary
<b>PROTOCOL</b>	All versions as provided to and as approved by ethics, signed Protocol signatory page should also be in this		Signed by Primary Site	Copy from Primary
<b>REGULATORY DOCUMENTS</b>	Australian CTA or CTN Form (fully executed), other regulatory agency Forms, all correspondence to the regulatory agencies		Held at Primary Site	Copy from Primary
<b>SAMPLE CRF</b>	Approved version of sample CRF (a blank set that can be duplicated)		Held at Primary Site	Copy from Primary
<b>CRF COMPLETION GUIDELINES</b>	Any correspondence, presentations and/or CRF completion guidelines provided by the Sponsor		Sent to Primary Site	Copy to Secondary

FILE SECTION	DOCUMENTATION	LOCATION	RESPONSIBLE	
			Primary	Satellite
<b>SERIOUS ADVERSE EVENTS</b>	Documentation tracking the incidence and reporting of SAEs, reports to ethics, reports to the applicable agency (interim and final)		Site specific Primary notified of any SAEs at the same time as Sponsor	Site specific Primary notified of any SAEs at same time as Sponsor
<b>MONITORING</b>	All general monitoring correspondence unless specifically belonging in another file section, pre-trial monitoring report, feasibility assessments, monitoring visit reports and follow-up letters, monitor-site correspondence, close-out visit reports		Sponsor visit face-to-face or via digital platform	Via telehealth or face-to-face
<b>AUDIT</b>	Auditor correspondence, audit reports (if available) and auditor follow-up letters		Held at Primary Site	Only if requested
<b>LABORATORY</b>	Clinical laboratory certification (NATA, CLIA), laboratory normal values for medical/laboratory/technical procedures and/or tests included in the Protocol, all provided		From Primary Site	Only if used
<b>CURRICULUM VITAE</b>	Signed and dated copies of CVs for all medical staff, (Principal Investigator, Associate Investigators) and other staff delegated significant duties as listed on the Delegation Log for the duration of the research project		All Investigators and staff with significant duties from all sites	Site specific staff and key Primary
<b>SIGNATURE LOG</b>	Site personnel signature sheet with a list of signatures and initials of all persons			Site only

FILE SECTION	DOCUMENTATION	LOCATION	RESPONSIBLE	
			Primary	Satellite
	authorised to make entries and/or corrections on the CRFs and e-CRFs and certain delegated tasks		All staff from all sites	
<b>SHIPPING RECORDS FOR IMP AND OTHER STUDY RELATED MATERIALS</b>	Shipment records, date of shipment, batch numbers, method, shipment receipt records, certificate of analysis for Investigational Product, storage conditions		Site specific and on ward to Satellite. Stored in Pharmacy	Site specific receipt, use and return
<b>ACCOUNTABILITY AND DESTRUCTION RECORDS</b>	Investigational Product accountability and destruction correspondence and records		Site specific and on ward to Satellite Stored in Pharmacy	Site specific receipt, use and return
<b>DECODING AND UNBLINDING</b>	Any correspondence relating to decoding and unbinding. Documents how identity of blinded Investigational Product can be revealed in case of emergency.		Site specific and Satellite information stored	Site specific
<b>PARTICIPANT SCREENING LOGS</b>	Screening logs including participant identification logs (site only for identification in case of emergency), participant registration/screening logs containing a chronological listing of screening/enrolment of participants.		Site specific (Primary has copy of Satellite Site for emergency)	Site specific
<b>PARTICIPANT IDENTIFICATION CODE LIST</b>	A confidential list of names of all participants allocated to trial numbers upon enrolment in the trial. Allows Investigator/Institution to reveal participant identity in		Primary has all details	Site specific only

