



**Ethiopian Food, Medicine and Healthcare Administration and
Control Authority**

GOOD CLINICAL PRACTICE GUIDELINE

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Table of content

Acronyms	iv
Acknowledgement	v
Forward	vi
1. Introduction	1
2. Scope	2
3. Definitions	3
4. The principles GCP	12
5. National research ethics review committee and institutional review board	13
6. Principal investigator (PI)	14
6.1. Principal Investigator's Qualifications and Agreements	14
6.2. Adequate Resources	15
6.3. Medical Care of Trial Subjects.....	16
6.4. Communication with NRERC/IRB	17
6.5. Compliance with Protocol	17
6.6. Investigational Product(s).....	18
6.7. Randomization Procedures and Unbinding.....	19
6.8. Informed Consent of Trial Subjects	19
6.9. Records and Reports.....	23
6.10. Progress Reports	24
6.11. Safety Reporting.....	24
6.12. Premature Termination or Suspension of a Trial.	25
6.13. Final Report(s) by Investigator.....	26
7. SPONSOR	26
7.1. Quality Management	26
7.2. Quality Assurance and Quality Control	28
7.3. Contract Research Organization (CRO).....	28
7.4. Medical Expertise.....	28
7.5. Trial Design	29
7.6. Trial Management, Data Handling, and Record Keeping	29
7.7. Investigator Selection	31

7.8. Allocation of Responsibilities	32
7.9. Compensation to Subjects and Investigators.....	32
7.10.Financing	32
7.11.Notification/Submission to Regulatory Authority(ies)	32
7.12.Confirmation of Review by NRERC/IRB.....	32
7.13.Information on Investigational Product(s)	33
7.14.Manufacturing, Packing, Labelling, and coding Investigational Product(s).....	33
7.15.Supplying and Handling Investigational Product(s)	34
7.16.Record Access	35
7.17.Safety Information.....	35
7.18.Adverse Events Reporting.....	35
7.19.Monitoring.....	36
7.20.Audit.....	41
7.21.Noncompliance.....	41
7.22.Premature Termination or Suspension of a Trial	42
7.23. CLINICAL TRIAL/STUDY REPORTS	42
7.24. MULTICENTER TRIALS	42
8. Clinical trial protocol and protocol amendment(s).....	44
8.1. General Information	44
8.2. Background Information	44
8.3. Trial Objectives and Purpose	45
8.4. Trial Design.....	45
8.5. Selection and Withdrawal of Subjects.....	45
8.6. Treatment of Subjects.....	46
8.7. Assessment of Efficacy	46
8.8. Assessment of Safety.....	46
8.9. Statistics.....	46
8.10.Direct Access to Source Data/Documents.....	47
8.11.Quality Control and Quality Assurance	47
8.12.Ethics	47
8.13.Data Handling and Record Keeping.....	47

8.14.Financing and Insurance.....	47
8.15.Publication Policy.....	47
8.16.Supplements	47
9. Investigator’s brochure.....	48
9.1. Introduction	48
9.2. General Considerations	49
9.3. Contents of the Investigator’s Brochure.....	49
10. Essential documents for the conduct of a clinical trial	54
11. Inspection of GCP.....	56
Workshop participants	57

Acronyms

AE	Adverse Events
CPP	Certificate of Pharmaceutical Product
CRF	Case Report Form
CRO	Contract Research Organization
DSMB	Data and Safety Monitoring Board
FMHACA	Food, Medicine and Health Care Administration and Control Authority
GCP	Good Clinical Practice
GMP	Good Manufacturing Practices
IB	Investigator's Brochure
ICH	International Conference on Harmonization
IEC	Independent Ethical committee
IRB	Institutional Review Board
NRA	National Regulatory Authority
NRERC	National Research Ethical Review Committee
PQM	Promoting the Quality of Medicines Program
SOP	Standard Operation Procedure
SAE	Serious adverse event
USAID	United States Agency for International Development
USP	U. S. Pharmacopeial Convention
WHO	World Health Organization

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FORWARD

Clinical research is necessary to establish relatively safe and effective medical products and healthcare practices. What is known today about the risk and benefits of specific products and treatments are the result of randomized controlled clinical trials. However, there are concern about the safety and effectiveness of drugs and clinical research processes among members of medical profession, scientific community, regulatory authorities and the public. For this reason, ensuring that clinical trials conducted on human participants are designed and conducted according to sound scientific and ethical standards within the framework of good clinical practice.

Recognizing this, The Food, Medicine and Healthcare Administration and Control Proclamation No. 661/2009 article 4, sub-article 11 provides the mandate to the authority to inspect the conduct of clinical trial at initiation time, during conduct and the end of trial.

I have no doubt that with the unwavering government leadership, the commitment of the scientific community to comply with regulatory requirements for good clinical trial, the firm commitment of our staffs for our people, and the support of our development partners, we will prevail to meet the implementation of the guideline.

Finally, I would like to take this opportunity to acknowledge and express my appreciation to the Promoting the Quality of Medicines (PQM) program, which is funded by the United States Agency for International Development (USAID) and implemented by the U. S. Pharmacopeial Convention (USP) for the financial and technical support; and to all those experts who have directly or indirectly extended their helping hands in the preparation of this guideline.

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1. Introduction

Good Clinical Practice (GCP) is an international ethical and scientific quality standard for designing, conducting, recording and reporting trials that involve the participation of human subjects.

According to article 4, sub article 11 of proclamation No. 661/2009; The Food, Medicine and Healthcare Administration and Control Authority of Ethiopia is responsible to authorize conducting of clinical trial, monitor the process as to its conduct in accordance with good medical procedure, evaluate the results and authorize the use of the result in such a way that it benefits the public; suspend or stop the clinical trial where necessary. Articles 15 of this proclamation also provides detail requirements for the clinical trial approval procedures.

In addition, articles 22-28 of the Food, Medicine and Healthcare Administration and Control Council of Ministers Regulation No. 299/2013 provides a detail description of responsibilities and activities of the Authority, Ethical Committee Advisory Board, Researchers and/or the sponsors and subjects that need to be included and not included in clinical trials.

Accordingly, clinical trial studies must undergo review by the Authority for use of the investigational product or intervention in human subjects, to ensure that the study is appropriately designed to meet its stated objectives, according to all applicable laws and regulation and procedures of the country. The conduct of the trial is subject for inspection at initiation time, during conduct and at the end of trial based on different conditions at different times by the authority.

The purpose of this guideline is to provide with clearly articulated standards of good clinical practice in research that are also relevant to local realities and contexts and to ensure that clinical trials conducted on human participants are designed and conducted according to sound scientific and ethical standards within the framework of good clinical practice. Compliance with this standard provides public assurance that the rights, safety and well-being of trial subjects are protected; consistent with the principles that have their origin in the Declaration of Helsinki, and that the clinical trial data are credible. The guideline was developed with consideration of the current good clinical practices of the World Health Organization (WHO) and International Council for Harmonization (ICH).

2. SCOPE

This guideline provides guidance and assistance in the application and implementation of the principles of good clinical practice in respect to national and international standards including obey of all applicable national laws and regulations of GCP by all parties involved in the clinical research process involving human subjects. Systems that need to be in place, and within these, the roles and responsibilities of various stakeholders (notably sponsors, investigators, ethics committees, and regulatory authorities) involved in the conduct of health and clinical research studies are considered.

To the extent possible, the principles of GCP should generally apply to all clinical research involving human subjects. Below are points where the guideline is applicable:

- It is applicable for all clinical trials involving investigational products including new drugs, or new combinations of drugs, vaccines, new therapeutic regimens, food supplements and other biological products as well as invasive diagnostic procedures and study including intervention of medical devices in human subjects.
- Applicable for conduct of bioequivalence/bioavailability studies.
- Controlled studies of diagnostic, preventive or therapeutic measures, designed to demonstrate a specific generalizable response to these measures against a background of individual biological variation;
- Studies designed to determine the consequences for individuals and communities of specific preventive or therapeutic measures;
- The principles established in this guideline may also be applied to other clinical investigations that may have an impact on the safety and well-being of human subjects.

3. DEFINITIONS

The following definitions are provided to facilitate interpretation of the Guideline; they apply only to the words and phrases used in this Guideline. Although every effort has been made to use standard definitions used by ICH, the words and phrases used in this Guideline may have different meanings in other contexts and other documents.

3.1. Adverse Drug Reaction (ADR)

In the pre-approval clinical experience with a new medicinal product or its new usages, particularly as the therapeutic dose(s) may not be established: all noxious and unintended responses to a medicinal product related to any dose should be considered adverse drug reactions. The phrase responses to a medicinal product means that a causal relationship between a medicinal product and an adverse event is at least a reasonable possibility, i.e. the relationship cannot be ruled out.

Regarding marketed medicinal products: a response to a drug 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

3.2. Adverse Event (AE)

Any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product and which does not necessarily have a causal relationship with this treatment. An adverse event (AE) can, therefore, be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal (investigational) product, whether or not related to the medicinal (investigational) product.

3.3. Applicable Regulatory Requirement(s)

Any law (s) and regulation(s) addressing the conduct of clinical trials of investigational products.

3.4. Approval (in relation to Institutional Review Boards)

The affirmative decision of the IRB that the clinical trial has been reviewed and may be conducted at the institution site within the constraints set forth by the IRB, the institution, Good Clinical Practice (GCP), and the applicable regulatory requirements.

3.5. Audit

A systematic and independent examination of trial related activities and documents to determine whether the evaluated trial related activities were conducted, and the data were recorded, analyzed and accurately reported according to the protocol, sponsor's standard operating procedures (SOPs), Good Clinical Practice (GCP), and the applicable regulatory requirement(s).

3.6. Audit Certificate

A declaration of confirmation by the auditor that an audit has taken place.

3.7. Audit Report

A written evaluation by the sponsor's auditor of the results of the audit

3.8. Audit Trail

Documentation that allows reconstruction of the course of events

3.9. Blinding/Masking

A procedure in which one or more parties to the trial are kept unaware of the treatment assignment(s). Single-blinding usually refers to the subject(s) being unaware, and double-blinding usually refers to the subject(s), investigator(s), monitor, and, in some cases, data analyst(s) being unaware of the treatment assignment(s).

3.10. Case Report Form (CRF)

A printed, optical or electronic document designed to record all the protocol required information to be reported to the sponsor on each trial subject.

3.11. Clinical Trial/Study

Any investigation in human subjects intended to discover or verify the clinical, pharmacological and/or other pharmacodynamics effects of an investigational product(s), and/or to identify any adverse reactions to an investigational product(s), and /or to study absorption, distribution, metabolism, and excretion of an investigational product(s) with the object of ascertaining its safety and/or efficacy. It also includes investigation in human participants with invasive diagnostic procedures. The terms clinical trial and clinical study are synonymous.

3.12. Clinical Trial/Study Report

A written description of a trial/study of any therapeutic, prophylactic, or diagnostic agent conducted in human subjects, in which the clinical and statistical description, presentations, and analyses are fully integrated into a single report (see the ICH Guideline for Structure and Content of Clinical Study Reports).

3.13. Comparator (Product)

An investigational or marketed product (i.e., active control), or placebo, used as a reference in a clinical trial.

