STANDARD OPERATING PROCEDURES

INSTITUTIONAL ETHICS COMMITTEE

Version 2.1

January 2022

Sri Muthukumaran Medical College

Hospital & Research Institute

Chikkarayapuram, Mangadu, Chennai-600069

Abbreviation/Acronym Full Title/Description

ADR	Adverse Drug Reaction
AE	Adverse Event
BA	Bio-availability
BE	Bio-equivalence
BIS	Bureau of Indian Standards
CDSCO	Central Drugs Standard Control Organization
CFR	Code of Federal Regulations
CIOMS	Council for International Organizations of Medical Sciences
CoI	Conflict of Interest
Co-I	Co-Investigator
CRF	Case Record Form
CRO	Contract Research Organization
CTA	Clinical Trial Agreement
DCGI	Drug Controller General of India
DCR	Drugs and Cosmetic Rules, 1945
DSMB	Data Safety Monitoring Board
ELSI	Ethical, Legal and Social Issues
FDA	Food and Drug Administration
FDC	Fixed Dose Combination
GCP	Good Clinical Practice
GMP	Good Manufacturing Practices
HIPAA	Health Insurance Portability and Accountability Act
HMSC	Health Ministry's Screening Committee
IB	Investigator's Brochure
ICF	Informed Consent Form
ICH	International Committee on Harmonization
ICMJE	International Committee of Medical Journal Editors
ICMR	Indian Council of Medical Research

IDE	Investigational Device Exemption
IND	Investigational New Drug
IHEC	Institutional Human Ethics Committee
ISI	Indian Standards Institute
LAR	Legally Acceptable Representative
MoU	Memorandum of Understanding
NDA	New Drug Application
NIH	National Institutes of Health
NOC	No-objection Certificate
OHRP	Office for Human Research Protections
PI	Principal Investigator
RCT	Randomized Controlled Trial
SAE	Serious Adverse Event
SOPs	Standard Operating Procedures
SUSAR	Suspected Unexpected Serious Adverse Reaction
WHO	World Health Organization
WMA	World Medical Association

LIST OF IEC MEMBERS

S.NO	NAME	ADDRESS	CONTACT DETAILS	POSITION
1	Dr.K.Balasubramanian	NO.10, Third Cross Street,KVB Nagar, Karur-639002	Mobile:9444431991 Email:kbala82@hotmail.com	Chair person
2	Dr.B. Kamini	No: 17 First Cross street, Indranagar,Adyar, Chennai-20	Mobile 9444410426 Email: dr kams@yahoo.com	Member secretary
3	Dr.S. Balamurugan	No.2First Cross Street, Janaki Nagar Extension,Valasaravakkam, Chennai- 600087	Mobile:9600002646/9841109 0860/790472038 Email:dr.s.bala@gmail.com	Clinician/member
4	Dr.Mehandi V.Mahajan	Flat No 09,2nd Flr, Doctors Staff Quarters, Sri Muthukumaran Medical, Near Mangadu,Chennai --600069	Mobile:9600164164/9966088 00 Email:Mm1710@gamil.com	Member
5	Dr.T.V. Asokan	No.Lloyds Crest 346/2 Avai Shanmugam salai Gopalapuram Chennai- 600086	Mobile: 9444018060 Email:tvasokan@gmail.com	Theologian/member
6	Dr.M.Sunitha	No,8 B, 4th Street Thirumurthy Nagar, Madhanandhapuram, Porur, Chennai- 600125	Mobile: 94880337684 Email:drsunithavasu@gmail.com	Clinician/member
7	Dr.J. Nithyalakshmi	No.9 Sreenivas apartment ,Cresent RA Puram, CH-28	Mobile: 9080188311 Email:nithya.smmcri@gmail.com	Member
8	Dr.T. Janagan	No.bf 5 Vinoth Vruksha Appt, Gangaiamman Nagar, Nolambur, Chennai-107	Mobile: 9884366349 Email:sridevijanagan@gmail.com	Pharmacologist
9	Dr.Padmasani Venkat Ramanan	#24,Chakrapani St,Satya Garden, Saligramam, Chennai -6000116	Mobile: 9445140200 Email:Padmasni2001@yahoo@gmail.com	Clinician/member

10	Dr.B. Deepa	INTELLPAT PATENT SOLUTIONS Sai Graha Flats, Plot No 2, G1 3 Ragava iyer 1 st Street, Purushotam Nagar, Chrompet , Chennai -44	Mobile: 9962729896 Email:drdeepa @intellpat.com	Legal expert
11	Dr.A.D.Nundiyny	No.42,MS Nagar III street, Chennai-31	Mobile: 994025623 Email:Nandhinimswo6@gmail.com	NGO
12	Mrs.Sailaja P T	219,VI Cross Street, Janaki Nagar,Valasaravakkam, Chennai-600087	Mobile: 7904802925 Email:drsailajabalamurugan @gmail.com	Social worker
13	Mrs.Bhuvaneswari	3/2 38th Street Ashok Nagar,Chennai-83	Mobile: 9840312442 Email:bhuvanabalakumar@gmail.com	NGO
14	Mr.M.R.Venkatesan	No.89, South Mada Street, Mamgadu,Chennai-600069	Mobile: 9444386896 Email:Gowthammrmail.com	Lay person
15	Mr.A.Abilash	AASHIRA HOME FH4 Astalakshmi Nagar, Mangadu Chennai- 600 122	Mobile: 9884937153 Email:Abilash.hrd@gmail.com	Lay person

LIST OF INDEPENDENT CONSULTANTS

SI.NO	NAME	DEPARTMENT
1	Dr. Sukumar MD	General Medicine
2	Dr. P. Ramanujam	General Surgery
3	Dr. A. Radhabai MD	Obstetrics & Gynaecology
4	Dr. P. Kumaravel	Opthalmology
5	Dr. Abinayaah	Otorhinolaryngology
6	Dr. Swetha MD	Community Medicine
7	Dr. Saraswathi	Pathology
8	Dr. Shanmuga Priya	Pulmonology
9	Dr. Radha	Dermatology
10	Dr. AnandKumar	Forensic Medicine
11	Dr. G. Sumathi	Microbiology
12	Dr. P. Durairaj	Pharmacology
13	Dr. Raju	Pediatrics
14	Dr. Karthikeyan	Psychiatry
15	Dr. Uganath Subash	Orthopedics
16	Dr. Navya	Anaesthology
17	Dr. Suzanne Marie D' cruz	Physiology
18	Dr. Mohanalakshmi	Biochemistry
19	Dr. T. Arunthathi	Radiology

GLOSSARY

Active Study File: A file containing protocol, supporting documents, records, communications and reports that correspond to an ongoing approved study

Adverse Drug Reaction: In the pre-clinical experience with a new medicinal product or its new usages, particularly as the therapeutic dose(s) may not be established, all noxious or unintended responses to the product related to any dose should be considered adverse drug reactions. The phrase "response to a medicinal product" means that a causal relationship between the product and the adverse event is atleast a reasonable possibility, i.e., the relationship cannot be ruled out. Regarding marketed products, a response to a product which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis or therapy of diseases or for modification of physiological function.

Adverse Event: Any untoward medical occurrence in a patient or clinical investigation participant administered an investigational product and which does not necessarily have a causal relationship with this treatment. The adverse event can therefore be any unfavorable or unintended sign or experience associated with the use of the investigational product, whether or not related to the product.

Agenda: A list of meeting activities in the order in which they are to be taken up.

Amendment protocol documents: In the course of the study, the PI may decide to make changes in the protocol and / or Informed Consent Documents. A package of the amended parts (changes intended) and related documents of the protocol, previously approved by the SMMCH & RI.

Ancillary care: Ancillary care refers to providing investigation and treatment for conditions that occur during the course of trial that are unrelated to the original condition/study for which the study participant was enrolled.

Appellate authority: If the study participant is not satisfied with the decision of the IHEC, s/he may appeal to the Dean, SMMCH & RI for remedial action, who is the appellate authority.

Archival: Storage of closed study files.

Assent: Assent is the process by which minors (aged 7-18 years) agree (express willingness) to participate in a research study. These minors are too young to give informed consent but who are old enough to understand the proposed research in general; its expected risks and possible benefits, and the activities expected of the study participants. However, assent by itself is not sufficient. If assent is given, informed consent must still be obtained from the subject's parents or legal guardian.

Categorization of study protocols for review: Categorization of study protocols received for types of review viz., exempt, expedited and full board review, based on the risk involved.

Closed Study File: A file corresponding to a study which has been completed or terminated or discontinued or suspended or not initiated is considered to be a closed file.

Confidentiality: Protection of information related to research and research participants and non-disclosure to un-authorized individuals.

Continuing Review: Periodic review of the progress of the approved protocols. Generally this is done once in a year by the committee and all the approved proposals are reviewed.

Deviation/Non-compliance/ Violation: Any change, divergence, or departure from the study design or procedures of a research protocol as approved by the IRB/Investigators not performing the study in compliance with the approved protocol, ICH GCP, CDSCO/FDA regulations / and / or fail to respond to the IHEC request for information/action.

Document: Document may be of any forms, e.g., paper, electronic version (soft copy of documents as e-mail text, saved in MS-Word, PDF, etc.,), fax, audio or videotape, images, etc., that contains information belonging to IHEC.

Effective date: The date of approval of the SOPs signed and dated by the Chairperson, SMMCH & RI, and subsequently the SOP is implemented from that date.

Exemption from review: A research study with less than minimal risk for the study participants can be exempted from review when it does not require the fullboard / expedited committee review for its approval by the IHEC. This has to be decided by the IHEC only and not the Investigators.

Expedited review/meeting: A review process by IHEC sub committee comprising of Chairperson, Member-Secretary and two identified members of the IHEC, who then report the decision to the full board in a formal meeting. An expedited review is an accelerated review of proposals identified for such review, for example, minor changes to the approved protocol, for research proposals involving no more than minimal risk to the research participants and documents of minor nature.

Full Board / Regular Review: Review of initial, resubmitted, continuing review, amendments of protocols and or ICFs and any other documents which are tabled in a formally convened meeting of the full IHEC committee for detailed discussion and decisions. In the full board review meeting, a majority of the membership of IHEC is present including those members with requisite portfolio. Research studies involving more than minimal risk to human study participants are required by federal regulations to be reviewed by the IHEC full board. In addition to this, research that is considered minimal risk may also be referred to the full board for review if the study involves vulnerable populations, or those referred to it by the expedited committee.

IHEC members: Individuals serving as regular members of the Institutional Human Ethics Committee, SMMCH & RI. The Committee has been constituted in accordance with the EC membership requirements set forth in Schedule Y.

IND: Investigational New Drugs means substances with potential therapeutic actions during the process of scientific studies in human in order to verify their potential effects and safety for human use and to get approval for marketing.

Independent Consultants: An independent consultant in the IEC is a subject expert in a specified field identified and appointed by the Dean, SMMCH & RI to work with the primary reviewer in the review of a protocol. A list of independent consultants is maintained by the IEC. If a project requires additional expertise than those of the IEC members, an independent consultant of the related specialty is invited to review the project. However, an independent consultant cannot take part in the decision making process.

Informed consent: Is a decision to participate in research, taken by a competent individual who has received the necessary information; who has adequately understood the information; and who, after considering the information voluntarily agrees to participate. The individual has arrived at a decision without having been subjected to coercion, undue influence or inducement, or intimidation.

Institutional Ethics Committee (IEC): It is an independent body whose responsibility is to ensure the protection of the rights, safety and well-being of human participants involved in any research and to provide public assurance of that protection.

Investigator's Brochure: The Investigator's Brochure(IB) is a compilation of the clinical and non-clinical data on the investigational product(s) that are relevant to the study of these product(s)in Human Study Participants.

Less than minimal risk: Research in which there is no known physical, emotional, psychological, or economical risk to the study participant. This research qualifies as exempt if it does not involve special populations (i.e., minors, prisoners, pregnant women, etc.).

Master SOP files: An official collection of the Standard Operating Procedures (SOP) of SMMCH & RI accessible to all research investigators, IEC members, auditors and government inspectors as a paper copy with an official stamp and the approval signatures.

Minimal risk: means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. However, in some cases like surgery, chemotherapy or radiation therapy, great risk would be inherent in the treatment itself, but this may be within the range of minimal risk for the research participant undergoing these interventions since it would be undertaken as part of current everyday life.

Example for minimal risk: A retrospective review of patient case records to determine the incidence of disease / recurrence of disease.

Minor Protocol Deviation: A minor protocol deviation is any change, divergence, or departure from the study design or procedures of a research protocol that has not been approved by the IRB and which DOES NOT have a major impact on the subject's rights, safety or well-being, or the completeness, accuracy and reliability of the study data.

Minutes: An official written record of proceedings of an IEC meeting.

Parental consent: In general, one or both parents or a guardian must be provided with the information ordinarily required for informed consent, so that they may decide whether to allow their child to participate.

Phase I Trial: Researchers test a new drug or treatment in a small group of people for the first time to evaluate its safety, determine the dosage range, and identify side effects.

Phase II Trial: The drug or treatment is given to a larger group of people to see if it is effective and to further evaluate its safety.

Phase III Trial: The drug or treatment is given to large groups of people to confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the drug or treatment to be used safely.

Phase IV Trial: Studies are done after the drug or treatment has been marketed to gather information on the drug's effect in various populations and any side effects associated with long- term use.

Post-marketing surveillance: Post marketing surveillance (PMS) refers to identification of adverse events that did not appear during the drug approval process.

Primary Reviewer: A member of IEC to who, review of a given study is assigned to, does the technical and ethical review from the time of submission till the completion of the study. For each protocol, there will be two primary reviewers – one for scientific / technical and ethical review and the other for review of ICF. They complete the protocol review form and present their observations before the board.

**Protocol deviation and Protocol violation: ***Protocol deviation is any change, divergence, or departure from the study design or procedures of a research protocol that is under the investigator's control and that has been approved by the IEC. (See explanation given at the end of the "Glossary" section). A protocol violation is a deviation from the IHEC approved protocol that may affect the subject's rights, safety, or well-being and / or the completeness, accuracy and reliability of the study data.

Protocol Review Form: An official record that documents the protocol review process by the IEC members including primary reviewers and independent consultants.

Protocol Waiver: It is analogous to a Protocol Deviation, except that prior IEC approval must be obtained before implementing the necessary departures from the protocol. Therefore, Protocol Waivers are anticipatory, while Protocol Deviations are not. e.g., a prospective decision by a sponsor or investigator to permit accrual of a participant who does not satisfy the approved inclusion / exclusion criteria for enrollment.

Quorum: Minimum number of IHEC members with specific qualifications necessary to act on any proposal presented at the meeting for action.

Renewal of approval: The approval of a research protocol by IEC, SMMCH & RI is usually for a period of one year from the date of approval. Renewal of approval is given by IEC if PI wants to extend the study beyond this period.

Revision date: Date / year by which the SOP is revised or reviewed.

SOP (Standard Operating Procedure): Detailed, written instructions, in a prescribed format, describing activities and actions undertaken by the IEC to achieve uniformity of the performance of a specific function. The aim of the SOPs and their accompanying checklists and forms is to simplify the functioning, whilst maintaining high standards of Good Clinical Practice and Schedule Y.

SOP Committee: The members selected from the IEC, SMMCH & RI identified by Chairperson in addition to the Member-Secretary and administrative staff, who oversee the creation, preparation, review, and periodic revision of the SOPs of IEC, SMMCH & RI.

SOP Manual: A collection of (all the) SOPs (and their Annexes) put together in book format.

SOP Recipients: IEC Members, Investigators, Sponsors, CROs, IEC Secretariat Staff and Administrators.

Status Report: Report summarizing the progress of the approved study as of a stated period of time.

Study File: It is a file comprising of all essential documents and correspondence related to the study/protocol.

Study Protocol: A document that describes the objective(s), design, methodology, statistical considerations and organization of a trial.

Superseded SOPs of the IHEC: A collection of superseded (previous/obsolete) official versions of all SOPs and relevant information regarding changes and all pre-planned deviations.

Vulnerable subjects: A vulnerable category of subjects includes children, prisoners, pregnant women, handicapped or mentally /differently-abled persons, refugees, displaced persons, students, staff and economically or educationally disadvantaged persons, who are likely to be vulnerable to coercion or undue influence.

Waiver of Consent: The IEC may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent, or waive the requirements to obtain informed consent provided the IEC finds and documents that:

i. The research involves no more than minimal risk to the subjects;
ii. The waiver or alteration will not adversely affect the rights and welfare of the subjects;
iii. The research could not practicably be carried out without the waiver or alteration;
iv. Whenever appropriate, the subjects will be provided with additional pertinent information after participation and
v. Alternate methods of recording consent such as audiovisual methods are provided.

***Protocol Deviation–explanation:**

If the deviation meets any of the following criteria, it is considered as a **protocol violation**. Example list.

I. The deviation has harmed or posed a significant or substantive risk of harm to the research subject.

Examples:

- A research subject received the wrong treatment or incorrect dose.
- A research subject met withdrawal criteria during the study but was not withdrawn.
- A research subject received an excluded concomitant medication.

II. The deviation compromises the scientific integrity of the data collected for the study.

Examples:

- A research subject was enrolled but does not meet the protocol's eligibility criteria.
- Failure to treat research subjects per protocol procedures that specifically relate to primary efficacy outcomes. (If it involves patient safety, it meets the first category above)
- Changing the protocol without prior IEC approval.
- Inadvertent loss of samples or data.

III. The deviation is a willful or knowing breach of human participant protection regulations, policies, or procedures on the part of the investigator(s).