FILE SECTION	DOCUMENTATION	LOCATION	RESPONSIBLE	
			Primary	Satellite
	the case of emergency or for reasons of safety			
<b>PARTICIPANT ENROLMENT LOGS</b>	Chronological enrolment of participants by participant number		Site specific only	Site specific only
<b>VISIT LOG</b>	Records for all site visits, monitoring visits, Sponsor visits, auditor visits, agency audits		Sponsor visit	Only if Sponsor visits
<b>DATA QUERY TRACKING</b>	Data query tracking, monitors site queries and correspondence		Sponsor visit	Remotely accessed
<b>CLINICAL STUDY REPORT</b>	Final clinical study report (signed copy) if provided		Sent to Primary	Copy from Primary
<b>SIGNED INFORMED CONSENT FORMS</b>	Informed Consent Forms should be fully signed with all signatories dating their own signature. In addition, time of consent should be recorded in order to establish that consent was obtained prior to any trial procedures. Where informed consent is placed in the health and medical record, a file note stating this must be added to this section of the file		All sites	Held at site, witnessed and processed by telehealth if required
<b>OTHER-STUDY SPECIFIC</b>	Other documents not included in the previous sections		All	Copy from Primary

FILE SECTION	DOCUMENTATION	LOCATION	RESPONSIBLE	
			Primary	Satellite
<b>SUPERVISION PLAN</b>	A plan recording the oversight for the project and staff involved in the study and the role of the Primary Site overseeing the Satellite Sites and reporting structure for the study.		Held at site	where relevant Explained to all site staff
<b>MONITORING PLAN</b>			At Primary Site	Copy from Primary
<b>SAFETY MONITORING PLAN</b>			At Primary Site	Copy from Primary
<b>OTHER (SPECIFY)</b>				

**Example 2:**

1. Contact List
2. Project Documents incl. IP and safety
  - 2.1 Investigational Brochure
  - 2.2 Safety Updates (reports, expedited safety letters/notifications, etc.)
  - 2.3 Protocol
  - 2.4 CRF (blank)
  - 2.5 CRF Completion Guidelines
  - 2.6 IP Shipping Records (refer to Pharmacy Folder/Records)
  - 2.7 Accountability Records (refer to Pharmacy Folder/Records)
3. Contracts
  - 3.1 Site Agreements (CTRA, Indemnities, Confidentiality Agreements, staff personal information consent, etc.)
4. Regulatory Authority Documents
  - 4.1 Regulatory Agreements
  - 4.2 Financial Disclosure Forms (FDFs)
  - 4.3 Other Regulatory Documents (CTA, CTN, etc.)
5. Human Research Ethics Committee (HREC)
  - 5.1 Initial Submissions/Approval
  - 5.2 Other Submissions/Approval
  - 5.3 Clinical Study Report
  - 5.4 HREC Correspondence
6. Site Staff Qualification
  - 6.1 Curriculum Vitae and Medical Licences
  - 6.2 Training (GCP, study specific, vendor specific)
  - 6.3 Delegation of Authority Log
7. Supervision Plan
8. Subject / Participant related Documents
  - 8.1 Blank Informed Consent Forms (signed Forms in participant files)
  - 8.2 Screening Log
  - 8.3 Enrolment Log
  - 8.4 Subject Identification Log
  - 8.5 Other (blank subject diaries, emergency card, recruitment material, etc.)

- 9. Safety Related Documents
  - 9.1 Safety Monitoring Plan
  - 9.2 Risk Management Plan
  - 9.3 Serious Adverse Events Log
  - 9.4 Serious Adverse Events Form(s) - blank
  - 9.5 SUSARs
  - 9.6 Other Safety Reports eg Breaches, Annual Safety Reports
- 10. Laboratory
  - 10.1 Central and Local Lab Accreditation/Certification (NATA, CLIA) (print or website reference)
  - 10.2 Central and Local Lab Normal Ranges
  - 10.3 Central Lab Manual/Instructions
  - 10.4 Biospecimen Shipment Logs Records
  - 10.5 Other (equipment calibration certificate, temperature logs,
- 11. Monitoring Reports
  - 11.1 Site Visits (incl. initial)/Monitoring Visits/Sponsor Visits
  - 11.2 Protocol Deviation Log
  - 11.3 Audit (correspondence, reports, follow up letters, etc.)
  - 11.4 Monitoring Plan
- 12. Correspondence
  - 12.1 General with Sponsor, Teleconference, Meeting Notes
- 13. CRF
  - 13.1 Blank CRF if Paper Available
  - 13.2 CRF Completion Guidelines
  - 13.3 Data Query Documentation

## Appendix 9 Individual Participant Investigational Product (IP) Accountability Record Example

INVESTIGATOR  
NAME:

CLICK OR TAP HERE TO ENTER TEXT.