3.14. Compliance (in relation to trials)

Adherence to all the trial –related requirements, Good Clinical Practice (GCP) requirements and the applicable regulatory requirements

3.15. Confidentiality

Prevention of disclosure, to other than authorized individuals, of a sponsor's proprietary information or of a subject's identity

3.16. Contract

A written, dated, and signed agreement between two or more involved parties that sets out any arrangements on delegation and distribution of tasks and obligations and, if appropriate, on financial matters. The protocol may serve as the basis of a contract.

3.17. Coordinating Committee

A committee that a sponsor may organize to coordinate the conduct of a multicenter trial

3.18. Coordinating Investigator

An investigator assigned the responsibility for the coordination of investigators at different centers participating in a multicenter trial.

3.19. Contract Research Organization (CRO)

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

3.20. Direct Access

Permission to examine, analyze, verify, and reproduce any records and reports that are important to evaluation of a clinical trial. Any party (e.g. Domestic and foreign regulatory authorities, sponsor's monitors and auditors) with direct access should take all reasonable precautions within the constraints of the applicable regulatory requirement(s) to maintain the confidentiality of subjects' identities and sponsor's proprietary information.

3.21. Documentation

All records, in any form (including, but not limited to, written, electronic, magnetic, and optical records, and scans, x-rays, and electrocardiograms) that describe or record the methods, conduct, and/or results of a trial, the factors affecting a trial, and the actions taken.

3.22. Essential Documents

Documents which individually and collectively permit evaluation of the conduct of a study and the quality of the data produced

3.23. Good Clinical Practice (GCP)

A standard for the design, conduct, performance, monitoring, auditing, recording, analyses and reporting of clinical trials that provides assurance that the data are credible and accurate, and that the rights, integrity and confidentiality of trial participants are protected. Any reference to GCP in this Guideline should be understood as a reference to the current WHO/ICH GCP guidelines.

3.24. Independent Data-Monitoring Committee (IDMC) (Data and Safety Monitoring Board, Monitoring Committee, Data Monitoring Committee)

Independent data-monitoring committees that may be established by the sponsor to assess at intervals the progress of a clinical trial, the safety data, and the critical efficacy endpoints, and to recommend to the sponsor whether to continue, modify, or stop a trial.

3.25. Impartial Witness

A person, who is independent of the trial, who cannot be unfairly influenced by people involved with the trial, who attends the informed consent process if the subject or the subject's legally acceptable representative cannot read, and who reads the informed consent form and any other written information supplied to the subject.

3.26. National Research Ethics Review Committee (NRERC)

An independent body is established under Ministry of Science and Technology (MoST) whose responsibility it is to ensure the protection of the rights, safety and well-being of human subjects involved in a trial and to provide public assurance of that protection, by, among other things, reviewing and approving/providing favorable opinion on, the trial protocol, the suitability of the investigator(s), facilities, and the methods and material to be used in obtaining and documenting informed consent of the trial subjects.

3.27. Informed Consent

A process by which a subject voluntarily confirms his or her willingness to participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the subject's decision to participate. Informed consent is documented by means of a written, signed and dated informed consent form.

3.28. Inspection

The act by a regulatory authority(ies) of conducting an official review of documents, facilities, records, and any other resources that are deemed by the authority(ies) to be related to the clinical trial and that may be located at the site of the trial, at the sponsor's and/or contract research organizations (CRO's) facilities, or at other establishments deemed appropriate by the regulatory authority(ies).

3.29. Institution (medical)

Any public or private entity or agency or medical or dental facility where clinical trials are conducted

3.30. Institutional Review Board (IRB)

An independent body constituted of medical, scientific, and non-scientific members, whose responsibility is to ensure the protection of the rights, safety and well-being of human subjects involved in a trial by, among other things, reviewing, approving, and providing continuing review of trial protocol and amendments and of the methods and material to be used in obtaining and documenting informed consent of the trial subjects.

3.31. Interim Clinical Trial/Study Report

A report of intermediate results and their evaluation based on analyses performed during the course of a trial.

3.32. Investigational Product

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

3.33. Investigator

A person responsible for the conduct of the clinical trial at a right site and for the rights, health and welfare of the participants in the trial. If a trial is conducted by a team of individuals at a trial site, the investigator is the responsible leader of the team and may be called the principal investigator. The investigator should have qualifications and competence which could be evidenced by an up-to date curriculum vitae and other credentials. The medical/dental care and decisions must always be the responsibility of a clinically competent person legally allowed and registered to practice health care in Ethiopia.

3.34. Investigator/Institution

An expression meaning "the investigator and/or institution, where required by the applicable regulatory requirements".

3.35. Investigator's Brochure

A collection of data consisting of all the information known prior to the clinical trial concerning the clinical and non-clinical data on the investigational product(s). There should be adequate data to justify the nature, scale and duration of the proposed trial.

3.36. Legally Acceptable Representative

An individual or juridical or other body authorized under applicable law to consent, on behalf of a prospective subject, to the subject's participation in the clinical trial.

3.37. Monitoring

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

3.38. Monitoring Report

A written report from the monitor to the sponsor after each site visit and/or other trial-related communication according to the sponsor's SOPs.

3.39. Multicenter Trial

A clinical trial conducted according to a single protocol but at more than one site, and therefore, carried out by more than one investigator.

3.40. Nonclinical Study

Biomedical studies not performed on human subjects.

3.41. Opinion (in relation to Independent Ethics Committee)

The judgement and/or the advice provided by an Independent Ethics Committee (IEC).

3.42. Original Medical Record

See Source Documents.

3.43. Protocol

A document that describes the objective(s), design, methodology, statistical considerations, and organization of a trial. The protocol usually also gives the background and rationale for the trial, but these could be provided in other protocol referenced documents.

3.44. Protocol Amendment

A written description of a change(s) to or formal clarification of a protocol

3.45. Quality Assurance (QA)

All those planned and systematic actions that are established to ensure that the trial is performed and the data are generated, documented (recorded), and reported in compliance with Good Clinical Practice (GCP) and the applicable regulatory requirement(s).

3.46. Quality Control (QC)

The operational techniques and activities undertaken within the quality assurance system to verify that the requirements for quality of the trial-related activities have been fulfilled.

3.47. Randomization

The process of assigning trial subjects to treatment or control groups using an element of chance to determine the assignments in order to reduce bias.

3.48. Regulatory Authorities

Bodies having the power to regulate. In the guideline the expression of Regulatory Authorities includes the authorities that review submitted clinical data and those that conduct inspections and these bodies are sometimes referred to as competent authorities.

3.49. Serious Adverse Event (SAE) or Serious Adverse Drug Reactions (Serious ADR)

Any untoward medical occurrence 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 is a congenital anomaly/birth defect

3.50. Source Data

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

3.51. Source Documents

Original documents, data, and records (e.g., hospital records, clinical and office charts, laboratory notes, memoranda, subjects' diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as

being accurate copies, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept at the pharmacy, at the laboratories and at medico-technical departments involved in the clinical trial).

3.52. Sponsor

An individual, company, institution, or organization which takes responsibility for the initiation, management, and/or financing of a clinical trial

3.53. Sponsor-Investigator

An individual who both initiates and conducts, alone or with others, a clinical trial, and under whose immediate direction the investigational product is administered to, dispensed to, or used by a subject. The term does not include any person other than an individual (e.g., it does not include a corporation or an agency). The obligations of a sponsor-investigator include both those of a sponsor and those of an investigator.

3.54. Standard Operating Procedures (SOPs)

Detailed, written instructions to achieve uniformity of the performance of a specific function

3.55. Sub investigator

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

3.56. Subject/Trial Subject

An individual who participates in a clinical trial, either as a recipient of the investigational product(s) or as a control

3.57. Subject Identification Code

A unique identifier assigned by the investigator to each trial subject to protect the subject's identity and used in lieu of the subject's name when the investigator reports adverse events and/or other trial related data.

3.58. Trial Site

The location(s) where trial-related activities are actually conducted

3.59. Unexpected Adverse Drug Reaction

An adverse reaction, the nature or severity of which is not consistent with the applicable product information (e.g., Investigator's Brochure for an unapproved investigational product or package insert/summary of product characteristics for an approved product)

3.60. Vulnerable Subjects

Individuals whose willingness to volunteer in a clinical trial may be unduly influenced by the expectation, whether justified or not, of benefits associated with participation, or of a retaliatory response from senior members of a hierarchy in case of refusal to participate. Examples are members of a group with a hierarchical structure, such as medical, pharmacy, dental and nursing students, subordinate hospital and laboratory personnel, employees of the pharmaceutical industry, members of the armed forces, and persons kept in detention. Other vulnerable subjects include patients with incurable diseases, persons in nursing homes, children, unemployed or impoverished persons, and patients in emergency situations, ethnic minority groups, homeless persons, nomads, refugees, minors, and those incapable of giving consent.

3.61. Well-being (of the trial subjects)

The physical and mental integrity of the subjects participating in a clinical trial

3.62. Certified Copy

A copy (irrespective of the type of media used) of the original record that has been verified (i.e., by a dated signature or by generation through a validated process) to have the same information, including data that describe the context, content, and structure, as the original.

3.63. Monitoring Plan

A document that describes the strategy, methods, responsibilities, and requirements for monitoring the trial.

3.64. Validation of Computerized Systems

A process of establishing and documenting that the specified requirements of a computerized system can be consistently fulfilled from design until decommissioning of the system or transition to a new system. The approach to validation should be based on a risk assessment that takes into consideration the intended use of the system and the potential of the system to affect human subject protection and reliability of trial results.

4. THE PRINCIPLES GCP

- 4.1. Clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki, and that are consistent with GCP and the applicable regulatory requirement(s).
- 4.2. Before a trial is initiated, foreseeable risks and inconveniences should be weighed against the anticipated benefit for the individual trial subject and society. A trial should be initiated and continued only if the anticipated benefits justify the risks.
- 4.3. The rights, safety, and well-being of the trial subjects are the most important considerations and should prevail over interests of science and society.
- 4.4. The available non-clinical and clinical information on an investigational product should be adequate to support the proposed clinical trial.
- 4.5. Clinical trials should be scientifically sound, and described in a clear, detailed protocol.
- 4.6. A trial should be conducted in compliance with the protocol that has received prior institutional review board (IRB)/National research ethics review committee (NRERC) approval/favorable opinion.
- 4.7. The medical care given to, and medical decisions made on behalf of, subjects should always be the responsibility of a qualified physician or, when appropriate a qualified dentist or a qualified health professional.
- 4.8. Each individual involved in conducting a trial should be qualified by education, training, and experience to perform his or her respective task(s).
- 4.9. Freely given informed consent should be obtained from every subject prior to clinical trial participation.
- 4.10. All clinical trial information should be recorded, handled, and stored in a way that allows its accurate reporting, interpretation and verification. This principle applies to all records referenced in this guideline, irrespective of the type of media used.
- 4.11. The confidentiality of records that could identify subjects should be protected, respecting the privacy and confidentiality rules in accordance with the applicable regulatory requirement(s).
- 4.12. Investigational products should be manufactured, handled, and stored in accordance with applicable good manufacturing practice (GMP). They should be used in accordance with the approved protocol.

