

## Standard Operating Procedures, V6.1 Dated 29<sup>th</sup> June 2020

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# INSTITUTIONAL ETHICS COMMITTEE (IEC) I, II & III

**IEC-I Re-registered with Central Licensing Authority (CLA), Re-registration No. ECR/229/Inst./MH/2013/RR-19.& also, with Government of India ,ministry of Health & Family welfare ,Dept. of Health Research (DHR) , File No. EC/NEW/INST/2019/202, Provisional certificate dated 12-OCT-2019.**

**IEC-II Re-registered with Central Licensing Authority (CLA), Re-registration No. ECR/417/Inst./MH/2013/RR-19.& also, with Government of India ,ministry of Health & Family welfare ,Dept. of Health Research (DHR) , File No. EC/NEW/INST/2019/200, Provisional certificate dated 12-OCT-2019.**

**IEC-III registered with Government of India, ministry of Health & Family welfare, Dept. of Health Research (DHR), File No. EC/NEW/INST/2019/203, Provisional certificate dated 12-OCT-2019**

**SETH G.S. MEDICAL COLLEGE & K.E.M.  
HOSPITAL, Parel, MUMBAI - 400 012.**



**STANDARD OPERATING PROCEDURES**

**VERSION 6.1**

**DATE:29<sup>TH</sup> JUNE 2020**

**EFFECTIVE FROM 1<sup>ST</sup> AUGUST 2020**



Date :

**Addendum dated 30<sup>th</sup> July 2020 to Resolution dated 15<sup>th</sup> October 2019**

**Date: 30<sup>th</sup> July 2020**

The Ethics Committees of Seth G. S. Medical College and K.E.M Hospital, known as the 'Institutional Ethics Committee (IEC) -I' and IEC-II have been re-registered with Central Licensing Authority (CLA) registration numbers as IEC-I: ECR/229/Inst./MH/2013/RR-19 & IEC-II: ECR/417/Inst./MH/2013/RR-19. The IEC-I, IEC-II and IEC-III have been registered with Dept. of Health Research (DHR) provisionally on 12<sup>th</sup> Oct 2019.

**It is resolved that as per GSR 227-E:**

- Three committees (IEC-I, IEC-II and IEC-III) have been reconstituted for three years term from 15<sup>th</sup> October 2019 to 15<sup>th</sup> October 2022.
- IEC-I will review and accord approval to clinical trial, bioavailability and bioequivalence studies which are regulatory as well as studies under Biomedical and Health Research (BHR).
- The IEC-II & III will review and accord approval to studies under Biomedical and Health Research (BHR) only.

**The mandate will be:**

- a. To ensure the protection of the rights, safety and well-being of human subjects involved in a research project.
- b. To provide public assurance of that protection.
- c. To function independently without any interference in the review and decision making process from the Head of the Institute and administrative department of the Institute.
- d. The IEC shall adhere to existing applicable rules & regulation for its formation and functioning which includes the registration of IECs, criteria for selection, tenure, resignation, schedule of meeting, reporting to regulatory authority and other administrative process.
- e. The IEC at present follow International Conference on Harmonisation – Good Clinical Practices (ICH-GCP) Guidelines (1996), Indian GCP guidelines (2001), New Drugs and Clinical Trials Rules, 2019 (NDCTR-2019) Declaration of Helsinki and the prevailing amendments from time to time), Ethical Guidelines for Biomedical Research on Human Participants by ICMR (2017).
- f. The IEC will review scientific and ethical aspects any human research project in our institute and also assist the sponsors of such projects, the participants participating in them, the relevant statutory authorities, and the society at large.
- g. The Committees will consist of members who collectively have the qualifications and experience to review and evaluate the scientific, medical and ethical aspects of a proposed research project. The terms of reference regarding appointment of members and schedule of meetings will be as described in the SOPs formulated by the IECs.

**The IEC-I, IEC-II and IEC-III will function according to the revised Standard Operating Procedures (SOPs) version 6.1 which have been formulated and approved for this purpose.**

The list of members on the IEC-I, IEC-II & IEC-III after obtaining approval from CLA / DHA are as follows:



Date :

**IEC-I for clinical trials and BA-BE studies**

Sr. No.	Name	Qualification with Specialization	Current Organization	Designation/ Role of member in Ethics Committee	Affiliation of member with institute that has constituted the Ethics Committee
1.	Dr. Padmavathy Menon	M.D., DM Medicine	Jupiter Hospital, Thane & LH Hiranandani Hospital, Powai, Mumbai.	Chairperson	No
2.	Dr. Sandeep Bavdekar	MD (Pediatrics), Diploma in Child Health , Certificate in Hospital & Health Care Management Diploma in Information Technology (DIT)	Consultant	Co-Chairperson & Clinician	No
3.	Dr. Shruti Bhide	M.D. Associate Professor Pharmacology & Therapeutics	Seth GS Medical College and KEM Hospital, Mumbai.	Member Secretary Basic Medical Scientist	Yes
4.	Dr. Yashashri Shetty	M.D., DBM. Associate Professor (Pharmacology & Therapeutics)	Seth GS Medical College and KEM Hospital	Joint- Member Secretary Basic Medical Scientist	Yes
5.	Dr. Urmila Thatte	M.D., DNB., Ph.D. Professor & Head (Clinical Pharmacology)	Seth GS Medical College and KEM Hospital Mumbai	Member Basic Medical Scientist	Yes
6.	Dr. Vishal Gupta	M.D., Assistant Professor, M.D.(General Medicine)	Seth GS Medical College and KEM Hospital, Mumbai	Member Clinician	Yes
7.	Ms. Meera Shah	M.S.W (Social Work) M. A. (Clinical Psychology) Diploma In Journalism, N.L.P., R.E.T. and Counseling	-	Social Scientist	No
8.	Ms. Veena Johari	L.L.B.	Independent Lawyer	Member Legal Expert	No
9.	Dr. Sai Kulkarni	PhD, M.A	-	Member Lay person	No
10.	Dr. Sanjeevani Zadkar	MBBS, MD Anaesthesiology	Seth GS Medical College and KEM Hospital, Mumbai	Member (Clinician)	Yes



Date :

11.	Dr. Kaizad Damania.	M. D., DNB., F.C.P.S., D.G.O., D.F.P. Professor (Obstetrics &Gynaecology)	N.Wadia Maternity Hospital Mumbai.	Member (Clinician)	No
12.	Dr. Ragini Kulkarni	M.D. (Preventive and Social Medicine, 1997)	Scientist Department of Operational Research National Institute for Research in Reproductive Health, Parel, Mumbai 400012	Member (Clinician)	No

**IEC-II relating to Biomedical and Health Research**

Sr. No.	Name	Qualification with Specialization	Current Organization	Designation/ Role of member in Ethics Committee	Affiliation of member with institute that has constituted the Ethics Committee
1.	Dr. Subodh Sirur	MBBS, DVD, LLM Consultant, Dermatology & Venerology,	WockhardtHospit al,Mumbai Central, Mumbai	Chairperson	No
2.	Dr. Alka A. Subramanyam	M.D., D.N.B., DHA Assistant Professor. (Psychiatry)	TNMC & BYL Nair Charitable Hospital, Mumbai.	Co-Chairperson	No
3.	Ms. Shilpshree Palsule	MSc.( O.T) Assistant Professor Occupational Therapy	Seth GS Medical College and KEM Hospital, Mumbai.	Member Secretary	Yes
4.	Dr. Sharmila Jalgaonkar	M.D. Associate Professor Pharmacology &Therapeutics	Seth GS Medical College and KEM Hospital, Mumbai.	Joint Member Secretary Basic Medical Scientist	Yes
5.	Dr. Swapna Kanade	MD, Associate Professor, (Microbiology)	Seth GS Medical College and KEM Hospital Mumbai.	Member	Yes
6.	Dr. Smrati Bajpai	M.D., DNB. Assistant Professor, (Medicine)	Seth GS Medical College and KEM Hospital	Member Clinician	Yes
7.	Dr. Pradnya Talawdekar	B.A.M.S., L.L.M. Medical Coordinator.	Dept of Palliative Medicine, Tata Memorial Hospital, Parel, Mumbai.	Member Legal Expert	No



Date :

8.	Dr. Nilesh Thakre	Ph.D. Psychology, M.A (Industrial & Business Psychology), M.I.R.P.M.,M.A.(Clinical Psychology), N.E.T in Psychology, PGDIP., Dip TD.	SNDT Women's University, Mumbai.	Member Social Scientist	No
9.	Dr. Sai Kulkarni	PhD, M.A	-	Member Lay person	No
10.	Dr. Sona Dave	M.D., DA., DNB Professor, (Anaesthesiology)	TNMC & BYL Nair Charitable Hospital, Mumbai.	Member (External scientific Member)	No
11.	Dr. Priyanka Honavar	DGO,DNB(OBGYN), FMAS Assistant Professor (Obstetrics & Gynaecology)	Seth GS Medical College and KEM Hospital Mumbai.	Member Clinician	Yes
12.	Dr. Sandeep Sonone	Associate Professor (Orthopaedics)	Seth GS Medical College and KEM Hospital Mumbai.	Member Clinician	Yes

**IEC-III relating to Biomedical and Health Research**

Sr. No.	Name	Qualification with Specialization	Current Organization	Designation/ Role of member in Ethics Committee	Affiliation of member with institute that has constituted the Ethics Committee
1.	Dr. Leena V. Gangolli	M.B.B.S., M.H.A. (T.I.S.S.),M.P.H.(Harvard University), L.L.M. ( University of Mumbai)	Independent Lawyer	Chairperson	No
2.	Dr. Sushma Save	MD,DCH, IBCLC (USA).	Topiwala National Medical College & B. Y. L. Nair Charitable Hospital.	Co-Chairperson	No
3.	Dr. Amey Rojekar	M.D., D.N.B.	Seth GS Medical College and KEM Hospital	Member Secretary	Yes
4.	Dr. Snehalata Gajbhiye	M.D. Assistant Professor, Pharmacology & Therapeutics	Seth GS Medical College and KEM Hospital	Joint-Member Secretary (Basic medical scientist)	Yes
5.	Dr. Kavita Joshi	M.D. (General Medicine)	Seth GS Medical College and KEM Hospital	Member Clinician	Yes



Date :

6.	Dr. MelitaVaz	PhD MSW MA	-	Member (External Social Scientist)	No
7.	Dr. Sai Kulkarni	PhD, M.A	-	Member Lay person	No
8.	Ms. Jaimala Shetye	MPTth Associate Professor (Physiotherapy)	Seth GS Medical College and KEM Hospital Mumbai.	Member	Yes
9.	Dr. Kranti Kadam	Additional Professor (Psychiatry)	Seth GS Medical College and KEM Hospital Mumbai.	Member (Clinician )	Yes
10.	Dr. Suchin Dhamnaskar	Associate Professor, Dept. of General Surgery	Seth GS Medical College and KEM Hospital Mumbai.	Member (Clinician)	Yes
11.	Dr. Vijaya M. Babre	Assistant Professor Department of OBGY MBBS,DNB,FICOG, FCPS,DGO,DFP,DH A (Diploma of Hospital Administration)	Department of OBGY at K.J. Somaiya Medical College Sion Mumbai.	Member	No
12.	Dr. Prerana Shah	Professor (Additional) Dept of Anaesthesia	Seth GS Medical College and KEM Hospital Mumbai	Member (Clinician )	Yes
13.	Dr. Yuvaraj B. Chavan	Professor (Additional) (PSM)	Seth GS Medical College and KEM Hospital Mumbai.	Member	Yes


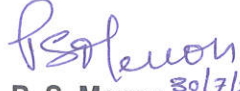


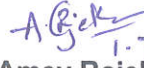
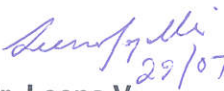
  
**Dr. Hemant Deshmukh**  
Dean, Seth GSMC and KEMH,  
Parel, Mumbai, Maharashtra, India.  
Date: 30<sup>th</sup> July 2020

  
**Dr. Milind Nadkar**  
Academic Dean, Seth GSMC and KEMH,  
Parel, Mumbai, Maharashtra, India.  
Date: 30<sup>th</sup> July 2020

**DEAN  
K. J. M. HOSPITAL**



Title:	Preparation of Standard Operating Procedures (SOPs) for Institutional Ethics Committee (IEC)
SOP Code:	SOP 01 /V 6.1 dated 29 <sup>th</sup> June,2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
S.S. Bhide 29/06/2020 Dr. Shruti Bhide Member Secretary, IEC-I	 6/7/2020 Dr. Y. C. Shetty Joint Member Secretary, IEC-I	 30/7/2020 Dr. P. S. Menon Chairperson, IEC-I	IEC-I
	 31/7/2020 Ms. Shilpshree Palsule Member Secretary, IEC-II	 14/7/2020 Dr. Subodh Sirur Chairperson, IEC-II	IEC-II
	 1.7.2020 Dr. Amey Rojekar Member Secretary, IEC-III	 29/07/20 Dr. Leena V Gangolli Chairperson, IEC-III	IEC-III

### 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to define the process for writing, reviewing, distributing, and amending SOPs of the Institutional Ethics Committee (IEC), Seth GS Medical College and KEM Hospital, Parel, Mumbai. The SOPs provide clear, unambiguous instructions so that the related activities of the committee are conducted in accordance with Indian laws and relevant, National and International Guidelines. The SOPs will be updated regularly at the interval of 3 years or if there are major changes whichever is earlier.

### 2. Scope

This SOP covers the procedures of writing, reviewing, distributing, and amending the SOPs of the Institutional Ethics Committee (IEC).

### 3. Responsibility

It is the responsibility of the Chairperson of the IEC to appoint the SOP Team to formulate the SOPs. The SOP Team shall execute this by following the same procedures, format and coding system when drafting or editing any SOP of the Institutional Ethics Committee.

#### 3.1 Secretariat of the Institutional Ethics Committee will

- Co-ordinate activities of writing, reviewing, distributing, and amending SOPs
- Maintain a file of all current SOPs and the list of SOPs
- Ensure that all the IEC members and involved administrative staff have access to the SOPs
- Ensure that all the IEC members and involved staff are working according to current version of SOPs
- Maintain a file of all past SOPs of the IEC
- Assist Chairperson to formulate an SOP Team

#### 3.2 Processing the request for revision of SOP:

- Assess the request(s) for SOP revision in consultation with the Secretariat and Chairperson
- Propose new / modified SOPs as needed
- Select the format and coding system for SOPs
- Draft the SOP/modify SOP in consultation with the IEC members and involved administrative staff
- Review the draft SOP
- Submit the draft for approval to Chairperson

#### 3.3 Chairperson of the IEC will:

- Appoint one or more SOP Teams
- Review and approve the SOPs with date and signature

### 4. Activity Table:

No.	Activity	Responsibility
1	Identify the need for new or amending SOP	Any member of IEC, secretariat, or administrative staff
2	Appoint one or more SOP Teams	Chairperson
3	List all relevant SOPs	SOP Team
4	Design a format and layout	SOP Team
5	Write and review a new/revised SOP	SOP Team
6	Review by Consultation	SOP Team
7	Preparation and submission of final draft	SOP Team
8	Approve a new/revised SOP	Chairperson
9	Ensure implementation, and file all SOPs	IEC members and Secretariat
10	Manage current and archive superseded SOPs	Administrative staff

### 5. Detailed instructions

#### 5.1 Identify the need for new or amending SOP

(Preparation of Standard Operating Procedures of IEC)

Any member of the IEC or Secretariat can put forth the request of revision if he/she notices any inconsistency/ discrepancy / changed circumstances in health and regulatory scenario or has any suggestions to improve the existing SOPs or requests to design an entirely new SOP. This can be done by using Revision of SOP Form AX 04/SOP01/V6.1. This annexure form needs to be submitted to the IEC Chairperson.

The Chairperson will inform all the IEC members about this request in a regular full-board IEC meeting. If the IEC members agree to the request, an appropriate SOP team(s) will be appointed by the Chairperson and designated the task to proceed with the revision process/ formulation process of the SOP. The Chairperson will inform the person/ IEC member who made the request for modification of the SOP in writing about the decision to modify SOP.

## **5.2 Appoint the SOP Team(s)**

The Chairperson will constitute an SOP Teams consisting of the member-secretary and two or more members of the IEC who have a thorough understanding of the ethical review process. The SOP writing team will carry out the subsequent steps. (5.3-5.7)

## **5.3 List all relevant SOPs**

- Write down step by step all the procedures of the Institutional Ethics Committee
- Organize, allocate and name each process

## **5.4 Design a format and layout**

Each SOP should be given a number and a title that is self-explanatory and is easily understood. A unique code number with the format **SOP xx/Vy** will be assigned to each SOP item by the Secretariat. "xx" will be a two-digit number assigned specifically to each activity-based SOP. "V" refers to version of the SOP and "y" will be a number identifying the version.

Each annexure will be given unique code number with the format **AX pp/SOP xx/Vy**. AX refers to annexure form, pp is a two-digit number identifying the number of the annexure, while xx/Vy refers to the SOP number and its version.

Each SOP will be prepared according to the standard template in *AX 02/SOP01/V6.1*. Each page of the SOP will bear the header which will have the effective date. The SOP number will be on the right side corner while the bottom of page will bear the page number as Page - of total pages. The first page of each SOP document will be signed and dated as Prepared by, reviewed by, approved by and accepted by the IEC members who have reviewed the SOPs and the IEC Chairperson and subsequently the SOP will be implemented from that date.

## **5.5 Write and review a new/revised SOP**

- If an SOP supersedes a previous version, the previous SOP version will be indicated in the Document History Form *AX 03/SOP01/V6.1*
- When the need for a new SOP has been identified and agreed upon, a draft will be written by one or more designated members of the SOP team, appointed by the Chairperson.

## **5.6 Review by Consultation**

- The draft SOP written by one or more members of the SOP team will be reviewed by the remaining members of the SOP team. After incorporating the suggestions put forth by the SOP team members; a copy of the revised draft SOP will be sent to the Member-Secretary, who will circulate it to all the IEC members to invite suggestion.

## **5.7 Preparation and submission of final draft**

- IEC Members will review the revised draft SOP at a special meeting.
- The suggestions that are agreed upon by the IEC members present at the special meeting will be discussed and incorporated in the revised draft SOP and the final draft of the SOP will be formulated.
- The SOP team would stand automatically dissolved once the IEC takes final decision regarding the SOP.

## **5.8 Approve a new / revised SOP**

- The final version will be presented to the Chairperson for review and approval.

- The authors, reviewers and the Chairperson sign and date the SOP on the first page of the SOP document. This date of approval will be declared as the effective date.