Examples:

- Failure to obtain informed consent prior to initiation of study-related procedures
- Falsifying research or medical records.
- Performing tests or procedures beyond the individual's professional scope or privilege status (credentialing)

IV. The deviation involves a serious or continuing noncompliance with federal, State, local or institutional human participant protection regulations, policies, or procedures.

Examples:

- Working under an expired professional license or certification
- Failure to follow national and/or local regulations
- Repeated minor deviations.

V. The deviation is inconsistent with the NIH Human Research Protection Program's research, medical, and ethical principles.

Examples:

- A breach of confidentiality
- Inadequate or improper informed consent procedure

01. CONSTITUTION OF INSTITUTIONAL ETHICS COMMITTEE

PART A

Purpose

The EC is established to ensure the safety, well-being and rights of human participants in research conducted in **Sri Muthukumaran Medical College & Research Institute**, Chennai, India.

Scope

The SOP applies to the formation of the EC

The EC is committed to the promotion of science and ethics in the research carried out in these institutions. Its function also includes:

- Providing continues education in research bioethics and ethical aspects of biomedical research by seminars, workshops and interactive discussions for all categories of faculty, students, nursing and other paramedical staff.
- To function as a forum for redressal of complaints on ethical issues, from study participants and their families

The committee does not address or interfere in matters of an administrative nature, nor does the committee function as a grievance cell for staff members.

Responsibility

The Chairperson will be selected and appointed by the Dean under the authority given by the Managing Trustee, Sri Muthukumaran Educational Trust. The Dean, in consultation with Chairperson, will appoint the Member-Secretary and the other EC members.

Guidelines Followed

The EC shall comply with the following national and international ethical guidelines:

International guidelines

- WMA-Declaration of Helsinki (1964 and all subsequent amendments)
- Nuremburg Code (1947)
- Council of International organizations of Medical Sciences (CIOMS)

- BelmontReport1979
- International Ethical Guidelines for Biomedical Research Involving Human Study Participants (Geneva 2002),
- European Convention on Human Rights and Biomedicine1977
- 45CFR 46

National guidelines

The EC establishes its own Standard Operating Procedures based on the:

- ICMR Ethical Guidelines for Biomedical research on Human Participants (2017),
- Schedule Y (Drugs and Cosmetics Act 1940, amendment 20th Jan 2005)
- Operational Guidelines for Ethics Committees that Review Biomedical Research (WHO2000 and its amendment in 2011)
- ICH-GCP, 1996
- Indian GCP 2002 and other local regulations

The EC seeks to fulfill the requirements for international assurances and is established and functions in accordance with the national law and regulations

Composition

The Institutional Ethics Committee will be multidisciplinary and multi-sectorial in composition.

The committee is composed of a minimum of 8 and maximum of 15 members. It includes scientific and non-scientific, clinicians and non-clinicians, clinical pharmacologist, a social scientist, lawyer/expert in ethics, layperson, and patient representative needed to represent different point of view.

The committee should have adequate representation of age, gender and community to safeguard the interests and welfare of all sections of the community/society. Members are expected to be aware of local, social and cultural norms, as this is the most important social control mechanism.

Structure of IEC

The composition should be as follows:-

1. Chairperson (not– affiliated to SMMCH & RI)
2. Vice-Chairperson
3. Member-Secretary (SMMCH & RI Staff Member)
4. Joint Member-Secretary (SMMCH & RI Staff Member)
5. 1-2 clinicians
6. Basic medical scientists
7. Clinical Pharmacologist.
8. One legal expert or retired judge or medico-legal expert
9. One social scientist/representative of non-governmental voluntary agency
10. One philosopher/ethicist/theologian
11. Layperson from the community

Terms of Appointment

Duration

The members of the EC, SMMCH & RI will be appointed for a period of 3 years. The appointment procedure for membership will be followed so that it allows for continuity, the development and maintenance of expertise within the EC, and the regular input of fresh ideas. The membership can be renewed for another term of 3 years. However, there will be a break of not less than one year, after two continuous terms before re-appointment for third terms.

Renewal

The membership will be renewed after the stated term of 3 years

The process of renewal will be as follows:

Selection of Member-Secretary/Alternate Member-Secretary and other members should be done 2 months in advance. Member-Secretary designate should be inducted in the committee as a member before he/she takes on the mantle in the new EC.

Other members-designate may attend the board meeting as observers before starting their tenure as EC member. They should read, understand, accept and sign the

agreement contained in the Confidentiality/Conflict of Interest format at the beginning of the IHEC meeting.

If a regular member resigns, or ceases to be a member due to disqualification, or death, a new member will be appointed for the remaining term as per the Conditions of appointment stated below.

Resignation / Replacement procedure

The members who have resigned may be replaced at the discretion of the appointing authority for the same. EC members (including Member-Secretary) who decide to resign must inform the Dean, SMMCH & RI and Chairperson, EC in writing about their intention to resign by citing reasons for the same at least 30 calendar days prior to the next scheduled meeting. In case of resignation of the Chairperson, he/she is required to inform the Dean 30 calendar days prior to her/his resignation. In case of resignation, Dean, SMMCH & RI would appoint a new member, falling in the same category of membership if it is a mandated category per Schedule Y of Drugs & Cosmetics Act 1940, Government of India. Dean appoints Member-Secretary and Chairperson as per the procedure described in this SOP.

Termination / Disqualification procedure

A member may be relieved or terminated of his/her membership in case of:

- Conduct unbecoming for a member of the Ethics Committee
- Inability to participate in the meetings on any grounds
- If a regular member fails to attend more than 3 meetings of EC continuously. The membership shall be reviewed by the EC if the member is a regular defaulter. If deemed necessary, the EC may decide to terminate the membership and recommend to the Dean, SMMCH & RI by the Chairperson EC for necessary action
- Relocate to another city

In any such situation/circumstances, Dean, SMMCH & RI will serve a letter of termination to the member citing the reason. Documentation of the termination will be recorded in the meeting minutes of the next duly constituted EC meeting and EC

membership circular/ roster will be revised.

Conditions of Appointment

a) Name, age, sex, profession, and affiliation of EC members will be publicized through the SMMCH & RI website and notice boards of the institute.
b) Members must accept the appointment in writing.
c) Submit a CV and training certificates in Ethics and /or GCP.
d) Disclose any Conflict of interest.
e) Members must apprise themselves of the relevant documents, codes, GCP, ICH guidelines and the ICMR code & EC, SMMCH & RI SOPs.
f) All Members (including Chairperson, Vice-Chairperson, Member-Secretary and Alternate Member-Secretary) are required to sign the confidentiality agreement, Conflict of Interest statement at the start of their term. The confidentiality agreement protects the privacy and confidentiality of all parties whose information may be disclosed to the EC in the course of its work.
g) An investigator can be a member of the EC; however, the investigator-as-member cannot participate in the review and approval process for any project in which he or she has presence as a PI, Co-PI or Co-I or potential conflict of interest.

Office Bearers

The EC will have the following office bearers who have the expertise and professional qualifications to review what comes in.

Chairperson and Vice-Chairperson

The EC Chairperson and Vice-Chairperson should be highly respected individuals. They should be fully capable of managing the EC and the matters brought before it with fairness and impartiality. They should give opportunities to the members to have a frank and free expression of their views. Vice-Chairperson officiates as the Chairperson in his/her absence.

Appointment:

The Chairperson will be appointed by the Dean, SMMCH & RI and under authorization by the Managing Trustee, Sri Muthukumaran Educational Trust. The

Vice-Chairperson will be appointed by the Dean, SMMCH & RI in consultation with the Chairperson, EC from amongst the members.

Criteria for selection of Chairperson and Vice-Chairperson

The Chairperson and Vice-Chairperson are selected based on their experience as members of ethics committee. The Chairperson should preferably be a medical professional. A person in order to be considered for the post of Chairperson should have the experience of serving in an ethics committee and should not be affiliated to SMMCH & RI.

Terms of Reference for Chairperson and Vice-Chairperson

i. Ensure that the entire committee is functioning in conformity with its SOP.
ii. Protection of safety, rights and confidentiality of the research participants.
iii. Participate in the EC meeting regularly.
iv. Monitor the review procedures.
v. Maintain confidentiality of the documents and deliberations of the EC meetings.
vi. Declare conflict of interest, if any.
vii. To participate in continuing education activities in biomedical ethics and biomedical research and encourage members to do so.
viii. To provide information and documents related to training obtained in biomedical ethics and biomedical research to the EC secretariat
ix. To be updated on relevant laws and regulations

Member-Secretary and Joint Member-Secretary

The EC Member-Secretary and Joint Member-Secretary should be highly committed to the EC work and culture. They should be fully capable of managing the EC and the matters brought before it with fairness and impartiality. They should be able to run the committee's affairs with due attention to deadlines, and processes set forth in SOP. Joint Member-Secretary officiates as the Secretary in his/her absence. The Member-Secretary shall request in writing the Joint Member-Secretary to officiate on her/his behalf at least one working day in advance, with a copy to Chairperson, Vice-Chairperson and the Dean, SMMCH & RI.

Appointment

They will be appointed by the Dean, SMMCH & RI in consultation with the Chairperson, EC.

Criteria for selection of Member-Secretary and Joint Member-Secretary

The Member-Secretary and Joint Member-Secretary of IEC will be a staff member of SMMCH & RI. The Member-Secretary should preferably be a medical professional. Apart from their personal capacities, based on their interest, ethical and/or scientific knowledge and expertise, experience in domain field and profile, the Member-Secretary and Joint Member-Secretary are selected based on their experience as members of ethics committee or its scientific review committee.

Terms of Reference for Member-Secretary and Joint Member-Secretary

i. Ensure that members and research investigators are functioning in conformity with the EC's SOP.
ii. Liaising between the Chairperson/Vice-Chairperson, EC and Dean, SMMCH & RI and updating them about the developments
iii. Liaising between the EC members and Dean, SMMCH & RI
iv. Communicating with Chairperson/Vice-Chairperson, members and Principal Investigators
v. Protection of safety, rights and confidentiality of the research participants.
vi. Categorization of study proposals received
vii. Assigning categorized study proposals to primary reviewers
viii. Guiding the office staff in the day-to-day functioning of the EC Secretariat
ix. Overseeing documentation and archiving of study documents (Preparation, maintenance and distribution of study files).
x. Overseeing the maintenance of a database of all proposals received, reviewed and archived.
xi. Convening EC Expedited Committee Meeting as and when required (with the help of the EC Secretariat staff)
xii. Convening EC Full Board Review Meeting regularly (once in a month) (with the help of the EC Secretariat staff)
xiii. Preparation of agenda and minutes of the meetings (with the help of the EC Secretariat staff)

xiv. Communicating with EC members and PIs (with the help of the EC Secretariat staff)

xv. Monitor the review procedures

xvi. Participate in the EC meeting regularly.

xvii. Maintain confidentiality of the documents and deliberations of the IEC meetings.

xviii. Declare conflict of interest, if any.

xix. To provide information and documents related to training obtained in biomedical ethics and biomedical research to the EC Secretariat

xx. To be updated on relevant laws and regulations

xxi. To participate in continuing education activities in biomedical ethics and biomedical research and encourage members to do so.

xxii. Arrangement of training for personnel and EC members

Members

Appointment

All members shall be appointed by the Dean, SMMCH & RI in consultation with the Chairperson and Member-Secretary of EC

Criteria for selection of Members:

All members, should at least possess an under-graduate degree (Layperson may be exempted but should be literate) and should have attended at least one training programme on ethics. Apart from their personal capacities, based on their interest, ethical and/or scientific knowledge and expertise, experience in domain field and profile. Members are selected on their personal capacities, based on their interest, ethical and/or scientific knowledge and expertise, experience in domain field and no known record of professional misconduct.

New members will be identified according to the requirement i.e. as per the composition specified in this SOP and provided the potential member fulfill the conditions of appointment as defined in this SOP.

Terms of Reference of the IEC members

i. The Committee's primary responsibilities will be protection of safety, rights

and confidentiality of the research participants.

ii. Participate in the IEC meeting.

iii. Review & discuss research proposals submitted for evaluation.

iv. Review progress reports and monitor on-going studies.

v. Monitor SAEs and recommend appropriate action(s).

vi. To do onsite visits wherever needed

vii. Maintain confidentiality of the documents and deliberations of the IEC meetings.

viii. Declare conflict of interest, if any.

ix. To carry out work delegated by Chairperson.

x. To participate in continuing education activities in biomedical ethics and biomedical research.

xi. To provide information and documents related to training obtained in biomedical ethics and biomedical research to the IEC Secretariat

xii. To be updated on relevant laws and regulations

Independent Consultants

The EC may call upon, or establish a standing list of, independent consultants who may provide special expertise to the IEC on proposed research protocols, when the Chairperson or Member-Secretary or the EC members determine that a study will involve procedures or information that is not within the area of expertise of the EC members. These consultants may be specialists in ethical or legal aspects, specific diseases or methodologies, (e.g. genetic disorders, stem cell research etc.) or they may be representatives of communities, patients, or special interest groups. These consultants must sign the confidentiality agreement regarding meeting, deliberations, and related matters. These consultants or subject experts offer their views on the proposed research but cannot take part in decision-making.

Appointment

All Independent Consultants shall be appointed by the Dean, SMMCH & RI in consultation with the Chairperson and Member-Secretary of IEC. Independent Consultants may be from within or outside SMMCH & RI.

Criteria for Selection

The Independent Consultants should be subject experts in their field. They should be willing to spare time to review, and give their expert comments on the projects allotted to them. They should also be able to attend the EC proceedings as and when requested.

Terms of Reference for Independent Consultants

i. Will study the protocols given to them for review
ii. Give expert comments and their opinion to the EC
iii. Be present in the EC meetings when requested
iv. Declare conflict of interest, if any.

Secretariat

Secretariat is composed of Member-Secretary, EC and the administrative supporting staff. The supporting staff consists of staff members of EC,SMMCH & RI appointed by the Dean, SMMCH & RI.

The secretariat shall have the following functions:

- Organizing an effective and efficient tracking procedure for each proposal received
- Maintain a database of all proposals received, reviewed and archived
- Preparation, maintenance and distribution of study files
- Organizing EC meetings regularly
- Preparation of agenda and minutes of the meetings
- Maintaining EC documentation and archive
- Communicating with EC members and PIs
- Arrangement of training for personnel and EC members
- Providing necessary administrative support for EC related activities to the Member-Secretary, EC

The EC Administrative Staff: Working Rules

a. There will be administrative assistant(s) and attendant(s)/helper(s) who will help the EC Chairperson and Member-Secretary in executing functions of the EC. Additional staff may be appointed and duties assigned; as and when

deemed necessary by the EC. The eligibility criteria for new staff to be appointed will be laid down depending on the required job profile. The need for appointment of administrative staff, job profile and qualifications may be recommended by EC members during regular EC meeting and will be recorded in minutes; these are forwarded to the Dean, SMMCH & RI for necessary action.

Terms of Reference for the administrative officer(s)/staff

a. Correspondence with the EC members and external experts
b. Correspondence with the investigators
c. Pre and post arrangements of EC meetings
d. Preparing agenda and minutes of the EC meetings
e. Answering queries of the investigators
f. Filing study related documents
g. Archiving and maintaining the study files

Duties of the attendant(s)/helper(s) (as assigned by the Member-Secretary / Secretariat office in-charge)

a. Assisting the secretariat in arranging the EC meetings
b. Dispatching sets of study documents to EC members and external experts
c. Receiving the study related documents from and dispatching the EC letters to the investigators
d. Filing study related documents
e. Archiving and maintaining the study files

- The administrative staff will report to the Member-Secretary.
- The office timing for the administrative staff will be as per SMMCH & RI Rules & regulations.
- The administrative staff will avail leave as per SMMCH & RI norms.

Quorum Requirements

The quorum of EC is decided by the presence of 50% plus one members of the total strength, and the quorum requirements preferably have the following representation. Without satisfying these conditions, any decision taken by the committee shall remain null and void.

a. Basic medical scientists(one pharmacologist)
b. Clinicians
c. Legal expert
d. Social scientist or representation of non-governmental voluntary agency
e. Philosopher or ethicist or theologian or similar person
f. Lay person from the community

- A quorum should include at least one member whose primary area of expertise is in a non-scientific area, a clinician and at least one member who is independent of the institution/research site.
- No quorum should consist entirely of members of one profession or one sex.
- In absence of the Chairperson, Vice-Chairperson will chair the meeting. On a rare occasion of absence of both, any member who is independent of the institution will chair the meeting as Acting Chairperson.

Decision-making

- Decision is arrived at by consensus, if consensus not possible, voting is carried out.
- Opinions of absent members that are transmitted by mail or telephone or fax may be considered by the attending members during discussion but may not be counted as votes or quorum for formally convened full board meetings.
- Any committee member with a conflicting interest in a proposal will abstain from deliberations and in decision-making process on that proposal, except to provide information as requested by the committee. Such abstentions will be recorded in the minutes.
- Any subject expert – Independent Consultant who is attending the meeting will take part in discussion and offer their expert comment–but will not take part in decision-making.

Continuing Education for EC Members

EC members have a need for initial and continued education regarding the ethics and science of biomedical research.

All IEC members must be conversant with the following

- ICMR Guidelines for Research involving Human Participants2006,
- Schedule Y of Drugs and Cosmetics Act,
- Indian and ICH-GCP guidelines,
- 45 CFR 46 and
- WMA-Helsinki Declaration.

EC members will receive introductory training in research bioethics and functioning of EC and will be exposed to ongoing opportunities for enhancing their capacity for ethical review.

- The EC members will be encouraged to receive ongoing training by attending workshop at least once every 2 years.