SITE ID:

CLICK OR TAP HERE TO ENTER TEXT.

PARTICIPANT  
NUMBER:

CLICK OR TAP HERE TO ENTER TEXT.

STUDY CODE:

CLICK OR TAP HERE TO ENTER TEXT.

PARTICIPANT  
INITIALS

CLICK OR TAP HERE TO ENTER TEXT.

CONTAINER DEFINITION  
(IF APPLICABLE):

CLICK OR TAP HERE TO ENTER TEXT.

Page X of X

DISPENSING INFORMATION								RETURN INFORMATION					COMPLETED BY THE MONITOR			
INVESTIGATION AL PRODUCT (IP)	BATCH NO.	LOT NO.	EXPIRY DATE	STUDY PROTOCO L NO.	VISIT NO.	DATE DISPENSE D	AMOUNT DISPENSED (STRENGTH/UNI T)	INITIAL S	USED IP	DATE RETURNE D	AMOUNT RETURNE D	VERIFIE D BY	VERIFIE D	DATE	INITIAL S	COMMENT S
<b>BLANK</b>	Blan k	Blan k	Blan k	Blank	Blan k	Blank	Blank	Blan k	Blan k	Blank	Blank	Blank	Blank	Blan k	Blan k	Blan k

# Appendix 10 Bulk Investigational Product Accountability Log Example

INVESTIGATOR  
NAME: [CLICK OR TAP HERE TO ENTER TEXT.](#) SITE ID: [CLICK OR TAP HERE TO ENTER TEXT.](#)

---

PROTOCOL NUMBER [CLICK OR TAP HERE TO ENTER TEXT.](#) PROTOCOL  
SHORT TITLE [CLICK OR TAP HERE TO ENTER TEXT.](#)

---

### Section 1 – Storage Details

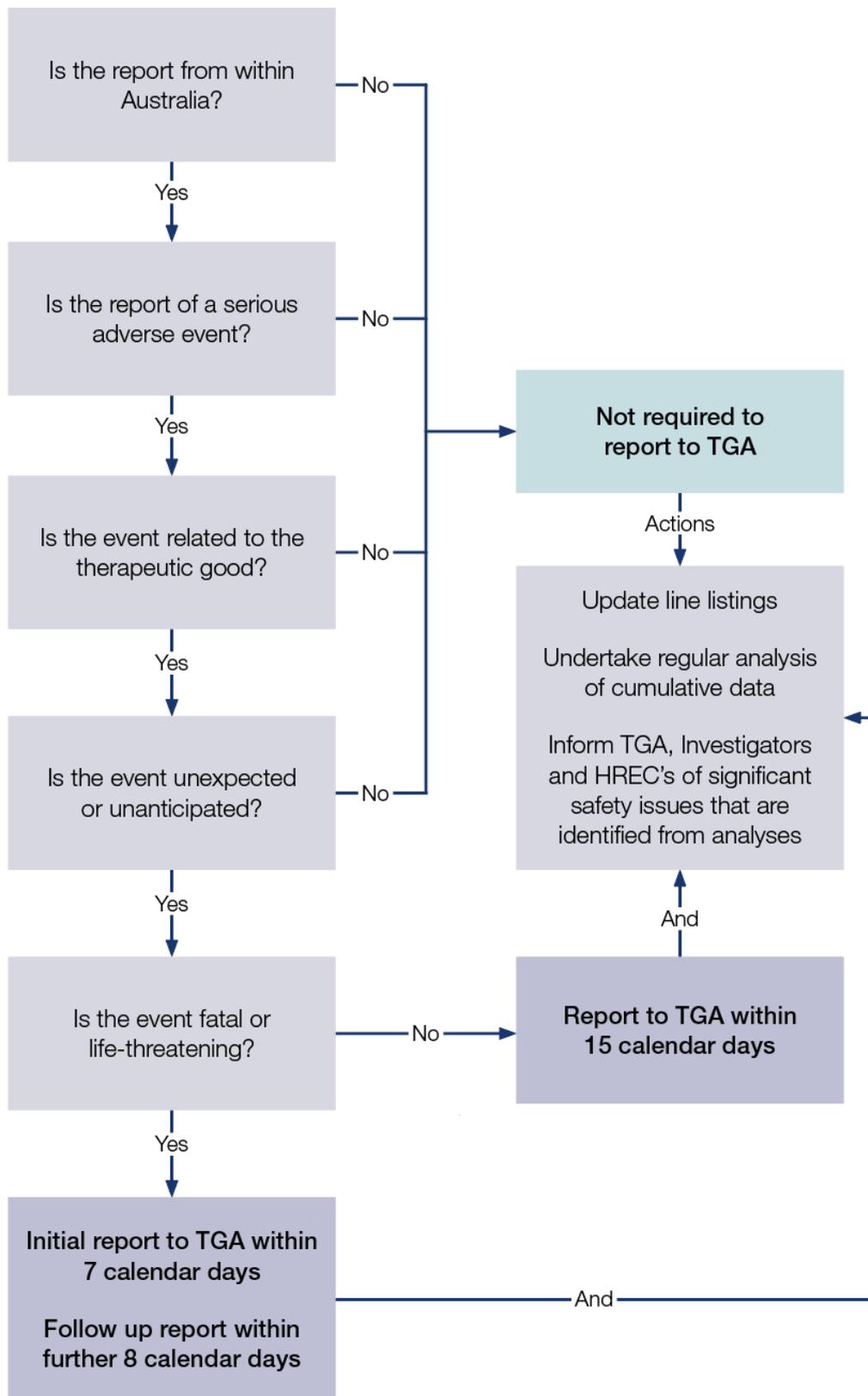
ROOM/LOCATION:  STORAGE REQUIREMENTS:  **AMBIENT**  
 **2 – 8 ° C**  
 **OTHER**