#### **5.9 Ensure Implementation and file all SOPs**

- The approved SOPs will be implemented from the effective date.
- The Member Secretary will discuss the approved SOPs with the administrative staff and instruct them to implement it accordingly.
- One complete original set of current SOPs will be filed centrally in the SOP Master file, by the Secretariat of the IEC in the office of Institutional Ethics Committee.
- When the revised version is implemented one copy of the earlier version will be filed centrally in the file entitled 'Past SOPs of the IEC' by the Secretariat of the IEC in the IEC office.
- The Secretariat will review the SOPs at least once in every three years and record the dates of review on the SOP Master file.
- As per the findings and opinion of the Secretariat, the Member-Secretary will inform the Chairperson about the result of review process.

#### **5.10 Manage current and archive superseded-SOPs**

Old SOPs should be retained and archived in a file by the secretariat.

### **6. Glossary**

<b>SOP (Standard Operating Procedure)</b>	Detailed, written instructions, in a certain format, describing activities and actions undertaken by the IEC to achieve uniformity of the performance of a specific function. The aim of the SOPs and their accompanying checklists and forms is to simplify the functioning, whilst maintaining high standards of Good Clinical Practice.
<b>IEC members</b>	Individuals serving as regular members of the Institutional Ethics Committee. The Board has been constituted in accordance with the IEC membership requirements set forth in New Drug and Clinical Trial approval regulations 2019 dated 19 March 2019 GSR-227-E and ICMR 2017.
<b>SOP Team</b>	A Team of members selected from the Institutional Ethics Committee including the Member Secretary and at least two more members who oversee the creation, preparation, review and periodic revision of the Institutional Ethics Committee SOPs.
<b>Master SOP files</b>	An official collection of the Standard Operating Procedures (SOPs) of Institutional Ethics Committee accessible to all staff, IEC/ members, auditors and government inspectors as a paper copy with an official stamp and the signature of either member secretary/ chairperson of the IEC on the first and the last page of the SOP booklet. Photocopies made from these official paper versions of the SOP cannot be considered official.
<b>Past SOPs of the IEC</b>	A collection of previous official versions of a SOPs and relevant information regarding changes and all preplanned deviations.
<b>Effective date</b>	The date of approval of the SOPs signed and dated by the Institutional Ethics Committee- Chairperson and subsequently the SOP is implemented from that date.

### **7. Annexure**

Annexure 1	<i>AX 01/SOP 01/V6.1</i>	List of SOPs of IEC
Annexure 2	<i>AX 02/SOP 01/ V6.1</i>	Template for Standard Operating Procedures
Annexure 3	<i>AX 03/SOP01/ V6.1</i>	Document History of the SOP
Annexure 4	<i>AX 04/SOP01/ V6.1</i>	Request for Formulation of a new SOP/ Revision of an SOP

**Annexure 1**  
AX 01/SOP 01/ V6.1

**List of SOPs of Institutional Ethics Committee**

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22.	management of initial protocol submission during epidemics/ lockdown periods	SOP 22/V6.1

**Annexure 2**  
AX 02/SOP 01/V6.1  
**Template for Standard Operating Procedures**

SOP Code : SOP xx/Vy

IEC (KEMH, Mumbai)

Effective date : aa bb cccc

Valid up to

<b>Title:</b> Title which is self-explanatory and easily understood			
<b>SOP Code :</b> SOP xx/Vy			
<b>Prepared by</b> Signature with date	<b>Reviewed by</b> Signature with date	<b>Approved by</b> Signature with date	<b>Accepted by</b>
		Xxxx Chairperson, IEC-I	IEC-I
		xx Chairperson, IEC-II	IEC-II
		xxx Chairperson, IEC-III	IEC-III

**Main Text:**

1. **Purpose:** Summarizes and explains the objectives of the procedure.
2. **Scope:** States the range of activities that the SOP applies to.
3. **Responsibility:** Refers to person(s) assigned to perform the activities involved in the SOP
4. **Flow chart:** Simplifies the procedures in step by step sequence and states clearly the responsible person(s) or position for each activity
5. **Detailed instructions:** Describe procedures step by step in short and clear phrases or sentences. Split a long sentence into shorter ones.
6. **Glossary:** Clarifies uncommon or ambiguous words or phrases by explanation.
7. **Annexure:** Documents that explain further or clarify complex descriptions. "Description-by-example" is always recommended to avoid difficult texts which may be hard to understand

**Annexure 3**  
AX 03/SOP 01/V6.1  
**Document History of the SOP**

**Details of superseded SOP**

Name of the team of authors	Version	Effective date (dd-mm-yyyy)	Describe the main change

**Annexure 4**  
AX 04/SOP 01/V6.1

**Request for Formulation of new SOP/ Revision of an SOP**

This form is to be completed by any member whenever a problem or a deficiency in an SOP is identified and maintained with the SOP until an authorized replacement is in place.

SOP xx/yy		
Title:		
Details of problems or deficiency in the existing SOP		
Need to formulate an entirely new SOP (i.e. SOP not existing previously)		
Identified by:	Date (DD/MM/YYYY):	
Discussed in Institutional Ethics Committee Meeting held on:-		
SOP revision required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Action required: <input type="checkbox"/> New SOP to be formulated <input type="checkbox"/> SOP to be deleted <input type="checkbox"/> SOP to be amended <input type="checkbox"/> No action to be taken <input type="checkbox"/> Any other (Please specify): If no action to be taken, please state reasons		
If action recommended: SOP team:		
[1] Member-Secretary:	[4]	
[2]	[5]	
[3]	[6]	
Date -SOP re-finalized:		
Date -SOP approved:		
Date- SOP becomes effective:		
Chairperson, IEC-I Signature with date	Chairperson, IEC-II Signature with date	Chairperson, IEC-III Signature with date

Title:	Constituting Institutional Ethics Committee
SOP Code:	SOP 02 /V 6.1 dated 29 <sup>th</sup> June,2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. Bhide</i> 29/06/2020</p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y.C. Shetty</i> 27/7/2020</p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> 30/7/2020</p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> 27/7/2020</p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Subodh Sirur</i> 21/7/2020</p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> 1-7-2020</p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> 29/07/2020</p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III



## 1. Purpose

This Standard Operating Procedure (SOP) describes the Terms of References (TOR), which provide the framework for constitution, responsibilities, and activities of the Institutional Ethics Committee (IEC)

## 2. Scope

The SOP applies to all activities performed by the Institutional Ethics Committee.

## 3. Responsibility

It is the responsibility of the Institutional Ethics Committee members and the Secretariat to read, understand, follow and respect the SOP set by the Institutional Ethics Committee.

## 4. Activity Table:

No.	Activity	Responsibility
1.	Ethical basis	Institutional Ethics Committee (IEC)
2.	Composition of the Institutional Ethics Committee	Head of the Institute, Chairperson, IEC Members and Secretariat
3.	Membership requirements	Head of the Institute, Chairperson,
4.	Tenure of Membership	Chairperson, IEC Members and Secretariat
5.	Policy statement of the institution & Appointment of new members	Head of the Institute
6.	Resignation and disqualification of members	IEC Members and Secretariat
7.	Conditions of appointment	IEC Members and Secretariat
8.	Training of the IEC Members in Research Ethics	IEC Chairperson / Member Secretary
9.	Hierarchy	IEC
10.	Selection and appointment of Chairperson, Member Secretary, Joint Member Secretary	Head of the Institute
11.	IEC staff	Member Secretary
12.	Role of IEC members	IEC
13.	Quorum requirements	IEC Members and Secretariat
14.	Honorarium to the Members/ subject experts	IEC
15.	Responsibilities of IEC	HOI, IEC
16.	Evaluation of IEC/Chairperson/Member Secretary/Members/IEC Staff	HOI, IEC
17.	Prepare an annual activity report of the IEC for submission to the Head of the Institute	IEC Secretariat

## 5. Detailed Instructions

### 5.1 Ethical basis

- 'Institutional Ethics Committee' (IEC) first established in 1987, is an institutional IEC of Seth G. S. medical College and K.E.M. Hospital. The IEC will review scientific and ethical aspects of all types of research studies involving human participants; sponsored by pharmaceutical companies, sponsored by Government of India and all dissertation projects (postgraduate students :MD, MS, MCh, DM, DNB, PhD, MSc, MPTh, MOTh, Nursing), research projects of undergraduate students (Indian Council for Medical research studentship) and investigator initiated research studies which are self funded, funded by others (societies, or any other body treated as extramural) those funded by intramural funding bodies of KEM Hospital.
- The IEC will function independently without any interference in the review and decision making process from the Head of the Institute and administrative department of the Institute.

**(Constituting Institutional Ethics Committee)**

Institutional Ethics Committee will have three committees, Institutional Ethics Committee (IEC) - I, II and III.

- i) Those research protocols which fulfill the definition of clinical trial and academic clinical trial as per GSR 227-E will be managed by the committee registered with CLA.
  - ii) Those research protocols which fulfill the definition of Biomedical and Health Research as per GSR 227-E will be managed by the committee registered with DHR.
- The committees will consist of members who collectively have the qualifications and experience to review and evaluate the scientific, medical and ethical aspects of research projects involving human participants.
  - In evaluating protocols and ethical issues, the IEC is aware of the diversity of laws, culture and practices governing research and medical practices in various countries around the world and especially in India.
  - It attempts to inform itself where possible of the requirements and conditions of the various localities where proposed research is being considered.
  - The IEC also seeks to be informed, as appropriate, by other IEC approving other trial sites and researchers of the impact of the research it has approved. The IEC is guided in its reflection, advice and decision by the ethical principles expressed in Declaration of Helsinki (Adopted by the 18<sup>th</sup> World Medical Assembly, Helsinki, Finland, June 1964, and amended by the 29<sup>th</sup> World Medical Assembly, Tokyo, Japan, October 1975; 35<sup>th</sup> World Medical Assembly, Venice, Italy, October 1983; 41<sup>st</sup> World Medical Assembly, Hong Kong, September 1989; 48<sup>th</sup> World Medical Assembly, Somerset West, Republic of South Africa, October 1996; and the 52<sup>nd</sup> World Medical Assembly, Edinburgh, Scotland, October 2000; Note of Clarification on Paragraph 29 added by the World Medical Assembly, Washington 2002; Note of Clarification on Paragraph 30 added by the World Medical Assembly, Tokyo 2004), 59<sup>th</sup> WMA General Assembly, Seoul, October 2008.
  - It makes further reference to the International Ethical Guidelines for e.g.: The Nuremberg Code (1945), Belmont Report (1979), The Council for International Organizations of Medical Sciences (CIOMS) International Ethical Guidelines for Biomedical Research Involving Human Subjects (Geneva 2002), and the European Convention on Human rights and Biomedicine (1997).
  - The IEC will work according to its established Standard Operating Procedures based on the Operational Guidelines for IEC that review Biomedical Research (WHO, 2000), International Conference on Harmonization-Good Clinical Practices (ICH-GCP) Guidelines (1996), New Drugs and Clinical Trials, Rules 2019, Indian GCP guidelines (revised from time to time) and National Ethical Guidelines for Biomedical Research on Human Participants by ICMR (2017) and any guidelines issued by Government of India / ICMR/ DCI during epidemics/pandemics (National Guidelines for Ethics Committees Reviewing Biomedical & Health Research During Covid-19 Pandemic)
- The mandate will be
- a. To ensure the protection of the rights, safety and wellbeing of human participants involved in a research project.
  - b. Provide public assurance of that protection.
- The IEC is established and will function in accordance with the relevant national law and regulations in force from time to time.
  - The IEC will review only those projects which are carried out in this institution by the staff members and students of the institution.
  - The IEC will also review projects which are carried out by institutional members in collaboration with other national or international institutions.

## **5.2 Composition of the Institutional Ethics Committee**

- The IEC will be established by the **Head of the Institution (HOI)**.
- The IEC will be multidisciplinary and multi-sectoral in composition.
- The IEC will be composed of at least 7 and a maximum of 15 members. At least 50% of its members will be non-affiliated to the institute. The members should be a mix of medical and non-medical, scientific and non-scientific persons including lay persons to represent the different points of view.

**(Constituting Institutional Ethics Committee)**

- The members will have differing backgrounds as this would promote complete and adequate review of research activities commonly conducted at Seth GS Medical College and KEM Hospital.
- The IEC will have representation that is varied in terms of gender, age and social background.
- The Composition shall be as follows:
  - ✓ Chairperson (who will be a member not -affiliated to the institution)
  - ✓ One Member Secretary (affiliated with the Institute)
  - ✓ One Joint Member Secretary (appointed if necessary)
  - ✓ One or more persons from basic medical science area
  - ✓ One or more clinicians from various institutes
  - ✓ One legal expert or retired judge
  - ✓ One philosopher, ethicist or theologian, independent social scientist/ representative of non-governmental agency
  - ✓ One or more lay person from community
  - ✓ One woman member
- The IEC will share the expertise of the IEC members from the each other as per the needs of research study.
- The IEC may invite member(s) of specific patient groups or other special interest groups for an IEC meeting (if required, based on the requirement of research area, e.g. HIV AIDS, genetic disorders, stem cell research etc.) for eliciting their views. Such individuals will have to sign confidentiality agreement (AX 03/SOP 03/V6.1) and declare in writing, conflicts of interest, if any prior to attending the meeting. They will attend the meeting in the capacity of 'Observer' and will not have right to vote.

### **5.3 Membership requirements**

- The Head of the Institute (HOI) is responsible for appointing new committee members.  
The Chairperson and IEC members can suggest names of potential members but the final decision will remain with the HOI.
- Members will be selected in their personal capacities based on their interest, ethical and/or scientific knowledge and expertise, as well as on their commitment and willingness to volunteer the necessary time and effort for the IEC work.
- Members must disclose in writing any interest or involvement-financial, professional or otherwise-in a project or proposal under consideration (Refer to AX 01/SOP 03/V6.1 and AX 02/SOP 03/V6.1 Confidentiality / Conflict of Interest Agreements).
- The IEC will decide the extent to which members that might have a conflict of interest may participate in bringing out an advice/decision (Refer to AX 01/SOP 03/V6.1 and AX 02/SOP 03/V6.1 Confidentiality / Conflict of Interest Agreements). Members will be required to sign a confidentiality agreement at the start of their term. (Refer to SOP AX 01/SOP 03/V6.1 and AX 02/SOP 03/V6.1 Confidentiality / Conflict of Interest Agreements)

### **5.4 Tenure of Membership.**

- The tenure of Institutional Ethics Committee members will be for a continuous period of three (3) years from the date of appointment.
- The IEC secretariat will initiate the process of filling up the forthcoming vacancies 3-6 months prior to the end of tenure of a member. The Chairperson will recommend names of individuals to the HOI. The HOI will select and appoint a member for the new tenure from the list provided by the IEC or otherwise. The retiring member will be eligible to be appointed for the new tenure any number of times.

### **5.5 Policy statement of the institution & appointment of new members**

#### a) Policy statement of the institution

The policy statement of the institution will be issued by the head of institution (under whose authority it is governed) during new tenure and constitution of the IEC (Annexure 1, SOP2)

#### b) Appointment of new members

- i) The IEC members will be appointed by the HOI. New members will be appointed under the following circumstances:

**(Constituting Institutional Ethics Committee)**

1. When a member completes his/ her tenure.
  2. If a member resigns before the tenure is completed.
  3. If a member ceases to be a member for any reason including death or disqualification.
  4. To fulfill the membership requirements as per 5.2 of this SOP.
- ii) New members will be identified by the Chairperson according to the Section 5.2 and Section 5.3 of this SOP. If the potential member fulfills the conditions of appointment as defined in 5.7 of this SOP, he/she will be appointed on IEC. The names of new members to be appointed may be suggested by the IEC members and the Chairperson to the Head of the Institution HOI. The final decision regarding appointment of members will be taken by the HOI.

#### **5.6 Resignation and Disqualification of Members.**

- Resignation: An IEC member may resign from membership by submitting a letter of resignation to the Chairperson. The member may or may not assign reasons for resignation. The resignation will become effective from the day it is accepted by the Chairperson.
- Disqualification for conduct unbecoming of an IEC member: A member may be disqualified from continuance should IEC determine by a three-fourth majority specifically called for the purpose that the member's conduct has been unbecoming of an IEC member.
  - (i) The process will be initiated if IEC Chairperson or Member-secretary receives a communication in writing (provided by IEC member or a member of the public) alleging misconduct by a member.
  - (ii) The Chairperson will satisfy himself/ herself that a prima facie case exists before initiating action. If, in the opinion of the Chairperson, the matter is of grave significance where integrity of IEC could be questioned, the Chairperson may suspend the membership of the concerned IEC member till final decision is taken by IEC. During the period of suspension, the concerned individual will not have any rights, privileges or responsibilities of an IEC member and will not perform any duties of IEC member.
  - (iii) The Chairperson may call for a meeting of the IEC specifically to discuss this issue or the matter will be taken up for discussion. The meeting convened will follow the usual rules of quorum. The allegation will be discussed at the IEC meeting and the member alleged of misconduct will be provided adequate opportunity to defend himself / herself.
  - (iv) The member would stand disqualified if members present approve of disqualification by voting (voting by 2/3<sup>rd</sup> of majority of members present in the meeting and voting). The Chairperson will convey the disqualification to the concerned member through a written communication.
- Disqualification for not attending IEC meetings: A member may be disqualified from IEC membership if the member fails to attend more than 3 regular consecutive IEC meetings without prior intimation. The process conducted will be as follows:
  - (i) The member-secretary will inform Chairperson, in writing, if a member has not attended more than three consecutive regular meetings of the IEC.
  - (ii) The Chairperson will initiate the process of review of membership of such a member by including the matter in the Agenda of the next regular IEC meeting
  - (iii) A written communication will be sent to the concerned IEC member informing him/ her that the issue of disqualification would be discussed at the meeting inviting the member to be present at the meeting to put up his/ her case. Alternately, the concerned IEC member will be allowed to state his/ her arguments regarding unauthorized absence in writing by a letter addressed to the Chairperson
  - (iv) The matter will be discussed and reviewed at the IEC meeting. The concerned member will be provided adequate opportunity to represent his/ her case. A written communication, if received from the concerned member will be read and reviewed at the meeting.
- The Chairperson or Member-Secretary will inform the IEC members about the cessation of membership by a confidential written communication to other members of IEC or at the next meeting of IEC.

#### **5.7 Conditions of appointment**

Members and subject expert will be appointed to the IEC if they accept the following conditions.

- Willingness to publicize his/her full name, profession, and affiliation.
- Willingness to record reimbursement received for work and expenses incurred, related to the IEC assignment and make these records available to IEC and/ or general public on request.
- Willingness to sign the Confidentiality and Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation and related matters.