Annual report of the IEC

- Annual activity report (including details of study proposals received) should be prepared and submitted to the Dean, SMMCH & RI and other relevant authorities.

PART B

Functions of Ethics Committee

The Ethics Committee for clinical trial shall perform the following functions fora person, institution or organization (as per Rule 11, chapter III of New Drugs & Clinical Trial Rules, 2019)

(i) Review and accord approval to a clinical trial, bioavailability or bioequivalence study protocol and other related documents, as the case may be, in the format specified in the Third Schedule and oversee the conduct of clinical trial to safeguard the rights, safety and wellbeing of trial subjects in accordance with these rules, Good Clinical Practices Guidelines and other applicable regulations;

(ii) In regard to clinical trials, make at appropriate intervals, an ongoing review of the clinical trials for which it has accorded approval and such review may be based on periodic study progress reports furnished by the investigators or monitoring and internal audit reports furnished by the sponsor or by visiting the study sites;

(iii) indicate the reasons that weighed with it while rejecting or asking for a change or notification in the protocolin writing and a copy of such reasons shall also be made available to the Central Licencing Authority;

(iv) where any serious adverse event occurs to a trial subject or to study subject during clinical trial or bioavailability or bioequivalence study, the Ethics Committee will analyse the relevant documents pertaining to such event and forward its report to the Central Licencing Authority and comply with the guidelines as per NDCTR, 2019

(v) where at any stage of a clinical trial, it comes to a conclusion that the trial is likely to compromise the right, safety or wellbeing of the trial subject, the committee may order discontinuation or suspension of the clinical trial and the same shall be intimated to the head of the institution conducting clinical trial and the Central Licencing Authority;

(vi) allow any officer authorised by the Central Licencing Authority to enter, with or without prior notice, to inspect the premises, any record, or any documents related to clinical trial, furnish information to any query raised by such authorised person, in relation to the conduct of clinical trial and to verify compliance with the requirements of these rules, Good Clinical Practices Guidelines and other applicable regulations for safeguarding the rights, safety and well-being of trial subjects

(vii) comply with the requirements or conditions in addition to the requirements specified under the Act and these rules as may be specified by the Central Licencing Authority with the approval of the Central Government, to safeguard the rights of clinical trial subject or bioavailability or bioequivalence study subject.

02. MANAGEMENT OF PROTOCOL SUBMISSIONS

1. **Purpose**

This SOP is designed to describe and act as a guideline for the IEC Secretariat of the IEC to manage research protocol submissions.

2. **Scope**

The scope includes the following -

- Submission for initial review
- Resubmission of protocols with modifications
- Protocol amendments and any other amendments
- Continuing review of approved protocols
- Protocol completion / termination

3. **Responsibility**

It is the responsibility of the IEC Secretariat to receive record, distribute the protocols for review by the IEC, and communicate the decisions to PI.

4. **Detailed process**

4.1 Receive submitted Protocols/Documents

The PI can submit research proposal to the IEC for review and approval under any of the 5 sections mentioned below:

1. Initial Review Application
2. Resubmission of Protocols with Corrections
3. Protocol Amendment or any other Amendments
4. Continuing Review of Approved Protocols
5. Project Completion / Termination

Initial Review Application

The principal investigator has to submit one copy as per the norms prescribed in the SOP to the IEC, secretariat

EC member secretary / any other members will go through the application and scrutinize the application and inform the principal investigator for further submission. It may be 5 number of the copies (to the sub committee) or 15 copies (to the full

board) or application for waiver of consent etc. Any incomplete application will be returned to the principal investigator for rectification.

After getting information from the IEC secretariat, the principal investigator has to submit the proposals (Hard / Soft) copies to the IEC for consultation.

4.2 Verify Contents of Submitted Protocols/Documents

The applicable documents would be checked to ensure that all required forms and materials are contained within the submitted package. Checking is done as per checklist for submissions for initial review.

Verified contents of the submitted package which should include

- Original Application Form for Initial Review or Project submission Form
- Study protocol
- Other related documents necessary for initial review

The necessary information and signature at all appropriate places in the application form submitted for initial review would be checked for completeness.

The applicants would be notified if a package is incomplete.

The items missing would be stated clearly in the package on the Protocol submission / document receipt form.

The Secretariat will

- Stamp, sign & date of receipt on the cover letter confirming receipt of the documents.
- Make a photocopy of the completed document receipt form and return the original copy to the applicant for their records.
- Count for correct numbers of hard copies (Initially 15 copies for investigator-initiated studies and 15 copies for pharm-sponsored studies)
- The hard copies and soft copy of the research project would be stored. The hard copies will be stored in locked cupboards in IEC office and soft copy of IEC submission form /study protocol accepted by email will be saved on computer.

- The date of receipt, no. of copies and the name of the receiver in register would be recorded
- The received packages would be stored, which include original protocol file and copies of the protocol to be distributed for review.

5. **Detailed description of Study Project Submission**

The Study Protocol should be accompanied with the following relevant supporting documents for scientific and ethical review. These are –

1. Checklist
2. Project Submission Form
   A. Grouping of Project
   B. Project Fact Sheet
   C. Project Submission Overview
3. Essential Documents
   a. Informed Consent Documents (ICD)
   b. Participant Information Sheet (PIS)
4. Decision of other Ethics Committees (If required / asked for)

Details of Essential Documents along with Protocol

a) Participant Information Sheet (PIS), Informed Consent Forms (ICFs), Assent Forms and Parent consent forms (if children / adolescents between 7 – 18 years of age are participants in the trial) - in English, Tamil and any other required language.
b) Investigator's Brochure (IB)
c) CRF
d) One page, recent, signed and dated curriculum vitae of the investigators indicating qualifications and relevant experience.
e) Agreement to comply with national and international GCP protocols for clinical trials
f) Details of Funding agency / Sponsors and fund allocation
g) Regulatory clearance for all types of studies from appropriate regulatory authorities i.e.DCGI approval, DGFT approval (for export of study samples), ICMR, other local government agencies (as applicable)

h) For exchange of biological material in international collaborative study a MOU / MTA between the collaborating partners.
i) CTA or MOU between the Investigator & Sponsors
j) Insurance/Indemnity policies, indicating who are covered
k) Any other information relevant to the study

6. **Resubmission of Protocols with corrections as per EC suggestions**

- For resubmitted protocol, the PI will submit one copy of the amended Protocol and related documents along with justification for amendment, and clearly highlighted / demarcated sections which have undergone amendment
- The EC Secretariat will verify the completeness and reconfirm that the copy contains the modification highlighted with respect to the earlier protocol
- The EC Secretariat will perform the steps as mentioned in initial review application.
- The protocol related documents which do not require to be changed and are already submitted to the EC during initial review are need not be submitted again.

7. **Research Protocol Amendments and other study related documents**

- The PI will submit 15 copies of the protocol amendments or any other study related documents to the IEC Secretariat.
- The IEC Secretariat will verify the completeness as per checklist for the contents of submitted package.
- The PI will highlight the modification/s in the amendment, along with a summary of changes and whether these changes would entail changes in the ICF.
- The Member Secretary in consultation with Chairperson will decide whether to:
    - Carry out an expedited review in case of minor administrative amendment.
    - Table for discussion at the full board meeting.

8. **Annual Continuing Reviews of Approved Protocols**

- The IEC will send reminders for annual report to PI, 15 days prior to the expiry date of approval, which usually is one year from the date of approval letter
- The IEC will receive a copy of Annual Study / Continuing Review Report and related documents for the approved protocol.
- The IEC Secretariat will verify the completeness of the Continuing Review Application Form Progress report/Request letter for extension of approval of the project.
- The progress or continuing review report will be tabled in the full board meeting of IEC.

9. **Protocol Completion**

- The IEC will send reminders for annual report to PI, 15 days prior to the date of completion.
- The IEC will receive a copy of Study Completion Report in the prescribed format
- The IEC Secretariat will verify the completeness of the Study Completion Report Form filled by the PI.
- The study completion report will be tabled in the full board meeting of IEC.

03. CATEGORIZATION OF STUDY PROTOCOLS

The IEC should review every research proposal on human participants and must approve the proposal before the research is initiated. The committee should evaluate the possible risks to the participants with proper justification, the expected benefits to participants / community and adequacy of documentation for ensuring privacy & confidentiality.

1. Purpose

The purpose of this SOP is to describe the procedure to categorize the submitted protocols to be eligible for exempt, expedited or full board review.

2. Scope

This SOP applies to the administrative process concerning categorization of submitted protocols.

3. Responsibility

The Member-Secretary, IEC, depending on the risk involved in the research proposals categorize them to be eligible for one of the three types of reviews

1. Exemption from review,
2. Expedited review or
3. Full Board review.

The categorization will be done by the Member-Secretary and not the Investigator.

4. Categorization of Protocols

4.1 Exempt Review

The exemption from review may be considered under the following situations having less than minimal risk to the participants:

i. Research on educational practices such as instructional strategies or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods

Exceptions:

a. When research on use of educational tests, survey or interview procedures, or observation of public behavior can identify the human participant directly or through identifiers, and the disclosure of information outside research could subject the participant to the risk of civil or criminal or financial liability or psycho-social harm
b. When interviews involve direct approach or access to private papers

The research proposals, which do not involve human participants or data derived from them, are exempt from ethics review. For example,

- Audits of educational practices
- Research on microbes cultured in the laboratory
- Research on immortalized cell lines
- Research on cadavers or death certificates provided such research reveals no identifying personal data
- Analysis of data freely available in public domain

4.2 Expedited Review

An expedited review may be conducted, only if the protocols involve minimal risk to the participants:

a) Revised proposal with minor modifications previously approved through full review by the IEC.
b) Continuing review of approved proposals where there is no deviation from the original protocol approved by the IEC.
c) Anonymous surveys and retrospective study of medical records
d) Analysis of discarded pathological specimens/stored paraffin blocks without personal identifiers
e) Proposals involving previously banked biological materials and/or tissues without any identifiers
f) Research activities that involve only procedures listed in one or more of the following categories:

Clinical studies of drugs and medical devices only when

i. Research is on already approved drugs except when,
    a. Study of drug interaction
    b. Conducting trial on vulnerable population OR
    c. Adverse Event (AE) or unexpected Adverse Drug Reaction (ADR) of minor nature is reported

ii. Other documents, which would be considered for expedited review, are as follows but may not restrict to:
    a. Minor deviations from originally approved research during the period of approval (Usually of one-year duration)
    b. Change in the name, address of sponsor
    c. Change in contact details of PI and Member-Secretary, IEC
    d. Request for change in PI, Co-I, change in any member involved in the research
    e. Minor amendments in the protocol, CRF
    f. Minor corrections in budget
    g. Other administrative changes in the IB, ICF.

4.3 Full Board Review

All research presenting with more than minimal risk, research protocols, which do not qualify for exemption or expedited review, and projects that involve vulnerable population and special groups should be subjected to full board review by all the members.

04. EXEMPTION FROM REVIEW FOR RESEARCH PROTOCOLS

1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe which research protocols can be exempted from ethics review and do not require the approval of the IEC.

2. Categorization of protocols

The Member Secretary, IEC or secretariat shall screen the proposals for their completeness and depending on the risk involved in the research protocols; categorize them into three types, viz., Exemption from review, Expedited review, and Full review. An investigator cannot categorize his/her protocol in to the above three types. This SOP describes exemption from ethics review in detail.

3. Exemption from review

Protocols which involve less than minimal risk fall under this category.

Minimal risk would be defined as one which may be anticipated as harm or discomfort not greater than that encountered in routine daily life activities of general population or during the performance of routine physical or psychological examinations or tests. However, in some cases like surgery, chemotherapy or radiation therapy, great risk would be inherent in the treatment itself, but this may be within the range of minimal risk for the research participant undergoing these interventions since it would be undertaken as part of current everyday life (ICMR 2006).

The exemption from review may be seen in following situations:

i. Research on educational practices such as instructional strategies or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods'

Exceptions:

1. When research on use of educational tests, survey or interview procedures, or observation of public behavior can identify the human participant directly or

through identifiers, and the disclosure of information outside research could subject the participant to the risk of civil or criminal or financial liability or psychosocial harm.

2. When interviews involve direct approach or access to private papers

ii. The research proposals which do not involve live human participants or data derived from them are exempt from ethics review. For example,

- Audits of educational practices
- Research on microbes cultured in the laboratory
- Research on immortalized cell lines
- Research on cadavers or death certificates provided such research reveals no identifying personal data
- Analysis of data freely available in public domain

In some circumstances, research which appears to meet low risk criteria may need to be reviewed by the IEC. This might be because of requirements of:

- The publisher of the research
- An organization which is providing funding resources, existing data, access to participants etc.

4. Scope

This SOP applies to the all protocols submitted for exemption from review by the IEC. The specific points in the Exemption Form should guide the Member Secretary to determine whether the protocol qualifies for exemption from review. The decision should be taken by the Member Secretary in consultation with the Chairperson and should be informed to the members in the forthcoming IEC meeting.

Responsibility

It is the responsibility of the Member-Secretary to record the decision in the Exemption Form with reasons. The IEC Secretariat is responsible for recording and filing the decision including the reasons for that decision. The Chairperson must sign and date letter conveying the decision.

5. Detailed instructions to the IEC Secretariat:

5.1 Receive the submitted documents

- The Secretariat will receive the Exemption from review Application Form, Protocol and other documents submitted by the investigators.
- Acknowledge the submitted documents

5.2 Determine protocols eligible for exemption from review

The Member Secretary, IEC will determine whether a protocol qualifies for exemption from review based on criteria explained in.

5.3 Exemption Process

- If the protocol and related documents satisfy the criteria as listed in 3, the Member Secretary in consultation with the Chairperson will review the brief summary of the protocol and the Exemption Form.
- The Member Secretary records the decision on the Exemption Form.
- The Secretariat communicates the decision to the investigator.
- The Member Secretary informs the IEC members about the decision at the next full board meeting.
- In case the protocol does not fit in any of the above stated criteria, the Member Secretary / Chairperson may keep the application for review and discussion at the full board meeting.

5.4 Communication between the IEC and the investigator

- The decision regarding request for Exemption from review, signed by the IEC Chairperson / Member secretary, will be forwarded by the Secretariat to the PI within 14 days after the decision regarding the exemption is taken.
- The Member Secretary will inform the IEC members of the decision at the forthcoming regular meeting and minute it in the meeting notes.

05. EXPEDITED REVIEW OF SUBMITTED PROTOCOL

1. Purpose

The purpose of this SOP is to provide criteria for categorization of research protocols which can be reviewed through expedited process as well as instructions on management, review, and decision of the expedited review.

2. Categorization of protocols

The Member Secretary, IEC or secretariat shall screen the proposals for their completeness and depending on the risk involved in the research proposals categorize them into three types, viz., Exemption from review, Expedited review, and Initial review. An investigator cannot categorize his/her protocol into the above three types. This SOP describes expedited review in detail.

3. Expedited Review

The proposals involving no more than minimal risk to research participants may be subjected to expedited review.

An expedited review may be conducted, only if the protocols involve -

1. Revised proposal previously approved through full review by the EC or continuing review of approved proposals where there is no/minimal risk or additional activity is limited to data analysis or health record research

2. All ICMR student proposals / post-graduate dissertations / PhD thesis

3. An urgent proposal of national interest having minimum risk

4. Analysis of discarded pathological specimens / stored paraffin blocks without personal identifiers
5. Proposals involving previously banked materials and/or tissues as per policies of respective authorities like – tumor tissue repository

6. Research activities that involve only procedures listed in one or more of the following categories:

a. Clinical studies of drugs and medical devices only when -

i. Research is on already approved drugs except when,

a. Study of drug interaction

b. Conducting trial on vulnerable population

ii. Adverse Event (AE) or unexpected Adverse Drug Reaction (ADR) of minor nature is reported

b. Research involving clinical materials (data, documents, records, or specimens) that have been collected for non-research (clinical) purposes

7. Other documents which would be considered for expedited review are as follows but may not restrict to:

i. Minor deviations from originally approved research during the period of approval (Usually of one year duration)

ii. Change in the name, address of sponsor

iii. Change in contact details of PI and IEC

iv. Change in PI or hand over of trials or projects

v. Inclusion or deletion of name/s of co-investigator/s

vi. Request for change in PI, Co-I, change in any member involved in the research

vii. Minor amendments in the protocol, CRF

viii. Minor corrections in budget

ix. Other administrative changes in the IB, ICF, etc.

4. Scope

This SOP applies to the review and approval of research protocols and documents with not more than minimal risk to participants

5. Responsibility

It is the responsibility of the Member Secretary / IEC Secretariat to identify which research protocols or documents should be reviewed through expedited process.

6. Detailed instructions to the IEC secretariat:

6.1 Receive the submitted documents

- Receive the application documents submitted by investigators as per the check list
- Acknowledge the submitted documents
- Hand over the received documents to the Member Secretary, IEC

6.2 Expedited Process

- The Chairperson / Member-secretary will review the documents which qualify for expedited review.
- After determining that the Protocol or documents qualify for an expedited review, Member Secretary informs the Chairperson and Chairperson nominates two or three IEC members to review the protocol. Review may be made either by circulation of comments, telephone discussion, or meeting.
- The expedited review should not take longer than 2 weeks, from the date of receipt of the research protocol.
- The minutes of the expedited review subcommittee meeting should be ratified in the next regular full board meeting.
- If consensus cannot be reached, the Chairperson will revert the proposal or the documents back to the EC for a full board review.

6.3 Communication between the EC and the investigator

- The decision of subcommittee, IEC, will be communicated to the PI immediately after minutes of subcommittee are finalized.
- If project is disapproved or requires resubmission after certain modifications, this will be informed to the PI in writing. The reasons for disapproval of a project will be specified in the letter sent to PI.