4.13. Systems with procedures that assure the quality of every aspect of the trial should be implemented. Aspects of the trial that are essential to ensure human subject protection and reliability of trial results should be the focus of such systems.

5. NATIONAL RESEARCH ETHICS REVIEW COMMITTEE AND INSTITUTIONAL REVIEW BOARD (NRERC/ IRB)

- 5.1. The NRERC and IRB's objective is to protect the rights and welfare of human participants in biomedical and behavioral research. The IRB reviews and oversees human participant research to ensure that it meets the ethical principles cited in this guideline, national regulatory authority regulations, and that it complies with legal requirements and other pertinent regulations, guidance, and local laws.
- 5.2. The NRERC and IRB's duty is to inform and assist the investigators and advisors on ethical and procedural standards related to the use of human participants in research, to facilitate compliance with this guidelines, Ethiopian law, and international regulations.
- 5.3. The NRERC has the authority to approve, require modification in, or disapprove all research activities that fall within its jurisdiction.
- 5.4. The NRERC and IRB have the responsibility to ensure that research studies conducted under its jurisdiction are designed and conducted in a manner that protects the rights, welfare and privacy of research participants.
- 5.5. The protocol should be submitted for comment, guidance, and where appropriate, approval to NRERC, which is independent of the investigator, the sponsor, or any other kind of undue influence. This independent committee should be in conformity with the laws and regulations of the country
- 5.6. The principal focus of the NRERC/IRB is ethical review of the protocol. However, scientific review and ethical review cannot be separated: scientifically unsound research involving humans as subjects is unethical in that it may expose them to risk or inconvenience to no purpose; even if there is no risk of injury, wasting of subjects' and researchers' time in unproductive activities represents loss of a valuable resource. Normally, therefore, an ethical review committee considers both the scientific and the ethical aspects of proposed research. It must either carry out or arrange for a proper scientific review or verify that a competent expert body has determined that the research is scientifically sound.

- 5.7. Review by the NRERC/IRB also helps ensure that the research is evaluated by a party that is independent of the trial. “The review committees must be independent of the research team, and any direct financial or other material benefit they may derive from the research should not be contingent on the outcome of their review.
- 5.8. The applicants need to consider submission of their protocol to NRERC prior to national regulatory authority. The comments given and approval by the independent national ethics committee is considered as prerequisite to review and get approval from national regulatory authority. For detail information and requirements needed, the national research ethics review guideline need to be followed, reviewed and considered by all applicants.
- 5.9. Institutional review Board (IRB) is an appropriately constituted group that has been formally designated to review and monitor biomedical research involving human subjects. In accordance with country regulations, an IRB has the authority to approve, require modifications in (to secure approval), or disapprove research. This group review serves an important role in the protection of the rights and welfare of human research subjects.
- 5.10. The purpose of IRB review is to assure, both in advance and by periodic review, that appropriate steps are taken to protect the rights and welfare of humans participating as subjects in the research. To accomplish this purpose, IRBs use a group process to review research protocols and related materials (e.g., informed consent documents and investigator brochures) to ensure protection of the rights and welfare of human subjects of research.

6. PRINCIPAL INVESTIGATOR (PI)

6.1. Principal Investigator's Qualifications and Agreements

- 6.1.1. The investigator(s) should be qualified by education, training, and experience to assume responsibility for the proper conduct of the trial, should meet all the qualifications specified by the applicable regulatory requirement(s), and should provide evidence of such qualifications through up-to-date curriculum vitae and/or other relevant documentation requested by the sponsor, the NRERC/IRB, and/or the Authority.
- 6.1.2. The investigator should be thoroughly familiar with the appropriate use of the investigational product(s), as described in the protocol, in the current Investigator's

Brochure, in the product information and in other information sources provided by the sponsor.

- 6.1.3. The investigator should be aware of, and should comply with, GCP and the applicable regulatory requirements
- 6.1.4. The investigator/institution should permit monitoring and auditing by the sponsor, and inspection by the appropriate regulatory authority (ies).
- 6.1.5. The investigator should maintain a list of appropriately qualified persons to whom the investigator has delegated significant trial-related duties.

6.2. Adequate Resources

- 6.2.1. The investigator should be able to demonstrate (e.g., based on retrospective data) a potential for recruiting the required number of suitable subjects within the agreed recruitment period.
- 6.2.2. The investigator should have sufficient time to properly conduct and complete the trial within the agreed trial period.
- 6.2.3. The investigator should have available an adequate number of qualified staff and adequate facilities for the foreseen duration of the trial to conduct the trial properly and safely.
- 6.2.4. The investigator should ensure that all persons assisting with the trial are adequately informed about the protocol, the investigational product(s), and their trial-related duties and functions.
- 6.2.5. The investigator is responsible for supervising any individual or party to whom the investigator delegates trial-related duties and functions conducted at the trial site.
- 6.2.6. If the investigator/institution retains the services of any individual or party to perform trial-related duties and functions, the investigator/institution should ensure this individual or party is qualified to perform those trial-related duties and functions and should implement procedures to ensure the integrity of the trial-related duties and functions performed and any data generated.

6.3. Medical Care of Trial Subjects

- 6.3.1. A qualified physician or appropriate health professional, who is an investigator or a sub-investigator for the trial, should be responsible for all trial-related medical (or dental) decisions.
- 6.3.2. During and following a subject's participation in a trial, the investigator/institution should ensure that adequate medical care is provided to a subject for any adverse events, including clinically significant laboratory values, related to the trial. The investigator/institution should inform a subject when medical care is needed for inter current illness (es) of which the investigator becomes aware.
- 6.3.3. It is recommended that the investigator inform the subject's primary physician about the subject's participation in the trial if the subject has a primary physician and if the subject agrees to the primary physician being informed.
- 6.3.4. Although a subject is not obliged to give his/her reason(s) for withdrawing prematurely from a trial, the investigator should make a reasonable effort to ascertain the reason(s), while fully respecting the subject's rights.

6.4. Communication with NRERC/ IRB

- 6.4.1. Before initiating a trial, the investigator/institution should have written and dated approval/favorable opinion from the NRERC/IRB for the trial protocol, written informed consent form, consent form updates, subject recruitment procedures (e.g., advertisements), and any other written information to be provided to subjects.
- 6.4.2. As part of the investigator's/institution's written application to the NRERC/IRB/ the investigator/institution should provide the NRERC/ IRB with a current copy of the Investigator's Brochure. If the Investigator's Brochure is updated during the trial, the investigator/institution should supply a copy of the updated Investigator's Brochure to the IRB/NRERC.
- 6.4.3. During the trial the investigator/institution should provide to the IRB/NRERC all documents subject to review.

6.5. Compliance with Protocol

- 6.5.1. The investigator/institution should conduct the trial in compliance with the protocol agreed to by the sponsor which was given approval/favorable opinion by the NRERC/IRB and authorized by the Authority. The investigator/institution and the sponsor should sign the protocol, or an alternative contract, to confirm agreement.
- 6.5.2. The investigator should not implement any deviation from, or changes of the protocol without agreement by the sponsor and prior review and documented approval/favorable opinion from the NRERC/IRB as an amendment, except where necessary to eliminate an immediate hazard(s) to trial subjects, or when the change(s) involves only logistical or administrative aspects of the trial (e.g., change in monitor(s), change of telephone number(s)).
- 6.5.3. The investigator, or person designated by the investigator, should document and explain any deviation from the approved protocol.
- 6.5.4. The investigator may implement a deviation from, or a change of, the protocol to eliminate an immediate hazard(s) to trial subjects without prior regulatory authority approval/favourable opinion. As soon as possible, the implemented deviation or change,

the reasons for it, and, if appropriate, the proposed protocol amendment(s) should be submitted:

- a) To the IRB/NRERC for review and approval/favourable opinion,
- b) To the sponsor for agreement and, if required,
- c) To the Authority

6.6. Investigational Product(s)

- 6.6.1. Responsibility for investigational product(s) accountability at the trial site(s) rests with the investigator/institution.
- 6.6.2. Where allowed/required, the investigator/institution may/should assign some or all of the investigator's/institution's duties for investigational product(s) accountability at the trial site(s) to registered and GCP trained pharmacist or another appropriate health professional who is GCP trained.
- 6.6.3. The investigator/institution and/or a pharmacist or other appropriate GCP trained individual, who is designated by the investigator/institution, should maintain records of the product's delivery to the trial site, the inventory at the site, the use by each subject, and the return to the sponsor or alternative disposition of unused product(s). These records should include dates, quantities, batch/serial numbers, expiration dates (if applicable), and the unique code numbers assigned to the investigational product(s) and trial subjects. Investigators should maintain records that document adequately that the subjects were provided the doses specified by the protocol and reconcile all investigational product(s) received from the sponsor.
- 6.6.4. The investigational product(s) should be stored as specified by the sponsor (see 7.13.2 and 7.14.3) and in accordance with applicable regulatory requirement(s).
- 6.6.5. The investigator should ensure that the investigational product(s) are used only in accordance with the approved protocol.
- 6.6.6. The investigator, or a person designated by the investigator/institution, should explain the correct use of the investigational product(s) to each subject and should check, at intervals appropriate for the trial, that each subject is following the instructions properly.

6.7. Randomization Procedures and Unbinding

The investigator should follow the trial's randomization procedures, if any, and should ensure that the code is broken only in accordance with the protocol. If the trial is blinded, the investigator should promptly document and explain to the sponsor and report to regulatory authority any premature un-blinding (e.g., accidental un-blinding, un-blinding due to a serious adverse event) of the investigational product(s).

6.8. Informed Consent of Trial Subjects

- 6.8.1. In obtaining and documenting informed consent, the investigator should comply with the applicable regulatory requirement(s) which needs to be translated to local language, and should adhere to GCP and to the ethical principles that have their origin in the Declaration of Helsinki. Prior to the beginning of the trial, the investigator should have the IRB/NRERC's written approval/favourable opinion of the written informed consent form and any other written information to be provided to subjects. The consent form should be translated to local language.
- 6.8.2. The written informed consent form and any other written information to be provided to subjects should be revised whenever important new information becomes available that may be relevant to the subject's consent. Any revised written informed consent form, and written information should receive the NRERC/IRB's approval/favourable opinion in advance of use. The subject or the subject's legally acceptable representative should be informed in a timely manner if new information becomes available that may be relevant to the subject's willingness to continue participation in the trial. The communication of this information should be documented.
- 6.8.3. Neither the investigator, nor the trial staff, should coerce or unduly influence a subject to participate or to continue to participate in a trial.
- 6.8.4. None of written information concerning the trial, including the written informed consent form, should contain any language that causes the subject or the subject's legally acceptable representative to waive or to appear to waive any legal rights, or that releases or appears to release the investigator, the institution, the sponsor, or their agents from liability for negligence.