#### **5.8 Training of the IEC Members in Research Ethics**

- An individual selected as a new member of the IEC will be required to attend two meetings as an 'Observer' before being inducted as a member of the IEC Member-secretary or an IEC member will provide an introductory training to the new member.
- All IEC members should undergo refresher course in Good clinical practice (GCP) annually.
- The IEC Member Secretary, member, Chairperson will be encouraged to receive continued training by participating in a workshop, conference and/ or retraining program related to research ethics, as a delegate, faculty, facilitator, etc. at least once every year.
- The IEC may sponsor or reimburse the expenses of an IEC member or prospective members for attending conference, continuing education session workshop and/ or training program etc.

#### **5.9 Hierarchy**

- There will be one Chairperson, one Member Secretary. A Joint Member Secretary may be appointed amongst the members if necessary.
- The Chairperson will be the head of the committee.
- The Member Secretary and the Joint Member Secretary (whenever applicable) will be the guardian of all documents and funds in the possession of the committee.
- Other IEC members will be members defined as per the composition and will have equal ranking.
- The Chairperson will be appointed by the Head of the Institute,
- The Member-secretary, Joint Member-Secretary (if necessary) will be elected by and from amongst the IEC members for 3 years term. These may be re-elected any number of times. Should they resign or be disqualified, the IEC members will elect a replacement for another term.

#### **5.10 Chairperson**

- The Chairperson will be appointed by the Head of the Institute,
- The Chairperson will not be affiliated to the institution.
- The Chairperson will be responsible for conducting committee meetings, and will lead all discussions and deliberations pertinent to the review of research proposals.
- The Chairperson will preside over all elections and administrative and financial matters pertinent to the committee's functions. The Chairperson will represent the IEC at various meetings and forums.
- The Chairperson will sign documents and communications related to IEC functioning.
- The Chairperson will delegate his/ her responsibilities to appropriate individuals in accordance with IEC SOPs.
- In case of anticipated absence, the Chairperson will nominate a committee member as Acting Chairperson. The Acting Chairperson will have all the powers of the Chairperson for that meeting.

#### **5.11 Secretariat**

- [1] The Secretariat will be composed of the IEC Member Secretary, Joint Member Secretary (where applicable), the General Manager and other administrative supporting staff.
- [2] The Member Secretary and the Joint Member Secretary (appointed if necessary) will be elected by and from amongst the committee members.
- [3] The administrative staff of the Secretariat will be appointed by the IEC and they will be supervised by the Member Secretaries.

[4] The Secretariat shall have the following functions.

✓ **Functions of the Member secretary**

1. To receive research proposals
2. To organize an effective and efficient tracking procedure for each proposal received.
3. To prepare, maintain and distribute of study files.
4. To schedule and organize IEC meetings
5. To prepare and maintain meeting agenda and minutes.
6. To maintain IEC documentations and to archive them.
7. To sign documents and communications related to IEC functioning.
8. To communicate with the IEC members and applicants/ investigators.
9. To notify the Principal Investigator regarding IEC decisions related to the submitted research proposal.
10. To arrange for training of personnel and IEC members.
11. To organize the preparations, review, revision and distribution of SOPs and guidelines.
12. To provide necessary administrative support for IEC related activities to the Chairperson.
13. To provide updates on relevant and contemporary issues to ethics in health research as well as relevant contemporary literature to the committee members.
14. To receive fees and issue official receipts for the same.
15. To delegate various responsibilities to appropriate and authorized individuals
16. To ensure adherence of IEC functioning as per SOPs

✓ **Functions of the Joint Member Secretary (whenever appointed)**

The Joint Member Secretary will perform the same functions of Member Secretary in his/her absence.

✓ **Functions of the Administrators**

1. To support the Member Secretary in executing functions of the IEC.
2. To perform any other functions as instructed by Member Secretary/ Chairperson.

#### 5.12 Roles and Responsibilities of IEC members

- To attend IEC Meetings and participate in discussions and deliberations so that appropriate decisions can be arrived at.
- To review, discuss and consider research Proposals submitted for evaluation.
- To monitor Serious Adverse Event reports and recommend appropriate action(s)
- To review the progress reports and monitor ongoing studies as appropriate.
- To evaluate final reports and outcomes.
- To review clinical trial agreement, Insurance policy and informed consent document specifically by the legal expert of the IEC.
- To maintain confidentiality of the documents and deliberations of IEC meetings.
- To declare any conflict of interest.
- To sign the Confidentiality / Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation, and related matters.
- To participate in continuing education activities in biomedical ethics and biomedical research.
- To provide information and documents related to training obtained in biomedical ethics and biomedical research to the IEC secretariat
- To provide an updated CV when requested for by the IEC secretariat
- To carry out the work delegated by Chairperson, Member-secretary and Jt. Member-secretary.
- To assist Chairperson, Member-secretary and Jt. Member-secretary in carrying out IEC work as per SOPs
- To add disqualification and debar criteria

#### 5.13 Quorum Requirements

- The full board meeting will be held as scheduled provided there is quorum.
  - a) For the regulatory and academic trials, a quorum will consist of at least 5 members; one basic medical scientist (preferably one pharmacologist), one clinician, one legal expert, one social scientist/representatives of non-governmental voluntary agency/Philosopher/ethicist/theologian or a similar person, one Lay person from the community). This will be applicable for all

- b) For Biomedical and Health Research (BHR) A minimum of five members present in the meeting room, The quorum should include both medical, non medical or technical or/and non-technical members.\* Minimum one non-affiliated member should be part of the quorum, Preferably the lay person should be part of the quorum, The quorum for reviewing regulatory clinical trials should be in accordance with current CDSCO requirements, No decision is valid without fulfillment of the quorum.

*\*Medical members are clinicians with appropriate medical qualifications. Technical members are persons with qualifications related to a particular branch in which the study is conducted, for example social sciences.*

#### 5.14 Honorarium to the Members subject experts if invited

Reimbursement of traveling expense, honorarium for attending the IEC meetings and /or honoraria may be given to the IEC members/ office bearers/ subject experts if invited for meeting and any other person authorized by the IEC.

#### 5.15 Responsibilities of the Institutional Ethics Committee

- The Committee's primary responsibilities will be protection of safety, rights and confidentiality of the research participants.
- The Committee will keep all information submitted to them confidential specially the proprietary information.
- The Committee will maintain concise but clear documentations of its views on the research proposal.
- The Committee will review the progress of each research project at appropriate and specified intervals, but not less than once a year and will also review the final report of the studies approved by them.
- The Committee will participate in activities that promote ethical research in the institution and community.
- The Committee will participate in and organize programs aimed at educating and training community members, members of the public, investigators, IEC members in ethical research.

#### 5.16 Evaluation of IEC/ Chairperson / Co-Chairperson / Member Secretary / Members / IEC Staff

- The Committee will carry out periodic self-assessment using the 'Self Assessment Tool' (<http://www.fercap-sidcer.org/selftool.php> ) 2 times in a year. The member/s and administrative staff will be designated by Chairpersons for carrying out self assessment. The corrective and preventive actions (as required) will be discussed in the full board meeting and will be implemented accordingly.
- Self Evaluation of Chairperson will be done. ( AX04/SOP02/V6.1)
- Evaluation of IEC members/Member Secretary will be done by Chairperson (AX05/SOP02/V6.1).The individual feedback will be provided by email to the members.
- Evaluation of IEC staff will be done by Member Secretary (AX06/SOP02/V6.1). The individual feedback will be provided to the staff.

#### 5.17 Prepare an annual activity report of the IEC for submission to the Head of the Institute

- The Secretariat will make a yearly activity report for submission to the Head of the Institute which will include the following elements:
  - a. A quantitative evaluation of the activities of the committee in a year
  - b. The list of the proposals reviewed in a year
  - c. Status of each study proposal

### 6. Glossary

<b>Confidentiality</b>	Prevention of disclosure, to other than authorized individuals, of IEC/ information and documents
<b>IEC</b>	Institutional Ethics Committee is an independent body whose responsibilities are to ensure the protection of the rights, safety and well-being of human participants involved in a clinical trial (at sites which do not have EC/EC not functional as per New Drugs and Clinical Trial Rules, 2019 and to provide public assurance of that protection).
<b>Subject expert</b>	Professionals with advanced training and expertise in the medical or non-medical areas related to the protocol being reviewed

## 7. Annexure

Annexure 1	AX 01/SOP 02/V6.1	Policy statement of the institution
Annexure 2	AX 02/SOP 02/ V6.1	IEC Administrative staff: Working rules
Annexure 3	AX03/SOP02/ V6.1	Finances Related to Ethics Committee Activities and Functioning
Annexure 4	AX04/SOP02/ V6.1	IEC Evaluation Form of Chairs & Co- chairs
Annexure 5	AX05/SOP02/ V6.1	IEC Evaluation Form of IEC Member Secretary/Members
Annexure 6	AX06/SOP02/ V6.1	IEC Evaluation Form of Staff
Annexure 7	AX07/SOP02/ V6.1	Corrective Action and Preventive Action
Annexure 8	AX 08/SOP 02/ V6.1	Organizational Chart of the Institution

### Annexure 1

AX 01/SOP 02/V6.1

#### Policy statement of the institution

(On Letter head of HOI)

Date: \_\_\_\_\_

Name of the ethics committee making this resolution

Registration number

NABH registration

Tenure of committees

Terms of resolution

#### The mandate will be:

- To ensure the protection of the rights, safety and well-being of human subjects involved in a research project.
- To provide public assurance of that protection.
- To function independently without any interference in the review and decision making process from the Head of the Institute and administrative department of the Institute.
- The IEC shall adhere to existing applicable rules & regulation for its formation and functioning which includes the registration of IECs, criteria for selection, tenure, resignation, schedule of meeting, reporting to regulatory authority and other administrative process.
- The IEC at present follow International Conference on Harmonisation – Good Clinical Practices (ICH-GCP) Guidelines (1996), Indian GCP guidelines (2001), New Drugs and Clinical Trials Rules, 2019 (NDCTR-2019) Declaration of Helsinki and the prevailing amendments from time to time), Ethical Guidelines for Biomedical Research on Human Participants by ICMR (2017)
- The IEC will review scientific and ethical aspects any human research project in our institute and also assist the sponsors of such projects, the participants participating in them, the relevant statutory authorities, and the society at large.
- The Committees will consist of members who collectively have the qualifications and experience to review and evaluate the scientific, medical and ethical aspects of a proposed research project. The terms of reference regarding appointment of members and schedule of meetings will be as described in the SOPs formulated by the IECs.

The list of members who will serve on the IEC with effect from)\_\_\_\_\_ are as follows:

Dr. xxxx  
Dean, Seth GSMC and KEMH,  
Parel, Mumbai, Maharashtra, India.  
Date: xxxxxx

Dr. xxxx  
Academic Dean, Seth GSMC and KEMH,  
Parel, Mumbai, Maharashtra, India.  
Date: xxxx

### Annexure 2

AX 02/SOP 02/V6.1

#### The IEC Administrative Staff: Working Rules

[1] The hierarchy of the administrative staff will be as follows:

(Constituting Institutional Ethics Committee)



General Manager who will overall look after the management of all three IECs and under him/her will be one deputy Manager each for IEC. For each IEC committees, there will be one executive assistant to Member secretary working under deputy Manager. One separate executive assistant will be appointed for the SAE Sub-committee. Two attendants will work for all three committees as well as SAE subcommittee, each one will be supervised by Deputy Manager. All these administrative staff will help the IEC Chairperson and Member Secretary in executing functions of the IEC. Additional staff may be appointed and duties assigned; as and when deemed necessary by the IEC. The eligibility criteria for new staff to be appointed will be laid down depending on the required job profile. The decisions regarding need for appointment, eligibility criteria, job profile and remuneration will be taken by the IEC members attending a regular IEC meeting and will be recorded in minutes.

- [2] The administrative staff will be appointed by conducting formal interviews (to be conducted by 2 to 3 members of the IEC, designated by the Chairperson and one teaching staff (Professor/Associate Professor / Assistant Professor) of the institution who is not affiliated to IEC). Permission of the Diamond Jubilee Society Trust (DJST) which manages the accounts shall be sought every time a new administrative staff member is to be appointed.
- [3] The terms and conditions of the appointment shall be as follows:  
The appointment will be on temporary basis. A monthly stipend will be given. The amount of stipend will be decided by the IEC members. Since the posts are not Municipal Corporation of Greater Mumbai (MCGM) posts, the municipal service rules will not apply to them. The appointed staff will not get benefit of municipal employees. They will not get any preferential treatment and will not have right to the posts advertised by MCGM.
- [4] Duties of the General Manager:
- Overall management of the IECs (IEC-I, IEC-II, IEC-III and SAE Subcommittee).
  - Supervising the duties of the deputy Managers.
  - Supervising the duties of Executive assistant to Member secretary of SAE subcommittee.
  - Attending the meetings of all three committees as well as SAE subcommittee.
  - Maintain the attendance chart as well as effective of all the administrative staff monthly.
  - Managing the financial expenditure of all three committees as well as SAE subcommittee and maintaining the details of the account and communication regarding the same with the DJST.
  - All communication to the investigators in case of change in any policy of IEC.
  - All correspondence (as per regulatory requirements) to the regulatory authorities in regards to protocol review, SAE/ compensation issue, registration / re-registration process etc.
  - Overall co-ordination of the activities related to audits/registrations /accreditations /recognitions with national and international bodies.
  - Confirming about the completion of the archival procedures.
  - Issuing permission of retrieval of archived documents along with the Chairperson
  - Confirmation that all the data (hard copy and soft copy) are maintained and are up to date.
  - Co-ordination for the upgrading or modification in the software/hardware of the committee.
  - Managing the SOPs of the IEC, its revision as well as uploading the recent approved SOP on the institutional website as and when needed.
  - Interacting with the investigators in regards to financial queries & administrative queries.
  - Assisting the Chairperson/Member Secretary to reply any inquiry put forth by the regulatory authority/investigator/any person.
  - Conducting self-assessment of IECs periodically with the member secretary and/or member/s of IEC
  - A yearly activity report for submission to the Head of the Institute which includes:
    - a) A quantitative evaluation of the activities of the committee's in a year
    - b) The list of the proposals reviewed in a year with status of each study proposal
  - Performance of other duties assigned by the IECs as per SOPs.

[5] Duties of the Deputy Manager/s:

- Correspondence with the IEC members and external experts
- Correspondence with the investigators (*via* e-EC and hard copies).
- Arranging the IEC meetings
- Assisting in preparing agenda and minutes of the IEC meetings

- Answering queries of the investigators
  - Filing study related documents
  - Archiving and maintaining the study files
  - Getting work done from the Executive assistants to Member Secretary.
  - Keeping a track that all the software data/soft copies are in place and complete.
  - Analysis of the data if assigned by the Chairperson/Member Secretary/Committee member.
  - Co-ordination of the activities related to audits/registrations /accreditations /recognitions.
  - Assisting in revision of the SOPs of the IEC, as well as uploading the recent approved SOP on the institutional website as and when needed.
  - Performance of other duties assigned by the Chairperson/Member Secretary/General Manager.
- [6] Duties of the Executive Assistant/s to Member Secretary:
- Receiving all principal investigators request on e-EC.
  - Receiving all research proposals on e-EC (hard copy as well as soft copy)
  - Numbering the proposals.
  - Forwarding all proposals to committee members for review.
  - Establishing time limits for receipt of reviewers' comments.
  - Preparation of agenda for all committee meetings.
  - Inviting experts from relevant therapeutic areas to the scheduled meetings.
  - Notification of review outcome to investigators of research proposals.
  - Preparation and circulation of minutes (within 14 days of the meeting).
  - Reviewing project related correspondence submitted by the investigators to the IEC.
  - Retention and safekeeping of all records and documentation.
  - Updating of the soft copies and the software data entry.
  - Sending the reminder letters, if any.
  - Co-ordination of the activities related to audits/registrations /accreditations /recognitions with national and international bodies.
  - Performance of other duties assigned by the Chairperson/Member Secretary/General Manager/Deputy Manager.
- [7] Duties of the (SAE) Executive Assistant/s:
- Receiving all SAE/CIOMS/SUSAR reports of ongoing studies.
  - Forwarding all these documents to the Member Secretary/ subcommittee members for review.
  - Establishing time limits for receipt of reviewers' comments.
  - Preparation of agenda for all SAE sub-committee meetings.
  - Inviting experts from relevant therapeutic areas to the scheduled meetings if required.
  - Notification of review outcome to investigators.
  - Preparation and circulation of SAE sub-committee minutes (within 7 days of the meeting).
  - Retention and safekeeping of all records and documentation.
  - Updating of the soft copies and the software data entry.
  - Sending the reminder letters, if any.
  - Performance of other duties assigned by the Chairperson/Member Secretary/General Manager/Deputy Manager.
- [8] Duties of the office assistant:
- Assisting the secretariat in arranging the IEC meetings
  - Dispatching sets of study documents to IEC members and external experts
  - Receiving the study related documents from and dispatching the IEC letters to the investigators
  - Filing study related documents
  - Archiving and maintaining the study files
  - Correspondence with the IEC members and external experts
  - Performance of other duties assigned by the Chairperson/Member Secretary/General Manager/Deputy Manager/Executive assistants.
- [9] The administrative staff will report to the Chairperson and/or Member Secretary.
- [10] The office timing for the General Manager will be Monday to Friday 09.30 am to 4.30 pm and Saturday 9.30 am to 1.00 pm, for the Deputy Manager and executive assistants will be Monday

- to Friday 9.30 am to 5.00 pm and Saturday 9.30 am to 1.30 pm. The timing for Office Attendant will be Monday to Friday 8.30am to 4.30 pm and Saturday 8.30 am to 1.00 pm.
- [11] The staff will avail 15 casual leaves and 15 privileges leave every year by making an application. The number of leaves granted per year cannot be accumulated or carried forward to next year. A new staff member will be allowed to avail a casual leave 6 months after first joining and earned leave after completing one year. Leave applications will be maintained in the personal file of the staff members. The decision regarding granting a long leave to the staff will be taken at a regular IEC meeting by the IEC members.
- [12] The pay revisions will be made according to the recommendations of the IEC and DJST pay structure. The recommendations regarding pay revisions will be discussed at a regular IEC meeting and will be recorded in minutes. The final decision regarding pay revision will be taken by the Diamond Jubilee Society Trust, Seth G.S. Medical College and KEM Hospital which looks after the accounts of the IEC.
- [13] Technical break as per DJST rule will be compulsory for all the administrative staff every six monthly as suggested by DJST.