---

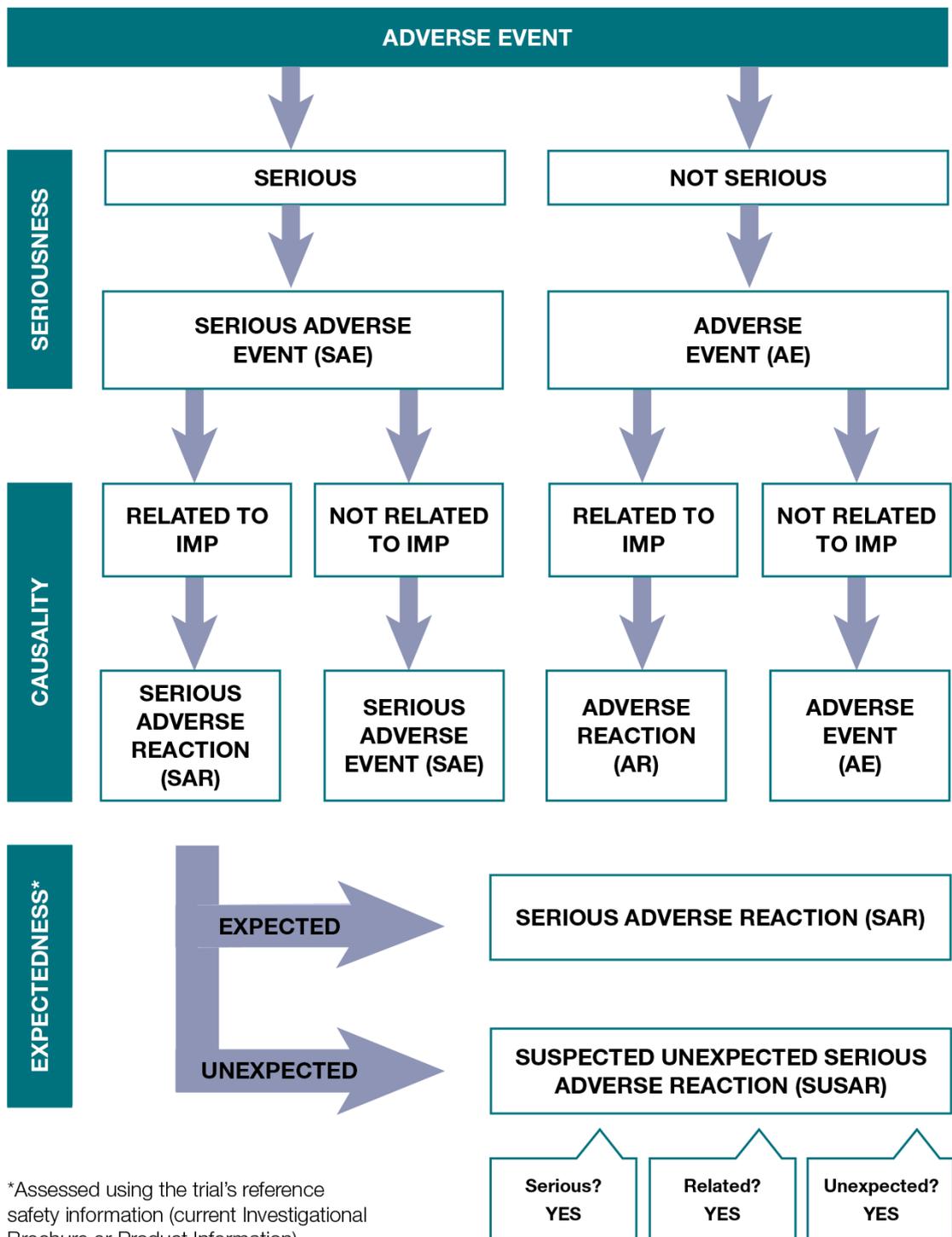
**Section 2 – Site Study IP Transaction History**