- 6.8.5. The investigator, or a person designated by the investigator, should fully inform the subject or, if the subject is unable to provide informed consent, the subject's legally acceptable representative, of all pertinent aspects of the trial including the written information and the approval/ favourable opinion by the IRB/NRERC.
- 6.8.6. The language used in the oral and written information about the trial, including the written informed consent form, should be as non-technical as practical and should be understandable to the subject or the subject's legally acceptable representative and the impartial witness, where applicable.
- 6.8.7. Before informed consent may be obtained, the investigator, or a person designated by the investigator, should provide the subject or the subject's legally acceptable representative enough time according to the scope of study and opportunity to inquire about details of the trial and to decide whether or not to participate in the trial. All questions about the trial should be answered to the satisfaction of the subject or the subject's legally acceptable representative.
- 6.8.8. Prior to a subject's participation in the trial, the written informed consent form should be signed and personally dated by the subject or by the subject's legally acceptable representative, and by the person who conducted the informed consent discussion.
- 6.8.9. If a subject is unable to read or if a legally acceptable representative is unable to read, an impartial witness should be present during the entire informed consent discussion. After the written informed consent form and any other written information to be provided to subjects, is read and explained to the subject or the subject's legally acceptable representative, and after the subject or the subject's legally acceptable representative has orally consented to the subject's participation in the trial and, if capable of doing so, has signed and personally dated the informed consent form, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject or the subject's legally acceptable representative, and that informed consent was freely given by the subject or the subject's legally acceptable representative\Impartial witness.
- 6.8.10. Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects should include explanations of the following:

- a) That the trial involves research.
- b) The purpose of the trial.
- c) The trial treatment(s) and the probability for random assignment to each treatment.
- d) The trial procedures to be followed, including all invasive procedures.
- e) The subject's responsibilities.
- f) Those aspects of the trial that are experimental.
- g) The reasonably foreseeable risks or inconveniences to the subject and, when applicable, to an embryo, fetus, or nursing infant.
- h) The reasonably expected benefits. When there is no intended clinical benefit to the subject, the subject should be made aware of this.
- i) The alternative procedure(s) or course(s) of treatment that may be available to the subject, and their important potential benefits and risks.
- j) The compensation and/or treatment available to the subject in the event of trial-related injury.
- k) The anticipated prorated payment, if any, to the subject for participating in the trial.
- l) The anticipated expenses, if any, to the subject for participating in the trial.
- m) That the subject's participation in the trial is voluntary and that the subject may refuse to participate or withdraw from the trial, at any time, without penalty or loss of benefits to which the subject is otherwise entitled.
- n) That the monitor(s), the auditor(s), the NRERC/IRB, and the regulatory authority(ies) will be granted direct access to the subject's original medical records for verification of clinical trial procedures and/or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations and that, by signing a written informed consent form, the subject or the subject's legally acceptable representative is authorizing such access.
- o) That records identifying the subject will be kept confidential and, to the extent permitted by the applicable laws and/or regulations, will not be made publicly available. If the results of the trial are published, the subject's identity will remain confidential.

- p) That the subject or the subject's legally acceptable representative will be informed in a timely manner if information becomes available that may be relevant to the subject's willingness to continue participation in the trial.
- q) The person(s) to contact for further information with full address and telephone regarding the trial and the rights of trial subjects, and whom to contact in the event of trial-related injury.
- r) The foreseeable circumstances and/or reasons under which the subject's participation in the trial may be terminated.
- s) The expected duration of the subject's participation in the trial.
- t) The approximate number of subjects involved in the trial.

6.8.11. Prior to participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated written informed consent form and any other written information provided to the subjects. During a subject's participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated consent form updates and a copy of any amendments to the written information provided to subjects.

6.8.12. When a clinical trial (therapeutic or non-therapeutic) includes subjects, who can only be enrolled in the trial with the consent of the subject's legally acceptable representative (e.g., minors, or patients with severe dementia), the subject should be informed about the trial to the extent compatible with the subject's understanding and, if capable, the subject should sign and personally date the written informed consent.

6.8.13. Except as described in 6.8.14, a non-therapeutic trial (i.e. a trial in which there is no anticipated direct clinical benefit to the subject), should be conducted in subjects who personally give consent and who sign and date the written informed consent form.

6.8.14. Non-therapeutic trials may be conducted in subjects with consent of a legally acceptable representative provided the following conditions are fulfilled:

- (a) The objectives of the trial cannot be met by means of a trial in subjects who can give informed consent personally.
- (b) The foreseeable risks to the subjects are low.
- (c) The negative impact on the subject's well-being is minimized and low.
- (d) The trial is not prohibited by law.

- (e) The approval/favourable opinion of the IRB/NRERC is expressly sought on the inclusion of such subjects, and the written approval/ favourable opinion covers this aspect. Such trials, unless an exception is justified, should be conducted in patients having a disease or condition for which the investigational product is intended. Subjects in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.

6.8.15. In emergency situations, when prior consent of the subject is not possible, the consent of the subject's legally acceptable representative, if present, should be requested. When prior consent of the subject is not possible, and the subject's legally acceptable representative is not available, enrolment of the subject should require measures described in the protocol and/or elsewhere, with documented approval/favourable opinion by the IRB/NRERC, to protect the rights, safety and well-being of the subject and to ensure compliance with applicable regulatory requirements. The subject or the subject's legally acceptable representative should be informed about the trial as soon as possible and consent to continue and other consent as appropriate (see 6.8.10) should be requested.

6.9. Records and Reports

- 6.9.1. The investigator/institution should maintain adequate and accurate source documents and trial records that include all pertinent observations on each of the site's trial subjects. Source data should be attributable, legible, contemporaneous, original, accurate, and complete. Changes to source data should be traceable, should not obscure the original entry, and should be explained if necessary (e.g., via an audit trail).
- 6.9.2. The investigator should ensure the accuracy, completeness, legibility, and timeliness of the data reported to the sponsor in the CRFs and in all required reports.
- 6.9.3. Data reported on the CRF, that are derived from source documents, should be consistent with the source documents or the discrepancies should be explained.
- 6.9.4. Any change or correction to a CRF should be dated, initialed, and explained (if necessary) and should not obscure the original entry (i.e. an audit trail should be maintained); this applies to both written and electronic changes or corrections (see 5.18.4 (n)). Sponsors should provide guidance to investigators and/or the investigators' designated representatives on making such corrections. Sponsors should have written procedures to assure that changes or corrections in CRFs made by sponsor's designated representatives

are documented, are necessary, and are endorsed by the investigator. The investigator should retain records of the changes and corrections.

6.9.5. The investigator/institution should maintain the trial documents as specified in Essential Documents for the Conduct of a Clinical Trial and as required by the applicable regulatory requirement(s). The investigator/institution should take measures to prevent accidental or premature destruction of these documents. [Refer Essential documentation for the clinical trial in ICH E6 (R1) guideline]

6.9.6. Essential documents should be retained in the site of trial after the last approval of a marketing application for appropriate time based on the requirement and proposed time of specific trial. It is the responsibility of the sponsor to inform the investigator/institution about overall retention of the documents and period required for retention in writing.

6.9.7. The financial aspects of the trial should be documented in an agreement between the sponsor and the investigator/institution.

6.9.8. Upon request of the monitor, auditor, IRB/NRERC, or the regulatory authority, the investigator/institution should make available for direct access all requested trial-related records.

6.10. **Progress Reports**

6.10.1. The investigator should submit written summaries of the trial status to Authority every six month and the IRB/NRERC annually, or more frequently, based on their requirements.

6.10.2. The investigator should promptly provide written reports to the sponsor, the NRER/IRBC and, the Authority on any changes significantly affecting the conduct of the trial, and/or increasing the risk to subjects.

6.11. **Safety Reporting**

6.11.1. All serious adverse events (SAEs) should be reported within 24 hours to the sponsor except for those SAEs that the protocol or other document (e.g., Investigator's Brochure) identifies as not needing immediate reporting. The immediate reports should be followed promptly by detailed, written reports. The immediate and follow-up reports should identify subjects by unique code numbers assigned to the trial subjects rather than by the subjects' names,

personal identification numbers, and/or addresses. The investigator should also report all serious adverse drug events to the Authority within 48 hours of the occurrence of the SAE.

6.11.2. Adverse events and/or laboratory abnormalities identified in the protocol as critical to safety evaluations should be reported to the sponsor according to the reporting requirements and within the time periods specified by the sponsor in the protocol. These types of adverse events must be reported to the Authority as per regulatory requirements (i.e. Guideline for Application of Clinical Trial Authorization).

6.11.3. For reported deaths, the investigator should supply the sponsor and the Authority with any additional requested information (e.g., autopsy reports and terminal medical reports).

6.12. Premature Termination or Suspension of a Trial.

If the trial is prematurely terminated or suspended for any reason, the investigator/ institution should promptly inform the trial subjects, should assure appropriate therapy and follow-up for the subjects, and, where required by the applicable regulatory requirement(s), should inform the regulatory authority(ies). In addition:

6.12.1. If the investigator terminates or suspends a trial without prior agreement of the sponsor, the investigator should inform the institution where applicable, and the investigator/institution should promptly inform the sponsor and the Authority, and should provide the sponsor and the Authority a detailed written explanation of the termination or suspension.

6.12.2. If the sponsor terminates or suspends a trial, the investigator should promptly inform the institution where applicable and the investigator/institution should promptly inform the Authority and provide the authority a detailed written explanation of the termination or suspension.

6.12.3. If the NRERC/IRB terminates or suspends its approval/favorable opinion of a trial, the investigator should inform the institution where applicable and the investigator/institution should promptly notify the sponsor and the Authority. The investigator/institution provides the sponsor /the Authority with a detailed written explanation of the termination or suspension.

6.13. Final Report(s) by Investigator

Upon completion of the trial, the investigator, where applicable, should inform the institution; the investigator/institution should provide NRERC/IRB with a summary of the trial's outcome. For verification of the study with conduct of according to the submitted protocol and as approved by all responsible bodies.

7. SPONSOR

7.1. Quality Management

The sponsor should implement a system to manage quality throughout all stages of the trial process. Sponsors should focus on trial activities essential to ensuring human subject protection and the reliability of trial results. Quality management includes the design of efficient clinical trial protocols and tools and procedures for data collection and processing, as well as the collection of information that is essential to decision making.

The methods used to assure and control the quality of the trial should be proportionate to the risks inherent in the trial and the importance of the information collected. The sponsor should ensure that all aspects of the trial are operationally feasible and should avoid unnecessary complexity, procedures, and data collection. Protocols, case report forms, and other operational documents should be clear, concise, and consistent.

The quality management system should use a risk-based approach as described below.

7.1.1. Critical Process and Data Identification

During protocol development, the sponsor should identify those processes and data that are critical to ensure human subject protection and the reliability of trial results.

7.1.2. Risk Identification

The sponsor should identify risks to critical trial processes and data. Risks should be considered at both the system level (e.g., standard operating procedures, computerized systems, personnel) and clinical trial level (e.g., trial design, data collection, informed consent process).

7.1.3. Risk Evaluation

The sponsor should evaluate the identified risks, against existing risk controls by considering:

- a) The likelihood of errors occurring.
- b) The extent to which such errors would be detectable.
- c) The impact of such errors on human subject protection and reliability of trial results.