**Annexure 3**  
**AX03/SOP02/V6.1**  
**Finances Related to Ethics Committee Activities and Functioning**

**1. Ethics Committee Review Fees**

Institutional Ethics Committee (IEC) shall charge an application fee for review of research projects. The Institute shall not charge an EC application fee.

1.1) Fee Structure:

1.1.1) Initial Review fee:

The IEC shall charge for initial review fee of the proposal. The charges of the same are dependent on the type of study. Following are the charges for review-

**Revised Fees structure**

Type Projects	Initial review Processing fees
PHARMA sponsored projects	85000/- + TDS (10%)
Govt. sponsored projects	10000/- + TDS (10%)
Thesis/ Dissertation	1500/- (In hard cash/ NEFT during epidemics)
Other Academic (OA) (Including DNB, DM, Nursing, PhD Research)	2500/- (In hard cash/ NEFT during epidemics)

**Note: Processing fees will increase by 5% for each year in month of March.**

1.1.2) Fee for continuing review:

The IEC shall charge for continuing review of ongoing pharmaceutical sponsored and government sponsored studies annually. The charges of continuing review annually will be as follows:

Type Projects	Annual review fees
PHARMA sponsored projects	20000/-+ TDS (10%)
Govt. sponsored projects	5000/-+ TDS (10%)
Thesis/ Dissertation	-
Other Academic (OA) (Including DNB, DM, Nursing, PhD Research)	-

The Annual review fee should be paid Rs.10000/- every six monthly for pharmaceuticals sponsored projects and Rs.2500/- for Government Sponsored projects

1.1.3) Method of payment:

The payment will be taken by cash or online or can be paid by cheque drawn in favor of **“Diamond Jubilee Society Trust Seth GS Medical College”**. The review fee for pharmaceutical and government sponsored study will always be accepted through cheque / online.

Online payment **details for thesis and investigator initiated studies** during **epidemics and pandemics**:

**Name of Account:** Seth GS Medical College & KEM Hospital, Diamond Jubilee society Trust  
**Name of Bank:** State Bank of India  
**Add of Bank:** PO Bag No. 6034, Mitra Dham Bldg, Elphinston Road, JB Road, Parel T.T., Mumbai 400 012.  
**Account No:** 32127685176  
**IFSC Code:** SBIN0001884  
**MICR Code:** 400002064  
**PAN No:** AABTS5336G

Online payment **details for funded/ sponsored studies**:

**Name of Account:** Seth GS Medical College & KEM Hospital, Diamond Jubilee society Trust  
**Name of Bank:** Bank of Maharashtra Parel Branch  
**Add of Bank:** Vikas Apartment ,Dr.Ambedkar Road, Parel, Mumbai 400 012.  
**Account No:** 60236880148  
**IFSC Code:** MAHB0000079  
**MICR Code:** -  
**PAN No:** AABTS5336G

#### **For international transaction as per DJST Rule**

##### 1.2) Budget Preparation:

The Committee review fee should be incorporated in budgets or payment of pharmaceutical or government sponsored studies.

##### 1.3) Deposits and Accounting:

The EC administrative staff shall collect the fees (cash or cheque). The deposits shall be made to DJST-EC account (Diamond Jubilee Society Trust-Ethics Committee). The trust maintains the funds various committees of the institute. The DJST shall maintain deposit records according to policy of DJST. Annual compiled data related to finance of IEC (account statement) shall be shared by DJST twice in a year.

##### 1.4) Memorandum of Understanding:

A Memorandum of Understanding will be drafted and revised from time to time between the IEC, Diamond Jubilee Society Trust and the Institute regarding the roles and responsibilities and financial arrangements of the establishing authorities and the trust.

##### 1.5) Expenditure: The expenditure will be made from DJST account towards following points-

- a) Staff salary
- b) Stationary expenses
- c) Maintenance of IEC facility for e.g. repair work, construction, pest control, fire proofing etc.
- d) Making resources available for office for e.g. purchase of computers, printers, scanners etc.
- e) Paying fixed honorarium to external members of Rs. 1500/- for each meeting attended.
- f) SOP, GCP and regulatory training programs organized by IEC.
- g) IEC members who present papers on research ethics and representing institute IEC in national/international conference.
- h) Fees related to audits/registrations /accreditations /recognitions and annual review fees.

**Annexure 4**  
**AX04/SOP02/V6.1**

**IEC Evaluation Form of Chairs & Co- chairs**

1. Mention (√) the individual who is performing the evaluation:

Self – evaluation:

Supervisor or other administrator:

Member secretary IEC:

IEC members or other chairs:

2. Name of the person who is evaluated:

3. Number of Meeting attended out of total meetings: /

4. Number of exempt determination made :

5. Number of protocol reviewed by the expedited procedure :

6. Number of protocol reviewed that went to the convened IEC:

7. Number of reviews completed as the primary reviewer :

8. Completion of educational requirements :  Yes  No

9. Attendance at educational sessions (Make tick (√) in the column)

Regular :

Irregular :

10. Number of educational sessions conducted :

**Evaluation of Chairs & Co- chairs**

Person performing the evaluation – \_\_\_\_\_

Name of the person who is evaluated- \_\_\_\_\_

Period – \_\_\_\_\_

i) Preparedness for meetings

Scale

Poor	Fair	Average	Good	Excellent
1	2	3	4	5

ii) Contribution to IEC meetings Scale

Poor	Fair	Average	Good	Excellent
1	2	3	4	5

iii) Quality of reviews Scale

Poor	Fair	Average	Good	Excellent
1	2	3	4	5

iv) Communication with IEC staff Scale

Poor	Fair	Average	Good	Excellent
1	2	3	4	5

**(Constituting Institutional Ethics Committee)**

Feedback-  
Signature:  
Date:

**Annexure 5**  
**AX05/SOP02/V6.1**

**IEC Evaluation Form for Member Secretary/Members**

1. Mention (✓) the individual who is performing the evaluation:  
Self – evaluation:   
Supervisor or other administrator:   
Member secretary IEC:   
IEC members or chairs or co- chairs:
2. Name of the person who is evaluated: \_\_\_\_\_
3. Number of Meeting attended out of total meetings:  /
4. Number of exempt determination made:
5. Number of protocol reviewed by the expedited procedure:
6. Number of protocol reviewed that went to the convened IEC:
7. Number of reviews completed as the primary reviewer:
8. Completion of required checklist: (Make tick (✓) in the column)  
Yes:  No:
9. Completion of educational requirement: (Make tick (✓) in the column)  
Yes:  No:
10. Attendance at educational sessions: (Make tick (✓) in the column)  
Regular:  Irregular:
11. Number of educational sessions conducted:
12. Preparedness for meetings: (Make tick (✓) in the column)  
Good:  Average:  Poor:
13. Contribution to IEC meetings: (Make tick (✓) in the column)  
Good:  Average:  Poor:
14. Quality of Reviews: (Make tick (✓) in the column)  
Good:  Average:  Poor:
15. Communication with IEC staff: (Make tick (✓) in the column)  
Good:  Average:  Poor:

**Annexure 6**  
**AX06/SOP02/V6.1**  
**IEC Evaluation Form of Staff**

1. Mention (√) the individual who is performing the evaluation:

Self – evaluation:

Member secretary IEC:

Name of the person who is evaluated:

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2. Handles workload efficiently: (Make tick (√) in the column)

Yes:  No:

3. Number of protocol processed that were reviewed by the expedited procedure:

4. Number of protocols processed that went to the convened IEC:

5. Completion of required checklists and documentation: (Make tick (√) in the column)

Yes:  No:

6. Maintains paper files efficiently and correctly: (Make tick (√) in the column)

Yes:  No:

7. Prepares agenda and minutes in timely manner: (Make tick (√) in the column)

Yes:  No:

8. Maintain IEC rosters efficiently and correctly: (Make tick (√) in the column)

Yes:  No:

9. Prepare IEC records efficiently and correctly: (Make tick (√) in the column)

Yes:  No:

10. Completion of educational requirement: (Make tick (√) in the column)

Yes:  No:

11. Attendance at educational sessions: (Make tick (√) in the column)

Yes:  No:

12. Number of educational sessions conducted:

13. Preparedness for meetings: (Make tick (√) in the column)

Good:  Average:  Poor:

14. Quality of pre-reviews: (Make tick (√) in the column)

Good:  Average:  Poor:

15. Communication with IEC chair and vice-chair: (Make tick (√) in the column)

Good:  Average:  Poor:

16. Communication with Secretary: (Make tick (√) in the column)

Good:  Average:  Poor:

17. Communication with investigators: (Make tick (√) in the column)

Good:  Average:  Poor:

18. Ability to help investigator:

Good:  Average:  Poor:

**Feedback-**

**Signature:**

**Date:**

**(Constituting Institutional Ethics Committee)**

**Annexure 7**  
**AX07/SOP02/V6.1**  
**Corrective Action and Preventive Action**

- 1.1) Purpose: The purpose of this SOP is to provide guidance to address and develop plans for existing or potential problems identified during self-evaluation of ethics committee members.
- Scope: This SOP covers the corrective and preventive action concerning information and procedures followed by the Institutional Ethics Committee (IEC).
- 1.2) Responsible individuals: All ethics committee members.
- 1.3) Definitions: Corrective and Preventive Action (CAPA) Plan: actions taken to collect information and identify a problem, determine root cause, identify and implement a corrective and/or preventive action to prevent further recurrence.
- 1.4.1) Root Cause: factor that caused a nonconformance and should be permanently eliminated through process improvement.
- 1.4.2) Root Cause Analysis: is a class of problem solving methods used to identify the root causes of problems or events.
- 1.4.3) Corrective Action: Immediate action to a problem that has already occurred or has been identified.
- 1.4.4) Preventive Action: Taken to eliminate the root cause of a potential problem including the detection/identification of problems.
- 1.5. Policy statement: A CAPA is written to identify a discrepancy or problem in the self-evaluation of ethics committee members, note the root cause of the identified problem, identify the corrective action taken to prevent recurrence of the problem, and document that the corrective action has resolved the problem.
- 1.6. Procedure -
- 1.6.1) The problems related to evaluation of members must be brought to the notice by member secretary/chairperson.
- 1.6.2) The Chairperson will form a team of 3 members.
- 1.6.3) The team formed will evaluate the magnitude of the problem and potential impact of the issue on the overall functioning of Ethics Committee
- 1.6.4) Describe the reason for the issue and identify the root cause of the problem.
- 1.6.5) Describe the procedures implemented to resolve the problem. Mention the time period required for its resolution.
- 1.6.6) Describe the preventive actions taken or planned.
- 1.6.7) After the corrective procedures are implemented, evaluation of the procedures must be made after due course and submitted by 3 membered team to Chairperson.
- 1.6.8) The problems related to evaluation of members, procedures implemented to resolve the problem and the corrective and preventive action will be discussed with permission of chairperson in full board.
- 1.6.9) The documentation with respect to problems related to evaluation of members, procedures implemented to resolve the problem and the corrective and preventive action will be maintained in separate administrative file named 'Corrective and Preventive Action'.

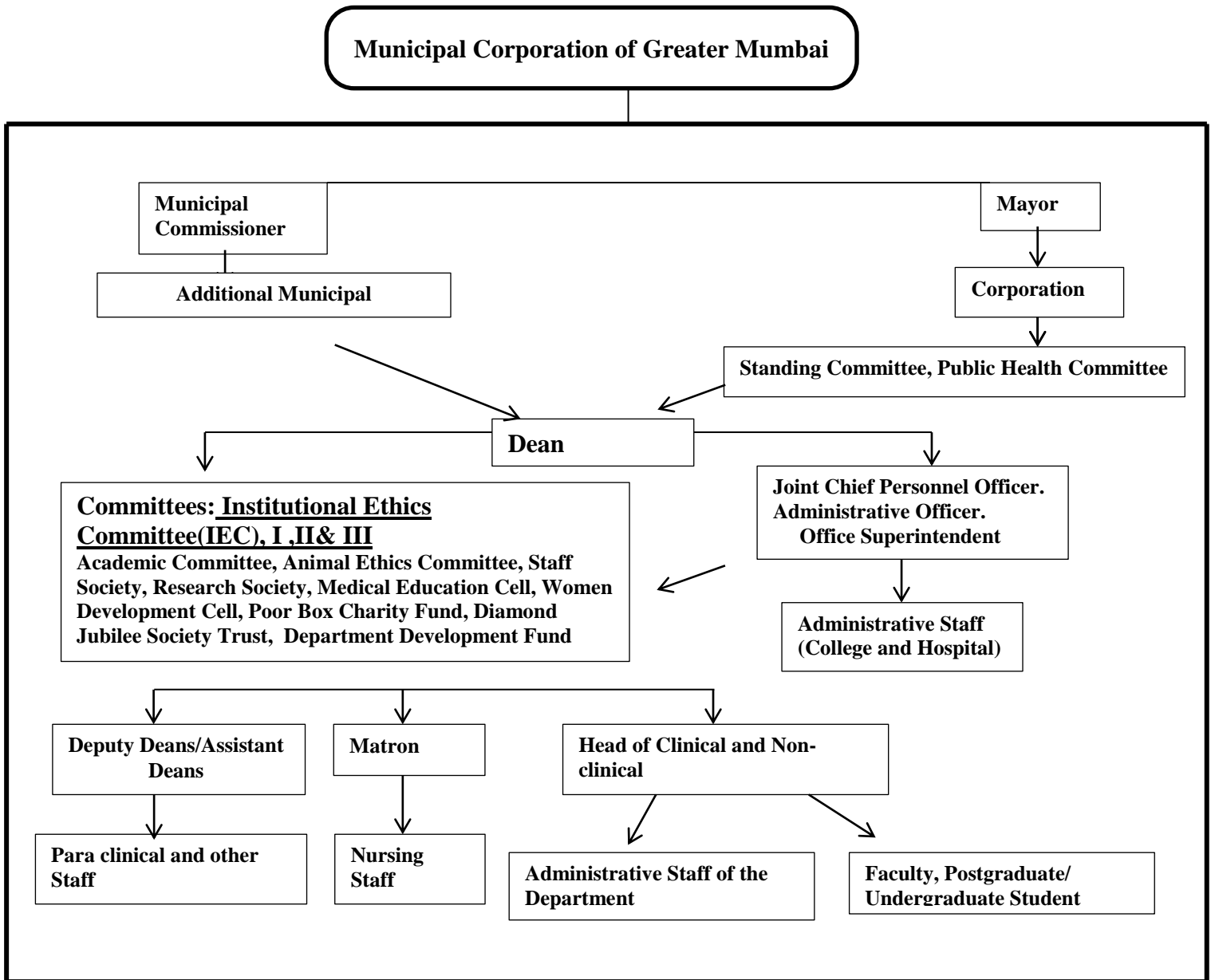
**(Constituting Institutional Ethics Committee)**



Annexure 8

AX 08/SOP 02/V6.1

Organizational Chart of the Institution



(Constituting Institutional Ethics Committee)

Title:	Confidentiality / Conflict of Interest Agreements
SOP Code:	SOP 03/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. Bhide</i> <i>29/06/2020</i></p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> <i>27/7/2020</i></p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> <i>29/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> <i>14/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>1.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> <i>22/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

### 1. Purpose

The purpose of this SOP is to describe the process to identify and manage confidentiality / conflict of interest among Institutional Ethics Committee (IEC), members.

### 2. Scope

This SOP covers the Agreements on both Confidentiality and Conflict of Interest concerning information and procedures followed by the Institutional Ethics Committee (IEC) members.

### 3. Responsibility

It is responsibility of each members reviewing research project or attending members meeting to read, understand, accept and sign the agreement contained in the confidentiality/ Conflict of Interest Form. The form should be read, understood, accepted and signed by each IEC member at the beginning of the tenure of his/her membership

It is the responsibility of each and every newly-appointed members to read, understand, accept and sign the agreement contained in the Confidentiality / Conflict of Interest form before beginning ethical and/or scientific review tasks and prior to his/her attending IEC members meetings held to review research studies to protect the rights of study participants.

It is the responsibility of the guest/observers intending to attend a meeting to read, understand, accept and sign the agreement contained in the Confidentiality / Conflict of Interest form prior to attending an IEC meeting and/or before ethical review tasks with the Institutional Ethics Committee are commenced.

It is the responsibility of the Subject Expert to read, understand, accept and sign the agreement contained in the Confidentiality/Conflict of Interest form before beginning their ethical review tasks with the IEC and/or attending a meeting of IEC. The Secretariat will ensure that the Confidentiality /Conflict of Interest Agreement Forms are duly signed and dated by the IEC, members, Guests or observers for IEC meetings or Subject Expert prior to attending an IEC meetings, accessing ethics committee documents or undertaking review processes (as applicable) and notify to the IEC, Chairpersons. The Secretariat will file signed Confidentiality/ Conflict of Interest Agreement forms in the files entitled 'Confidentiality /Conflict of Interest Agreement Forms'

### 4. Activity Table:

No.	Activity	Responsibility
1.	Provide appropriate forms to IEC, member, Guest attendees, Observers, Subject Expert	IEC, Secretariat
2	Read the text carefully and thoroughly	IEC, members / guest attendees / observers / Subject Expert
3	Clarification of doubts, if any	IEC, members / guest attendees / observers / Subject Expert
4	Sign and indicate consent	IEC, members / guest attendees / observers / Subject Expert
5	Keep the agreement in mind	IEC, members / guest attendees / observers / Subject Expert

## Mandate

- *GSR 227 (E). Chapter III & IV, New drugs and clinical trials, Rule 2019.dated 19<sup>th</sup> March2019*  
There should be no conflict of interest. The members shall voluntarily withdraw from the Ethic committee meeting while making a decision on an application which evokes conflict of interest which may be indicated in writing to the chairman prior to the review and to be recorded so in the minutes. All members shall sign a declaration on conflict of interest.
- “A member must voluntarily withdraw from the ethics committee proceedings while making a decision on an application which evokes a conflict of interest which should be indicated in writing to the chairperson prior to the review and should be recorded so in the minutes. If one of the members has her/his own proposal for review, then the member should not participate when the project is discussed”.
- “No Institutional Ethics Committee (IEC) may have a member participate in the ethics committee’s initial or continuing review of any project in which the member *has* a conflicting interest, except to provide information requested by the IEC. [45CFR 46.107(e) and 21 CFR 56.107(e), Sec. 56.107 IEC membership”.

## 5. Detailed instructions

### 5.1 Provide appropriate forms to IEC member, Guest attendees, Observers, Subject Expert.

- The appropriate Confidentiality and/ or Conflict of Interest Agreement Form will be provided to the IEC member, Guest attendee, Observer and Subject Expert.