DATE / TIME		TRANSACTION DETAILS			BALANCE OF IP			COMMENTS
DATE	Time	Received, Dispensed, Destroyed or Returned	Indicate Received from, Dispensed to Participant ID, Destroyed by, Returned to	Performed by (initials)	Checked by (initials)	IN	OUT	TOTAL
		<input type="checkbox"/> Received <input type="checkbox"/> Dispensed <input type="checkbox"/> Destroyed <input type="checkbox"/> Returned						
		<input type="checkbox"/> Received <input type="checkbox"/> Dispensed <input type="checkbox"/> Destroyed <input type="checkbox"/> Returned						
		<input type="checkbox"/> Received <input type="checkbox"/> Dispensed <input type="checkbox"/> Destroyed <input type="checkbox"/> Returned						

## Appendix 11 Sponsor Reporting of SUSAR and USADEs to TGA (for trials conducted under the CTN or CTA schemes)

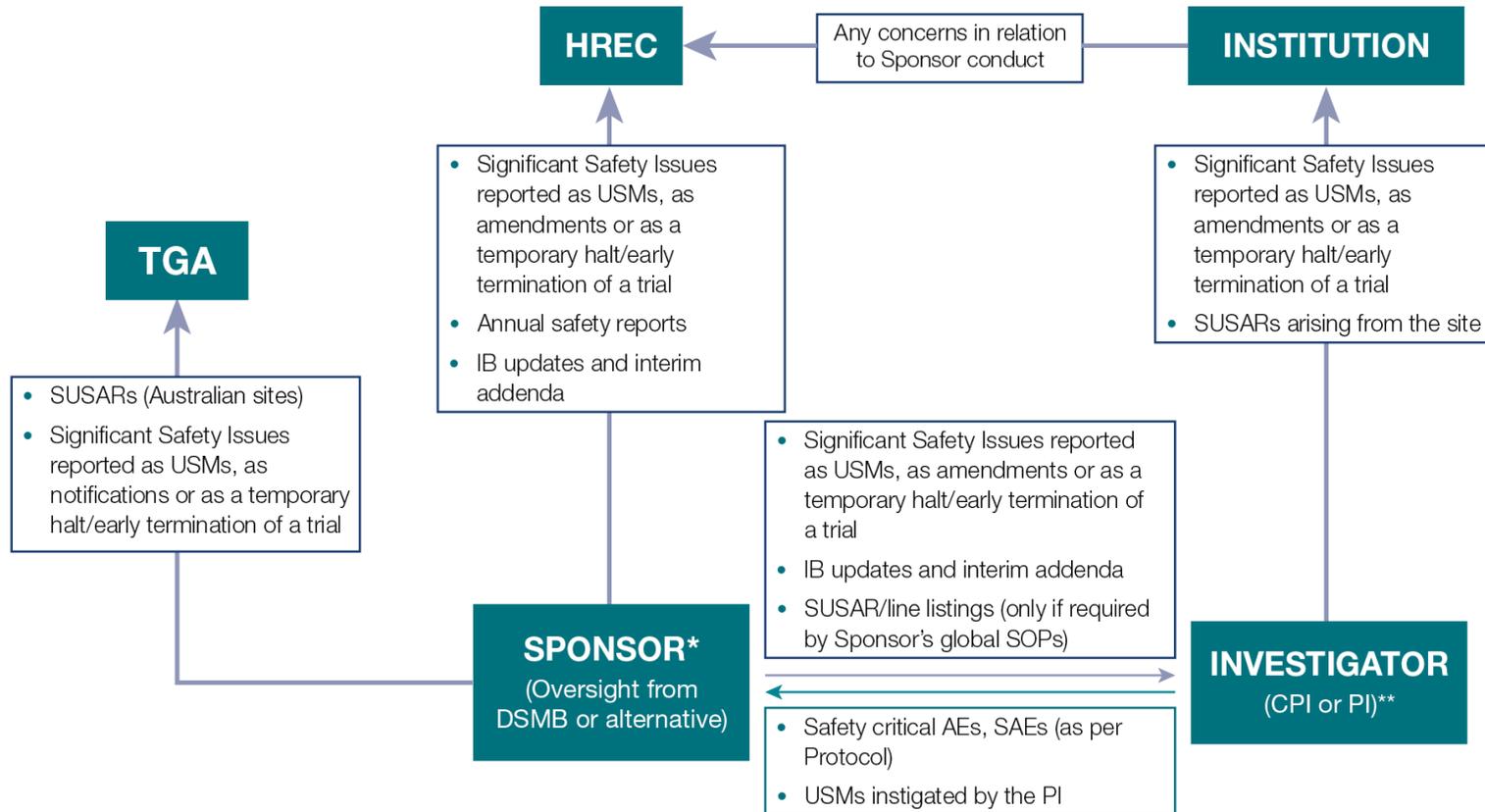


## Appendix 12 Safety Reporting Assessment Flowchart Investigational Medicinal Product Trials



*Adapted from the NIHR Clinical Trials Toolkit*

## Appendix 13 Report Flowchart for Investigation Medicinal Product Trials



### KEY

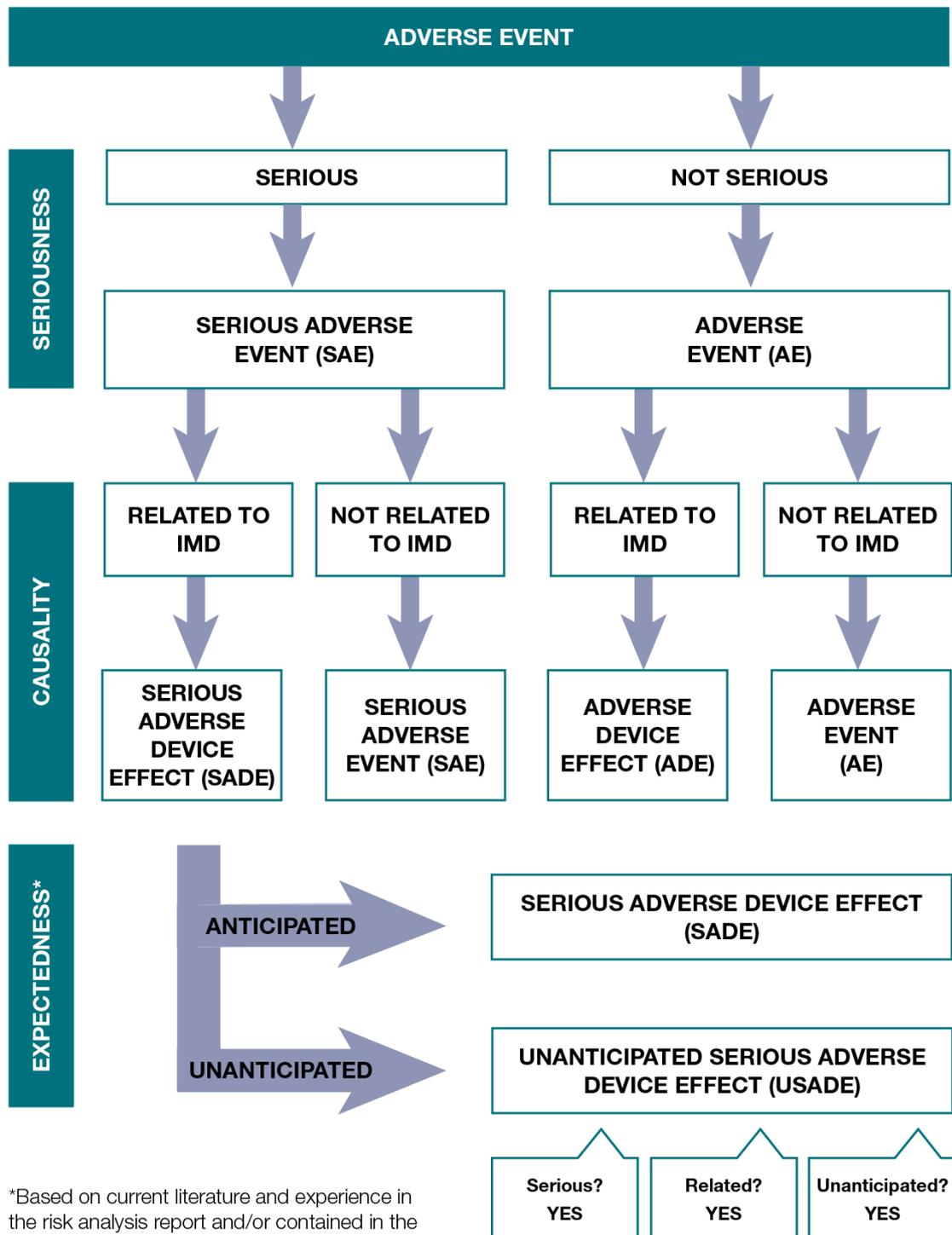
AE – Adverse Event  
 DSMB – Data Safety Monitoring Board  
 SAE – Serious Adverse Event  
 SUSAR – Suspected Unexpected Serious Adverse Reaction  
 IB – Investigational Brochure