06. FULL BOARD REVIEW

1. Purpose

The purpose of this Standard Operating Procedure(SOP) is to describe how the IEC members will review a protocol during the full board review.

2. Scope

This SOP applies to the review and assessment of protocols submitted for approval from the IEC in a full board review.

3. Responsibility

The IEC Secretariat is responsible for receiving, verifying, and managing the hard copies and softcopy of the received protocols. In addition, the Secretariat should create a protocol specific file, distribute the softcopies of the protocols through an email to the IEC members for review and communicate the decision to the investigators.

IEC members are responsible for receiving, verifying, and reviewing the research protocols they receive.

4. Full Board Review

All research presenting with more than minimal risk, research protocols which do not qualify for exemption or expedited review and projects that involve vulnerable population and special groups should be subjected to full board review by all the members.

5. Full Board Review Process

5.1 Action at the IEC Secretariat:

- **i.** Receive the application documents submitted by investigators as per the checklist
- **ii.** Ensure the completeness of documents
- **iii.** Make relevant entries into the database
- **iv.** Acknowledge the submitted documents
- **v.** Handover the received documents to the Member-Secretary, IEC

6. Categorization of Protocols

Study protocols which are categorized under expedited review will be reviewed as per SOP titled 'Review of Study Protocol: Categorization of Study Protocols'

7. Assigning Independent Consultants

- An Independent Consultant is a subject expert in a specified field identified and nominated by the Chairperson; a list of independent consultants is maintained at the IEC. If a project requires additional expertise than those that of the IEC members, an independent consultant of the related specialty is invited to review the project.

- These experts may be specialists in ethical or legal aspects, specific disease or methodologies, or represent specific communities; patient groups or special interest groups e.g., cancer patients, HIV/AIDS positive persons or ethnic minorities. They are required to give their specialized views but do not take part in the decision making process which will be made by the members of the committee.

8. Distribution of the project documents

The following documents will be sent by email to the Chairperson, Member-Secretary and members of the IEC and the Independent Consultant, wherever, necessary:

i. Complete project proposal
ii. Informed Consent Documents
iii. Protocol review form

In addition, a hard copy of the above documents would also be given.

9. Responsibilities of IEC members

i. Check the protocol documents received
ii. Check the meeting date to see if he/she is available to attend the meeting.

iii. Identify the project assigned for review

iv. Notify the IEC Secretariat 5 days prior to the convened IEC meeting regarding the missing documents, if any

10. Elements of Review

The primary task of the IEC is to review the research proposals and their supporting documents with special attention given to the informed consent process documentation, and the suitability and feasibility of the protocol in addition to its scientific rigor and ethical soundness.

IEC will also take into account prior scientific and ethical review by the other Ethics Committees, and the requirements of applicable laws and regulations.

10.1 While reviewing the research protocols, the following situations should be carefully assessed against the existing facilities at the research site for risk/benefit analysis:

a. Collection of blood samples by finger prick, heel prick, ear prick or venipuncture

1. Healthy adults and non-pregnant women who weigh normal for their age and not more than 450ml blood is drawn in an 8 week period and frequency of collection is not more than 2 times per week
2. From other adults and children, where the age, weight and health of the participants, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected has been considered and not more than 50ml or 3 ml per kg whichever is lesser, is drawn in an 8 week period and not more than 2 times per week.
3. From neonates depending on the hemodynamic, bodyweight of the baby and other purposes not more than 10% of blood is drawn within 48–72 hours. If more than this amount is to be drawn it becomes a risky condition requiring infusion/blood transfusion
4. Prospective collection of biological specimens for research purposes by noninvasive means.

b. Collection of data through non-invasive procedures routinely employed in clinical practice. Where medical devices are employed, they must be cleared / approved for marketing.

c. Research involving clinical materials (data, documents, records, or specimens) that will be collected solely for non-research (clinical) purposes

d. Collection of data from voice, video, digital, or image recordings made for research purposes

e. Research on individual or group characteristics or behavior not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies

f. Research involving collection and storage of genetic materials

The protocol will be reviewed under the following aspects:

Scientific Design and Conduct of the Study

- The appropriateness of the study designs in relation to the objectives of the study.
- The statistical methodology (including sample size calculation),and the potential for reaching valid conclusions with the minimum number of research participants
- The justification of predictable risks and inconveniences weighed against the anticipated benefits for the research participants and the concerned communities
- The justification for the use of control arms; criteria for prematurely withdrawing research participants
- Criteria for suspending or terminating the research as a whole
- The adequacy of provisions made for monitoring and auditing the conduct of the research including the constitution of a DSMB, the adequacy of the site, including the supporting staff, available facilities, and emergency

procedures

- The manner in which the results of the research will be reported and published

Recruitment of Research Participants

- The characteristics of the population from which the research participants will be drawn (including gender, age, literacy, culture, economic status, vulnerable population and ethnicity)
- The means by which initial contact and recruitment is to be conducted
- The means by which full information is to be conveyed to potential research participants or their representatives
- Inclusion criteria for research participants
- Exclusion criteria for research participants
- Students or staff recruitment in research

Community Considerations

- Impact and relevance of the research on the local community and on the concerned communities from which the research participants are drawn
- Steps taken to consult with the concerned communities during the course of designing the research
- Influence of the community leaders on the consent of individuals
- Proposed community consultation during the course of the research
- Extent to which the research contributes to capacity building, such as the enhancement of local health care, research, and the ability to respond to public health needs
- A description of the availability and affordability of any successful study product to the research participants and the concerned communities

Care and Protection of Research Participants

- Suitability of the investigators' qualifications and experience for the proposed study
- Any plans to withdraw or withhold standard therapies for the purpose of the research, and the justification for such action
- Medical care to be provided to research participants during and after the

course of the research

- Adequacy of medical supervision and psycho-social support for the research participants
- Steps to be taken if research participants voluntarily withdraw during the course of the research
- Criteria for extended access to, the emergency use of, and/or the compassionate use of study products.
- Description of any plans to make the study product available to the research participants following the research; a description of any financial costs to research participants
- Rewards and compensations for research participants(including money, services, and/or gifts).
- Provisions for compensation/treatment in the case of the injury/disability/death of a research participant attributable to participation in the research.
- Insurance and indemnity arrangements.

Protection of Confidentiality of Research Participants

A description of the persons who will have access to personal data of the research participants, including medical records and biological samples. The measures taken to ensure the confidentiality and security of personal information concerning research participants.

Informed Consent Process

i. A full description of the process for obtaining informed consent, including the identification of those responsible for obtaining consent.

ii. Adequacy, completeness, and comprehension of written and oral information to be given to the research participants, and, when appropriate, their Legally Acceptable Representative(s)(LAR)

iii. Clear justification for the intention to include research participants who cannot make informed decision making, and a full account of arrangements to obtain their consent/consent from the LAR. Assurances that research participants will receive information that becomes available during the course of the

research relevant to their participation including their rights, safety, and well-being.

iv. Provisions made for receiving and responding to queries and complaints from research participants or their representatives during the course of a research project

Use of protocol review forms

It is the responsibility of the IEC members to use protocol review form as a checklist while reviewing each research protocol. The duly filled, signed and dated protocol review forms should be returned to the Secretariat at the end of the meeting. The protocol review form is designed to standardize the review process. The study protocol review form helps to ensure that all elements of research protocol are reviewed and are accordingly documented during the discussion/meeting.

IEC meeting

The details of review procedures and communication of decision is described in detail in SOP titled 'Agenda Preparation, Meeting Procedures and Recording of the Minutes'.

In case an urgent approval is required by the investigators, an emergency IEC meeting will be convened as the need may be.

Format for according approval to clinical trial protocol by the ethics committee

To

Dr.

Dear Dr._____

The Institutional ethics committee or independent ethics committee (state name of the committee, as appropriate)reviewed and discussed your application to conduct the clinical trial entitled "…….. "on…….(date).

The following documents were reviewed:

(a) Trial protocol (including protocol amendments), dated…….version No.(s) ……

(b) Patient information sheet and informed consent form (including updates, if any) in English or vernacularlanguage.

(c) Investigator's brochure, dated ..... , Version no…… Proposedmethods for patient accrual including advertisements etc. proposed to be used for the purpose.

(d) Principal investigator's current Curriculum Vitae.

(e) Insurance policy or compensation for participation and for serious adverse events occurring during the study participation.

(f) Investigator's agreement with the sponsor.

(g) Investigator's undertaking.

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

……Chairperson of the ethics committee;

…….Member-Secretary of the ethics committee;

…….Name of each member with designation;

We approve the trial to be conducted in its presented form.

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

Yours sincerely,

Member Secretary, Ethics Committee

07. REVIEW OF RESEARCH PROPOSALS INVOLVING VULNERABLE POPULATION

1. Purpose

To review the research proposals submitted by the investigators which involves vulnerable population both scientifically and ethically.

2. Scope

Applicable to SMMCH & RI

3. Responsibility

All the members of the IEC are responsible for implementation of this SOP

4. Procedure

4.1 Vulnerable research participants are individuals whose willingness to volunteer in a research trial may be duly influenced by the expectation (whether justified or not), benefits associated with the participation, retaliatory response from the higher authority in case of refusal to participate and whose consent may not be valid for various reasons. They include infants, children and adolescents, pregnant and lactating women, students and employees, mentally challenged patients and critically ill patients etc.,

4.2 All the members will evaluate the possible risks to the study participants with proper justifications, the expected benefit and adequacy of documentation for ensuring privacy, confidentiality and justice issue.

4.3 Vulnerable group can become participants only if the study is designed to protect or advance the health of this population and for which the non-vulnerable group would not be suitable participants.

4.4 In case of trials involving children, the assent of the child should be obtained from the age of seven to eighteen years unless there is no medically acceptable

alternative to the therapy (provided consent has been obtained from parents / guardian)

4.5 Rights and welfare of the people who are unable to give informed consent must be protected. Informed consent must be obtained from legally acceptable representatives in presence of impartial witness with adequate explanation of risks and benefits.

4.6 Expert opinion of additional members would be obtained if necessary.

08. AGENDA PREPARATION, MEETING PROCEDURES AND RECORDING OF MINUTES

1. Purpose

The purpose of this procedure is to elaborate administrative process and provide instructions for preparation, review, approval, and distribution of meeting agenda, minutes, and notification letters of IEC meetings.

The day, time, and venue of IEC meetings are specified as follows:

- The IEC meetings will be conducted 6 times year as follows.
    - The IEC meeting full board meetings to be conducted once in 4 months.
    - Sub committee meetings to be conducted 3 times in a year in between the full board meeting.
- The Member-secretary / Chairperson can convene a meeting, if required, on any other day, after consulting the members. Additional meetings (full board or subcommittee) can be convinced by the chairperson or member secretary as the necessity arrears.
- In the absence of chairperson, vice-chairperson is authorized to conduct the meetings.

Venue: **Sri Muthukumaran Medical College Hospital & Research Institute**
Chikkarayapuram, Near Mangadu, Chennai-600069

2. Scope

This SOP applies to administrative processes concerning the conduct of the meeting.

3. Responsibility

It is the responsibility of the Member Secretary, IEC and IEC staff to prepare for the respective IEC meeting. In the absence of Member secretary, Joint member secretary authorized to look after the process.

4. Detailed instructions

4.1 Before full board IEC meeting

- Agenda of the IEC meeting would be prepared.
- Protocols on the agenda would be scheduled on a first come first serve basis.

4.2 Distribution of Protocol/Documents Packages to the IEC Members

Copies of the protocols would be distributed to the IEC members by either electronic mail or by courier preferably 1 week in advance of the scheduled meeting. The receipt of the proposals will be ascertained by the member secretary.

It is the responsibility of the IEC member to verify items of the parcel on receipt and in the event of any missing items, intimate the IEC office immediately so that the relevant documents could be made available to the members before the meeting.

4.3 Preparation for the meeting

The IEC meeting room would be reserved on the scheduled meeting date and time. The meeting will be held in the meeting room of IEC, unless otherwise specified.

It would be ensured that the room, equipment (projectors, recorder, etc) and facilities are available in good housekeeping conditions on the day of the meeting.

On the previous day of the meeting, all original files of protocols on the agenda would be kept in the meeting room for ready reference during the meeting.

4.4 Conduct of Meeting

- The members should gather in IEC meeting room on scheduled time.
- The Chairperson should determine that the quorum requirements are met.
- The Chairperson should ask for declaration of conflict of interest either verbally or written on any protocol for discussion.
- If a IEC member has conflict of interest involving a project then he / she should declare the same, before the meeting commences and leave the

meeting room before the discussion on the same. This should be recorded in the minutes

- The Member Secretary should table the minutes of the previous meeting and present the agenda for discussion
- The IEC may invite investigators to present protocols at the full board meeting related to their studies, and clarify doubts, if any
- The meeting proceeds in the sequential order of the agenda; however the Chairperson may change the order, if the situation so demands
- The Secretary, IEC or any other IEC member may brief the IEC about the research protocol and also discuss the written comments/duly filled study assessment form.
- The Joint Member Secretary, IEC / any other delegated person present in the meeting would minute / record the proceedings of the IEC meeting.

4.5 Decision Making Process

- IEC would provide complete and adequate review of the research proposals submitted to them. The committee will review new project proposals, amendments, annual progress of ongoing projects, SAE reports, and assess final reports of all research activities through a scheduled agenda.
- An IEC member will withdraw from the meeting for the decision procedure concerning an application where a conflict of interest exists.
- If EC member has her/his own proposal for IEC review he/she will not participate in the EC discussion on that particular project.
- Decision may only be taken when sufficient time has been allowed for review and discussion of an application in the absence of non-members (e.g., the investigator, representatives of the sponsor, independent consultants) from the meeting, with the exception of IEC staff.
- Decisions will only be made at meetings where a quorum is present.
- The documents required for a full review of the application should be complete and the relevant elements considered before a decision is made.
- Only IEC members who attend the meeting will participate in the decision.

- Decisions will be arrived at through consensus. When a consensus is not possible, there would be a voting process.
- If the full board approves a research proposal in principle subject to minor modifications, the revised project proposal submitted by the PI will be reviewed and approved by the Chairperson or the Member Secretary, of the committee on behalf of the full board. Such revised proposals will not be taken up for the full board review. However, in case of major changes, the revised documents will be discussed in full board meeting.
- An IEC may decide to reverse its positive decision on a study if it receives information that may adversely affect the risk/ benefit ratio.
- Any advice that is non-binding will be appended to the decision.
- In cases of conditional decisions, clear suggestions for revision and the procedure for having the application re-reviewed will be specified.
- A negative decision on an application will be supported by clearly stated reasons.
- The discontinuation of a trial will be recommended if the IEC finds that the goals of the trial have already been achieved midway or unequivocal results are obtained.
- If necessary, the investigator may be invited to present the protocol or offer clarifications in the meeting. Representative of the patient groups or community can be invited during deliberations to offer their viewpoint.
- Subject expert/s may be invited to offer their views, but expert/s should not participate in the decision making process. However, his / her opinion must be recorded.
- The proceedings of the IEC meetings will be documented and signed by the Member Secretary.

4.6 After the IEC meeting

4.6. A *Preparing the minutes and the decision letters*

- The Member Secretary will compile the proceedings of IEC meeting in a concise and easy-to-read style and will check spelling, grammar and context of the written minutes.
- The minutes of the meeting will be compiled within a week.

4.6. B *Approval of the minutes and the decision*

- The minutes of the IEC meeting will be signed by Member Secretary, IEC and will be ratified in the subsequent IEC meeting.
- The IEC decisions will be communicated to the PIs.

4.6. C *Filing of the minutes of the meeting*

The original version of the minutes would be placed in the minutes file and copy of the minutes is filed in the corresponding research protocol file.

4.7 Communicating Decision

The decision will be communicated in writing to the PI, preferably within a period of 7 days of the IEC meeting at which the decision was made.

The communication of the decision will include, but is not limited to, the following,

- Protocol No. and title of the research proposal reviewed
- The clear identification of the protocol of the proposed research or amendment, date and version number (if applicable).
- The names and specific identification number version numbers/dates of the documents reviewed, including the potential research participant information sheet/material and informed consent form
- The name of Principal investigator
- Title of the project
- The name of the site, the date and place of the decision
- A clear statement of the decision reached
- Validity of approval usually will be yearly for multiyear projects, however may change on case-to-case basis.
- Any suggestions by the IEC
- A conditional decision (i.e. approval with recommendations or modifications, suggestions for revision and the procedure, any other requirements by the IEC), will be valid only for six months from the date of issue of letter. If the PI does not comply with the IEC suggestions

during these three months, a reminder will be issued. The modifications will be re-reviewed by Member Secretary, IEC or Chairperson and /or may be referred for full board review.

- In the case of a positive decision, the PI is notified of the following requirements through an approval letter
  - A statement of the responsibilities of the PI; for example, confirmation of the acceptance of any requirements recommended by the IEC
  - Submission of progress report(s) decided on case-to-case basis, usually yearly.
  - The need to notify the IEC in cases of protocol amendments (other than amendments involving only logistical or administrative aspects of the study)
  - The need to notify the IEC in the case of amendments to the recruitment material like the potential research participant information, or the informed consent form
  - The need to report serious and unexpected adverse events related to the conduct of the study
  - The need to report unforeseen circumstances, the termination of the study, or significant decisions by other IEC
  - The information the IEC expects to receive in order to perform ongoing review or the final summary or final report
  - The schedule/plan of ongoing review by the DSMB of sponsored trials
- In the case of a negative decision, the reasons should be clearly stated in the communication to the PI
- The PI will also be notified of the duration of the approval, which will not exceed one year
- All decision and approval letters will be signed by either the Chairperson or the Member Secretary, IEC
- The Chairperson / Member Secretary, IEC, will sign and date the approval letter and approval certificate in the original research protocol.