### 5.2 Read the text carefully and thoroughly.

- Every member at beginning of the tenure and before he/she commences to review research projects submitted to IEC and before he/she starts to function as an IEC member and before he/she starts attending IEC meeting will read the Confidentiality /Conflict of Interest Agreement Form - AX 01/SOP 03/ V6.1 and AX 02/SOP 03/V6.1 carefully and thoroughly.
- Every observer or guest for IEC, committee meeting: before initiating ethical review and / or before commencement of the meeting will read the Confidentiality /Conflict of Interest Agreement Form AX 03/SOP 03/V6.1 carefully and thoroughly
- Every Subject Expert / advisory committee/ board member before initiating ethical review and / or before commencement of IEC meeting will read the Confidentiality /Conflict of Interest Agreement Form -AX 04/SOP 03/V6.1 carefully and thoroughly
- IEC, committee member, Guest attendee, observer, Subject Expert advisory committee/board member will fill up the details such as name, designation and official address.

### 5.3 Clarification of doubts, if any.

- If any of the IEC, members/Guests /observers for IEC, meetings/ Subject Expert have any doubt, they will seek clarifications or additional information from the Secretariat. The Member Secretary will provide explanations, additional information and/ or clarifications. If any further explanations are needed, they can be provided by the Chairperson/ Legal expert/other IEC members.

### 5.4 Sign to indicate consent.

- The newly appointed IEC, member, before the beginning of their tenure, Guests /observers for IEC, meetings, Subject Expert / advisory committee/ board member will sign and date the document in front of the Secretariat and hand over the document to the secretariat.
- The Secretariat will obtain the signature of the IEC, Chairperson on the Confidentiality /Conflict of Interest Agreement Form.
- The secretariat will provide IEC, member, Guests or observers for IEC meetings, Subject Expert a photocopy of the Confidentiality/Conflict of Interest Agreement Form for their records (duly signed and dated by them and IEC, Chairperson) and acknowledge the receipt of agreement by their

**(Confidentiality/ Conflict of Interest Agreement)**

signature.

- The Secretariat keeps the original copies of the signed Agreements at the Institutional Ethics Committee office in the files entitled 'Confidentiality/Conflict of Interest Agreement file for members, guests, observers, Subject Expert'.
- The Secretariat will store the file in a secure cabinet with limited keyholders.

#### 5.5 Keep the Agreement in mind.

- The IEC, members/Guests /observers for Institutional Ethics Committee meetings/ Subject Expert /advisory committee/ board member must implement the clauses of the signed Confidentiality Agreement Form as in AX 01/SOP 03/V6.1, AX 03/SOP 03/V6.1 and AX 04/SOP 03/V6.1 respectively.

### 6. Glossary

<b>Confidentiality</b>	The non-occurrence of unauthorized disclosure of information
<b>Confidentiality Agreement</b>	Sometimes called Secrecy or Non-disclosure agreement An agreement designed to protect trade secrets, information and expertise from being misused by those who have learned about them. The type of information that can be included under the umbrella of confidential information is virtually unlimited. Most confidentiality agreements exclude certain types of information from the definition of confidential information. It is very important that the recipient include these exceptions in the confidentiality agreement.
<b>Conflict of Interest</b>	Conflict of interest (COI) is a set of conditions where professional judgment concerning a primary interest such as participants welfare or the validity of research tends to be unduly influenced by a secondary interest, financial or non-financial (personal, academic, institutional or political) or financial gain. [Available from  <a href="https://www.iitm.ac.in/downloads/ICMR_Ethical_Guidelines_2017.pdf">https://www.iitm.ac.in/downloads/ICMR_Ethical_Guidelines_2017.pdf</a> {Last accessed on 30.07.2020}  <b>Types of COI</b>  • A personal COI is said to exist when  ➤ there is immediate family relationship (spouse, parent or parent of a spouse, child or child of a spouse, sibling or sibling of a spouse, or a dependent -who resides with an IEC member or consultant or who receives 50% or more support from an IEC member, regardless of age) or other close personal relationship ("step" relationships included) with the investigator, or with co-investigators.  ➤ IEC member or his/her immediate family member serves as a contributor to the research project as a collaborator, consultant, research staff or financier.  ➤ research study is submitted by a departmental colleague/senior (may be regarded as a personal conflicting interest if applicable)  • A professional COI means the IEC member or his/her immediate family member serves as trustee, director, manager, or scientific advisor of the funding agency sponsoring the research. A financial COI for IEC members and immediate family exists the IEC

**(Confidentiality/ Conflict of Interest Agreement)**

	member or the spouse or dependent of a member receives monetary benefits including, but not limited to, salary or payments for other services (e.g., consulting fees or honoraria), equity interests (e.g., stock, stock options, or any other ownership interests) and intellectual property rights (e.g., patents, copyrights, product or service being evaluated).
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**7. Annexure**

- Annexure 1    AX 01/SOP 03/V6.1    Confidentiality Agreement Form for IEC members
- Annexure 2    AX 02/SOP 03/V6.1    Conflict of Interest Agreement Form for IEC Members
- Annexure 3    AX 03/SOP 03/V6.1    Confidentiality Agreement Form for Guest/Observer Attendees to IEC Meetings
- Annexure 4    AX04/SOP03/V6.1    Confidentiality Agreement Form for Subject Experts(Affiliated /nonaffiliated to the institution)

**Annexure 1**

AX 01/SOP 03/V6.1

**Confidentiality Agreement Form for IEC Members**

In recognition of the fact, that, I

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*(Member’s name, and his/her affiliation)* herein referred to as the “undersigned”, have been appointed as a member of the IEC have been asked to assess research studies involving research participants in order to ensure that they are conducted in a humane and ethical manner, adhering to the highest standards of care as per the national, and local regulations and institutional policies and guidelines and international and national guidelines;

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

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

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

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

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

As such, the undersigned agrees to hold all Confidential or Proprietary trade secrets (“information”) in trust or confidence and agrees that it shall be used only for contemplated purposes and shall not be used for any other purpose or disclosed to any third party. Written Confidential information provided for review shall not be copied or retained. All Confidential information (and any copies and notes thereof) shall remain the sole property of the IEC.

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

**(Confidentiality/ Conflict of Interest Agreement)**

**Agreement on Confidentiality**

Please sign and date this Agreement, if the Undersigned agrees with the terms and conditions set forth above. The original (signed and dated Agreement) will be kept on file in the custody of the IEC. A copy will be given to you for your records.

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

I, \_\_\_\_\_ (name of the member) have read and accept the aforementioned terms and conditions as explained in this Agreement.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Chairperson's Signature Date

I acknowledge that I have received a copy of this Agreement signed by the IEC Chairperson and me.

\_\_\_\_\_  
Signature Date





**Annexure 3**

AX 03/SOP 03/V6.1

**Confidentiality Agreement Form**

**For Guest / Observer Attendees to IEC Meetings**

I, \_\_\_\_\_ (name), understand that I am  
 Being allowed to attend the Institutional Ethics meeting scheduled on \_\_\_\_\_ at \_\_\_\_\_ am/  
 pm as a Guest/Observer. The meeting will be conducted in the \_\_\_\_\_, Seth  
 GS Medical College and KEM Hospital. In the course of the meeting of the Institutional Ethics  
 Committee some confidential information may be disclosed or discussed. Upon signing this form, I  
 ensure to take reasonable measures to keep the information confidential.

_____ <b>Signature of the Guest</b>	_____ <b>Date</b>
_____ <b>Chairperson of IEC,</b>	_____ <b>Date</b>

I, \_\_\_\_\_ (name) acknowledge that I have  
 received a copy of this Agreement signed by the IEC Chairperson and me.

\_\_\_\_\_  
**Signature of the Guest**

\_\_\_\_\_  
**Date**

**Annexure 4**

AX 04/SOP 03/V6.1

**Confidentiality Agreement Form for Subject Experts/ advisory committee/ board member  
(Affiliated / nonaffiliated to the institution)**

I,

(Name and Designation) as a non-member of Institutional Ethics Committee (IEC), understand that the copy/ copies given to me by the IEC, is/are confidential. I shall use the information only for the indicated purpose as described by the IEC and shall not duplicate, give or distribute these documents to any person(s) without prior permission from the IEC. Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information Confidential.

_____ <b>Signature of the recipient</b>	_____ <b>Date</b>
_____ <b>Chairperson of IEC</b>	_____ <b>Date</b>

I, \_\_\_\_\_ (name) acknowledge that I have received a copy of this Agreement signed by the Chairperson of the IEC and me.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



Title:	Selection and Responsibilities of Subject expert
SOP Code:	SOP 04/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. Bhide</i> <i>29/06/2020</i></p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> <i>27/7/2020</i></p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> <i>31/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> <i>31/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>1.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> <i>29/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to provide procedures for Obtaining the expertise of a professional as a subject expert either affiliated or non-affiliated, to the Institutional Ethics Committee (IEC).

## 2. Scope

If the Chairperson, Member Secretary or the IEC determine that a study involves procedures or information that is not within the collective expertise of the IEC members, the Chairperson/ Member Secretary on behalf of the IEC will invite individual(s) with competence in special area(s) to assist in the review of issues that require expertise beyond or in addition to that/ those available with the IEC.

## 3. Responsibility

Upon the advice or recommendation of the secretariat or any IEC member, it is the responsibility of the IEC to nominate the name of one or more special subject experts and be endorsed by the Chairperson for the given project.

## 4. Activity Table:

No.	Activity	Responsibility
1	Maintenance of a specialty-wise list/ roster of subject expert	IEC Secretariat
2	Recommendation of a name of one or more subject expert(s)	IEC Member, Member Secretary or Chairperson
3	Selection and Appointment of subject expert (s)	Chairperson
4	Co-ordination with subject expert (s) with institution for fulfilling administrative requirements	IEC Secretariat
5	Reading, understanding and signing the Conflict of Interest document and Confidentiality agreement	Subject expert, Chairperson
6	Reviewing documents pertaining to research project,	Subject expert
7	Termination of the Services	Member-Secretary/ Chairperson

## 5. Detailed instructions

### 5.1 Maintenance of a specialty-wise list/ roster of subject experts

The Secretariat will maintain and provide a specialty-wise roster of subject experts which may or may not be affiliated with the institution. The roster of subject experts maintained at the IEC office will be updated every 2- 5 years or as required (as per individual IEC policy)

### 5.2 Recommendation of a name of subject experts

The IEC will select a panel of subject experts from the different specialties of Medicine and the chairperson will issue an appointment letter to the subject experts.

An IEC member/ Chairperson may suggest that the opinion be sought from one or more subject experts and may suggest the name of a particular subject expert from the roster of subject experts

maintained by the IEC or from outside the roster; if during the review process of any given research project he/she is of the opinion that the project involves procedures or information that is not within the area of collective expertise of the IEC members. Subject experts may be affiliated or not affiliated to the institute.

The IEC will decide regarding the need for acquiring the services of subject experts and identify and select the subject experts to be invited from within or outside the roster of subject experts maintained by the IEC secretariat; based on area of expertise, independence and availability.

The Chairperson/ Member Secretary on behalf of the IEC will invite subject expert selected by the IEC in writing to assist in the review of the project and provide his/ her independent opinion in writing. This may be done after seeking concurrence and confirming availability of the subject expert through any mode of communication.

The Secretariat will request subject expert to declare competing interests, if any and sign a confidentiality agreement. The Secretariat may obtain and retain a copy of the updated curriculum vitae of subject expert in the IEC office for records and future reference

### **5.3 Selection of subject expert(s)**

The final approval from the IEC Chairperson to refer the project to the specified subject expert will be taken by the Secretariat. If any IEC member disagrees with the selection of the subject expert, the procedure in 5.1 will be repeated.

### **5.4 Co-ordination with subject expert(s) with institution for fulfilling administrative requirements**

- The Secretariat will forward a copy of the Confidentiality Agreement and Conflict of Interest Agreements to subject experts *AX04/SOP03/V6.1* for careful reading, understanding and signing.
- The Member Secretary will provide explanations/ clarifications (telephonically or in writing) to the subject experts if any doubts or questions are raised. Any further explanations can be provided by the Chairperson/ Legal expert/ IEC members.

### **5.5 Reading, understanding, and signing the Conflict of Interest document and Confidentiality Agreement**

- The subject expert will sign and date the Confidentiality and Conflict of Interest Agreement document.
- The Secretariat will obtain the signed Confidentiality Agreement and Conflict of Interest Agreement and forward it to Chairperson.
- The Chairperson will sign and date the Confidentiality and Conflict of Interest Agreements. The original copies of these agreements will be retained by the Secretariat and photocopies will be sent to subject expert.
- The subject expert is expected to implement the clauses of the signed Confidentiality Agreement Form *AX 04/SOP03/V6.1*.

### **5.6 Reviewing documents pertaining to research project**

- The Secretariat will provide study protocol documents along with the Study Assessment Form to the subject experts *AX 01/SOP 04/V6.1*, after Confidentiality and Conflict of Interest documents have been signed by subject expert and Chairperson and received by the IEC. The subject expert will be provided with a copy of 'Guidelines for review' *AX 04/SOP 05- A/V6.1*. The subject expert will be requested to complete and provide the Assessment Form (duly signed and dated) to the Secretariat within a stipulated period or by a stipulated date.
- The assessment report provided by the subject expert becomes a permanent part of the study file.

- The assessment report will be reviewed in the IEC meeting when the concerned Project is being discussed.

If deemed necessary, the Chairperson or Member-secretary may seek additional information or clarifications from the subject expert in writing. Additional Information provided by the subject expert will be considered as a part of the Assessment Report.

If deemed necessary, the Chairperson or Member-secretary may invite subject expert. The subject expert to attend an IEC meeting for providing additional information or clarifications that may be sought by IEC members or Chairperson. However, the subject expert will not participate in decision making process on the project

### **5.7 Termination of the Services**

As the subject expert is appointed for a particular task or project and the services of subject expert get automatically terminated once the final decision regarding the project is taken by the IEC. The IEC will approach the subject expert again in future for his/her expert advice, as he/she is a member included in the list of experts on the roster. If deemed necessary, subject expert may be reimbursed for expenses on travel, time spent, documents referred to in library/ internet, incidental expenses, etc.

### **6. Glossary**

Subject Expert	An expert who gives advice, comments and suggestion upon review of the study protocols with affiliation/no affiliation to the institutes or investigators proposing the research protocols.
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### **7. Annexure**

Annexure 1      *AX01/SOP04/V6.1*      Study Assessment Form for subject expert

**Annexure 1**  
*AX 01/SOP 04/V6.1*  
**Study Assessment Form for Subject Expert**

IEC Protocol Number:	
Protocol Title:	
Comments on the protocol: -	
Comments on the Informed Consent Document:	
Comments on any other issues/ aspects:	
Remarks:	<input type="checkbox"/> <input type="checkbox"/> <b>Recommend approval</b> <input type="checkbox"/> <input type="checkbox"/> <b>Recommend approval after incorporation of changes suggested</b> <input type="checkbox"/> <input type="checkbox"/> <b>Recommend disapproval (Please state Reasons)</b>
	<input type="checkbox"/> <input type="checkbox"/> <b>Any other (Please specify with reasons)</b>
Name of the subject expert reviewing the project:	
Signature with Date:	



Title:	Management of Initial Protocol Submissions
SOP Code:	SOP 05 /V 6.1 dated 29 <sup>th</sup> June,2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. Bhide</i> 29/06/2020</p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Yashwanth</i> 7/7/2020</p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> 30/7/2020</p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree</i> 30/7/2020</p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> 7/7/2020</p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> 2.7.2020</p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> 29/07/2020</p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe how the Secretariat of the Institutional Ethics Committee (IEC) manages protocol submissions.

## 2. Scope

Initial submission will include submission of research protocol for Initial Review of the Protocol and related documents.

- i) Those research protocols which fulfill the definition of clinical trial and academic clinical trial as per GSR 227-E will be managed by the committee/s registered with CLA.
- ii) Those research protocols which fulfill the definition of Biomedical and Health Research as per GSR 227-E will be managed by the committee registered with DHR.

## 3. Responsibility

It is the responsibility of the IEC secretariat to verify eligibility of PI, receive the submission packages, ensure complete documentation, record receipt of the package and forward to the member secretary.

## 4. Activity Table:

No.	Activity	Responsibility
1.	Verify eligibility of Principal Investigator (PI) and completion of registration process on e-EC	IEC Secretariat
2	Receive Submitted Packages	IEC Secretariat
3	Verify submission as per checklist	IEC Secretariat
4	Allocation of protocols to member secretary for selection of Primary Reviewers (PR)	IEC Secretariat
5	Decision on type of review required and selection of primary reviewers a) Full Board Review (refer SOP 05-A) b) Expedited Review (refer SOP 05-B) c) Exempt from Review (refer SOP 05-C)	Member Secretary
6	Distribute submission packages to reviewers	Member Secretary

## 5. Detailed instructions

### 5.1 Verify eligibility of PI and completion of registration process on e-EC

IEC secretariat will verify eligibility of PI by reviewing the information submitted by the PI (Refer Annexure 7, AX 07/SOP 05/V6.1):

Once registered, PI can forward the project to IEC admin using e-EC software.

**Definition of Principal investigator (PI):** (as per policy decision 13 March 2014):

Principal investigator must be a faculty / employee of Seth G. S. Medical College and KEM Hospital and have appropriate graduate/post graduate qualification approved by respective statutory council. If PI is retired/promoted/transferred/suspended/intended to leave the institute then, either he/she should authorize, or Co-PI can take responsibility of PI with permission from departmental head at least 2 months in advance. If Co-PI is not there or not eligible, then departmental head can appoint any eligible member of the department as a Co-PI. For government and pharmaceutical sponsored study at least two faculty members should be there in the investigator list (except in super -speciality departments)

For e-EC software submission, only PI can forward the project to IEC.

### 5.2 Receive submitted packages

IEC admin will accept, review the submission, and will perform the actions against the project submission. Upon review of submission if application is found to be complete then IEC admin will return the proposal with details of submission (Refer annexure 10 Guidance document for IEC Admin).