7.1.4. Risk Control

The sponsor should decide which risks to reduce and/or which risks to accept. The approach used to reduce risk to an acceptable level should be proportionate to the significance of the risk. Risk reduction activities may be incorporated in protocol design and implementation, monitoring plans, agreements between parties defining roles and responsibilities, systematic safeguards to ensure adherence to standard operating procedures, and training in processes and procedures.

Predefined quality tolerance limits should be established, taking into consideration the medical and statistical characteristics of the variables as well as the statistical design of the trial, to identify systematic issues that can impact subject safety or reliability of trial results. Detection of deviations from the predefined quality tolerance limits should trigger an evaluation to determine if action is needed.

7.1.5. Risk Communication

The sponsor should document quality management activities. The sponsor should communicate quality management activities to those who are involved in or affected by such activities, to facilitate risk review and continual improvement during clinical trial execution.

7.1.6. Risk Review

The sponsor should periodically review risk control measures to ascertain whether the implemented quality management activities remain effective and relevant, taking into account emerging knowledge and experience.

7.1.7. Risk Reporting

The sponsor should describe the quality management approach implemented in the trial and summarize important deviations from the predefined quality tolerance limits and remedial actions taken in the clinical study report (ICH E3, Section 9.6 Data Quality Assurance).

7.2. Quality Assurance and Quality Control

- 7.2.1. The sponsor is responsible for implementing and maintaining quality assurance and quality control systems with written SOPs to ensure that trials are conducted and data are generated, documented (recorded), and reported in compliance with the protocol, GCP, and the applicable regulatory requirement(s).
- 7.2.2. The sponsor is responsible for securing agreement from all involved parties to ensure direct access (see 3.20) to all trial related sites, source data/documents, and reports for the purpose of monitoring and auditing by the sponsor, and inspection by domestic and foreign regulatory authorities.
- 7.2.3. Quality control should be applied to each stage of data handling to ensure that all data are reliable and have been processed correctly.
- 7.2.4. Agreements, made by the sponsor with the investigator/institution and any other parties involved with the clinical trial, should be in writing, as part of the protocol or in a separate agreement.

7.3. Contract Research Organization (CRO)

- 7.3.1. A sponsor may transfer any or all of the sponsor's trial-related duties and functions to a CRO, but the ultimate responsibility for the quality and integrity of the trial data always resides with the sponsor. The CRO should implement quality assurance and quality control.
- 7.3.2. Any trial-related duty and function that is transferred to and assumed by a CRO should be specified in writing. The sponsor should ensure oversight of any trial-related duties and functions carried out on its behalf, including trial-related duties and functions that are subcontracted to another party by the sponsor's contracted CRO(s).
- 7.3.3. Any trial-related duties and functions not specifically transferred to and assumed by a CRO are retained by the sponsor.
- 7.3.4. All references to a sponsor in this guideline also apply to a CRO to the extent that a CRO has assumed the trial related duties and functions of a sponsor.

7.4. Medical Expertise

The sponsor should designate appropriately qualified medical personnel who will be readily available to advise on trial related medical questions or problems. If necessary, outside consultant(s) may be appointed for this purpose.

7.5. Trial Design

- 7.5.1. The sponsor should utilize qualified individuals (e.g. biostatisticians, clinical pharmacologists, and physicians) as appropriate, throughout all stages of the trial process, from designing the protocol and CRFs and planning the analyses to analyzing and preparing interim and final clinical trial reports.
- 7.5.2. For further guidance: Clinical Trial Protocol and Protocol Amendment(s) (see 6.), the ICH Guideline for Structure and Content of Clinical Study Reports, and other appropriate ICH guidance on trial design, protocol and conduct.

7.6. Trial Management, Data Handling, and Record Keeping

- 7.6.1. The sponsor should utilize appropriately qualified individuals to supervise the overall conduct of the trial, to handle the data, to verify the data, to conduct the statistical analyses, and to prepare the trial reports.
- 7.6.2. The sponsor may consider establishing an independent data-monitoring committee (IDMC) to assess the progress of a clinical trial, including the safety data and the critical efficacy endpoints at intervals, and to recommend to the sponsor whether to continue, modify, or stop a trial. The IDMC should have written operating procedures and maintain written records of all its meetings.
- 7.6.3. When using electronic trial data handling and/or remote electronic trial data systems, the sponsor should:
- a) Ensure and document that the electronic data processing system(s) conforms to the sponsor's established requirements for completeness, accuracy, reliability, and consistent intended performance (i.e. validation). The sponsor should base their approach to validation of such systems on a risk assessment that takes into consideration the intended use of the system and the potential of the system to affect human subject protection and reliability of trial results.
 - b) Maintains SOPs for using these systems. The SOPs should cover system setup, installation, and use. The SOPs should describe system validation and functionality testing, data collection and handling, system maintenance, system security measures, change control, data backup, recovery, contingency planning, and decommissioning. The responsibilities of the sponsor, investigator, and other parties

with respect to the use of these computerized systems should be clear, and the users should be provided with training in their use.

- c) Ensure that the systems are designed to permit data changes in such a way that the data changes are documented and that there is no deletion of entered data (i.e. maintain an audit trail, data trail, edit trail).
 - d) Maintain a security system that prevents unauthorized access to the data. (e) Maintain a list of the individuals who are authorized to make data changes (see 6.1.5 and 6.9.3).
 - e) Maintain adequate backup of the data.
 - f) Safeguard the blinding, if any (e.g. maintain the blinding during data entry and processing).
 - g) Ensure the integrity of the data including any data that describe the context, content, and structure. This is particularly important when making changes to the computerized systems, such as software upgrades or migration of data.
- 7.6.4. If data are transformed during processing, it should always be possible to compare the original data and observations with the processed data.
- 7.6.5. The sponsor should use an unambiguous subject identification code (see 1.58) that allows identification of all the data reported for each subject.
- 7.6.6. The sponsor, or other owners of the data, should retain the entire sponsor- specific essential documents pertaining to the trial. [Refer Essential documentation for the clinical trial in ICH E6 (R1) guideline].
- 7.6.7. The sponsor should retain all sponsor-specific essential documents in conformance with the applicable regulatory requirement(s) of the country (ies) where the product is approved, and/or where the sponsor intends to apply for approval(s).
- 7.6.8. If the sponsor discontinues the clinical development of an investigational product (i.e. for any or all indications, routes of administration, or dosage forms), the sponsor should maintain all sponsor-specific essential documents for at least 5 years after formal discontinuation or in conformance with the applicable regulatory requirement(s).
- 7.6.9. If the sponsor discontinues the clinical development of an investigational product, the sponsor should notify all the trial investigators/institutions and all the regulatory authorities.

- 7.6.10. Any transfer of ownership of the data should be reported to the appropriate authority (ies), as required by the applicable regulatory requirement(s).
- 7.6.11. The sponsor specific essential documents should be retained until at least 5 years after the termination of clinical trial.
- 7.6.12. The sponsor should inform the investigator(s)/institution(s) in writing of the need for record retention and should notify the investigator(s)/institution(s) in writing when the trial related records are no longer needed.

7.7. Investigator Selection

- 7.7.1. The sponsor is responsible for selecting the investigator(s)/institution(s). Each investigator should be qualified by training and experience and should have adequate resources (see 6.1, 6.2) to properly conduct the trial for which the investigator is selected. If organization of a coordinating committee and/or selection of coordinating investigator(s) are to be utilized in multicentre trials, their organization and/or selection are the sponsor's responsibilities.
- 7.7.2. Before entering an agreement with an investigator/institution to conduct a trial, the sponsor should provide the investigator(s)/institution(s) with the protocol and an up-to-date Investigator's Brochure, and should provide sufficient time for the investigator/institution to review the protocol and the information provided.
- 7.7.3. The sponsor should obtain the investigator's/institution's agreement:
- a) to conduct the trial in compliance with GCP, with the applicable regulatory requirement(s) (see 6.1.3), and with the protocol agreed to by the sponsor and given approval/favourable opinion by the NRERC/IRB (see 6.5.1);
 - b) to comply with procedures for data recording/reporting;
 - c) to permit monitoring, auditing and inspection (see 4.1.4) and
 - d) to retain the trial related essential documents until the sponsor informs the investigator/institution these documents are no longer needed (see 6.9.4 and 7.5.12). the sponsor and the investigator/institution should sign the protocol, or an alternative document, to confirm this agreement.

7.8. Allocation of Responsibilities

Prior to initiating a trial, the sponsor should define, establish, and allocate all trial- related duties and functions.

7.9. Compensation to Subjects and Investigators

7.9.1. If required by the applicable regulatory requirement(s), the sponsor should provide insurance or should indemnify (legal and financial coverage) the investigator/the institution against claims arising from the trial, except for claims that arise from malpractice and/or negligence.

7.9.2. The sponsor's policies and procedures should address the costs of treatment of trial subjects in the event of trial-related injuries in accordance with the applicable regulatory requirement(s).

7.9.3. When trial subjects receive compensation, the method and manner of compensation should comply with applicable regulatory requirement(s).

7.10. Financing

The financial aspects of the trial should be documented in an agreement between the sponsor and the investigator/institution.

7.11. Notification/Submission to Regulatory Authority(ies)

Before initiating the clinical trial(s), the sponsor (or the sponsor and the investigator, if required by the applicable regulatory requirement(s)) should submit any required application(s) to the appropriate authority(ies) for review, acceptance, and/or permission (as required by the applicable regulatory requirement(s)) to begin the trial(s). Any notification/submission should be dated and contain sufficient information to identify the protocol.

7.12. Confirmation of Review by NRERC/IRB

7.12.1. The sponsor should obtain from the investigator/institution:

- a) The name and address of the investigator's/institution's NRERC/IRB.
- b) A statement obtained from the NRERC/IRB that it is organized and operates according to GCP and the applicable laws and regulations.
- c) Documented NRERC/IRB/ approval/favorable opinion and, if requested by the sponsor, a current copy of protocol, written informed consent form(s) and any other

written information to be provided to subjects, subject recruiting procedures, and documents related to payments and compensation available to the subjects, and any other documents that the NRERC/IRB may have requested.

- 7.12.2. If the NRERC/IRB conditions its approval/favorable opinion upon change(s) in any aspect of the trial, such as modification(s) of the protocol, written informed consent form and any other written information to be provided to subjects, and/or other procedures, the sponsor should obtain from the investigator/institution a copy of the modification(s) made and the date approval/favorable opinion was given by the NRERC/IRB.
- 7.12.3. The sponsor should obtain from the investigator/institution documentation and dates of any NRERC/IRB/ re-approvals /re-evaluations with favorable opinion, and of any withdrawals or suspensions of approval/favourable opinion.

7.13. Information on Investigational Product(s)

- 7.13.1. When planning trials, the sponsor should ensure that sufficient safety and efficacy data from nonclinical studies and/or clinical trials are available to support human exposure by the route, at the dosages, for the duration, and in the trial population to be studied.
- 7.13.2. The sponsor should update the Investigator's Brochure as significant new information becomes available (see 7. Investigator's Brochure).