09. REVIEW OF AMENDED PROTOCOL / PROTOCOL RELATED DOCUMENTS

1.**Purpose**

The purpose of this procedure is to describe how protocol amendments or any other amendments/ letters are reviewed by the IEC.

2. **Scope**

This SOP applies to amended study protocols/ documents and letters that are submitted for IEC approval. Amendments made to protocols or any other amendments related to the study may not be implemented until reviewed and approved by the IEC.

3. **Responsibility**

It is the responsibility of the IEC secretariat to manage protocol amendments, documents and letters.

- The amendment package forwarded by the PI is received by the secretariat. The amendment package should be sent along with the covering letter.
- The secretariat of the IEC should follow the procedures as in SOP for Procedures for Management of Protocol Submission).

  Upon receipt of the amendment package the Member Secretary, IEC, classifies the amendments into Minor or Major. Minor amendments and notifications will be placed for expedited review and major amendments for full board review .

4. **Review amended protocols/documents/letters**: Review as per Section 4.3

4.1 Decision

- If the IEC approves the amendments, the secretariat staff communicates this decision to the PI.
- If the IEC does not approve the amendments, the secretary should immediately notify the investigator in writing of the decision and the reason for not approving the amendment.

- If the IEC recommends or suggests modifications to any of the documents, or the amendments, the secretariat sends a written communication to the investigator about the specific changes asking him or her to make the necessary changes and resubmit the documents to IEC.

4.2 Storage of Documents

- The amendments would be filed in the corresponding research protocol file, as per the SOP on documentation and archival.

4.3 Minor amendments and notifications

- Minor amendments (those that do not increase the risk or decrease the potential benefit to subjects) may be approved by the Member Secretaries, IEC in the expedited review subcommittee meeting
- Minor notifications may be noted by the Member Secretary, IEC and not tabled in IEC meeting

This may include but may not restrict to:

- Renewed insurance policy
- DCGI and DGFT approvals
- Administrative notes

10. CONTINUING REVIEW OF STUDY PROTOCOLS

1. Purpose

The purpose of continuing review is to monitor the progress of the entire study which was previously approved; not just the changes in it but to ensure continued protection of the rights and welfare of research subjects.

Continuing review of the study may not be conducted through an expedited review procedure, unless the study was eligible for, and initially reviewed by; an expedited review procedure or the study has changed such that the activities remaining are eligible for expedited review.

2. Scope

This SOP applies to conducting continuing review of study protocols involving human subjects at intervals appropriate to the degree of risk but not less than once a year. Depending upon the degree of risk to the participants, the nature of the studies and the vulnerability of the study participants and duration of the study, the IEC may choose to review the studies more frequently. This SOP also includes the procedure to be adopted for renewing the approval for multiyear projects.

3. **Responsibility**

- It is the responsibility of the secretary, IEC to determine the date of continuing review and to remind the IEC and the PIs.
- All the approved protocols will be reviewed annually. The Chairperson is responsible for determining the date of continuing review if the project will be reviewed more frequently in the year. This decision is taken during the IEC meeting wherein the project is finally approved.
- The IEC is responsible for reviewing the progress made in the protocol, the occurrence of unexpected events or problems, and the rate of accrual of participants. The protocol, informed consent documents and assent documents are examined to ensure that the information remains accurate.
- The IEC has the same options for decision making on a continuing review package as for an initial review package. The decision is made as,

- ✓ Approval to continue the study;
- ✓ Approval with recommendations; or
- ✓ Disapproval.

- The Principal Investigator(s) along with the submission of the annual project progress report will also apply for extension of approval of the project.

4. Review process

4.1 Determine the date of continuing review

- The Secretariat will look through the master file of projects approved by the IEC for the due date of continuing reviews.
- The Secretariat will plan for continuing review of annual progress reports to be reviewed at least one month ahead and as close as possible to the due date (i.e. one year after the date of original approval) of the protocol.
- The Member Secretary will consult the Chairperson whether to include the annual project report/s in the forthcoming IEC meeting for discussion or to review by Member Secretary/ Chairperson and inform the members at the full board meeting or to send to two IEC members nominated by Chairperson for review.

4.2 Notify the PI or the study team

- The Secretariat will inform the PI at least two months of the due date for the continuing review in writing, requesting for copies of the annual / periodic progress report to allow the Study Team sufficient time to collate the information and to prepare a report package required for the continuing review.
- The Secretariat will provide a Continuing Review Application Form to the Study Team.
- Any PI who fails to submit the report for review within the stipulated time, will have to clarify the delay in writing, this will be forwarded to the Chairperson, IEC.

4.3 Manage continuing review package upon receipt

- The Secretariat will receive a package submitted by the Study Team of continuing review for each approved protocol.
- Upon receipt of the package, the Secretariat of the IEC will perform the procedures on receipt of submitted packages.

4.4 Verify the contents of the package

- The Secretariat will verify that the contents of the package include the following documents:

1. *Continuing Review Application Form*
2. *The Progress Report with*:

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

- The progress report summary of the protocol since the time of the last review (1 copy).
- Request letter for extension of approval of the project, if the project is ongoing.
- The Secretariat will check for complete information and for the presence of the required signatures of the Principal Investigator in the Continuing Review Application Form.

4.5 Filing the continuing review package

- The continuing review package will be filed in master file of the research protocol.

4.6 Notify the Members of the IEC

- The Secretariat will distribute the protocol progress report to IEC members prior to the meeting.

4.7 Prepare meeting agenda

- The Secretariat will follow for procedures on the preparation of meeting agenda and place the forwarded Annual Progress Report on the agenda for the meeting of the IEC, if deemed necessary by the Chairperson/ Member Secretary, on the date which is as close as possible to the due date (i.e. one year after the date of original approval) of the protocol.

4.8 Protocol Review Process

- The IEC Chairperson/ Member Secretary/ members will use the Continuing Review Application Form to guide the review and deliberation process. The IEC members could arrive at any one of the following decisions at the IEC meeting:

1. Noted and the project can be continued without any modifications
2. Modifications recommended - Protocols for which modifications have been suggested by the IEC may not proceed until the conditions set by the IEC in the decision have been met. Protocols should be amended and submitted to the IEC within one month for re-review. Protocols that have been approved with recommendations by the IEC may not proceed until the conditions set by the EC in the decision have been met. Protocols should be amended and submitted to the IEC within one month for re- review

3. Disapproved.

- This decision is recorded by the Member Secretary.
- The IEC Chairperson will sign and date the IEC decision on Continuing Review Report after a decision has been reached.
- The completed IEC decision on Continuing Review Report is the official record of the decision reached by the IEC for the protocol.
- The IEC Secretariat will maintain and keep the IEC decision forms and minutes of the meeting relevant to the continuing review as part of the official record of the review process.

4.9 Store original documents

- The original completed documents will be placed with the other documents in the Continuing Review Package in the protocol file.

4.10 Communicate the IEC Decision to the PI

- The Secretariat will notify the PI of the decision. If the decision is to recommend modifications, the recommendations will be notified to the PI and he/she will be requested to resubmit the protocol/protocol related documents as amendment within 1 month for approval. Till then the project is suspended. These letters must be sent to the PI within 14 days.

11. REPORTING OF PROTOCOL DEVIATION/ NON-COMPLIANCE/VIOLATION/WAIVER

1. Purpose

To provide instructions for taking action and maintaining records, when investigators/ trial sites, fail to -

- follow the procedures written in the approved protocol
- comply with national/international guidelines for the conduct of human research, including those who fail to respond to the IEC requests

2. Scope

This SOP applies to all IEC approved research protocols involving human subjects.

3. Responsibility

1. IEC is responsible for receiving deviations /violations/waiver reports submitted by the PI and placing it on agenda of the meeting.
2. IEC members should review and take action on such reports.

4.Detailed instructions

4.1 Detection of Protocol deviation/ non-compliance/ violation/waiver

4.1. A The IEC members performing monitoring of the study at trial site can detect protocol deviation/non-compliance / violation, if the project is –

- not conducted as per protocol / national / international regulations
- when scrutinizing annual / periodic reports / SAE reports
- any other communication received from the Investigator / trial site / sponsor/study monitor / CRO

4.1. B The Secretariat can detect protocol deviation / non-compliance / violation from failure to

- comply with statutory requirements
- respond to requests from IEC within reasonable time limit
- respond to communication made by IEC

4.1. C The PI himself / herself may forward protocol deviation / non- compliance /violation / waiver reports to inform the IEC.

Protocol Waiver is analogous to a Protocol Deviation, except that prior IEC approval must be obtained before implementing the necessary departures from the protocol. Therefore, Protocol Waivers are anticipatory, while Protocol Deviations are not.

e.g. Protocol Waiver means a prospective decision by a sponsor or investigator to permit accrual of a subject who does not satisfy the approved inclusion / exclusion criteria for enrollment.

4.1.D Communication / complaint / information received from research participant who has been enrolled or any individual who has been approached for enrollment

4.1. E Communication received from the Head of the Institution informing IEC about an alleged protocol violation / non-compliance / protocol deviation

4.1. F Any report / communication brought to the notice of member secretary / Chairperson of IEC

4.2 Noting protocol deviation / non-compliance / violation / waiver by the IEC

- The IEC members who have performed monitoring of a particular trial site and detect protocol deviation / non-compliance / violation will inform the IEC in writing within 24 hours [one working day].
- Whenever protocol deviation / non-compliance / violation have been observed, the IEC will ensure that the issues as well as the details of non-compliance involving research investigators are included in the agenda of the EC meeting.
- The deviations / violations will be scrutinized for gravity and implications in the formal full board IEC meeting. The IEC decision will be communicated to PI.

4.3 Board discussion, Decision and Action

- If the protocol deviation / non-compliance / violation is detected by IEC member during monitoring visit he/she will present the protocol deviation / noncompliance / violation information.
- If detected by IEC / forwarded by PI, the Secretary will present the protocol deviation / non-compliance / violation / waiver information.
- The Chairperson / IEC members will review the information available and take a decision depending on the seriousness of the violation.
- The decision will be taken to ensure that the safety and rights of the research participants are safeguarded. The decision will be taken by consensus and if no consensus is arrived at, voting will be conducted.

The actions taken by IEC could include one or more of the following:

- Inform the PI that IEC has noted the violation / noncompliance / deviation and inform the PI to ensure that deviations / noncompliance / violations do not occur in future and follow IEC recommendations.
- Enlist measures that the PI would undertake to ensure that deviations / noncompliance /violations do not occur in future.
- Reprimand the PI
- Call for additional information
- Suspend the study till additional information is made available and is scrutinized
- Suspend the study till recommendations made by the IEC are implemented by the PI and found to be satisfactory by the IEC
- Suspend the study for a fixed duration of time
- Inform the Head of Institution
- Revoke approval of the current study
- Inform DCGI / Other relevant regulatory authorities
- Keep other research proposals from the PI/ Co-PI under abeyance
- Review and / or inspect other studies undertaken by PI/Co-PI

4.4 Notify the investigator

- The Secretary records the EC decision, drafts and types a notification letter.
- The Chairperson / Secretary signs and dates the letter.
- The EC Secretariat makes four copies of the notification letter.
- The EC Secretariat sends the original copy of the notification to the investigator.
- The IEC Secretariat sends a copy of the notification to the relevant national authorities and other trial sites, in case of multi-centric trial.
- The IEC Secretariat sends the fourth copy to the sponsor or the CRO of the study.

4.5 Records and follow up to be kept by IEC Secretariat

- The last copy of the notification letter should be kept in the project file.
- The file should be stored in the shelf with an appropriate label.
- The action should be followed for a reasonable time.
- A file that identifies investigators who are found to be non-compliant with national / international regulations or who fail to follow protocol approval stipulations or fail to respond to the IEC request for information/action should be maintained.

12. REVIEW OF SERIOUS ADVERSE EVENTS (SAEs) REPORTS

DEFINITION (As per ICH-GCP):

Serious Adverse Event (SAE) or Serious Adverse Drug Reaction (Serious ADR) is any untoward medical occurrence (due to the participation in the concerned trial) that at any dose:

- Results in death
- is life-threatening
- requires inpatient hospitalization or prolongation of existing hospitalization
- Results in persistent or significant disability / incapacity, or
- causes a congenital anomaly/birth defect

1. Purpose

The purpose of this SOP is to provide instructions on the review and follow-up reports of serious adverse events (SAEs) and unexpected events for any active study approved by the IEC.

Unanticipated risks are sometimes discovered during the course of studies. Information that may have an impact on the risk/benefit ratio should be promptly reported to and reviewed by the IEC to ensure adequate protection of the welfare of the study participants. The unanticipated risks may as well include any event that in the investigator's opinion, may adversely affect the rights, welfare or safety of subjects in the study.

2. Scope

This SOP applies to the IEC review of SAE and unexpected events reports, both **on site** and **off site**, including follow up reports submitted by investigators.

3. Responsibility

The primary responsibility of the IEC is to review and address the SAE and unexpected events involving risks to research participants. In addition, the committee is authorized to offer mediation under appropriate circumstances.

IEC should also make sure that researchers are made aware of the policies and procedures concerning reporting and continuing review requirements.

The Ethics Committee is responsible for receiving the complete SAE / unexpected events reports and directing them to the Committee members for discussion in the subsequent IEC meeting.

Notifying the Ethics Committee does not prevent/relieve the PI from his/her responsibility to notify the sponsor and regulatory authorities.

4. Detailed instructions

A. On site SAEs

4.1 SAE related activities before EC meeting

- The Ethics Committee will verify that the reports are complete, signed and dated by the PI. In case Ethics Committee notes that the report is incomplete, it will revert back to PI, for further information on the SAE.
- The Ethics Committee should receive the reports of SAEs occurred for IEC approved studies within 7 days of the occurrence of the SAE.
- If the SAE is 'Death', the Ethics Committee should receive the SAE reporting form within 24 hours of the occurrence.
- If the PI has not adhered to the above stipulated time period, the Ethics Committee will notify the discrepancies in the reporting time and time of occurrence of SAE to the PI.

4.2 Actions to be taken by Member Secretary

- The Member Secretary will review the SAE Report, write comments and forward it to the other members.
- The SAE Report is to be tabled for review, at the full board meeting.
- The Member Secretary / Chairperson, on basis of the information and comments concluded at the IEC meeting, applying his/ her judgment will direct the Secretariat to any one or more actions listed below, but are not limited to.

1. Suspending enrolment of new research participants till further review by the IEC
2. Suspending all trial related procedures (except those intended for safety and well- being of the participant) till further review by the IEC
3. Suspend some trial-related procedures (listed by the IEC).

4.3 Emergency / Unscheduled Meeting

- The IEC can convene an emergency meeting as and when required depending on the severity / nature of the SAE
- This review should be initiated within 48 working hours (2 working days) of receipt of information.
- This review could be done through a meeting, teleconference, email or telephonic conversation, which would be documented in the register.
- The IEC Secretariat will take appropriate steps to ensure that IEC members are informed about this full board meeting.
- Depending upon the complexity of the issue(s) involved, the chairperson could direct the Member Secretary, IEC, to invite one or more experts whose opinion would be valuable. These experts could participate after they agree to the confidentiality clause and abide by the rules and regulations of IEC.
- The expert would be requested to provide an opinion in writing within 2-14 working days, depending upon the gravity and seriousness of the matter.

B. Off Site SAEs

- Off-site SAEs where adverse event reports that are serious, unexpected and related (definitely, probably and possibly) to the drug need prompt reporting to the IEC.
- The SAEs that are expected (if listed in the informed consent) or unexpected but unrelated to the drug have to be sent by the PI and to be submitted monthly and/or submitted along with continuing review report.

- Those off site SAEs which qualify for prompt reporting will be reported to IEC Secretariat.
- If the IEC need to review the Off-site SAE reports, the committee will request copies of SAE reports at any time, as and when necessary.
- If a trend is observed in SAEs by PI, such a trend will be reported to IEC Secretariat, action on such reports will be taken by the Member Secretary.

5. **During the EC meeting**

On site SAEs

The Secretary, will inform all the IEC members about the SAEs and actions taken.

If appropriate, specific action or combination of actions will be taken, based on the consensus decision of the IEC discussion. Some of which are listed below:

- ✓ Terminate the study;
- ✓ Suspend the study till review is completed;
- ✓ Suspend the study till additional information is obtained;
- ✓ Suspend the study for a fixed duration of time;
- ✓ Suspend the study till amendments requested for by the IEC are accepted;
- ✓ Suspend enrolment of new research participants;
- ✓ Suspend certain activities under the protocol (while going on with activities intended to protect the safety, well-being of participants who have already been enrolled);
- ✓ Recommend an amendment to the protocol, the ICD, Participant information sheet, Investigator Brochure and/ or any other document.
- ✓ Request additional details
- ✓ Request further follow up information
- ✓ Direct the PI to inform participants already enrolled in the study about the SAE and obtain their consent regarding continuation in the research trial, if necessary.
- ✓ Direct the PI to inform participants already enrolled in the study about the SAE and request them to undertake additional visits, additional procedures, additional investigations, etc. as prescribed in the amendment.
- ✓ Note the SAE report in the IEC records if information submitted is found to be adequate

- ✓ Any other action

Off-site SAEs

The Secretary, will inform all the IEC members about those off site SAEs which qualify for prompt reporting, and were reviewed in the meeting. If appropriate, specific action or combination of actions will be taken, based on the consensus decision of the EC discussion. Some of which are listed below:

- ✓ Terminate the study;
- ✓ Suspend the study till review is completed;
- ✓ Suspend the study till additional information is obtained;
- ✓ Suspend the study for a fixed duration of time;
- ✓ Suspend the study till amendments requested for by the IEC are accepted;
- ✓ Suspend enrolment of new research participants;
- ✓ Suspend certain activities under the protocol (while going on with activities intended to protect the safety, well-being of participants who have already been enrolled);
- ✓ Recommend an amendment to the protocol, the ICD, Participant information sheet, Investigator Brochure and/ or any other document.
- ✓ Request additional details;
- ✓ Request further follow up information;
- ✓ Direct the PI to inform participants already enrolled in the study about the SAE and obtain their consent regarding continuation in the research trial, if necessary.
- ✓ Direct the PI to inform participants already enrolled in the study about the SAE and request them to undertake additional visits, additional procedures, additional investigations, etc. as prescribed in the amendment.
- ✓ Any other action

6. **After the review of SAE**

- The IEC Secretariat will send a formal letter to the investigator/s with instructions for specific actions as per the IEC decision.