### 5.3 Initial Review Application

#### 5.3.1 Check for submission items

- The Secretariat will check the soft copies of all types of studies and hard copy for regulatory studies (1 hard copy for regulatory/non-regulatory studies if needed) of following items
  1. A completely filled IEC Project Submission Application Form for Initial Review (As per Research Project)
  2. Delegation of Responsibilities of Study team AX 05/SOP 05/-V6.1
  3. Document Receipt Form AX 06/SOP 05/-V6.1

#### 5.3.2 Verify submission as per checklist

The Secretariat will:

- Check if all relevant and applicable forms and documents are in the submitted package being submitted to the IEC office. The correctness of the IEC application form will be assessed at the time of submission by the secretariat. Verify the completeness of the contents of the protocol submitted package to include the following documents:
  - ✓ Project submission application form for initial review and any additional form as per the requirement
  - ✓ Covering letter to Member Secretary/ Chairperson mentioning type of review requested, signed by principal investigator and forwarded by Head of the department and Collaborators if any.
  - ✓ Protocol, to include
    - a) Title of the Protocol
    - b) Name and contact details of Principal Investigator
    - c) Name and contact details of Sponsor /CRO
    - d) IND Number (if applicable)
    - e) Abstract (summary/synopsis)
    - f) Study Methodology - Type of Protocol (screening, survey, phase of clinical trial), Objectives, Inclusion/Exclusion Criteria, Withdrawal or discontinuation Criteria, Schedule and Duration of Treatment, Modes of Treatment Studied, Procedures, Activity plan / Timeline, Efficacy or Evaluation Criteria (Response/Outcome), Safety Parameters Criteria (Toxicity), Analysis (methods)
  - ✓ Amendments to protocol (if any)
  - ✓ Informed consent document in English (as per sample format in Annex AX 06/SOP 05/ V6.1)
  - ✓ Informed consent document in Regional languages (Hindi & Marathi)
  - ✓ Back translations of Informed consent documents
  - ✓ Translation and Back translation certificate
  - ✓ Informed Consent Document (ICD) or Amendments to the Informed consent document (if any)
  - ✓ Case Record Form
  - ✓ Recruitment procedures: advertisement, notices, letters to participants etc (if applicable)
  - ✓ Patient instruction card, identity card, diary etc. (if applicable)
  - ✓ Investigator Brochure
  - ✓ Regulatory permissions (as applicable)
    - DCI approval
    - Investigator's Undertaking to DCI
    - FDA marketing/manufacturing license for herbal drugs
    - Health Ministry Screening Committee (HMSC) approval
    - Bhabha Atomic Research Centre (BARC) approval
    - Genetic Engineering Advisory Committee (GEAC) approval
    - Stem cell committee (ICSCR) approval
    - A copy of Administrative sanction from the head of the Institution for sending the samples to laboratories outside KEM Hospital.
  - ✓ Departmental Review Board approval letter for Thesis / Dissertations
  - ✓ Current signed and dated Brief Curriculum Vitae of all the study team members
  - ✓ GCP training certificate (within 3 years) of Principle investigator and study team members.
  - ✓ MMC/MCI/council certificate for allied health faculty, certificate of medico study team

- member/Interns MMC application will be accepted
- ✓ A document for CTRI registration number / CTRI reference number
- ✓ Investigator's agreement with Sponsor
- ✓ Memorandum of Understanding (MOU) between collaborative institutions/LoU (Letter of undertaking) in case of common review  
(On Rs. 100/- stamp paper, tripartite with terms of agreements specified clearly)
- ✓ Sanction letter for central government funding bodies
- ✓ Entire Insurance policy with certificate
- ✓ Ethics Committee clearance of other centers (if applicable)
- ✓ Institutional Stem cell committee approval (if applicable)
- ✓ Any additional document(s), as required by IEC (Cheque/ Demand Draft drawn in the name of "Diamond Jubilee Society Trust, Seth GS Medical College and KEM Hospital" towards payment of IEC processing fees, as decided upon by the IEC from time to time)

#### 5.4 Complete the submission process

- **IEC Admin Review Actions**

Upon Review of submission, IEC Admin may choose one of the following action depends on his/her observations.

➤ **Forward (to IEC MS)**

The Administrative Officer/ anyone designated by IEC will perform following tasks.

**If online application found to be complete, IEC Admin will enter following details (depends on submission type):**

- ✓ Processing Fee Paid (Yes/No)
- ✓ Hard copy of project documents submitted (Yes/No)

Stamp the receiving date on the first page/last page of the covering letter, on the first page of received documents and IEC admin will assign the inward number for hard copies.

- ✓ Reviewed by (IEC Staff / Admin Name, signature and date)
- ✓ Project Number (textbox for entering allotted Project Number)

The project number will be assigned by the IEC admin as per following submission types:

For clinical trial, bioavailability and bioequivalence studies	Pharmaceutical /CRO sponsored clinical trial	EC/CT/PHARMA -Number (00)/ year (00)
	Government sponsored clinical trial	EC/CT/GOVT -Number (00)/ year (00)
	Academic/investigator initiated clinical trial	EC/CT/OA -Number (00)/ year (00)
	Thesis /dissertation clinical trial	EC/CT/Number (00)/ year (00)
For Biomedical and Health Research trials	Pharmaceutical sponsored trial/CRO	EC/PHARMA -Number (00)/ year (00)
	Government sponsored trial	EC/GOVT -Number (00)/ year (00)
	Academic/investigator-initiated trial	EC/OA -Number (00)/ year (00)
	Thesis /dissertation trial	EC/Number (00)/ year (00)

e.g. EC/CT/PHARMA- 01/20 will indicate pharmaceutical sponsored study//CRO with number 01 of the year 2020.

Put a seal with date on the first page/last page of the covering letter, on the first page of received documents. IEC admin will assign an inward number to hard copies.

Keep the copies of the submitted documents with original signatures in the protocol "Submission" files.

Allocation of Projects among IECs.

- All clinical trials, academic clinical trial and pharmaceutical/CRO sponsored studies will be allocated to IEC-I.
- All government sponsored and academic projects will be alternately distributed to either IEC-I, IEC-II or IEC-III member secretaries for the further actions.

➤ **Return (to PI)**

The incomplete submissions will be returned back to the respective investigator with mentioning reason for the same.

**5.5 Saving / Storage packages**

The Administrative Officer will save the submissions which will be stored separately for IEC-I, II & III as follows:

1. e-EC software cloud based
2. External Hard disk

The submitted **hard copy** protocols and the related documents will be labeled and stored in cupboard with lock and key in separate cupboard of IEC-I, II & III.

**Screening (Offline):**

- **It is the responsibility of Joint member secretaries to take a decision regarding the IEC review (which IEC will review which protocols as per following) within 5 working days:**
  - i) Those research protocols which fulfill the definition of clinical trial and academic clinical trial as per GSR 227-E will be managed by the committee/s registered with CLA.
  - ii) Those research protocols which fulfill the definition of Biomedical and Health Research as per GSR 227-E will be managed by the committee/s registered with DHR.
- **The secretariat will send the protocols to the Joint Member Secretaries for screening within 2 days.**

Once the reply is received from Joint Member Secretaries, admin staff will save the submissions (soft and hard) which will be stored separately for IEC-I, II & III.

**Decision on type of review:**

Member secretary will review the protocol and related documents and will take the decision regarding the type of the review required for the particular protocol as follows:

- a. Full Board Review (refer SOP 05-A/V6.1)
- b. Expedited Review (refer SOP 05- B /V6.1)
- c. Exempt from Review (refer SOP 05-C/ V6.1)

**5.4 Appointment of primary reviewers**

- The Member Secretary/Chairperson of respective IECs will appoint one or more primary reviewers for each project on the basis of expertise in the related field and experience. The Secretariat will forward the protocol and related documents to IEC Members for initial review

**6. Glossary**

<b>Clinical Trial</b>	In relation to a new drug or investigational new drug means any systematic study of such new drug or investigational new drug in human subjects to generate data for discovering or verifying its, clinical or; pharmacological including pharmacodynamics, pharmacokinetics or; adverse effects, with the objective of determining the safety, efficacy or tolerance of such new drug or investigational new drug.
<b>Academic Clinical Trial</b>	A clinical trial of a drug already approved for a certain claim and initiated by any investigator, academic or research institution for a new indication or new route of administration or new dose or new dosage form, where the results of such a trial are intended to be used only for academic or research purposes and not for seeking approval of the Central Licencing Authority or regulatory authority of any country for marketing or commercial purpose;
<b>Biomedical Health Research</b>	Research including studies on basic, applied and operational research or clinical research, designed primarily to increase scientific knowledge about diseases and conditions (physical or socio-behavioral); their detection and cause; and evolving strategies for health promotion, prevention, or amelioration of disease and rehabilitation but does not include clinical trial as defined above.

**7. Annexure**

Annexure 1	-	Application Form for Initial Review for all types of trials.
Annexure 2 (ICMR Form Annexure 8)	-	Application Form for Clinical Trials
Annexure 3 (ICMR Form Annexure 10)	-	Application Form for Human Genetics Testing Research
Annexure 4 (ICMR Form Annexure 11)	-	Application Form for Socio-Behavioural and Public Health Research
Annexure 5	<i>AX 05/SOP 05/V6.1</i>	Delegation of Responsibilities of Study team
Annexure 6	<i>AX 06/SOP 05/V6.1</i>	Document Receipt Form
Annexure 7	<i>AX 07/SOP 05/V6.1</i>	Guidelines for Investigators
Annexure 8	<i>AX 08/SOP 05/V6.1</i>	Sample format of an Informed Consent Document
Annexure 9	<i>AX 09/SOP05/V6.1</i>	Sample Format of an Assent to be a Participant in a Research Study (For Children between 7-18 years old) in English
Annexure 10	<i>AX 10/SOP 05/V6.1</i>	Format for submission of an Informed Consent Document for Genetic Studies
Annexure 11	<i>AX 11/SOP 05/V6.1</i>	Departmental Review Board (DRB) Guidance Document
Annexure 12	<i>AX 12/SOP 05/V6.1</i>	Guidance document for IEC Admin

**Annexure 1**  
**Application Form for Initial Review.**

<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p style="font-size: 8px; text-align: center;">Logo of the Institute</p>	<h2 style="margin: 0;">Application Form for Initial Review</h2> <p style="font-size: 8px; margin: 5px 0;">.....</p> <p style="font-size: 8px; margin: 0;">(Name of the Institution)      EC Ref. No. (For office use):</p>																				
<p><b>General Instructions :</b> a) Tick one or more as applicable. Mark NA if not applicable b) Attach additional sheets if required c) May select more than one option</p>																					
<h3 style="margin: 0;">SECTION A - BASIC INFORMATION</h3>																					
<p><b>1. ADMINISTRATIVE DETAILS</b></p> <p>(a) Name of Organization: .....</p> <p>(b) Name of Ethics Committee: .....</p> <p>(c) Name of Principal Investigator: .....</p> <p>(d) Department/Division: ..... (e) Date of submission: <span style="border: 1px solid black; padding: 2px;">dd</span> <span style="border: 1px solid black; padding: 2px;">mm</span> <span style="border: 1px solid black; padding: 2px;">yy</span></p> <p>(f) Type of review requested<sup>1</sup> :</p> <p style="padding-left: 20px;">Exemption from review <input type="checkbox"/>      Expedited review <input type="checkbox"/>      Full committee review <input type="checkbox"/></p> <p>(g) Title of the study: .....</p> <p style="padding-left: 20px;">.....</p> <p style="padding-left: 20px;">.....</p> <p style="padding-left: 20px;">Acronym/ Short title, (If any): .....</p> <p>(h) Protocol number (If any): .....      Version number: .....</p> <p>(i) Details of Investigators:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Designation and Qualification</th> <th style="width: 25%;">Department and Institution</th> <th style="width: 25%;">Address for communication<sup>2</sup></th> </tr> </thead> <tbody> <tr> <td colspan="4" style="padding: 2px;">Principal Investigator/Guide</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="padding: 2px;">Co-investigator/student/fellow</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>(j) Number of studies where applicant is a:</p> <p style="padding-left: 20px;">i) Principal Investigator at time of submission      ii) Co Principal Investigator at time of submission:</p> <p style="padding-left: 20px;">.....      .....</p> <p>(k) Duration of the study: .....</p>		Name	Designation and Qualification	Department and Institution	Address for communication <sup>2</sup>	Principal Investigator/Guide								Co-investigator/student/fellow							
Name	Designation and Qualification	Department and Institution	Address for communication <sup>2</sup>																		
Principal Investigator/Guide																					
Co-investigator/student/fellow																					
<p><sup>1</sup>Refer to National Ethical Guidelines for Biomedical &amp; Health Research Involving Human Participants 2017 on Page 36 Table 4.2. for types of review</p> <p><sup>2</sup>Include telephone/mobile, fax numbers and email id</p> <p style="text-align: right;">Version 1.0      01</p>																					





(b) Is there an external laboratory/outsourcing involved for investigations?<sup>4</sup> Yes  No  NA

(c) How was the scientific quality of the study assessed?

Independent external review  Review by sponsor/Funder  Review within PI's institution

Review within multi-centre research group  No review

Date of review:

Comments of scientific committee, if any (100 words)

.....

.....

.....

.....

**SECTION C: PARTICIPANT RELATED INFORMATION**

**5. RECRUITMENT AND RESEARCH PARTICIPANTS**

(a) Type of participants in the study:

Healthy volunteer  Patient  Vulnerable persons/ Special groups

Others  (Specify) .....

Who will do the recruitment? .....

Participant recruitment methods used:

Posters/leaflets/Letters  TV/Radio ads/Social media/Institution website  Patients / Family/ Friends visiting hospitals  Telephone

Others  (Specify) .....

(b) i. Will there be vulnerable persons / special groups involved ? Yes  No  NA

ii. If yes, type of vulnerable persons / special groups

Children under 18 yrs  Pregnant or lactating women

Differently abled (Mental/Physical)  Employees/Students/Nurses/Staff

Elderly  Institutionalized

Economically and socially disadvantaged  Refugees/Migrants/Homeless

Terminally ill (stigmatized or rare diseases)

Any other (Specify):  .....

iii. Provide justification for inclusion/exclusion .....

.....

.....

iv. Are there any additional safeguards to protect research participants?.....

.....

.....

<sup>4</sup>If participant samples are sent outside for investigations, provide details of the same and attach relevant documentation such as an MTA / MoU

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(c) Is there any reimbursement to the participants? Yes  No   
 If yes, Monetary  Non-monetary  Provide details  
 .....

(d) Are there any incentives to the participants? Yes  No   
 If yes, Monetary  Non-monetary  Provide details  
 .....

(e) Are there any participant recruitment fees/ incentives for the study provided to the PI / Institution?  
 If yes, Monetary  Non-monetary  Provide details Yes  No   
 .....

**6. BENEFITS AND RISKS**

(a) i. Are there any anticipated physical/social/psychological discomforts/ risk to participants? Yes  No   
 If yes, categorize the level of risk<sup>5</sup> :  
 Less than Minimal risk  Minimal risk   
 Minor increase over minimal risk or low risk  More than minimal risk or high risk   
 ii. Describe the risk management strategy: .....

(b) What are the potential benefits from the study? Yes No If yes, Direct Indirect  
 For the participant      
 For the society/community      
 For improvement in science      
 Please describe how the benefits justify the risks .....

(c) Are adverse events expected in the study<sup>6</sup> ? Yes  No  NA   
 Are reporting procedures and management strategies described in the study? Yes  No   
 If Yes, Specify .....

**7. INFORMED CONSENT**

(a) Version number and date of Participant Information Sheet (PIS):.....  
 Version number and date of Informed Consent Form (ICF):.....

<sup>5</sup>For categories of risk refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 6 Table 2.1  
<sup>6</sup>The term adverse events in this regard encompass both serious and non-serious adverse events.

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(b) Type of consent planned for :

Signed consent  Verbal/Oral consent  Waiver of consent  Witnessed consent

Consent from LAR  For children < 7 yrs  Verbal assent from  Written assent from   
(If so, specify from whom) parental/LAR consent minor (7-12 yrs) along with parental consent minor (13-18 yrs) along with parental consent

.....

Audio-Video (AV)  Other   
consent (specify) .....

(c) Who will obtain the informed consent?

PI/Co-PI  Nurse/Counselor  Research Staff  Other  (Specify) .....

Any tools to be used .....

(d) Participant Information Sheet (PIS) and Informed Consent Form (ICF)

English  Local language  Other  (Specify).....

List the languages in which translations were done .....

If translation has not been done, please justify .....

.....

(e) Are you seeking waiver of consent? If yes, what are the reasons. Yes  No

.....

.....

(f) Provide details of consent requirements for previously stored samples if used in the study<sup>7</sup>

.....

.....

(g) Elements contained in the Participant Information Sheet(PIS) and Informed Consent Form (ICF)

Simple language <input type="checkbox"/>	Data/ Sample sharing <input type="checkbox"/>	Compensation for study related injury <input type="checkbox"/>
Risks and discomforts <input type="checkbox"/>	Need to recontact <input type="checkbox"/>	Statement that consent is voluntary <input type="checkbox"/>
Alternatives to participation <input type="checkbox"/>	Confidentiality <input type="checkbox"/>	Commercialization/ Benefit sharing <input type="checkbox"/>
Right to withdraw <input type="checkbox"/>	Storage of samples <input type="checkbox"/>	Statement that study involves research <input type="checkbox"/>
Benefits <input type="checkbox"/>	Return of research results <input type="checkbox"/>	Use of photographs/ Identifying data <input type="checkbox"/>
Purpose and procedure <input type="checkbox"/>	Payment for participation <input type="checkbox"/>	Sponsor contact information <input type="checkbox"/>
Others(Specify) <input type="checkbox"/>		

.....

**8. PAYMENT/COMPENSATION**

(a) Who will bear the costs related to participation and procedures<sup>8</sup> ?

PI  Institution  Sponsor  Other agencies  (specify)

.....

(b) Is there a provision for free treatment of research related injuries? Yes  No

If yes, then who will provide the treatment? .....

(c) Is there a provision for compensation of research related SAE? If yes, specify. Yes  No

Sponsor  Institutional/Corpus fund  Project grant  Insurance

(d) Is there any provision for medical treatment or management till the relatedness is determined for injury to the participants during the study period? If yes, specify. Yes  No

.....

<sup>7</sup>Information on re-consent requirements can be found at National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 54 in Section 5.8.

<sup>8</sup>Enclose undertaking from PI confirming the same

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9. STORAGE AND CONFIDENTIALITY

(a) Identifying Information: Study Involves samples/data (*specify*):

Anonymous/Unidentified  Anonymized: Reversibly coded  Irreversibly coded  Identifiable

If identifiers must be retained, what additional precautions will be taken to ensure that access is limited /data is safeguarded? (e.g. data stored in a cabinet, password protected computer etc.) .....

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

(b) Who will be maintaining the data pertaining to the study? .....

(c) Where will the data be analyzed<sup>9</sup> and by whom? .....

(d) For how long will the data be stored? .....

(e) Do you propose to use stored samples/data in future studies? Yes  No  Maybe

If yes, explain how you might use stored material/data in the future?.....

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

**SECTION D: OTHER ISSUES**

10. PUBLICATION, BENEFIT SHARING AND IPR ISSUES

(a) Will the results of the study be reported and disseminated? If yes, specify. Yes  No

.....  
.....