7.14. Manufacturing, Packing, Labelling, and coding Investigational Product(s)

- 7.14.1. The sponsor should ensure that the investigational product(s) (including active comparator(s) and placebo, if applicable) is characterized as appropriate to the stage of development of the product(s), is manufactured in accordance with any applicable GMP, and is coded and labelled in a manner that protects the blinding, if applicable. In addition, the labelling should comply with applicable regulatory requirement(s).
- 7.14.2. The sponsor should determine, for the investigational product(s), acceptable storage temperatures, storage conditions (e.g. protection from light), storage times, reconstitution fluids and procedures, and devices for product infusion, if any. The sponsor should inform all involved parties (e.g. monitors, investigators, pharmacists, storage managers) of these determinations.
- 7.14.3. The investigational product(s) should be packaged to prevent contamination and unacceptable deterioration during transport and storage.

7.14.4. In blinded trials, the coding system for the investigational product(s) should include a mechanism that permits rapid identification of the product(s) in case of a medical emergency, but does not permit undetectable breaks of the blinding.

7.14.5. If significant formulation changes are made in the investigational or comparator product(s) during the course of clinical development, the results of any additional studies of the formulated product(s) (e.g. stability, dissolution rate, bioavailability) needed to assess whether these changes would significantly alter the pharmacokinetic profile of the product should be available prior to the use of the new formulation in clinical trials.

7.15. **Supplying and Handling Investigational Product(s)**

7.15.1. The sponsor is responsible for supplying the investigator(s)/institution(s) with the investigational product(s).

7.15.2. The sponsor should not supply an investigator/institution with the investigational product(s) until the sponsor obtains all required documentation (e.g. approval/favourable opinion from NRERC/IRB and the Authority).

7.15.3. The sponsor should ensure that written procedures include instructions that the investigator/institution should follow for the handling and storage of investigational product(s) for the trial and documentation thereof. The procedures should address adequate and safe receipt, handling, storage, dispensing, retrieval of unused product from subjects, and return of unused investigational product(s) to the sponsor (or alternative disposition if authorized by the sponsor and in compliance with the applicable regulatory requirement(s)).

7.15.4. The sponsor should:

- a) Ensure timely delivery of investigational product(s) to the investigator(s).
- b) Maintain records that document shipment, receipt, disposition, return, and destruction of the investigational product(s). [Refer Essential documentation for the clinical trial in ICH E6 (R1) guideline]
- c) Maintain a system for retrieving investigational products and documenting this retrieval (e.g. for deficient product recall, reclaim after trial completion, expired product reclaim).
- d) Maintain a system for the disposition of unused investigational product(s) and for the documentation of this disposition.

7.15.5. The sponsor should:

- a) Take steps to ensure that the investigational product(s) are stable over the period of use.
- b) Maintain sufficient quantities of the investigational product(s) used in the trials to reconfirm specifications, should this become necessary, and maintain records of batch sample analyses and characteristics. To the extent stability permits, samples should be retained either until the analyses of the trial data are complete or as required by the applicable regulatory requirement(s), whichever represents the longer retention period.

7.16. **Record Access**

7.16.1. The sponsor should ensure that it is specified in the protocol or other written agreement that the investigator(s)/institution(s) provide direct access to source data/documents for trial-related monitoring, audits, NRERC/IRB review, and regulatory inspection.

7.16.2. The sponsor should verify that each subject has consented, in writing, to direct access to his/her original medical records for trial-related monitoring, audit, NRERC/IRB review, and regulatory inspection.

7.17. **Safety Information**

7.17.1. The sponsor is responsible for the ongoing safety evaluation of the investigational product(s).

7.17.2. The sponsor should promptly notify all concerned investigator(s)/institution(s) and the Authority of findings that could affect adversely the safety of subjects, impact the conduct of the trial, or alter the NRERC /IRB's approval/favorable opinion to continue the trial.

7.18. **Adverse Events Reporting**

7.18.1. The sponsor should expedite the reporting to all concerned investigator(s)/institutions(s), to the NRERC /IRB((s), and to the Authority of all adverse events (AEs) that are both serious and unexpected.

7.18.2. Such expedited reports should comply with the applicable regulatory requirement(s) and with the Guidelines for Clinical Safety Data Management: Definitions and Standards for Expedited Reporting.

7.18.3. The sponsor should submit to the Authority all safety updates and periodic reports, as required by applicable regulatory requirement(s).

7.19. **Monitoring**

7.19.1. Purpose

The purposes of trial monitoring are to verify that:

- (a) The rights and well-being of human subjects are protected.
- (b) The reported trial data are accurate, complete, and verifiable from source documents.
- (c) The conduct of the trial is in compliance with the currently approved protocol/amendment(s), with GCP, and with the applicable regulatory requirement(s).

7.19.2. Selection and Qualifications of Monitors

- (a) Monitors should be appointed by the sponsor.
- (b) Monitors should be appropriately trained, and should have the scientific and/or clinical knowledge needed to monitor the trial adequately. A monitor's qualifications should be documented.
- (c) Monitors should be thoroughly familiar with the investigational product(s), the protocol, written informed consent form and any other written information to be provided to subjects, the sponsor's SOPs, GCP, and the applicable regulatory requirement(s).

7.19.3. Extent and Nature of Monitoring

The sponsor should ensure that the trials are adequately monitored. The sponsor should determine the appropriate extent and nature of monitoring. The determination of the extent and nature of monitoring should be based on considerations such as the objective, purpose, design, complexity, blinding, size, and endpoints of the trial. In general there is a need for on-site monitoring, before, during, and after the trial; however in exceptional circumstances the sponsor may determine that central monitoring in conjunction with procedures such as investigators' training and meetings, and extensive written guidance can assure appropriate conduct of the trial in accordance with GCP. Statistically controlled sampling may be an acceptable method for selecting the data to be verified.

The sponsor should develop a systematic, prioritized, risk-based approach to monitoring clinical trials. The flexibility in the extent and nature of monitoring described in this section is intended to permit varied approaches that improve the effectiveness and efficiency of monitoring. The sponsor

may choose on-site monitoring, a combination of on-site and centralized monitoring, or, where justified, centralized monitoring. The sponsor should document the rationale for the chosen monitoring strategy (e.g., in the monitoring plan).

On-site monitoring is performed at the sites at which the clinical trial is being conducted. Centralized monitoring is a remote evaluation of accumulating data, performed in a timely manner, supported by appropriately qualified and trained persons (e.g., data managers, biostatisticians).

Centralized monitoring processes provide additional monitoring capabilities that can complement and reduce the extent and/or frequency of on-site monitoring and help distinguish between reliable data and potentially unreliable data.

Review, that may include statistical analyses, of accumulating data from centralized monitoring can be used to:

- (a) identify missing data, inconsistent data, data outliers, unexpected lack of variability and protocol deviations.
- (b) examine data trends such as the range, consistency, and variability of data within and across sites.
- (c) evaluate for systematic or significant errors in data collection and reporting at a site or across sites; or potential data manipulation or data integrity problems.
- (d) analyze site characteristics and performance metrics.
- (e) select sites and/or processes for targeted on-site monitoring.

7.19.4. The monitor responsibility

The monitor(s) in accordance with the sponsor's requirements should ensure that the trial is conducted and documented properly by carrying out the following activities when relevant and necessary to the trial and the trial site:

- (a) Acting as the main line of communication between the sponsor and the investigator.
- (b) Verifying that the investigator has adequate qualifications and resources (see 6.1, 6.2, 7.6) and remain adequate throughout the trial period, that facilities, including laboratories, equipment, and staff, are adequate to safely and properly conduct the trial and remain adequate throughout the trial period.

- (c) Verifying, for the investigational product(s):
 - (i) That storage times and conditions are acceptable, and that supplies are sufficient throughout the trial.
 - (ii) That the investigational product(s) are supplied only to subjects who are eligible to receive it and at the protocol specified dose(s).
 - (iii) That subjects are provided with necessary instruction on properly using, handling, storing, and returning the investigational product(s).
 - (iv) That the receipt, use, and return of the investigational product(s) at the trial sites are controlled and documented adequately.
 - (v) That the disposition of unused investigational product(s) at the trial sites complies with applicable regulatory requirement(s) and is in accordance with the sponsor.
- (d) Verifying that the investigator follows the approved protocol and all approved amendment(s), if any.
- (e) Verifying that written informed consent was obtained before each subject's participation in the trial.
- (f) Ensuring that the investigator receives the current Investigator's Brochure, all documents, and all trial supplies needed to conduct the trial properly and to comply with the applicable regulatory requirement(s).
- (g) Ensuring that the investigator and the investigator's trial staff are adequately informed about the trial.
- (h) 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.
 - (i) Verifying that the investigator is enrolling only eligible subjects
 - (ii) Reporting the subject recruitment rate.
- (i) Verifying that source documents and other trial records are accurate, complete, kept up-to-date and maintained.
- (j) Verifying that the investigator provides all the required reports, notifications, applications, and submissions, and that these documents are accurate, complete, timely, legible, dated, and identify the trial.

- (k) Checking the accuracy and completeness of the CRF entries, source documents and other trial-related records against each other. The monitor specifically should verify that:
 - (i) The data required by the protocol are reported accurately on the CRFs and are consistent with the source documents.
 - (ii) Any dose and/or therapy modifications are well documented for each of the trial subjects.
 - (iii) Adverse events, concomitant medications and inter-current illnesses are reported in accordance with the protocol on the CRFs.
 - (iv) Visits that the subjects fail to make, tests that are not conducted, and examinations that are not performed are clearly reported as such on the CRFs.
 - (v) All withdrawals and dropouts of enrolled subjects from the trial are reported and explained on the CRFs.
- (l) Informing the investigator of any CRF entry error, omission, or illegibility. The monitor should ensure that appropriate corrections, additions, or deletions are made, dated, explained (if necessary), and initialled by the investigator or by a member of the investigator's trial staff who is authorized to initial CRF changes for the investigator. This authorization should be documented.
- (m) 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).
- (n) Determining whether the investigator is maintaining the essential documents [Refer Essential documentation for the clinical trial in ICH E6 (R1) guideline].
- (o) Communicating deviations from the protocol, SOPs, GCP, and the applicable regulatory requirements to the investigator and taking appropriate action designed to prevent recurrence of the detected deviations.

7.19.5. Monitoring Procedures

The monitor(s) should follow the sponsor's established written SOPs as well as those procedures that are specified by the sponsor for monitoring a specific trial.

7.19.6. Monitoring Report

- (a) The monitor should submit a written report to the sponsor after each trial- site visit or trial-related communication.
- (b) Reports should include the date, site, name of the monitor, and name of the investigator or other individual(s) contacted.
- (c) Reports should include a summary of what the monitor reviewed and the monitor's statements concerning the significant findings/facts, deviations and deficiencies, conclusions, actions taken or to be taken and/or actions recommended to secure compliance.
- (d) The review and follow-up of the monitoring report with the sponsor should be documented by the sponsor's designated representative.
- (e) Reports of on-site and/or centralized monitoring should be provided to the sponsor (including appropriate management and staff responsible for trial and site oversight) in a timely manner for review and follow up. Results of monitoring activities should be documented in sufficient detail to allow verification of compliance with the monitoring plan. Reporting of centralized monitoring activities should be regular and may be independent from site visits.