- The IEC will instruct the PI to forward follow-up reports of the SAE to the IEC.
- The IEC will instruct the PI regarding compliance to actions recommended by the IEC within 14 days of receipt of the IEC letter.
- In case a PI fails to respond to the IEC letter, the matter will be discussed at the next full board meeting and a decision will be taken for specific action by simple majority.
- The Member Secretary / Chairperson will sign and date the letter.
- The IEC Secretariat will send the letter and file a copy of the letter in the master file of the research protocol.

COMPENSATION

Compensation in case of injury or death in clinical trial or bioavailability or bioequivalence study of newdrug or investigational new drug._

(1) Where any death of a trial subject occurs during a clinical trial orbioavailability or bioequivalence study, the legal heir of the trial subject shall be provided financialcompensation by the sponsor or its representative, who has obtained permission to conduct the clinical trial orbioavailability or bioequivalence study, in accordance with the procedure specified in rule 42.

(2) Where permanent disability or any other injury occurs to a trial subject during a clinical trial or bioavailability orbioequivalence study, the trial subject shall be provided financial compensation by the sponsor or its representative,who has obtained permission to conduct the clinical trial or bioavailability or bioequivalence study, in accordance withthe procedure specified in rule 42.

(3) The financial compensation referred to in sub-rule (1) or sub-rule (2) shall be in addition to any expenses incurredon medical management of the trial subject.

(4) In the event of an injury, not being permanent in nature, the quantum of compensation shall be commensurate withthe loss of wages of the subject as provided in the Seventh Schedule.

(5) The sponsor or its representative shall give an undertaking along with the application for clinical trial permission tothe Central Licencing Authority to provide compensation in the case of clinical trial related injury or death for whichsubjects are entitled to compensation.

(6) Where the sponsor or its representative, who has obtained permission to conduct clinical trial or bioavailability orbioequivalence study, fails to provide financial compensation, as referred to in sub-rule (1) or sub-rule (2), the Central

Licencing Authority shall, after affording an opportunity of being heard, by an order in writing, suspend or cancel theclinical trial or bioavailability or bioequivalence study or restrict the sponsor including its representative, who hasobtained permission to conduct clinical trial or bioavailability or bioequivalence study, to conduct any further clinicaltrial or bioavailability or bioequivalence study or take any other action for such period as considered appropriate in thelight of the facts and circumstances of the case.

Medical Management in clinical trial or bioavailability and bioequivalence study of new drug orinvestigational new drug._

(1) Where an injury occurs to any subject during clinical trial or bioavailability andbioequivalence study of a new drug or an investigational new drug, the sponsor, shall provide free medicalmanagement to such subject as long as required as per the opinion of investigator or till such time it is establishedthat the injury is not related to the clinical trial or bioavailability or bioequivalence study, as the case may be,whichever is earlier.

(2) The responsibility for medical management as referred to in sub-rule (1), shall be discharged by the sponsor orthe person who has obtained permission from the Central Licencing Authority.

(3) Where the sponsor or its representative, who has obtained permission to conduct clinical trial orbioavailability or bioequivalence study, fails to provide medical management, as referred to in sub-rule (1), the

Central Licencing Authority shall after affording an opportunity of being heard, by an order in writing, suspend orcancel the clinical trial or bioavailability or bioequivalence study or restrict the sponsor including itsrepresentative, who has obtained permission to conduct clinical trial or bioavailability or bioequivalence study, toconduct any further clinical trial or bioavailability or bioequivalence study or take any other action for

such periodas considered appropriate in the light of the facts and circumstances of the case.

Consideration of injury or death or permanent disability to be related to clinical trial or bioavailability andbioequivalence study._

Any injury or death or permanent disability of a trial subject occurring during clinical trialor bioavailability or bioequivalence study due to any of the following reasons shall be considered as clinical trial orbioavailability or bioequivalence study related injury or death or permanent disability, namely:-

(a) adverse effect of the investigational product;

(b) violation of the approved protocol, scientific misconduct or negligence by the sponsor or his representativeor the investigator leading to serious adverse event;

(c) failure of investigational product to provide intended therapeutic effect where, the required standard care orrescue medication, though available, was not provided to the subject as per clinical trial protocol;

(d) not providing the required standard care, though available to the subject as per clinical trial protocol in theplacebo controlled trial;

(e) adverse effects due to concomitant medication excluding standard care, necessitated as part of the approvedprotocol;

(f) adverse effect on a child in-utero because of the participation of the parent in the clinical trial;

(g) any clinical trial procedures involved in the study leading to serious adverse event.

Procedure for compensation in case of injury or death during clinical trial, bioavailability andbioequivalence study._

(1) The investigator shall report all serious adverse events to the Central Licencing

Authority, the sponsor or its representative, who has obtained permission from the Central Licencing Authorityfor conduct of clinical trial or bioavailability or bioequivalence study, as the case may be, and the Ethics

Committee that accorded approval to the study protocol, within twenty-four hours of their occurrence; and ifthe investigator fails to report any serious adverse event within the stipulated period, he shall have to furnishthe reasons for delay to the satisfaction of the Central Licencing Authority along with the report of the seriousadverse event.

(2) A case of serious adverse event of death shall be examined in the following manner, namely:-

(i) the Central Licencing Authority shall constitute an independent expert committee to examine the cases andmake its recommendations to the said authority for arriving at the cause of death and quantum ofcompensation in case of clinical trial related death;

(ii) the sponsor or its representative and the investigator shall forward their reports on serious adverse event ofdeath after due analysis to the Central Licencing Authority and the head of the institution where theclinical trial or bioavailability or bioequivalence study has been conducted within fourteen days of theknowledge of occurrence of serious adverse event of death;

(iii) the Ethics Committee for clinical trial shall forward its report on serious adverse event of death after dueanalysis along with its opinion on the financial compensation, if any, determined in accordance with theformula specified in the Seventh Schedule, to be paid by the said sponsor or its representative, who hasobtained permission from the Central Licencing Authority for conduct of clinical trial or bioavailability orbioequivalence study, as the case may be, to the Central Licencing Authority within a period of thirtydays of receiving the report of the serious adverse event of death from the investigator;

(iv) the Central Licencing Authority shall forward the report of the investigator, sponsor or its representativeand the Ethics Committee to the Chairperson of the expert committee;

(v) the expert committee shall examine the report of serious adverse event of death and make itsrecommendations available to the Central Licencing Authority for the purpose of arriving at the cause ofthe serious adverse event of death within sixty days from the receipt of the report of the serious adverseevent, and the expert committee while examining the event, may take into consideration, the reports of theinvestigator, sponsor or its representative and the Ethics Committee for clinical trial;

(vi) in case of clinical trial or the bioavailability or bioequivalence study related death, the expert committeeshall also recommend the quantum of

compensation, determined in accordance with the formula specifiedin the Seventh Schedule, to be paid by the sponsor or his representative who has obtained the permissionto conduct the clinical trial or the bioavailability or bioequivalence study, as the case may be;

(vii) the Central Licencing Authority shall consider the recommendations of the expert committee and shalldetermine the cause of death with regards to the relatedness of the death to the clinical trial or thebioavailability or bioequivalence study, as the case may be;

(viii) in case of clinical trial or the bioavailability or bioequivalence study related death, the Central

Licencing Authority shall, after considering the recommendations of the expert committee, by order,decide the quantum of compensation, determined as per the formula specified in the Seventh Schedule, tobe paid by the sponsor or its representative and shall pass orders as deemed necessary within ninety daysof the receipt of the report of the serious adverse event;

(ix) the sponsor or its representative shall pay the compensation in case the serious adverse event of death isrelated to clinical trial or the bioavailability or bioequivalence study, as specified in the order referred toin clause (viii) of the Central Licencing Authority within thirty days of the receipt of such order.

(3) Cases of serious adverse events of permanent disability or any other injury other than deaths shall beexamined in the following manner, namely:_

(i) the sponsor or its representative, and the Investigator shall forward their reports on serious adverse event,after due analysis, to the Central Licencing Authority, chairperson of the Ethics Committee for clinical trialand head of the institution where the trial or bioavailability or bioequivalence study has been conductedwithin fourteen days of the reporting of serious adverse event;

(ii) the Ethics Committee for clinical trial shall forward its report on serious adverse event of permanentdisability or any other injury other than deaths, as the case may be, after due analysis along with its opinionon the financial compensation, if any, determined in accordance with the formula specified in the Seventh

Schedule, to be paid by the sponsor or its representative who has obtained permission to conduct clinical trialor the bioavailability or bioequivalence

study, as the case may be, within thirty days of receiving the reportof the serious adverse event;

(iii) the Central Licencing Authority shall determine the cause of the injury and pass order as specified inclause (iv), or may constitute an independent expert committee, wherever it considers necessary, to examinesuch serious adverse events of injury, and such independent expert committee shall recommend to the

Central Licencing Authority for the purpose to arrive at the cause of the serious adverse event and also thequantum of compensation, as determined in accordance with formula as specified in the Seventh Schedule incase of clinical trial or bioavailability or bioequivalence study related injury, within a period of sixty days ofreceipt of the report of the serious adverse event;

(iv) in case of clinical trial or the bioavailability or bioequivalence study related injury, the Central Licencing

Authority shall, by order, decide the quantum of compensation, determined in accordance with the formulaspecified in the Seventh Schedule, to be paid by the sponsor or his representative who has obtained thepermission to conduct the clinical trial or the bioavailability or bioequivalence study, as the case may be,within a period of ninety days of receipt of the report of the serious adverse event;

(v) the sponsor or its representative, who has obtained permission to conduct the clinical trial or bioavailability orbioequivalence study, as the case may be, shall pay the compensation in case of clinical trial or bioavailabilityor bioequivalence study related injury, as specified in the order of the Central Licencing Authority referred toin clause (iv) within thirty days of receipt of such order.

Medical management and compensation for injury or death relating to biomedical and health researchoverseen by an Ethics Committee for biomedical and health research as referred to in Chapter IV._

Notwithstanding anything contained in these rules, medical management and compensation for injury or deathrelating to biomedical and health research, overseen by an Ethics Committee for clinical trials as referred to in

Chapter IV, shall be in accordance with the National Ethical Guidelines for Biomedical and Health Research

Involving Human Participants specified by the Indian Council of Medical Research from time to time.

FORMULAE TO DETERMINE THE QUANTUM OF COMPENSATION IN THE

CASES OF CLINICAL TRIAL RELATED INJURY OR DEATH

1. Formula in case of clinical trial related death:

Compensation = (B x F x R) / 99.37

Where,

B = Base amount (i.e. 8 lacs)

F = Factor depending on the age of the trial subject (based on Workmen Compensation Act)

R = Risk Factor depending on the seriousness and severity of the disease, presence of co-morbidity and durationof disease of the trial subject at the time of enrolment in the clinical trial between a scale of 0.5 to 4 as under:

(1) 0.5 terminally ill patient (expected survival not more than (NMT) 6 months)

(2) 1.0 Patient with high risk (expected survival between 6 to 24months)

(3) 2.0 Patient with moderate risk

(4) 3.0 Patient with mild risk

(5) 4.0 Healthy Volunteers or trial subject of no risk.

However, in case of patients whose expected mortality is 90% or more within 30 days, a fixed amount of Rs. 2lacs should be given.

2. Formula in case of clinical trial related injury (other than death):

For calculation of quantum of compensationrelated to injury (other than death), the compensation shall be linked to the criteria considered for calculation ofcompensation in cases of death of the trial subject as referred to in section of this Schedule. The quantum ofcompensation in case of Clinical Trial related SAE should not exceed the quantum of compensation which would havebeen due for payment in Case of death of the trial subject since the loss of life is the maximum injury possible.As perthe definition of SAE, the following sequelae other than death are

possible in a clinical trial subject, in which the trialsubject shall be entitled for compensation in case the SAE is related to clinical trial.

(i) A permanent disability: In case of SAE causing permanent disability to the trial subject, the quantum ofcompensation in case of 100% disability shall be 90% of the compensation which would have been due for payment tothe nominee (s) in case of death of the trial subject.

The quantum for less than 100% disability will be proportional to the actual percentage disability the trial subject hassuffered.

Accordingly, following formula shall be applicable for determination of compensation:

Compensation = (C x D x 90) / (100 x 100)

Wh e r e :

D = Percentage disability the trial subject has suffered.

C = Quantum of Compensation which would have been due for payment to the trial subject's nominees)in case of death of the trial subject.

(ii) Congenital anomaly or birth defect: The congenital anomaly or birth defect in a baby may occur due toparticipation of anyone or both the parent in clinical trial. Following situations may arise due to congenital anomaly orbirth defect.

(a) Still birth;

(b) Early death due to anomaly;

(c) No death but deformity which can be fully corrected through appropriate intervention;

(d) Permanent disability (mental or physical).

The compensation in such cases would be a lump sum amount such that if that amount is kept by way of fixed deposit oralike, it shall bring a monthly interest amount which is approximately equivalent to half of minimum wage of theunskilled worker (in Delhi). The quantum of compensation in such cases of SAE shall be half of the base amount as performula for determining the compensation for SAE resulting into death.

In case of birth defect leading to sub-clause (c) and (d) of this clause to any child, the medical management as long asrequired shall be provided by the Sponsor or his representative which will be over and above the financial compensation.

(iii) Chronic life-threatening disease; and

(iv) Reversible SAE in case it is resolved.

In case of clinical trial related SAE causing life-threatening disease and reversible SAE in case it is resolved, thequantum of compensation would be linked to the number of days of hospitalisation of the trial subject. The compensationper day of hospitalization shall be equal to the wage loss. The wage loss per day shall be calculated based upon theminimum wage of the unskilled worker (in Delhi).

Since, in case of hospitalisation of any patient not only the patient loses his/her wage, there will be direct or indirectlosses of various kind including inconvenience, wage loss of attendant, etc. The compensation per day of hospitalization in such case shall be double the minimum wage.

Accordingly, following formula shall be applicable for determination of compensation:

Compensation = 2 X W X N.

Where,

W = Minimum wage per day of the unskilled worker (in Delhi)

N = Number of days of hospitalization

DATA ELEMENTS FOR REPORTING SERIOUS ADVERSE EVENTS (as per Chapter III, Table 5, Third schedule of New Drugs & Clinical Trials Rules, 2019)

OCCURRING IN A CLINICAL TRIAL OR BIOAVAILABILITY OR

BIOEQUIVALENCE STUDY

1. Patient Details:

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

Gender

Age or date of birth

Weight

Height

2. Suspected Drug(s) :Generic name of the drug*Indication(s) for which suspect drug was prescribed or tested.Dosage form and strength.

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

Route of administration.Starting date and time of day.

Stopping date and time, or duration of treatment

3. Other Treatment(s):

Provide the same information for concomitant drugs (including non-prescription or Over the Counter OTC drugs)and non-drug therapies, as for the suspected drug(s).

4. Details of Serious Adverse Event :Full description of the event including body site and severity, as well as the criterion (or criteria) for consideringthe report as serious. In addition to a description of the reported signs and symptoms, whenever possible, describea specific diagnosis for the event*

Start date (and time) of onset of event.

Stop date (and time) or duration of event.

Dechallenge and rechallenge information.Setting (e.g., hospital, out-patient clinic, home, nursing home).

5. OutcomeInformation on recovery and any sequelae; results of specific tests or treatment that may have beenconducted.

For a fatal outcome, cause of death and a comment on its possible relationship to the suspected event; Anypost-mortem findings.

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

6. Details about the Investigator*

Name and Address

Telephone number

Profession (specialty)

Date of reporting the event to Central Licencing Authority:

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

Signature of the Investigator or Sponsor

Note: Information marked * must be provided.

13. REVIEW OF STUDY COMPLETION REPORTS

1.**Purpose**

The purpose of this SOP is to provide instructions on the review of Study Completion Report for every study previously approved by the IEC.

2. **Scope**

This SOP applies to the review of the Study Completion Report which is an obligatory review of each investigator's activities presented to the IEC as a written report of study completed.

Although IEC provides a Study Completion Report Form to the investigator, any mechanism (letter format, form provided by the Sponsor, etc.) may be used, provided that the information submitted is sufficient.

3. **Responsibility**

It is the responsibility of the IEC members to review the study completion report and notify it or request for further information, if necessary.

4. **Detailed instructions**

4.1 Before each board meeting

- The Secretariat will receive the number of Study Completion Reports as per strength of IEC membership, from the PI.
- The Secretariat will follow instructions as in SOP for Management of Protocol Submission for receiving and checking the report packages.
- It is the responsibility of the IEC Secretariat to review the report for completeness before submission for the Board meeting.
- The IEC should keep the study completion reports on the agenda for IEC meeting.