(b) Will you inform participants about the results of the study? Yes  No

(c) Are there any arrangements for continued provision of the intervention for participants, if effective, once the study has finished? If yes describe in brief (Max 50 words) Yes  No  NA

.....  
.....

(d) Is there any plan for post research benefit sharing with participants? If yes, *specify* Yes  No

.....  
.....

(e) Is there any commercial value or a plan to patent/IPR issues? If yes, please provide details Yes  No

.....  
.....

(f) Do you have any additional information to add in support of the application, which is not included elsewhere in the form? If yes, provide details. Yes  No

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

<sup>9</sup>For example, a data entry room, a protected computer etc.

**SECTION E: DECLARATION AND CHECKLIST <sup>10</sup>**

11. DECLARATION (Please tick as applicable)	
<input type="checkbox"/>	I/We certify that the information provided in this application is complete and correct.
<input type="checkbox"/>	I/We confirm that all investigators have approved the submitted version of proposal/related documents.
<input type="checkbox"/>	I/We confirm that this study will be conducted in accordance with the latest ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participants and other applicable regulations and guidelines.
<input type="checkbox"/>	I/We confirm that this study will be conducted in accordance with the Drugs and Cosmetics Act 1940 and its Rules 1945 as amended from time to time, GCP guidelines and other applicable regulations and guidelines.
<input type="checkbox"/>	I/We will comply with all policies and guidelines of the institute and affiliated/collaborating institutions where this study will be conducted.
<input type="checkbox"/>	I/We will ensure that personnel performing this study are qualified, appropriately trained and will adhere to the provisions of the EC approved protocol.
<input type="checkbox"/>	I/We declare that the expenditure in case of injury related to the study will be taken care of.
<input type="checkbox"/>	I/We confirm that an undertaking of what will be done with the leftover samples is provided, if applicable.
<input type="checkbox"/>	I/We confirm that we shall submit any protocol amendments, adverse events report, significant deviations from protocols, progress reports (if required) and a final report and also participate in any audit of the study if needed.
<input type="checkbox"/>	I/We confirm that we will maintain accurate and complete records of all aspects of the study.
<input type="checkbox"/>	I/We will protect the privacy of participants and assure confidentiality of data and biological samples.
<input type="checkbox"/>	I/We hereby declare that I/any of the investigators, researchers and/or close relative(s), have no conflict of interest (Financial/Non-Financial) with the sponsor(s) and outcome of study.
<input type="checkbox"/>	I/We have the following conflict of interest (PI/Co-PI): 1. .... ..... ..... ..... 2. .... ..... ..... .....
Name of PI: .....	
Signature: .....	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>
Name of Co-PI: .....	
Signature: .....	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>
Name of Co-PI: .....	
Signature: .....	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>

<sup>10</sup>These formats are adaptable and can be modified by the Ethics Committee members depending on their needs and requirements  
Acknowledgement for Receipt of Application (Copy to be provided to PI)

12. CHECKLIST						
S. No	Items	Yes	No	NA	Enclosure No	EC Remarks (If applicable)
<b>ADMINISTRATIVE REQUIREMENTS</b>						
1	Cover letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Brief CV of all Investigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Good Clinical Practice (GCP) training of investigators in last 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Approval of scientific committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	EC clearance of other centers*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Agreement between collaborating partners*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	MTA between collaborating partners*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Insurance policy/certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Evidence of external laboratory credentials in case of an externally outsourced laboratory study QA/QC certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Copy of contract or agreement signed with the sponsor or donor agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Provide all significant previous decisions (e.g. those leading to a negative decision or modified protocol) by other ECs/Regulatory authorities for proposed study (whether in same location or elsewhere) and modification(s) to protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PROPOSAL RELATED</b>						
12	Copy of the detailed protocol <sup>††</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Investigators Brochure (If applicable for drug/biologicals/device trials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Participant Information Sheet (PIS) and Participant Informed Consent Form (ICF)(English and translated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Assent form for minors (12-18 years) (English and Translated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Proforma/Questionnaire / Case Report Forms (CRF)/ Interview guides/ Guides for Focused Group Discussions (FGDs) (English and translated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Advertisement/material to recruit participants (fliers, posters etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PERMISSION FROM GOVERNING AUTHORITIES</b>						
	Other permissions	Required	Not required	Received	Applied dd/mm/yy	EC Remarks
18	CTRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19	DCGI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20	HMSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21	NAC-SCRT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22	ICSCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23	RCGM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24	GEAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25	BARC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26	Tribal Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27	Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>ANY OTHER RELEVANT INFORMATION/DOCUMENTS RELATED TO THE STUDY</b>						
	Item	YES	NO	NA	Enclosure no.	EC remarks
28						
29						

<sup>\*</sup>For multicentric research.  
<sup>†</sup>MTA-Material transfer agreement; CTRI-Clinical Trial Registry-India; DCGI-Drug Controller General of India; HMSC- Health Ministry's Screening Committee; NAC-SCRT- National Apex Committee for Stem Cell Research and Therapy; IC-SCR-Institutional committee for Stem Cell Research; RCGM- Review Committee on Genetic Manipulation; GEAC- Genetic Engineering Approval Committee; BARC- Bhabha Atomic Research Centre  
<sup>††</sup>Refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, section 4 Page no. 35 Box 4.4(b)  
 Version 1.0

**Annexure 2**  
**Application form for Clinical Trials**

(Annexure 8) <b>Application Form for Clinical Trials</b>																																																									
Logo of the Institute	<p>.....</p> <p><i>(Name of the Institution)</i>      <b>EC Ref. No.</b> <i>(For office use):</i></p>																																																								
<p>Title of study: .....</p> <p>.....</p> <p>.....</p> <p>Principal Investigator (Name, Designation and Affiliation): .....</p> <p>.....</p> <p>.....</p>																																																									
<p>1. Type of clinical trial      Regulatory trial <input type="checkbox"/>      Academic trial      <input type="checkbox"/></p> <p>CTRI registration number: .....      NABH accreditation number:.....</p> <p>2. If regulatory trial, provide status of CDSCO permission letter</p> <p>Approved and letter attached <input type="checkbox"/>      Applied, under process <input type="checkbox"/></p> <p>Not applied (State reason) <input type="checkbox"/> .....</p> <p>.....</p> <p>3. Tick all categories that apply to your trial</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Phase - I</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 40%;">Phase II</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Phase III</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Phase IV or Post Marketing Surveillance</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Investigational medicinal products</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Investigational New drug</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Medical devices</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>New innovative procedure</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Drug/device combination</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Bioavailability/Bioequivalence studies</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Non-drug intervention</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Repurposing an existing intervention</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Indian system of medicine (AYUSH)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Others (specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>.....</p> <p>4. Trial design of the study</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">I. Randomized</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 40%;">Factorial</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Non randomized</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Stratified</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Parallel</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Adaptive</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cross-over</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Comparison trial</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cluster</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Superiority trial</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Matched-pair</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Non-inferiority trial</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Others (<i>specify</i>)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Equivalence trial</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>.....</p> <p>II. If there is randomization, how will the participants be allocated to the control and study group(s)?</p> <p>.....</p> <p>.....</p> <p>III. Describe the method of allocation concealment (blinding / masking), if applicable.</p> <p>.....</p> <p>.....</p>		Phase - I	<input type="checkbox"/>	Phase II	<input type="checkbox"/>	Phase III	<input type="checkbox"/>	Phase IV or Post Marketing Surveillance	<input type="checkbox"/>	Investigational medicinal products	<input type="checkbox"/>	Investigational New drug	<input type="checkbox"/>	Medical devices	<input type="checkbox"/>	New innovative procedure	<input type="checkbox"/>	Drug/device combination	<input type="checkbox"/>	Bioavailability/Bioequivalence studies	<input type="checkbox"/>	Non-drug intervention	<input type="checkbox"/>	Repurposing an existing intervention	<input type="checkbox"/>	Indian system of medicine (AYUSH)	<input type="checkbox"/>	Others (specify)	<input type="checkbox"/>	I. Randomized	<input type="checkbox"/>	Factorial	<input type="checkbox"/>	Non randomized	<input type="checkbox"/>	Stratified	<input type="checkbox"/>	Parallel	<input type="checkbox"/>	Adaptive	<input type="checkbox"/>	Cross-over	<input type="checkbox"/>	Comparison trial	<input type="checkbox"/>	Cluster	<input type="checkbox"/>	Superiority trial	<input type="checkbox"/>	Matched-pair	<input type="checkbox"/>	Non-inferiority trial	<input type="checkbox"/>	Others ( <i>specify</i> )	<input type="checkbox"/>	Equivalence trial	<input type="checkbox"/>
Phase - I	<input type="checkbox"/>	Phase II	<input type="checkbox"/>																																																						
Phase III	<input type="checkbox"/>	Phase IV or Post Marketing Surveillance	<input type="checkbox"/>																																																						
Investigational medicinal products	<input type="checkbox"/>	Investigational New drug	<input type="checkbox"/>																																																						
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Parallel	<input type="checkbox"/>	Adaptive	<input type="checkbox"/>																																																						
Cross-over	<input type="checkbox"/>	Comparison trial	<input type="checkbox"/>																																																						
Cluster	<input type="checkbox"/>	Superiority trial	<input type="checkbox"/>																																																						
Matched-pair	<input type="checkbox"/>	Non-inferiority trial	<input type="checkbox"/>																																																						
Others ( <i>specify</i> )	<input type="checkbox"/>	Equivalence trial	<input type="checkbox"/>																																																						
<i>Version 1.0</i>																																																									





9. Is there an initial screening/ use of existing database for participant selection? Yes  No  NA   
If Yes, provide details<sup>22</sup> .....  
.....  
.....  
.....

10. Provide details of anticipated incidence, frequency and duration of adverse events related to the intervention.  
If yes, what are the arrangements made to address them ? Yes  No  NA   
.....  
.....  
.....

11. Justify the use of the placebo and risks entailed to participants. Yes  No  NA   
.....  
.....  
.....

12. Will current standard of care be provided to the control arm in the study? Yes  No  NA   
If no, please justify.  
.....  
.....  
.....

13. Justify any plans to withdraw standard therapy during the study. Yes  No  NA   
.....  
.....  
.....

14. Describe the rules to stop the protocol in case of any adverse events. Yes  No  NA   
.....  
.....  
.....  
.....

15. Provide details of Data and Safety Monitoring Plan. Yes  No   
.....  
.....  
.....

<sup>22</sup> In order to select participants for your protocol does the protocol require you to screen an initial population or refer to an existing database before shortlisting participants. If yes, provide details on the same

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16. Participant Information Sheet(PIS) and Informed Consent Form (ICF)

English  Local language   
(certified that local version (s) is/are a true translation of the English version and  
can be easily understood by the participants)

Other(Specify)

.....

List the languages in which translations were done .....

Justify if translation not done.....

.....

17. Involvement/consultation of statistician in the study design Yes  No  NA

18. Provide details of insurance coverage of trial Yes  No

.....

.....

.....

I. Medical Council of India (MCI) or the State Medical Council registration details of Principal Investigator

Yes  No

.....

.....

II. GCP training in last 3 years by investigators. Please enclose PI certificate Yes  No


.....

Signature of PI: ..... 

dd	mm	yy
----	----	----

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**Annexure 3**  
**Application Form for Human Genetics Testing Research**

	(Annexure 10) <b>Application Form for Human Genetics Testing Research</b>
	..... (Name of the Institution)      EC Ref. No. (For office use):

Title of study: .....
.....
.....
Principal Investigator (Name, Designation and Affiliation): .....
.....
.....

- Describe the nature of genetic testing research being conducted.  
(e.g.- screening/gene therapy/newer technologies/human embryos/foetal autopsy)  
.....  
.....  
.....  
.....
- Explain the additional safeguards provided to maintain confidentiality of data generated.  
.....  
.....  
.....
- If there is a need to share the participants' information/investigations with family/community, is it addressed in the informed consent?      Yes  No  NA
- If findings are to be disclosed, describe the disclosure procedures (e.g. genetic counseling)  
.....  
.....
- Is there involvement of secondary participants?      Yes  No  NA   
If yes, will informed consent be obtained? State reasons if not.      Yes  No  NA   
.....  
.....
- What measures are taken to minimize/mitigate/eliminate conflict of interest?  
.....  
.....
- Is there a plan for future use of stored samples for research?      Yes  No   
If yes, has this been addressed in the informed consent ?      Yes  No
- Is the study a gene therapy trial? If yes, is there approval from local EC and DBT<sup>23</sup> ?      Yes  No  NA   
Signature of PI: .....      

dd	mm	yy
----	----	----

<sup>23</sup> Department of Biotechnology Version 1.0

**Annexure 4**  
**Application Form for Socio-Behavioural and Public Health Research**

Logo of the Institute	(Annexure 11) <b>Application Form for Socio-Behavioural and Public Health Research</b>	
..... (Name of the Institution)      EC Ref. No. (For office use):		
Title of study: .....		
.....		
Principal Investigator (Name, Designation and Affiliation): .....		
.....		
1. Data collection method used in the study		
Focus group <input type="checkbox"/>	Questionnaire/Survey <input type="checkbox"/>	Observation <input type="checkbox"/>
Interviews <input type="checkbox"/>	Documents and records <input type="checkbox"/>	Ethnographies/Oral <input type="checkbox"/>
Others (Specify) <input type="checkbox"/>	history/Case studies	
.....		
If it is an interview, will there be audio-video recording of participants' interview? If yes, justify the reasons and storage strategies.      Yes <input type="checkbox"/> No <input type="checkbox"/>		
.....		
.....		
2. Type of informed consent used in the study.		
Individual consent <input type="checkbox"/>	Gate-keeper consent <input type="checkbox"/>	Community consent <input type="checkbox"/>
Others <input type="checkbox"/>	(specify).....	
3. Provide details of safeguards to ensure privacy and confidentiality of participants in the event of data sharing.		
.....		
.....		
4. Describe strategies to manage if any patterns of behaviour of self-harm or harm to the society are identified.(e.g.: Suicide or infanticide)      Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>		
.....		
.....		
5. Are cultural norms/Social considerations/Sensitivities taken into account while designing the study and participant recruitment?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
6. Is there a use of an interpreter? If yes, describe the selection process.      Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>		
.....		
.....		
.....		
Version 1.0		



**Annexure 5**  
*AX 05/SOP 05/V6.1*  
**Delegation of Responsibilities of Study team**

Date: \_\_\_\_\_  
Study Title \_\_\_\_\_

Name	Role	No.
	Principal Investigator	1
	Co-Investigator	2
	Co-Investigator	3
	Co-investigator	4
	Co-Investigator	5
	Co-investigator	6
	Study co-ordinator *	7
	Study co-ordinator *	7
	Laboratory Technician	8
		9
		10

\* Study coordinator may preferably be a person specifically appointed for coordinating the clinical trial; other than the staff member (assistant / associate professor)

(Please place tick marks against assigned duties for each member in the following table)

Code	TASKS	Role 1	Role 2	Role 3	Role 4	Role 5	Role 6	Role 7	Role 8
A	All relevant documents pertaining to protect blinding								
B	Research participants selection/ Screening								
C	Obtain informed consent								
D	Evaluate inclusion/ exclusion criteria								
E	Conduct the visit assessments								
F	Physical examination								
G	Complete the source documents								
H	Complete Case Record Form								
I	Final review and sign Case Record Form								
J	Collect laboratory safety test samples								
K	Processing of blood samples								
L	Preparing aliquots & keeping a track of the samples sent								

M	Review & sign of the lab reports								
N	Receive the study drug, , document drug dispensing, storage & accountability								
O	Person to whom research participants should contact in case of adverse event								
P	Report all serious adverse events								
Q	Follow up of Serious Adverse Event								
R	Maintaining study site master file								
S	In-charge of inventory & supplies								
T	Archiving of study documents								
U	Resolution of queries								
V	Overall coordination and supervision								

Signature with date of Principal Investigator: \_\_\_\_\_

AX 06/SOP 05/V6.1

**Document Receipt Form for initial review**

<b>Protocol Number:</b>	<b>Received number:</b>	<b>Project Submitted date:</b>
<b>Protocol Title:</b>	_____	
<b>Principal Investigator:</b>	_____	
<b>Department</b>	_____	
<b>Communication with the IEC :</b>	<b>E-mail address</b>	
	Phone	
	Fax	
<b>For office use only</b>		
<b>Documents submitted:</b>	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete, will submit on.....	
<b>Documents to be submitted later :</b>	<input type="checkbox"/> final signed clinical trial agreement with final budget allocation <input type="checkbox"/> informed consent form (Local 3 <sup>rd</sup> Vernacular	Check what documents are received later on. <input type="checkbox"/> final signed clinical trial agreement with final budget

	language) <input type="checkbox"/> DCGI <input type="checkbox"/> CTRI <input type="checkbox"/> Other sites EC permission <input type="checkbox"/> Others..... <hr/> <hr/>	allocation <input type="checkbox"/> informed consent form (Local 3 <sup>rd</sup> Vernacular language) <input type="checkbox"/> DCGI <input type="checkbox"/> CTRI <input type="checkbox"/> Other sites EC permission  <input type="checkbox"/> Others.....
<b>Received by (Name and signature) :</b>		
<b>Date on which documents received:</b>		

Note:

For e-EC initial submission investigator will receive an acknowledgement email instead of document receipt form

**Current Contact Details:**

Institutional Ethics Committee (IEC),  
New UG/PG Hostel, 20<sup>th</sup> Storey hostel building, ground floor, KEM Hospital Campus, near main boy's hostel, Parel, Mumbai 400 012.

Telephone no. (GSMC and KEMH): 91 22 410 7000 Ext. 7515, 24107515, 24122188

Email: iec-1@kem.edu, iec-2@kem.edu and iec-3@kem.edu

**Annexure 7**

AX 07/SOP 05/V6.1

**Guidelines for Investigators**

- All the studies qualifying as 'clinical research' need to be submitted for the Institutional Ethics Committees review.
- An Investigator planning to conduct a research study involving human participants; **funded by Government agencies and Pharmaceutical companies** at Seth G.S. Medical College & K.E.M. Hospital will need an approval by the **Institutional Ethics Committee (IEC)** before commencing a study.  
Research studies which are undertaken as **dissertation projects** (postgraduate students: MD, MS, MCh, DM, DNB, PhD, MSc, MPTh, MOTh, Nursing), **research projects of undergraduate students** (Indian Council for Medical research studentship) and **investigator initiated** research studies which are **self funded** and those funded by Research Society of KEM Hospital, Diamond jubilee Society trust will need an approval by the **Institutional Ethics Committee (IEC)** before commencing a study.
- Location and Office Address (current):  
Institutional Ethics Committee (IEC),  
New UG/PG Hostel, 20 Storey hostel building, ground floor, KEM Hospital Campus, near main boy's hostel, Parel, Mumbai 400 012. Telephone no. (GSMC and KEMH): 91 22 410 7000 Ext. 7515, 24107515, 24122188, Email: iec-1@kem.edu iec-2@kem.edu and iec-3@kem.edu  
The IEC office hours for submission of documents, enquiries and telephonic communication with the IEC staff are as follows:  

**Monday to Friday - 1.30 p.m. to 4.00 p.m.**  
**Saturday - 10.30 a.m. to 12.00 noon**

**The office will remain closed on Sundays, all public holidays and last working day of every month.**
- There will be no meetings held in the month of May and November (during college vacations) except during emergency and epidemics/pandemics. In case a meeting is to be held during vacation due to unavoidable reasons, the decision will be taken by the Member Secretary in consultation with Chairperson.