7.19.7. Monitoring Plan

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

7.20. **Audit**

If or when sponsors perform audits, as part of implementing quality assurance, they should consider:

7.20.1. Purpose

The purpose of a sponsor's audit, which is independent of and separate from routine monitoring or quality control functions, should be to evaluate trial conduct and compliance with the protocol, SOPs, GCP, and the applicable regulatory requirements.

7.20.2. Selection and Qualification of Auditors

- (a) The sponsor should appoint individuals, who are independent of the clinical trials/systems, to conduct audits.
- (b) The sponsor should ensure that the auditors are qualified by training and experience to conduct audits properly. An auditor's qualifications should be documented.

7.20.3. Auditing Procedures

- (a) The sponsor should ensure that the auditing of clinical trials/systems is conducted in accordance with the sponsor's written procedures on what to audit, how to audit, the frequency of audits, and the form and content of audit reports.
- (b) The sponsor's audit plan and procedures for a trial audit should be guided by the importance of the trial to submissions to regulatory authorities, the number of subjects in the trial, the type and complexity of the trial, the level of risks to the trial subjects, and any identified problem(s).
- (c) The observations and findings of the auditor(s) should be documented.
- (d) To preserve the independence and value of the audit function, the regulatory authority(ies) should not routinely request the audit reports. Regulatory authority(ies) may seek access to an audit report on a case by case basis when evidence of serious GCP non-compliance exists, or in the course of legal proceedings.
- (e) When required by applicable law or regulation, the sponsor should provide an audit certificate.

7.21. **Noncompliance**

7.21.1. Noncompliance with the protocol, SOPs, GCP, and/or applicable regulatory requirement(s) by an investigator/institution, or by member(s) of the sponsor's staff should lead to prompt

action by the sponsor to secure compliance. If noncompliance that significantly affects or has the potential to significantly affect human subject protection or reliability of trial results is discovered, the sponsor should perform a root cause analysis and implement appropriate corrective and preventive actions.

7.21.2. If the monitoring and/or auditing identifies serious and/or persistent noncompliance on the part of an investigator/ institution, the sponsor should terminate the investigator's/institution's participation in the trial. When an investigator's/institution's participation is terminated because of noncompliance, the sponsor should notify promptly the Authority.

7.22. Premature Termination or Suspension of a Trial

If a trial is prematurely terminated or suspended, the sponsor should promptly inform the investigators/institutions, and the Authority of the termination or suspension and the reason(s) for the termination or suspension. The IRB/IEC should also be informed promptly and provided the reason(s) for the termination or suspension by the sponsor or by the investigator/institution, as specified by the applicable regulatory requirement(s).

7.23. Clinical Trial/Study Reports

Whether the trial is completed or prematurely terminated, the sponsor should ensure that the clinical trial reports are prepared and provided to the Authority as required by the applicable regulatory requirement(s). The sponsor should also ensure that the clinical trial reports in marketing applications meet the standards of the ICH Guideline for Structure and Content of Clinical Study Reports. (NOTE: The ICH Guideline for Structure and Content of Clinical Study Reports specifies that abbreviated study reports may be acceptable in certain cases.)

7.24. Multicenter Trials

For multicenter trials, the sponsor should ensure that:

7.24.1. All investigators conduct the trial in strict compliance with the protocol agreed to by the sponsor and, if required, by the regulatory authority(ies), and given approval/favourable opinion by the NRERC/IRB.

7.24.2. The CRFs are designed to capture the required data at all multicentre trial sites. For those investigators who are collecting additional data, supplemental CRFs should also be provided that are designed to capture the additional data.

- 7.24.3. The responsibilities of coordinating investigator(s) and the other participating investigators are documented prior to the start of the trial.
- 7.24.4. All investigators are given instructions on following the protocol, on complying with a uniform set of standards for the assessment of clinical and laboratory findings, and on completing the CRFs.
- 7.24.5. Communication between investigators is facilitated.

8. CLINICAL TRIAL PROTOCOL AND PROTOCOL AMENDMENT(S)

The contents of a trial protocol should generally include the following topics. However, site specific information may be provided on separate protocol page(s), or addressed in a separate agreement, and some of the information listed below may be contained in other protocol referenced documents, such as an Investigator's Brochure.

8.1. General Information

- 8.1.1. Protocol title, protocol identifying number, and date. Any amendment(s) should also bear the amendment number(s) and date(s)
- 8.1.2. Name and address of the sponsor and monitor (if other than the sponsor).
- 8.1.3. Name and title of the person(s) authorized to sign the protocol and the protocol amendment(s) for the sponsor.
- 8.1.4. Name, title, address, and telephone number(s) of the sponsor's medical expert (or dentist when appropriate) for the trial.
- 8.1.5. Name and title of the investigator(s) who is (are) responsible for conducting the trial, and the address and telephone number(s) of the trial site(s).
- 8.1.6. Name, title, address, and telephone number(s) of the qualified physician (or dentist, if applicable), who is responsible for all trial-site related medical (or dental) decisions (if other than investigator).
- 8.1.7. Name(s) and address(es) of the clinical laboratory(ies) and other medical and/or technical department(s) and/or institutions involved in the trial.

8.2. Background Information

- 8.2.1. Name and description of the investigational product(s).
- 8.2.2. A summary of findings from nonclinical studies that potentially have clinical significance and from clinical trials that are relevant to the trial.
- 8.2.3. Summary of the known and potential risks and benefits, if any, to human subjects.
- 8.2.4. Description of and justification for the route of administration, dosage, dosage regimen, and treatment period(s).
- 8.2.5. A statement that the trial will be conducted in compliance with the protocol, GCP and the applicable regulatory requirement(s).

- 8.2.6. Description of the population to be studied.
- 8.2.7. References to literature and data that are relevant to the trial, and that provide background for the trial.

8.3. Trial Objectives and Purpose

A detailed description of the objectives and the purpose of the trial.

8.4. Trial Design

The scientific integrity of the trial and the credibility of the data from the trial depend substantially on the trial design. A description of the trial design, should include:

- 8.4.1. A specific statement of the primary endpoints and the secondary endpoints, if any, to be measured during the trial.
- 8.4.2. A description of the type/design of trial to be conducted (e.g. double-blind, placebo-controlled, parallel design) and a schematic diagram of trial design, procedures and stages.
- 8.4.3. A description of the measures taken to minimize/avoid bias, including: (a) Randomization.
(b) Blinding.
- 8.4.4. A description of the trial treatment(s) and the dosage and dosage regimen of the investigational product(s). Also include a description of the dosage form, packaging, and labelling of the investigational product(s).
- 8.4.5. The expected duration of subject participation, and a description of the sequence and duration of all trial periods, including follow-up, if any.
- 8.4.6. A description of the "stopping rules" or "discontinuation criteria" for individual subjects, parts of trial and entire trial.
- 8.4.7. Accountability procedures for the investigational product(s), including the placebo(s) and comparator(s), if any.
- 8.4.8. Maintenance of trial treatment randomization codes and procedures for breaking codes.
- 8.4.9. The identification of any data to be recorded directly on the CRFs (i.e. no prior written or electronic record of data), and to be considered to be source data.

8.5. Selection and Withdrawal of Subjects

- 8.5.1. Subject inclusion criteria.
- 8.5.2. Subject exclusion criteria.

8.5.3. Subject withdrawal criteria (i.e. terminating investigational product treatment/trial treatment) and procedures specifying:

- (a) When and how to withdraw subjects from the trial/investigational product treatment.
- (b) The type and timing of the data to be collected for withdrawn subjects.
- (c) Whether and how subjects are to be replaced.
- (d) The follow-up for subjects withdrawn from investigational product treatment/trial treatment.

8.6. Treatment of Subjects

8.6.1. The treatment(s) to be administered, including the name(s) of all the product(s), the dose(s), the dosing schedule(s), the route/mode(s) of administration, and the treatment period(s), including the follow-up period(s) for subjects for each investigational product treatment/trial treatment group/arm of the trial.

8.6.2. Medication(s)/treatment(s) permitted (including rescue medication) and not permitted before and/or during the trial.

8.6.3. Procedures for monitoring subject compliance.

8.7. Assessment of Efficacy

8.7.1. Specification of the efficacy parameters.

8.7.2. Methods and timing for assessing, recording, and analysing of efficacy parameters.

8.8. Assessment of Safety

8.8.1. Specification of safety parameters.

8.8.2. The methods and timing for assessing, recording, and analysing safety parameters.

8.8.3. Procedures for eliciting reports of and for recording and reporting adverse event and intercurrent illnesses.

8.8.4. The type and duration of the follow-up of subjects after adverse events.

8.9. Statistics

8.9.1. A description of the statistical methods to be employed, including timing of any planned interim analysis(es).

8.9.2. The number of subjects planned to be enrolled. In multicenter trials, the numbers of enrolled subjects projected for each trial site should be specified. Reason for choice of

sample size, including reflections on (or calculations of) the power of the trial and clinical justification.

8.9.3. The level of significance to be used.

8.9.4. Criteria for the termination of the trial.

8.9.5. Procedure for accounting for missing, unused, and spurious data.

8.9.6. Procedures for reporting any deviation(s) from the original statistical plan (any deviation(s) from the original statistical plan should be described and justified in protocol and/or in the final report, as appropriate).

8.9.7. The selection of subjects to be included in the analyses (e.g. all randomized subjects, all dosed subjects, all eligible subjects, evaluable subjects).

8.10. Direct Access to Source Data/Documents

The sponsor should ensure that it is specified in the protocol or other written agreement that the investigator(s)/institution(s) will permit trial-related monitoring, audits, NRERC/IRB review, and regulatory inspection(s), providing direct access to source data/documents.

8.11. Quality Control and Quality Assurance

8.12. Ethics

Description of ethical considerations relating to the trial.

8.13. Data Handling and Record Keeping

8.14. Financing and Insurance

Financing and insurance if not addressed in a separate agreement.

8.15. Publication Policy

Publication policy, if not addressed in a separate agreement.

8.16. Supplements

If any, supplements to the protocol may be included.

9. INVESTIGATOR'S BROCHURE

9.1. Introduction

The Investigator's Brochure (IB) is a compilation of the clinical and nonclinical data on the investigational product(s) that are relevant to the study of the product(s) in human subjects. Its purpose is to provide the investigators and others involved in the trial with the information to facilitate their understanding of the rationale for, and their compliance with, many key features of the protocol, such as the dose, dose frequency/interval, methods of administration: and safety monitors procedures. The IB also provides insight to support the clinical management of the study subjects during the course of the clinical trial. The information should be presented in a concise, simple, objective, balanced, and non-promotional form that enables a clinician, or potential investigator, to understand it and make his/her own unbiased risk-benefit assessment of the appropriateness of the proposed trial. For this reason, a medically qualified person should generally participate in the editing of an IB, but the contents of the IB should be approved by the disciplines that generated the described data.