4.2 Before and during board meeting

- IEC member(s) should review a copy of the Final Report.
- The members will discuss the report in the IEC meeting.

- If appropriate to the discussions, the Chairperson may call for consensus to accept it or request further information or take any other action as suggested by IEC.

4.3 After the board meeting

- The IEC will note the decision in the meeting minutes and the study will be considered as closed if the document is accepted.
- The IEC decision is communicated to the investigator. In case further information / action are requested, the same should be followed by the PI and communicated to the IEC within 30 days. This update will be tabled in the full board meeting of IEC.
- The IEC will accept and file the Final Report in the Project Master File.
- The IEC will archive the entire study protocol and the report for a period of 5 years after the closer of the project.

14. MANAGEMENT OF PREMATURE TERMINATION / SUSPENSION / DISCONTINUATION OF THE STUDY

1. Purpose

The purpose of this SOP is to describe how the IEC proceeds and manages the premature termination / suspension / discontinuation of a research study. Protocols are usually terminated at the recommendation of the IEC, PI, Sponsor or other authorized bodies wherein subject enrollment and subject follow-up are discontinued before the scheduled end of the study.

2. **Scope**

This SOP applies to any study approved by IEC that is being recommended for termination/Suspension/discontinuation before its scheduled completion.

3. **Responsibility**

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

4. **Detailed instructions**

4.1 Receive recommendation for Study Termination / Suspension / Discontinuation

- The Secretariat will receive recommendation and comments from PI, Sponsor or other authorized bodies for premature termination of study protocol.
- The IEC members /Chairperson can prematurely terminate the study if protocol non-compliance /violation is detected and IEC decision is to terminate the study.
- SAE occurring at trial site may require the study to be prematurely terminated for the safety of the patients.
- The Ethics Committee will inform the PI to prepare and submit a protocol termination package along with Premature Termination Report

- The Secretariat will receive the study protocol termination package prepared and submitted by the PI and verify the contents of the package for inclusion of:
    - ✓ Premature Termination Report signed and dated by the PI should contain a brief written summary of the protocol, its results, and accrual data.
    - ✓ The Ethics Committee will check the completeness of the information, including accrual data since the time of the last continuing review.
    - ✓ The Ethics Committee will initial and date the package upon receipt.

4.2 Review and discuss the Termination / Suspension / Discontinuation Package

- IEC will review the termination package at regular meeting to discuss about the recommendation.
- The Secretary in the meeting will inform of the premature termination of the project and the EC members will review the Premature Termination Report
- If the Premature Termination Report is unclear/more information is required from the PI, the Ethics Committee is instructed to send a query to the PI.

4.3 Notify the PI

- The Secretariat will make notification letter acknowledging the approval of termination or query letter to request information regarding the premature termination.
- The Secretariat will send the notification letter to the PI for their records within 14 days after the meeting.

4.4 Store the protocol documents

- The Secretariat will keep the original version of the Premature Termination Report in the Protocol file and send the file to archive.

- The protocol documents will be stored for a period of 5 years after closure of the project.
- If a query is sent to PI, on receipt of the reply letter, it is reviewed in the forthcoming meeting and steps in 13.4.2 will be performed by the Ethics Committee

15. REVIEW OF REQUEST FOR WAIVER OF WRITTEN INFORMED CONSENT AND WAIVER OF CONSENT

1. Purpose

The purpose of this SOP is to describe the type of research projects for which the IEC may grant waiver of written informed consent or waiver of consent itself.

2. Scope

This SOP applies to IEC review of all protocols with a request for waiver of written informed consent or waiver of consent.

3. Responsibility

The decision should be taken by the IEC at the expedited subcommittee meeting or in some cases during full board meeting.

4. Waiver of Consent/Waiver of written Informed Consent Process

The IEC Secretariat will check for completeness of the documents when a request for waiver of consent is submitted by the PI in the given format.

The IEC will review the request taking into consideration on conditions for which waiver of consent may be granted as per paragraph No.5 of this SOP.

The IEC will ensure that there are adequate mechanisms described in the protocol for protection of the identity of the research participants and maintaining confidentiality of the study data, as the participant cannot be assured directly about confidentiality of health data through a formal informed consent process, when consent waiver is granted.

The decision whether to grant the waiver is taken in expedited subcommittee meeting or in some cases during full board meeting.

The decision regarding approval/disapproval of waiver is informed to the PI in writing. If the waiver is not granted, the IEC will provide reasons for the same.

5. Type of research projects which may qualify for consent waiver:

5.1 The proposed research presents no more than minimal risk to participants.
e.g., a retrospective review of patient case records to determine the incidence of disease/recurrence of disease.

5.2 When it is impractical to conduct research since confidentiality of personally identifiable information has to be maintained throughout research as may be required by the sensitivity of the research objective.

e.g., conducting interviews with citizens about their religious beliefs/people with HIV and AIDS/conducting phone interviews with homosexuals.

5.3 In case of telephonic interviews, waiver of written informed consent may be requested but this does not mean that verbal consent cannot be utilized.
The following points need to be considered.

a. The following documents need to be submitted for the IEC review.
A script for verbal consent-a verbal consent script provides all of the elements of consent in a more informal style. In addition, each participant should be provided with an information sheet that describes the study and gives contact names and numbers.
The interview schedule (questions to be asked) will confirm that the interview is a simple 5-minute call and that no questions are asked that compromise a person's confidentiality or position.

b. Investigators will be asked to keep a log of those who were approached about the study, and offered verbal consent. Since a specific number of study participants are to be recruited, it is important that investigators keep some record to indicate that they are not enrolling more participants than they originally requested.

5.4 Research on publicly available information, documents, records, work performances, reviews, quality assurance studies, archival materials or third party interviews, service programs for benefit of public having a bearing on

public health programs, and consumer acceptance studies.

5.5. Research on anonymised biological samples from deceased individuals, left over samples after clinical investigation, cell lines or cell free derivatives like viral isolates, DNA or RNA from recognized institutions or qualified investigators, samples or data from repositories or registries.

5.6 In emergency situations the IEC can allow waiver of consent for recruiting participant in a research study.

For example,

- When no surrogate consents can be taken,
- When consent of person/ patient/ responsible relative or custodian/ team of designated doctors for such an event is not possible.

However, information about the intervention should be given to the patients whenever he/she gains consciousness or to relative/legal guardian when available later.

16. SITE MONITORING

1.**Purpose**

The purpose of this SOP is to provide the procedures to select a site for monitoring and how the site will be monitored.

2. **Scope**

This SOP applies to any visit and /or monitoring of any study sites of IEC approved study protocols.

3. **Responsibility**

- It is the responsibility of the IEC members to perform or designate some qualified agents to perform on its behalf on-site inspection of selected study sites of relevant projects it has approved.
- The IEC members or Secretariat in consultation with the Chairperson may initiate an on-site evaluation of a study site for cause or for a routine audit.

4. **Detailed instructions**

4.1 Selection of study sites

- Sites will be identified for routine monitoring at the time of approval of the project by the Full Board which will be recorded in the minutes.
- "For cause" monitoring will be performed at sites for reasons identified by any member of IEC, approved by Chairperson. For cause monitoring could be initiated, in any of the following conditions:
    - For high number of protocol violations
    - Large number of studies carried out at the study sites
    - Remarkable SAE reports
    - High recruitment rate
    - Non-compliance or suspicious conduct
    - Any other cause as decided by IEC

4.2 Before the visit

- If the site was identified for routine monitoring, the Secretariat will inform the IEC members in the Full Board meeting, 1 month prior to the stipulated date of monitoring.
- For cause / routine monitoring of the project, the IEC Chairperson will designate an IEC member or appoint an independent monitor to perform the task of monitoring.
- The Secretariat will inform the PI in writing about the date / time of monitoring visit and request for confirmation letter from the PI to be available for the monitoring visit.
- The IEC member / Independent monitor will also:
  - Contact the site to notify them that they will be visiting them. At that time, the monitor and the site will coordinate the time for the site evaluation visit.
  - The Secretariat will make the appropriate travel arrangements for the IEC member / Independent monitor.
  - The IEC member / Independent monitor will review the IEC project files for the study and site profile and make appropriate notes.
  - The IEC member / Independent monitor may copy some parts of the IEC project files for comparison with the site files and collect the Site Monitoring Visit Report Form from the Secretariat.

4.3 During the visit

The IEC member/Independent monitor will

- Review the informed consent document to make sure that the site is using the most recent version
- Review randomly the subject files to ensure that subjects are signing the correct informed consent,
- Observe the informed consent process, if possible,
- Observe laboratory and other facilities necessary for the study at the site, if possible.

- Review the project files for the study to ensure that documentation is filed appropriately.
- Verifying that the investigator follows the approved protocol and all approved amendment(s), if any.
- Ensuring that the investigator and the investigator's trial staff are adequately informed about the trial
- Verifying that the investigator and the investigator's trial staff are performing the specified trial functions, in accordance with the protocol and any other written agreement between the sponsor and the investigator/institution, and have not delegated these functions to unauthorized individuals.
- Verifying that the investigator is enrolling only eligible subjects.
- Verifying that source documents and other trial records are accurate, complete, kept up-to- date and maintained.
- Checking the accuracy and completeness of the CRF entries, source documents and other trial-related records against each other.
- Determining whether all adverse events (AEs) are appropriately reported within the time periods required by GCP, the protocol, the IRB/IEC, the sponsor, and the applicable regulatory requirement(s).
- Collect views of the study participants, if possible.
- Fill the Site Monitoring Visit Report Form and write the comments.

4.4 After the visit

- The IEC member / Independent monitor will complete the report within 14 days describing the findings of the monitoring visit and during the Full Board meeting, present them. If the Independent monitor is unable to attend the IEC meeting he / she can courier the Monitoring Visit Report with comments and the IEC Secretary can present the same.
- The Secretariat will place the report in the correct files.
- Full board recommendations to change the study / premature termination / continuation of the project will go to the PI in writing within 14 days of the meeting.

17. DEALING WITH THE STUDY PARTICIPANTS' COMPLAINTS

1. Purpose

The IEC considers protection of the rights and welfare of the human subjects participating in a clinical research approved by the IEC as its primary responsibility, Informed Consent documents reviewed by the IEC contains the statement, "Questions regarding the queries regarding rights of a participant/patient may be addressed to the IEC Member secretary / Chairperson, with the IEC address and phone number.

This procedure provides guidelines for dealing with and accommodating requests by participants/ patients regarding their rights as a participant or to resolve their complaints in any approved research study.

2. Scope

This SOP applies to all requests concerning the rights and well-being of the research participants participating in studies approved by the IEC.

3.Responsibility

- It is the responsibility of the IEC Secretariat for providing required information to the research participants in case of queries received from research participants.
- It is the responsibility of the Chairperson to initiate a process to give information to the participants or to identify and address any injustice that has occurred, if complaints are received from research participants.

4.Detailed instructions

- The IEC member/ administrative staff receive an inquiry or request from research participant/ patient.
- The request and information is recorded in the request record form / Complaint Form
- The Secretariat will inform the Chairperson about the query / complaint received from the research participant.

- The Chairperson / Members designated by the Chairperson will provide information required by the research participant.
- In case of complaint received from a research participant, the Chairperson initiates a process to identify and address any injustice that may have occurred.
- The Chairperson will direct the Member Secretary to consider the matter for discussion at a full board meeting or to call an emergency meeting of 2 or more IEC members for discussion or to appoint a subcommittee of 2 or more IEC members for enquiry in order to resolve the matter.
- The Chairperson / Member Secretary / designated IEC members will assess the situation and mediate a dialogue between the research participant and the investigator in an attempt to resolve the matter.
- The IEC will insist on factual details to determine reality between truth and individual perception.
- The final decision will be informed to the research participant by the Secretariat.
- The information including any action taken or follow-up will be recorded in the form and it is signed and dated.
- The IEC members are informed about the action taken and the outcomes in the forthcoming IEC meeting.

5.Filing the request document

- The record form is filed in the "response" file by the Member Secretary / administrative staff.
- A copy of the same is kept in the study file.
- The file is stored in a secured place.

18. DOCUMENTATION OF THE IEC ACTIVITIES

1. Purpose

To describe the procedures for documenting the IEC activities.

2. Scope

This SOP will apply to all research activity involving human subjects, without regard to the source type of funding.

3. Responsibility

It is the responsibility of IEC staff to maintain IEC files at IEC office.

4. Detailed Instructions

4.1 IEC records will include the following

1. EC members' records
    a. Acceptance letters of each member
    b. Signed and dated recent Curriculum vitae and confidentiality agreement letters of each member
    c. Training records for each IEC member
    d. Documentation of resignation/termination
2. IEC membership roster
3. IEC attendance roster
4. IEC meeting agenda and minutes
5. Standard Operating Procedures
6. Annual reports

4.2 Access to IEC records

IEC records will be made available for inspection by authorized representatives of regulatory authorities after receiving the request in writing.

19. MAINTENANCE OF ACTIVE PROJECT FILES, ARCHIVAL OF CLOSED FILES AND RETRIEVAL OF DOCUMENTS

1. Purpose

To provide instructions for preparation and maintenance of active study files and other related documents approved by the IEC, SMMCH & RI, and storage and archival of closed files and retrieval of documents.

2. Scope

This SOP applies to all study files and their related documents that are maintained in the IEC office and closed study files in the IEC archival room.

3. Responsibility

It is the responsibility of IEC staff to ensure that all study files are prepared, maintained during the study period and kept securely for a period of five years after the closure of the project.

(1) The Ethics Committee shall maintain data,record, registers and other documents related to the functioning and review of clinical trial or bioavailability study orbioequivalence study, as the case may be, for a period of five years after completion of such clinical trial.

(2) In particular and without prejudice to the generality of the sub-rule (1), the Ethics Committee shall maintain thefollowing records for a period of five years after completion of every clinical trial or bioavailability study orbioequivalence study, namely:-

(i) the constitution and composition of the Ethics Committee;

(ii) the curriculum vitae of all members of the Ethics Committee;

(iii) standard operating procedures followed by the Ethics Committee;

(iv) national and international guidelines followed by the Ethics Committee;

(v) copies of the protocol, data collection formats, case report forms, investigators brochures, etc.,submitted for review;

(vi) all correspondence with committee members and investigators regarding application, decisionand follow up;

(vii) agenda of all Ethics Committee meetings and minutes of all Ethics Committee meetings withsignature of the Chairperson;

(viii) copies of decisions communicated to applicants;

(ix) records relating to any order issued for premature termination of study with a summary of thereasons thereof;

(x) final report of the study including microfilms, compact disks or video recordings;

(xi) recommendation given by Ethics Committee for determination of compensation;

(xii) records relating to the serious adverse event, medical management of trial subjects andcompensation paid.

4. Maintenance of the active study files

- Study file should be established on receipt of the proposal and should comprise all essential documents and correspondence related to the study/protocol.
- All related documents of the approved study are gathered, classified appropriately and placed in the study file.
- All active files will be kept secured in a file cabinet with controlled access.

5. Maintenance of closed study files

- Once the study is closed, the related study files are shifted to the IEC Archival room.
- All closed study files are archived in the IEC archival room for a period of five years from the date of closure of the study.

6. Accessibility/Retrieval

The Ethics Committee shall furnish the information maintained under sub-rule (1) and sub-rule (2), as and when

a) required by the Central Licencing Authority or any other officer authorised on its behalf.
b) Study files will also be made available for inspection, copying or any other purposes (example, research on SAEs) by any other official authorities or independent researchers authorised by Dean, SMMCH & RI after receiving the request in writing, clearly stating the purpose.

The IEC staff will furnish a copy of the required document within a week with IEC Secretary's consent.

7. Disposal of closed files and copies of protocols and documents submitted for IEC review

After completion of archival period the closed files will be shredded and disposed off by authorized IEC personnel.

Copies of protocols and documents submitted for IEC review and any other extra copies will be shredded off by the authorized IEC personnel after the IEC meeting without any notification to PI.

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List of Annexure

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Document 2	Acceptance Letter
Document 3	IEC Appointment Letter
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Document 1

SRI MUTHUKUMARAN MEDICAL COLLEGE
HOSPITAL & RESEARCH INSTITUTE

Date:

From

Dean,

SMMCH & RI

To

_____

_____

Sub: Concurrence for being in Institutional Ethics Committee - regarding

Dear Sir / Madam,

On behalf of Sri Muthukumaran Medical College Hospital & Research Institute, I request your concurrence for possible appointment as member of Institutional Ethics Committee of this institute. Kindly send your written acceptance in the enclosed format and provide necessary information requested. On receipt of your acceptance, I shall send you the formal appointment letter.

Thanking You,

With regards,

Dean

SMMCH & RI

Document 2

Date:

From

_____

_____

To

The Dean,

SMMCH & RI

Sub: Consent to be a member of Institutional Ethics Committee

Ref: Your letter dated _____

Respected Sir,

In response to your letter stated above, I hereby give my consent to become a member of Institutional Ethics Committee of Sri Muthukumaran Medical College & Research InstituteChikkarayapuram, Mangadu, Chennai – 600 069.

I shall regularly participate in the IEC meeting to review and give my unbiased opinion regarding ethical issues.

I shall maintain all the research project related information confidential and shall not reveal the same to anyone other than project related personnel.

I herewith enclose my CV.

Date: _____ Signature: _____

Name: _____

Address: _____

_____

_____

Contact No: _____

Email: _____

Document 3

SRI MUTHUKUMARAN MEDICAL COLLEGE
HOSPITAL & RESEARCH INSTITUTE
MANGADU, CHENNAI-600069

Sub: SMMCH & RI – Ethics Committee –_____- Appointed as Member of the Institutional Ethics Committee – Regarding

Dr./Mr./Mrs _____, _____(position) has been appointed as a member of the Institutional Ethics Committee.