PI – Product Information  
 PI – Principal Investigator  
 CPI – Coordinating Principal Investigator  
 SOP – Standard Operating Procedure  
 USM – Urgent Safety Measure

\* The Sponsor (or their delegate) should report to all parties in accordance with the timelines indicated within this document.

\*\* The CPI should be provided with all correspondence sent by the Sponsor to PIs and/or the HREC.

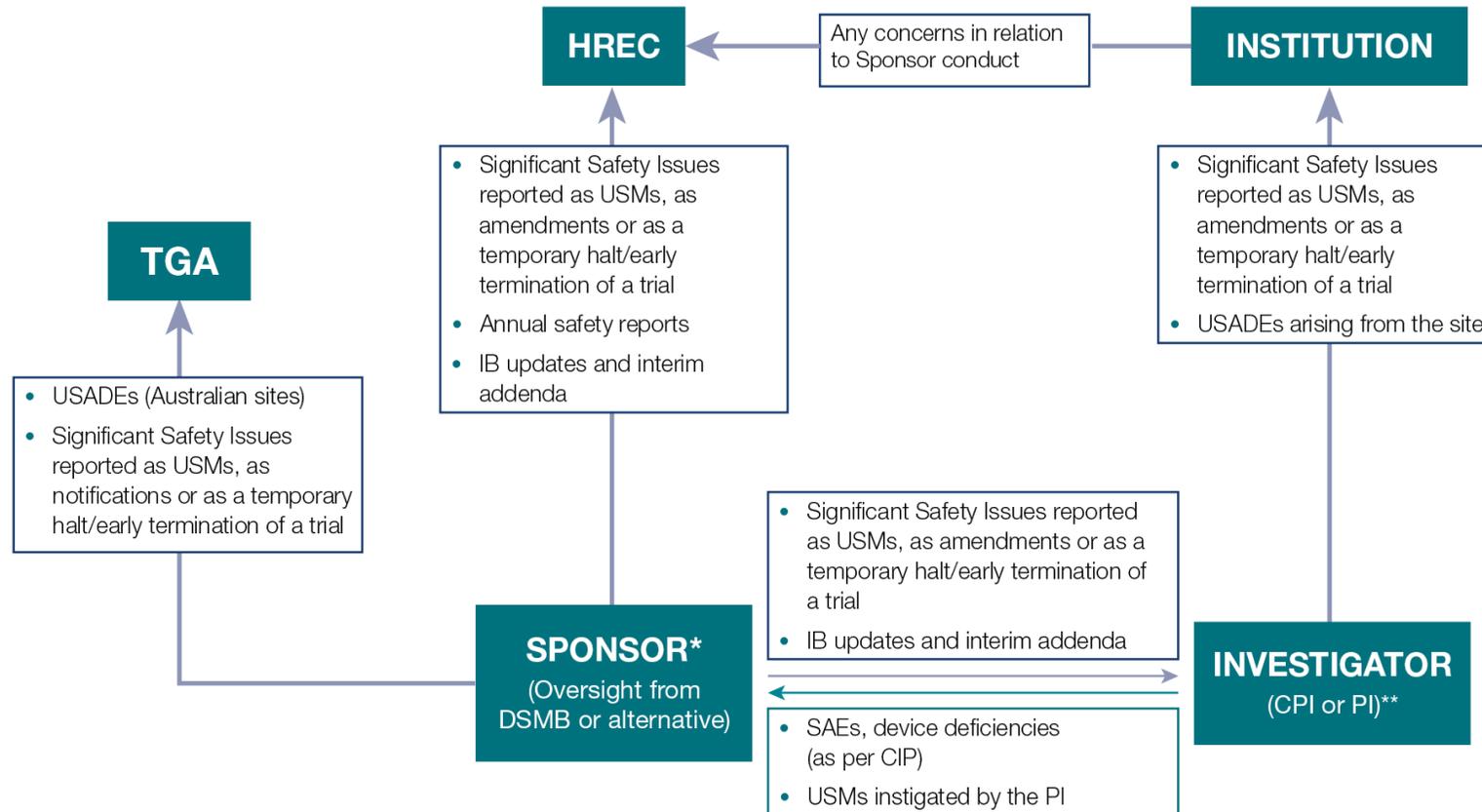
# Appendix 14 Safety Reporting Assessment Flowchart Investigational Medicinal Device Trials



\*Based on current literature and experience in the risk analysis report and/or contained in the Investigational Brochure, Instruction for Use or CIP.

*Adapted from the NIHR Clinical Trials Toolkit*

## Appendix 15 Report Flowchart for Investigational Medicinal Device Trials



### KEY

AE – Adverse Event  
 DSMB – Data Safety Monitoring Board  
 SAE – Serious Adverse Event  
 USADE – Unanticipated Serious Adverse Device Effect  
 USM – Urgent Safety Measure  
 CIP – Clinical Investigation Plan

IB – Investigational Brochure  
 IFU – Instructions for Use  
 PI – Principal Investigator  
 CPI – Coordinating Principal Investigator  
 SOP – Standard Operating Procedure  
 HREC – Human Research Ethics Committee