This guideline delineates the minimum information that should be included in an IB and provides suggestions for its layout. It is expected that the type and extent of information available will vary with the stage of development of the investigational product. If the investigational product is marketed and its pharmacology is widely understood by medical practitioners, an extensive IB may not be necessary. Where permitted by regulatory authorities, a basic product information brochure, package leaflet, or labelling may be an appropriate alternative, provided that it includes current, comprehensive, and detailed information on all aspects of the investigational product that might be of importance to the investigator. If a marketed product is being studied for a new use (i.e., a new indication), an IB specific to that new use should be prepared. The IB should be reviewed at least annually and revised as necessary in compliance with a sponsor's written procedures. More frequent revision may be appropriate depending on the stage of development and the generation of relevant new information. However, in accordance with Good Clinical Practice, relevant new information may be so important that it should be communicated to the investigators, and possibly to the Institutional Review Boards (IRBs)/Independent Ethics Committees (NRERC) and/or regulatory authorities before it is included in a revised IB.

Generally, the sponsor is responsible for ensuring that an up-to-date IB is made available to the investigator(s) and the investigators are responsible for providing the up-to-date IB to the responsible IRBs/NRERC. In the case of an investigator sponsored trial, the sponsor-investigator should determine whether a brochure is available from the commercial manufacturer. If the investigational product is provided by the sponsor-investigator, then he or she should provide the necessary information to the trial personnel. In cases where preparation of a formal IB is impractical, the sponsor- investigator should provide, as a substitute, an expanded background information section in the trial protocol that contains the minimum current information described in this guideline.

9.2. General Considerations

The IB should include:

9.2.1. Title Page

This should provide the sponsor's name, the identity of each investigational product (i.e., research number, chemical or approved generic name, and trade name(s) where legally permissible and desired by the sponsor), and the release date. It is also suggested that an edition number, and a reference to the number and date of the edition it supersedes, be provided. An example is given in Appendix 1.

9.2.2. Confidentiality Statement

The sponsor may wish to include a statement instructing the investigator/recipients to treat the IB as a confidential document for the sole information and use of the investigator's team, the IRB/NRERC and the Authority.

9.3. Contents of the Investigator's Brochure

The IB should contain the following sections, each with literature references where appropriate:

9.3.1. Table of Contents

9.3.2. Summary

A brief summary (preferably not exceeding two pages) should be given, highlighting the significant physical, chemical, pharmaceutical, pharmacological, toxicological, pharmacokinetic, metabolic, and clinical information available that is relevant to the stage of clinical development of the investigational product.

9.3.3. Introduction

A brief introductory statement should be provided that contains the chemical name (and generic and trade name(s) when approved) of the investigational product(s), all active ingredients, the investigational product(s) pharmacological class and its expected position within this class (e.g. advantages), the rationale for performing research with the investigational product(s), and the anticipated prophylactic, therapeutic, or diagnostic indication(s). Finally, the introductory statement should provide the general approach to be followed in evaluating the investigational product.

9.3.4. Physical, Chemical, and Pharmaceutical Properties and Formulation

A description should be provided of the investigational product substance(s) (including the chemical and/or structural formula(e)), and a brief summary should be given of the relevant physical, chemical, and pharmaceutical properties.

To permit appropriate safety measures to be taken in the course of the trial, a description of the formulation(s) to be used, including excipients, should be provided and justified if clinically relevant. Instructions for the storage and handling of the dosage form(s) should also be given. Any structural similarities to other known compounds should be mentioned.

9.3.5. Nonclinical Studies

Introduction:

The results of all relevant pharmacology, toxicology, pharmacokinetic, and investigational product metabolism studies should be provided in summary form. This summary should address the methodology used, the results, and a discussion of the relevance of the findings to the investigated therapeutic and the possible unfavorable and unintended effects in humans. The information provided may include the following, as appropriate, if known/available:

- Species tested
- Number and sex of animals in each group
- Unit dose (e.g., milligram/kilogram (mg/kg))
- Dose interval
- Route of administration
- Duration of dosing
- Information on systemic distribution

- Duration of post-exposure follow-up
- Results, including the following aspects:
 - Nature and frequency of pharmacological or toxic effects
 - Severity or intensity of pharmacological or toxic effects
 - Time to onset of effects
 - Reversibility of effects
 - Duration of effects
 - Dose response

Tabular format/listings should be used whenever possible to enhance the clarity of the presentation.

The following sections should discuss the most important findings from the studies, including the dose response of observed effects, the relevance to humans, and any aspects to be studied in humans. If applicable, the effective and nontoxic dose findings in the same animal species should be compared (i.e., the therapeutic index should be discussed). The relevance of this information to the proposed human dosing should be addressed. Whenever possible, comparisons should be made in terms of blood/tissue levels rather than on a mg/kg basis.

(a) Nonclinical Pharmacology

A summary of the pharmacological aspects of the investigational product and, where appropriate, its significant metabolites studied in animals, should be included. Such a summary should incorporate studies that assess potential therapeutic activity (e.g. efficacy models, receptor binding, and specificity) as well as those that assess safety (e.g., special studies to assess pharmacological actions other than the intended therapeutic effect(s)).

(b) Pharmacokinetics and Product Metabolism in Animals

A summary of the pharmacokinetics and biological transformation and disposition of the investigational product in all species studied should be given. The discussion of the findings should address the absorption and the local and systemic bioavailability of the investigational product and its metabolites, and their relationship to the pharmacological and toxicological findings in animal species.

(c) Toxicology

A summary of the toxicological effects found in relevant studies conducted in different animal species should be described under the following headings where appropriate:

- Single dose
- Repeated dose
- Carcinogenicity
- Special studies (e.g. irritancy and sensitization)
- Reproductive toxicity
- Genotoxicity (mutagenicity)

9.3.6. **Effects in Humans**

Introduction:

A thorough discussion of the known effects of the investigational product(s) in humans should be provided, including information on pharmacokinetics, metabolism, pharmacodynamics, dose response, safety, efficacy, and other pharmacological activities. Where possible, a summary of each completed clinical trial should be provided. Information should also be provided regarding results of any use of the investigational product(s) other than from in clinical trials, such as from experience during marketing.

(a) Pharmacokinetics and Product Metabolism in Humans

- A summary of information on the pharmacokinetics of the investigational product(s) should be presented, including the following, if available:
- Pharmacokinetics (including metabolism, as appropriate, and absorption, plasma protein binding, distribution, and elimination).
- Bioavailability of the investigational product (absolute, where possible, and/or relative) using a reference dosage form.
- Population subgroups (e.g., gender, age, and impaired organ function).
- Interactions (e.g., product-product interactions and effects of food).
- Other pharmacokinetic data (e.g., results of population studies performed within clinical trial(s)).

(b) Safety and Efficacy

A summary of information should be provided about the investigational product's/ products' (including metabolites, where appropriate) safety, pharmacodynamics, efficacy,

and dose response that were obtained from preceding trials in humans (healthy volunteers and/or patients). The implications of this information should be discussed. In cases where a number of clinical trials have been completed, the use of summaries of safety and efficacy across multiple trials by indications in subgroups may provide a clear presentation of the data. Tabular summaries of adverse drug reactions for all the clinical trials (including those for all the studied indications) would be useful. Important differences in adverse drug reaction patterns/incidences across indications or subgroups should be discussed.

The IB should provide a description of the possible risks and adverse drug reactions to be anticipated on the basis of prior experiences with the product under investigation and with related products. A description should also be provided of the precautions or special monitoring to be done as part of the investigational use of the product(s).

(c) Marketing Experience

The IB should identify countries where the investigational product has been marketed or approved. Any significant information arising from the marketed use should be summarized (e.g., formulations, dosages, routes of administration, and adverse product reactions). The IB should also identify all the countries where the investigational product did not receive approval/registration for marketing or was withdrawn from marketing/registration.

9.3.7. Summary of Data and Guidance for the Investigator

This section should provide an overall discussion of the nonclinical and clinical data, and should summarise the information from various sources on different aspects of the investigational product(s), wherever possible. In this way, the investigator can be provided with the most informative interpretation of the available data and with an assessment of the implications of the information for future clinical trials. Where appropriate, the published reports on related products should be discussed. This could help the investigator to anticipate adverse drug reactions or other problems in clinical trials.

10. ESSENTIAL DOCUMENTS FOR THE CONDUCT OF A CLINICAL TRIAL

Essential Documents are those documents which individually and collectively permit evaluation of the conduct of a trial and the quality of the data produced. These documents serve to demonstrate the compliance of the investigator, sponsor and monitor with the standards of Good Clinical Practice and with all applicable regulatory requirements.

Essential Documents also serve a number of other important purposes. Filing essential documents at the investigator/institution and sponsor sites in a timely manner can greatly assist in the successful management of a trial by the investigator, sponsor and monitor. These documents are also the ones which are usually audited by the sponsor's independent audit function and inspected by the regulatory authority(ies) as part of the process to confirm the validity of the trial conduct and the integrity of data collected.

The minimum list of essential documents which has been developed follows. The various documents are grouped in three sections according to the stage of the trial during which they will normally be generated: 1) before the clinical phase of the trial commences, 2) during the clinical conduct of the trial, and 3) after completion or termination of the trial. A description is given of the purpose of each document, and whether it should be filed in either the investigator/institution or sponsor files, or both. It is acceptable to combine some of the documents, provided the individual elements are readily identifiable.

Trial master files should be established at the beginning of the trial, both at the investigator/institution's site and at the sponsor's office. A final close-out of a trial can only be done when the monitor has reviewed both investigator/institution and sponsor files and confirmed that all necessary documents are in the appropriate files.

Any or all of the documents addressed in this guideline may be subject to, and should be available for, audit by the sponsor's auditor and inspection by the regulatory authority(ies).

The sponsor and investigator/institution should maintain a record of the location(s) of their respective essential documents including source documents. The storage system used during the trial and for archiving (irrespective of the type of media used) should provide for document identification, version history, search, and retrieval.

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

The sponsor should ensure that the investigator has control of and continuous access to the CRF data reported to the sponsor. The sponsor should not have exclusive control of those data.

When a copy is used to replace an original document (e.g., source documents, CRF), the copy should fulfill the requirements for certified copies.

The investigator/institution should have control of all essential documents and records generated by the investigator/institution before, during, and after the trial.

The sponsor and/or investigator need to refer ICH E6(R1) guideline for clinical Practice for types and sites location in which this document need located.

11. Inspection of GCP

Good Clinical Practice (GCP) inspection is necessary to ensure the protection of the rights, safety and wellbeing of study subjects as well as to assure the integrity of scientific testing and study conduct. It helps to determine whether local trials are conducted in accordance with the Ethiopian GCP guideline, ethical standards and other applicable regulatory requirements.

Clinical trials may be inspected while the trial is still on-going, when subjects were currently enrolled in a trial or completed. An inspection may also be conducted when triggered by a complaint or there is a suspicion of serious non-Compliance integrity issues and/ or scientific/ ethical misconduct. In general inspections are routine or triggered by issues arising by information such as previous inspection experience, SAEs etc.

- During an inspection the EFMHACA inspector typically verifies compliance with the regulations governing the use of investigational products and human subject protections by inspecting records and talking to individuals involved in the conduct of the study
- Corrective actions in response to previous EFMHACA inspections, if any, and regulatory correspondence or sponsor and/or monitor correspondence need to be considered
- Planning for inspection, prior communication with investigators about inspection and giving the feedback to the inspected site for possible corrective action are considered to be part of inspection process
- It is responsibility of the authority to prepare SOPs and Checklists for preparation or plan, conduct of inspection and how and when to communicate with investigators.

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