She is requested to sign the Acceptance Form and submit a copy of her resume and other credentials to the EC Secretariat. She is also requested to sign the Confidentiality Agreement and Conflict of Interest Form.

Dean
SMMCH & RI

Document 4

SRI MUTHUKUMARAN MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE

Institutional Ethics Committee

Date:

This is to certify that the Project entitled " _____" submitted by _____ from Department of _____ has been approved by the Institutional Ethics Committee, at the meeting held on _____ under the following terms and conditions.

1. This approval is valid for **one year** or the duration of the project whichever is less.
2. Any Serious Adverse Event (SAE) occurring during the course of the study should be reported to the IEC within a period of seven days.
3. A yearly progress report of the project has to be submitted to the IEC for review.
4. Any change in the study procedure / site / investigator should be informed to the IEC.

Member Secretary
IEC, SMMCH & RI

To
The Principal Investigator

Informed Consent Form
Study Participant's Information Sheet
Instructions

This is the Patient Information Sheet.

It should address the participant of the study. Depending upon the nature of the individual project, the details provided to the participant may vary. A separate Consent Form for the patient/test group and Control (Drug/Procedure or Placebo) should be provided as applicable. While formulating this sheet, the investigator must provide the following information as applicable in a simple language in English and Tamil which can be understood by the participant.

- Title of the Project
- Name of the Investigator/Guide
- Purpose of this Project/Study
- Procedure/methods of the study
- Expected duration of the Subject participation
- The benefits to be expected from the research to the participant or to others and the post-trial responsibilities of the investigator
- Any risks expected from the study to the participant
- Maintenance of Confidentiality
- Provision of free treatment for research related injury
- Compensation of the participants not only for disability or death resulting from such injury but also for unforeseeable risks
- Freedom to withdraw from the study at any time during the study period without the loss of benefits that the participant would otherwise be entitled
- Possible current and future uses of the biological material and of the data to be generated from the research and if the material is likely to be used for secondary purposes or would be shared with others, this should be mentioned
- Address and telephone number of the investigator and Co-investigator / Guide
- The Patient Information Sheet must be duly signed by the Investigator

Study Participant Consent Form

(Part 2 of 2)

Participant's Name: Address:

Age / Gender:

Title of the Project:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. I fully consent to participate in the above study.

Signature of the participant: _____ Date: _____

Signature of the Witness: _____ Date: _____

Signature of Investigator: _____ Date: _____

Study Participant Assent Form (for participants 7-18 years of age) and Consent Form (for participants less than 18 years of age)

Part 2 of 2 – Parent / Legally acceptable representative (LAR)

Participant's Name: Address:

Age / Gender:

Parent / LAR name:

Title of the Project:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my Child / Ward's participation in the study is voluntary and that I am free to withdraw my Child / Ward at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. I fully consent for the participation of my Child / Ward in the above study.

Signature of the parent / LAR: _____Date: _____

Signature of Child / Ward
(for participants 7-18 years of age): _____Date: _____

Signature of the Witness: _____ Date: _____

Signature of the Investigator: _____ Date: _____

Confidentiality Agreement form for IEC Members

In recognition of the fact, that I, Dr./Mr./Ms.…… herein referred to as the "Undersigned", has been appointed as a member of the Institutional Ethics Committee (IEC), would be asked to assess research studies involving Human Study Participants in order to ensure that they are conducted in a humane and ethical manner, with the highest standards of care according to the applied national, local regulations, institutional policies and guidelines;

Whereas, the appointment of the undersigned as a member of the IEC is based on individual merits and not as an advocate or representative of a home province/ territory/ community nor as the delegate of any organization or private interest;

Whereas, the fundamental duty of an IEC member is to independently review research protocols involving human participants and make a determination and the best possible objective recommendations, based on the merits of the submissions under review;

Whereas, the IEC must meet the highest ethical standards in order to merit the trust and confidence of the communities in the protection of the rights and well-being of Human Study Participants;

The undersigned, as a member of the IEC is expected to meet the same high standards of ethical behavior to carry out its mandate.

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

As such, the Undersigned agrees to hold all Confidential or Proprietary trade secrets ("information") in trust or confidence and agrees that it shall be used

only for contemplated purposes, shall not be used for any other purpose or disclosed to any third party. Written Confidential information provided for review shall not be copied or retained. All Confidential information (and any copies and notes thereof) shall remain the sole property of the IEC.

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

Agreement on Confidentiality / Non-Disclosure Agreement

In the course of my activities as a member of the IEC, I may be provided with confidential information and documentation (which we will refer to as the "Confidential Information"). I agree to take reasonable measures to protect the Confidential Information; subject to applicable legislation, including the access to it, as per the right to Information Act, not to disclose the Confidential Information to any person; not to use the Confidential Information for any purpose outside the Committee's mandate, and in particular, in a manner which would result in a benefit to myself or any third party; and to return all Confidential Information (including any minutes or notes I have made as part of my Committee duties) to the Chairperson upon termination of my functions as a Committee member.

Whenever I have a conflict of interest, I shall immediately inform the committee not to count me toward a quorum for consensus or voting.

I, Dr. /Mr. /Ms. …….. have read and I accept the aforementioned terms and conditions as explained in this agreement.

Signature Date

Chairperson, IEC Date

Confidentiality and Conflict of Interest Agreement Form for Independent Consultants

Agreement on Confidentiality

I, Dr./Mr./Ms. …….. as a non-member of IEC understand that the copy(s) given to me by the IEC is (are) confidential. I shall use the information only for the indicated purpose as described to the IHEC and shall not duplicate, give or distribute these documents to any person(s) without permission from the IEC.

Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information as confidential.

Agreement on Conflict of Interest

In the course of my activities as an Independent Consultant of the IEC, whenever I have a conflict of interest, I shall immediately inform the committee about it and / or shall refrain from giving my expert comments on the project on this ground.

I, Dr. /Mr. /Ms. …….. have read and I accept the aforementioned terms and conditions as explained in this Agreement.

Signature Date

Chairperson of IEC Date

I, Dr. /Mr. /Ms. ……. acknowledge that I have received a copy of this Agreement signed by Chairperson, IEC and me.

Signature of the recipient Date

Conflict of Interest Form - Investigator

To,

The Secretary

Institutional Ethics Committee

Project No: _____ Project Title:
Name of PI:
Conflict of Interest
I hereby declare that I have no conflict of interest in my project.
Signature of PI Date

SRI MUTHUKUMARAN MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

INSTTITUITIONAL ETHICS COMMITTEE

Details to be submitted to IEC (Human studies) in the proforma to be submitted to the IEC

Kindly submit 15 copies of proforma and Consent forms in 2 parts (English & Tamil) to the Member-Secretary, IEC, SMMCH & RI.

1.	Title of the project	
2.	Name of the principal investigator with designation and department	
3.	Name of the co-investigator with designation and department	
4.	Guide with designation and department	
5.	a. No. of projects already with the investigator at present b. Date of approval by SMMCH & RI IEC	
6.	Objectives of the study	
7.	Justification for the conduct of the study	
8.	Methodology - Study design - Study area - Study period - Study population - Sampling and sampling frame - Sample size - Inclusion and Exclusion criteria - Study tools (questionnaire, investigation, statistical tools etc.,) - Method of collection of data and analysis	
9.	Permission from Drug Controller General of India (DCGI) if applicable	
10.	Is the study registered in CTRI (Clinical Trials Registry – India) and copy attached (for clinical trials)	
11.	Costs involved (approx in Rs.) and funding source	

12	Supporting Agency: ICMR/non ICMR If non ICMR, name of agency:	
13.	Who will bear the costs of the requirements?	a. Self b. Sponsors c. Patients
14.	Ethical issues involved in the study	a. Less than minimal risk b. Minimal risk c. more than minimal risk to the study subjects (for guidance please consult ICMR guidelines)
15.	Do you need exemption from obtaining Informed Consent from study subjects – if so, give justifications	Yes / No
16.	Whether Consent forms part (1) and (2) in English and in Tamil are enclosed?	Yes / No
17.	If Consent forms in any other language is If applicable, provide used? appropriate explanation(s):	
18	Expected outcome Summary and conclusion	
19.	Documents attached	1. HODs approval letter 2. Scientific committee approval 3. Informed consent a. Patient information sheet English / Tamil b. Consent form / Assent form 4. Brief CV 5. Any other
20	Conflict of interest for any investigator(s) [if yes, please explain in brief]	
21.	Whether soft copy of the proforma has been attached?	
22.	I/We, the undersigned, have read and understood this protocol and hereby agree to conduct this study in accordance with this protocol and to comply with all requirements of the ICMR guidelines. Signature of the Investigator Date: Signature of the guide Name of the guide Date:	

Initial Checklist to verify completeness of documents submitted

For official use only

1. HODs letter for the proposal
2. Scientific committee approval
    a. 15 copies of the proposal for regular IEC along with a soft copy in CD format
    b. copies of proposal for ethics sub-committee meeting along with a soft copy in CD format
3. Proforma and consent forms (English) matching with those given in SOP
4. Informed consent
5. Inforamtion sheet English / Tamil
6. Consent form English / Tamil
7. Assent form English / Tamil
8. Brief CV
9. Any other
    a. Accepted for presentation _____ IEC meeting dated _____

EC Decision on Continuing Review Report for Extension of the Project

Project Title:

Investigator:

Review a) Annual Progress Report b) Other

Date of EC meeting:

Further, the review and approval of resubmitted protocol is subjected to:

- Reviewed by Chairperson / Member Secretary only. EC members were informed at Full Board/ Expedited meeting.
- Reviewed in Full Board
- Reviewed by any 2 HEC members in Full Board /Expedited meeting

1. Name of IEC member:

Sign:

2. Name of IEC member:

Sign:

Decision

Noted and the project can be continued without any modifications

Modifications recommended, requiring protocol resubmission

Protocol discontinued

State the recommendations:

Signature of the Member-Secretary Date:

Site Monitoring Visit Report Form

Project No:	Date of the Visit:	
Study Title:		
Principal Investigator:		Phone:
Institute:	Site No:	
Sponsor:		
Total number of subjects enrolled:	Total subjects ongoing:	
No. of subjects completed:	No. of drop outs:	
Are site facilities appropriate? Yes No		
Are Informed Consents of recent version used? Yes No	Comment:	
Is it approved by the IEC? Yes No	Comment:	
Whether consent has been taken from all patients? Yes No	Comment:	
Whether appropriate vernacular consent has been taken? Yes No	Comment:	
Are Protocols of recent version used? Yes No	Comment:	
Is it approved by the IEC? Yes No	Comment:	
Any adverse events found? Yes No	Comment:	
Any SAEs found? Yes No	Comment:	

Study Completion Form

(To be Filled by PI)	
IEC approval R.No: Project Title: Principal Investigator: Address:	
Phone number, email address	
Sponsor (if any)	
Phone, Email	
Total no. of study participants recruited	
Study Initiation Date	
Total no. of study participants approved by the EC for recruitment	
No. of study arms (clinical trials)	
Period of the study Start of the study: End of the study:	
Objectives	
Results (brief) (use extra blank sheets, if more space is required)	
SAEs at the site (Total number and type)	
Whether all SAEs intimated to the IEC (Yes / No)	
No. of patients withdrawn	
Reasons for withdrawal	
Protocol deviations/violations (Number and nature)	
Conclusion	
Signature of PI Date:	

Document 15

Application form for requesting Waiver of Written Informed Consent / Waiver of Consent

(To be filled by PI)

1. Proposal Number:

2. Principal Investigator's name:

3. Department:

4. Title of project:

5. Names of co-investigators:

6. Request for waiver of informed consent:

Please check the reason(s) for requesting waiver

1. Research involves not more than minimal risk'
2. There is no direct contact between the researcher and participant
3. Emergency situations
4. Any other (please specify)

I hereby assure that the rights of the participants will not be violated. Following are the measures described in the Protocol for protecting confidentiality of data and privacy of research participant.

1.
2.
3.

Undertaking: I hereby declare that contents of the soft and hard copies of this document submitted to the IEC are the same.

Principal Investigator's signature Date:

Document 16

Exemption from Review Form

(To be filled in by the Member-Secretary IEC)

1 Principal Investigator's Name:

2 Department:

3 Title of Project:

4. State reasons for exemption from ethics review

- ☐ Audits of educational practices
- ☐ Research on microbes cultured in the laboratory
- ☐ Research on immortalized cell lines
- ☐ Research on cadavers or death certificates provided such research reveals no identifying personal data
- ☐ Analysis of data freely available in public domain
- ☐ Any other

This should include justification for exemption e.g. study does not involve human participants. If exemption is being requested on the basis of low risk involved in the study please refer to the following:

This list is not definitive but is intended to sensitize the researcher to the types of issues to be considered. Low risk research would involve the same risk as might be encountered in normal daily life.

In some circumstances research which appears to meet low risk criteria may need to be reviewed by the IEC. This might be because of requirements of:

- The publisher of the research
- An organization which is providing funding resources, existing data and access to participants

Final Decision:

☐ Exemption

☐ Cannot be exempted

Reasons:

Signature of the Member-Secretary Date:

Serious Adverse Event Review Report for SAE

(to be filled by the Investigator)

1. Name of the PI:
2. Study Title:
3. Project No:
4. Is this an On-site or Off-site SAE? [ ] On-site [ ] Off-site
5. Information about the SAE:

a. Patient Initials:

b. Date of birth:

c. Age / Sex:

d. Date of reaction onset:

e. Check all appropriate to adverse reaction:\

[ ] Patient died

[ ] Involved or prolonged hospitalization

[ ] Involved persistent or significant disability or incapacity

[ ] Life threatening

[ ] Congenital abnormality

[ ] Other medically important condition

f. Describe the reaction:

6. Information about suspect drug(s): NA [ ]

   a. Suspect drug(s) [include generic name]:

   b. Daily dose(s):

   c. Route(s) of administration:

   d. Indication(s) for use:

   e. Therapy dates (from / to):

   f. Therapy duration:

   g. Did the reaction abate after stopping the drug:

      [ ] YES [ ] NO [ ] NA

   h. Did the reaction reappear after re-introduction?

      [ ] YES [ ] NO [ ] NA

7. Information about concomitant drugs and history:

   a. Concomitant drug(s) and date(s) of administration:
   (exclude those used to treat reaction)

   b. Other relevant history (e.g. diagnosis, allergy, pregnancy with last menstrual period etc.,)

8. Manufacturer Information: NA [ ]

   a. Name and address of the manufacturer:
   b. Original report No:
   c. MFR Control No:
   d. Date received by the manufacturer:
   e. Report source:
      [ ] Study
      [ ] Literature
      [ ] Health Professional
      [ ] Regulatory Authority
      [ ] Others
   f. Date of this report:
   g. Type of this report:
      [ ] Initial [ ] Follow-up
   h. Name and address of the reporter:

9. Causality Assessment

   The Principal Investigator considers that the event is (relation to the study drug)

   [ ] Certainly
   [ ] Probably
   [ ] Possibly
   [ ] Unlikely

Principal Investigator's Signature

Date:

Document 18

Off Site Safety Reports Log

NOTE to PI:

1. Please log in details of Off-Site Safety Report.
2. The following log has to be maintained continuously until the end of the study.
3. This log should be submitted to the IHEC Secretariat every 3 months and/or along with Status / progress report.
4. The log must be submitted to the IEC Secretariat immediately, if prompt reporting is required and/or if a trend related to the occurrence of SAE is observed.
5. If the Adverse Event (Off-site) is Serious, Unrelated and Unexpected, then prompt reporting is required.
5. Please note the complete set of Off-site Safety Reports need not be sent to IEC Secretariat as and when received. If the IEC needs to review the reports, they can request copies at any time.

Project No.:

Project Title:

No. of Participants already enrolled in SMMCH & RI:

S. No.	Country	Date of Onset	Adverse event	Out Come	Remarks

Name and Signature of PI: Date:

Premature Termination / Suspension / Discontinuation Report

(To be filled by Investigator)

Proposal No.:	
Protocol Title:	
PI:	
Phone :	E-Mail:
Study Site:	
Sponsor:	
IEC Approval Date:	Date on which Status Report Last Submitted to IEC:

Starting Date:	Termination Date:
No. of Participants Enrolled:	No. of Participants Completed:
No. of Ongoing Participants:	No. of Drop Outs:
SAE (Total No.):	SAE Event:
Summary of Results:	
Reason for Premature Termination/Suspension/Discontinuation:	
Undertaking: I hereby declare that contents of the soft and hard copies of this document submitted to the IHEC are the same.	
PI Signature:	Date:

Amendment Sheet

LIST OF IEC MEMBERS - 2023

S.No.	Name	Position Held
1.	Dr. K. Balasubramanian	Chairperson
2.	Dr. V. Srisanthanakrishnan	Member Secretary
3.	Dr. Kirthigalakshmi	Clinician/ Member
4.	Dr. Supadevi	Member
5.	Dr. T. V. Asokan	Theologian/ Member
6.	Dr. M. Sunitha	Clinician/ Member
7.	Dr. J. Nithyalakshmi	Member
8.	Dr. Padmasani Venkat Ramanan	Clinician/ Member
9.	Dr. T. Janagan	Pharmacologist
10.	Dr. B. Deepa	Legal Expert
11.	Dr. A. D. Nundiyny	NGO
12.	Mrs. Anbukarasi	Social worker
13.	Mrs. Bhuvaneswari	NGO
14.	Mr. Sathish	Lay person
15.	Mr. A. Abilash	Lay person

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