\*The Sponsor (or their delegate) should report to all parties in accordance with the timelines indicated within this document.

\*\*The CPI should be provided with all correspondence sent by the Sponsor to PIs and/or the HREC.

## Appendix 16 Close-Out Checklist Example

ACTIVITY	YES	NO	N/A	ACTIONS/COMMENTS
ENSURE ALL PROTOCOL REQUIRED DATA HAS BEEN COLLECTED				
FINALISE ACCOUNTABILITY AND DISPOSITION OF INVESTIGATIONAL PRODUCT (MEDICINE/DEVICE)				
VERIFY THAT ALL STUDY FILES ARE COMPLETE				
DISCUSS OVERALL STUDY CONDUCT AT THE SITE				
COLLECT FINAL SIGNATURES FOR ANY DELEGATION LOGS OR TRAINING LOGS OR REPORTS				
DISCUSS ARCHIVING OF ORIGINAL DATA AND DOCUMENTS				
DISPOSE OF OR RETURN ANY REMAINING TRIALS SPECIFIC SUPPLIES INCLUDING BIOLOGICAL SAMPLES				
FORMALLY CLOSE THE SITE				
NOTIFY THE HREC AND/OR RESEARCH GOVERNANCE OFFICE THAT THE STUDY HAS BEEN CLOSED, AND STUDY MATERIALS:				
– RETURNED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– DESTROYED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– ARCHIVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Appendix 17 Jurisdictional Contact Details

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NORTHERN TERRITORY	
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