5. The clinical trial (Any investigation in human research participants intended to discover or verify the clinical, pharmacological, and/or other pharmacodynamic 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 [ICH-GCP]) must be registered with the Clinical Trial Registry of India (CTRI) or any other WHO platform registry and a copy of the documentation of registration must be provided at the time of submission of a new study proposal for review.
6. General responsibilities of PI and Co-PI
  - **MMC/MCI :**  
Investigators involved in the trial are competent having a valid medical degree registered with the Medical Council of India (MCI) / State Medical Council or a dental degree registered with the Dental Council of India / State Dental Councils or OTPT COUNCIL
  - **Updated and signed CVs: (As per ICMR Annexure 13, kem.edu, [http://ethics.ncdirindia.org/Common\\_forms\\_for\\_Ethics\\_Committee.aspx](http://ethics.ncdirindia.org/Common_forms_for_Ethics_Committee.aspx))**  
Investigators responsible for conduct of clinical trials are adequately qualified, experience.
  - **GCP:**  
Investigators should have knowledge about clinical trial process, ethical issue and applicable rules and regulation ensuring data integrity and protection of subject rights, safety and wellbeing. Investigators should be GCP trained regularly at the interval of three years and GCP training certificate should be provided to the IEC at the time of submission of a new study proposal / prior to initiation as applicable.
  - **SOPs of IECs:**  
Investigators should follow documented procedure i.e. Standard Operating Procedures (SOPs) of IEC in compliance with the regulation and the approved protocol or informed consent, safety reporting management, delegation of responsibilities and training, investigational product, clinical trial documentation, record retention, archival and destruction.
  - **Investigators site specific SOPs for regulatory studies:**  
Investigator should prepare site specific SOPs which should be approved by the IEC and one copy should be handed over to the IEC for its records. Site specific SOPs should also cover the following elements related to the conduct of the clinical trial.
    - a. Updated investigators Brochure and clinical trial oversight plan
    - b. Work delegation log signed by the PI
    - c. SOP/Policy document to ensure continuity of trial in case of staff and investigator attrition
    - d. Clinical trial site shall have a policy of investigators handling over the trial case he /she to leave investigator will continue to be responsible for the trial until such time another investigator takes over the trial. Authorized person from the site shall communicate with the sponsor and ethics committee if needed. There should be back up research staff to ensure that recruited subject's rights safety and wellbeing is not compromised.
7. The IEC is currently following the version 6.1 dated 29<sup>th</sup> June 2020 of the Standard Operating Procedures (SOPs), which are individual activity based and are 22 in number. The updated SOPs are available at our website **[www.kem.edu](http://www.kem.edu)- Department -Institutional Ethics committee-Initial submission & other submission**
8. The following steps need to be followed by investigators while **submission of a New study proposal to the IEC:**
  - I. **Prior to approval of a research study**
    - a) **e-EC software registration for the Principal Investigator:**
  - **PI should keep ready following information and documents (in PDF versions) at the time of registration:**
    1. Employee / Student ID Numbers of study team
    2. Current Medical Council Registration certificate
    3. Passport size photo
    4. Biodata /CV
    5. GCP training Certificate (within the preceding three years)
  - **Follow the link as <http://iecmanager.org>**
    1. Select institution as **Seth GS Medical College and KEM Hospital, Mumbai.**
    2. Register
    3. Submit the required information (registration) to get associated with institution for the project submission under following heads.
      - a. Basic information
      - b. Professional information

- c. Certifications
- d. Trainings
- e. Submit (Request)

- o Principal Investigator registration request will for IEC Admin verification. After IEC admin approval, user will get the account activation link to his/her email. Through this he/she can set their own password to login to system as Principal Investigator (PI).

**Note:** Only PI can forward the Project to IEC Admin.

Project proposals submitted via e-EC **on or before 20<sup>th</sup> of every month** will be taken up for discussion at the next month's IEC meeting.

- b) The investigator should ensure that there is an 'Ethics Section' in the protocol which is in compliance with the ICMR 2017 Guidelines. The section should include the following aspects which may be stated in the Ethics Section or elsewhere in the protocol:
  - A statement saying that the study will be conducted in adherence to relevant national/international laws.
  - Policy regarding autonomy (voluntariness, right to withdraw).
  - Confidentiality
  - Recruitment policy ensuring equitable enrollment.
  - Protection of vulnerable participants.
  - Process of obtaining informed consent.
  - Policy regarding treatment of study related injury, compensation for study related injury and compensation for participation.
  - Policy regarding dissemination of data, presentation of data, publication.
- c) Incompletely filled forms / forms without signatures / proposals will not be accepted and same will be conveyed to the PI.
- d) Decision on type of review:
  - Member secretary will review the protocol and related documents and will take the decision regarding the type of the review required for the particular protocol as follows:
    - a) Full Board Review (refer SOP 05-A)
    - b) Expedited Review (refer SOP 05-B)
    - c) Exempt from Review (refer SOP 05-C)

Note: For management of initial protocol submission during epidemics/lockdown periods refer to SOP 22/V1.0

- e) An investigator may refer to the SOP. No. 19 for 'Request for Waiver of Written Informed Consent' whenever necessary.
- f) An investigator is required to refer to the format of an Informed Consent Document for genetic study whenever applicable AX 09/SOP 05/V-6.1
- g) The processing fees Details:

<b>Projects Types</b>	<b>The processing fees</b>
*Pharmaceuticals sponsored project	Rs. 85,000/ project +TDS (10%)
*Government sponsored projects	Rs. 10,000/- + TDS (10%)
Thesis/ Dissertation	Rs. 1,500/- (in hard cash/NEFT)
All academic non- sponsored projects (Including DNB, DM, Nursing, PhD Research )	Rs. 2,500/-project (in hard cash/NEFT)

The processing fees shall be collected only once at the time of submission of the project. The sponsored projects fees will be accepted by cheque / demand draft/NEFT which will include the tax, drawn in the name of 'Diamond Jubilee Society Trust, Seth G. S. Medical College'. The funds of the IEC are maintained in the Diamond Jubilee Society Trust (DJST) account, PAN no. AABTS5336G.

Note: \* For Pharmaceutical Industry and Government Sponsored projects Annual Review Fee is applicable as mentioned under clause II f).

**Online payment details for thesis and investigator initiated studies during epidemics and pandemics:**

**Name of Account:** Seth GS Medical College & KEM Hospital, Diamond Jubilee society Trust  
**Name of Bank:** State Bank of India  
**Add of Bank:** PO Bag No. 6034, Mitra Dham Bldg, Elphinston Road, JB Road, Parel T.T., Mumbai 400 012.

**Account No:** 32127685176  
**IFSC Code:** SBIN0001884  
**MICR Code:** 400002064  
**PAN No:** AABTS5336G

**Online payment details for funded/ sponsored studies:**

**Name of Account:** Seth GS Medical College & KEM Hospital, Diamond Jubilee society Trust  
**Name of Bank:** Bank of Maharashtra Parel Branch  
**Add of Bank:** Vikas Apartment ,Dr.Ambedkar Road, Parel, Mumbai 400 012.  
**Account No:** 60236880148  
**IFSC Code:** MAHB0000079  
**MICR Code:** -  
**PAN No:** AABTS5336G

**For international transaction as per DJST Rule**

- **If funding is awaited:**
  1. **PI to notify the IEC regarding sanction and receipt of funding.**
  2. **Failure to do so will result in disciplinary action.**
  3. **Upon on receipt of funding PI must follow the procedures prescribed for Sponsored or Govt. studies.**
- Duplicate copy of any document (for e.g. Permission letter, certificate, query letter) will be charged Rs. 250/-).
- h) An investigator may be invited (telephonically/ through written communication) to the IEC meeting to discuss issues related to the study proposal.
- i) Investigator will be able to track the status of the submitted project and respective meetings dates on PI's dashboard of e-EC software or *via* email.
- j) For clinical study planned on an "alternative system of medicine" (Ayurveda, Homeopathy, Siddha, Unani), a Co-Investigator/ Collaborator from that system should be included in the study team. The co-investigator appointed should be independent and he/she should not have a conflict of interest with the study, investigator, or sponsor. This is in accordance with the ICMR 2017 guidelines.
- k) An investigator is expected to submit reply to the 1<sup>st</sup> query sent by the IEC within 180 days of date of receipt of the letter. The reply to subsequent query letters must be submitted within 60 days of receipt of the query letter. In the absence of any response, the project will be declared closed for the IEC office records. In case of any valid reason IEC must be communicated within the said period to increase the validity period. The documents for these projects will be shredded by IEC staff and same will be recorded in the log book for shredded documents as well as the master register book.

**II . Once approval for a study is granted**

- a) An approval will be granted for the entire duration of the study.
- b) For all regulatory and pharmaceutical sponsored clinical trials it is the responsibility of the principle investigator that for studies which will continue for more than six months, a periodic review report / continuing review report needs to be submitted (within 1 month of the due date i.e. 6 months from the date of approval).
- c) Annual status report for regulatory and pharmaceutical sponsored clinical trials should be submitted one month before end of validity along with annual review fees.
- d) For studies approved during epidemics status update should be submitted at 45 days after approval (continuation review fees not applicable).
- e) For BHR it is the responsibility of the principle investigator that for studies which will continue for more than a year, a continuing review report needs to be submitted (within 1 month of the due date i.e. 11 months from the date of approval)
- f) For all projects sponsored by pharmaceuticals, the annual review fees will be Rs. **20,000**/project + TDS (10%) (Administrative sanction obtained on 17<sup>th</sup> July,2020), for the Government sponsored projects, the processing fees will be Rs. **5,000** /project (Administrative sanction obtained on 17<sup>th</sup>

July,2020). The Annual review fee should be paid Rs.10000/- every six monthly for pharmaceuticals sponsored projects and Rs.2500/- for Government Sponsored projects.

For academic (non- sponsored) projects (in hard cash) no continuing review fee will be charged (Administrative sanction obtained on 17<sup>th</sup> July,2020). The continuing review fees shall be collected annually from the date of approval (unless specified otherwise). The sponsored continuing review fees will be accepted by cheque / demand draft which will include the tax, drawn in the name of 'Diamond Jubilee Society Trust, Seth G. S. Medical College'. The funds of the IEC are maintained in the Diamond Jubilee Society Trust (DJST) account, PAN no. AABTS5336G.

g) Submission of Study Related Documents for IEC review

Study related documents (protocol amendments, SAE reports, status reports, study completion reports, protocol deviations/ violations, termination) will be accepted during the office hours specified above. Only one set of the above stated study related documents need to be submitted for the IEC review.

Agenda for the IEC meeting is prepared 3 days in advance before the date of meeting and is sent to the IEC members at least 1-2 days in advance. Hence, all study related documents like answers to the IEC queries and amended study related documents (Protocol, ICD, CRF and IB) received within seven days and other types of documents within 3 days preceding the date of meeting will not be considered for the meeting. It will be deferred to the next month's meeting for discussion (**Exception** - any matter which in the opinion of the IEC secretariat has direct bearing on the safety of the research participants such as SAE report, major protocol violation).

h) Submission of Amended Protocol and Protocol Related Documents

All amendments to the approved research proposal (only one set) should be submitted to the committee for its review no later than 7 seven days prior to the date of forthcoming meeting.

No changes in the protocol, case record form and /or Informed Consent Document shall be initiated without prior written approval from the committee, except when necessary to eliminate immediate hazards to the research participants, or when the change(s) involve only logistical or administrative aspects of the trial (e.g. change of monitor(s), telephone number(s)).

A covering letter should be submitted mentioning reason/s for amendments and summary of changes and the amended text must be highlighted in the revised Protocol and Protocol Related Documents along with the Annexure 1 SOP6 Amendment request assessment form.

i) Submission of Report of Protocol Deviations/ Violations in the study protocol

Please use Annexure 1 SOP 10 Deviation /Non-Compliance/Violation Record AX 01/SOP 10/V 6.1 for submitting report of Protocol Deviations/ Non-Compliance / Violations.

j) Submission of Report of Serious Adverse Events (SAEs)

Refer to SOP 11B V6.1

k) Any new information that may adversely affect the safety of the research participants or conduct of the trial should be informed to the IEC.

l) If an investigator wishes to appeal against the decision about rejection of a research proposal by the IEC, please contact the IEC and submit your appeal in writing, addressed to the IEC Chairperson with justification relevant to the issues/ objections raised by the committee within twelve (12) weeks of the receipt of the committee's decision. In absence of appeal, the project will be declared closed for the IEC office records.

m) Submission of continuing review report

Refer to SOP 7 V 6.1

**III. Upon completion of study**

**Submission of Study Completion Report**

Refer to SOP 8 V6.1

**IV. In case a study is not initiated or terminated**

Refer to SOP 9 V 6.1

**Appendix I: Regulatory permissions**

• **DC(I) approval**

Studies which plan to use a new drug (as defined in 122-E of the Drugs and Cosmetics Act, 1945 & GSR-227 -E) require DC(I) permission. For such studies, a copy of the permission letter issued by the DC(I) to the pharmaceutical company/investigator also needs to be submitted to the IEC. If the DC(I) permission is awaited, a letter of provisional 'approval will be issued by the IEC and the final IEC approval will be given after a copy of DC(I) permission is submitted to the IEC. No study should be initiated until the final letter of permission is issued by the IEC.

• FDA marketing/manufacturing license for Ayurvedic/ herbal formulations/ nutraceuticals.

• Health Ministry Screening Committee (HMSC) approval in case a study involves collaboration with any foreign laboratory/clinic/institution

- Bhabha Atomic Research Centre (BARC) approval in case a study involves use of radioisotopes/ ionizing radiations
- Genetic Engineering Advisory Committee (GEAC) approval in case a study involves use of gene therapy, Stem cell research committee
- **Administrative sanction** from the head of the Institution should be sought by investigators for studies involving collaboration with other Indian or foreign Laboratory/ Clinic/Institution.
- **Administration sanction** from the head of the Institution for sending the samples to laboratories outside KEM Hospital.
- It is mandatory as per the directive by the DC(I) (w.e.f.15<sup>th</sup> June 2009, which is applicable for clinical trials initiated after 15<sup>th</sup> June 2009) to register clinical trial at ICMR clinical trial registry at www.ctri.gov.in before enrolling first patient in the study. (Registration is mandatory for interventional clinical trials).

**Appendix II: List of forms required for submission of study related documents**

The following forms are available on the website www.kem.edu and should be used for submission of study protocol and other study related documents as per revised SOPs of the IEC:

- Project Submission Application Form for Initial Review and any additional forms as per your Research Project
- Serious Adverse Event Report Assessment Form for SAE at our site AX 01/SOP 11/V6.1
- Deviation/Non-Compliance/Violation Record AX 01/SOP 10/V6.1
- Continuing Review Report Form AX 01/SOP 07/V6.1
- Study Completion Report AX 01/SOP 08/V6.1
- Premature Termination Report AX 01/SOP 09/V6.1
- Document Request Form AX 01/SOP 16/V6.1
- Guidance document for Department Review Boards (AX 11/SOP 05/V6.1)
- AV consent checklist for participants (SOP 12, AX02/SOP12/V6.1)
- Common Ethic Review of Multicentre Research (SOP 21)

**Initial submission of protocol**

**Sample format of covering letter by Principal Investigator (PI)  
for review of pharmaceutical & GOVT sponsored / Funded studies.**

**1) Sample format of covering letter by Principal Investigator (PI) for initial submission of protocol review for pharmaceutical & GOVT sponsored / Funded studies.**

Date:

To,

The Member Secretary,  
IEC.

Sub: Submission of clinical trial / trial documents for Ethics Committee review and approval.

Ref: Protocol number XXX Version XX dated XXX entitled, "XXXXXXX".

Sir / Madam,

We are conducting a study in our department. XXX sponsor has approached us for the conduct of the abovementioned study. The study will be conducted as per the ICH-GCP, ICMR guidelines and NDCTR, 2019.

**Please find enclosed the following documents for review and approval:**

Sr. No.	Document title	Version no. and date
1		
2		

**Also kindly note the following:**

1	Co-Investigators: 1) _____ 2) _____ Clinical Research Coordinator: 1) _____ 2) _____	Signature of co-investigator
2	If PI is retired/promoted/transferred/suspended/intended to leave the institute(during study period) who will take over the responsibility of PI	
3	Recruitment Strategy	1. _____

		2. _____
4	Collaboration department signature of HOD required if applicable	
5	Study conduct – Sponsor / CRO	
6	Funding agency	
6.a	*Intramural funding (DJST/DDF/Research Society/ any other funding body under KEMH) applied / Status	
6.b	Extramural funding (GOVT/NGO/Pharmaceutical industry/International body)	
7	Approximate budget per patient and overall budget	
8	Name & number of the Indian sites	
9	Local laboratory address (if applicable)	
10	Outside KEMH laboratory address (if applicable)	
11	Reprimanding letters from IEC in last five years inclusive all type studies (PHARMA, GOVT, OA & Thesis)	

Note : \* Any funding from outside will not be treated as intramural funded studies.

**Ongoing trial status as PI and as Co-I**

Sr. No.	Project no.	Title	Recruited participants	Time given by PI for the project each day

**Status of trials which are under process as PI and as Co-I**

Sr. No.	Project no.	Title	Participants to be enrolled	Time to be given by PI for the project each day

With this I would like to request you to review this project and consider for approval.

Thanking you,  
Sincerely yours,

**Dr. XXXXXXXX**  
Principal Investigator

**Forwarded by Head of the Department**  
Seal

**[Definition of Principal investigator (PI):** (as per policy decision 13 March 2014): PI must be a faculty / employee of Seth G. S. Medical College and KEM Hospital, Mumbai and have appropriate graduate/post graduate qualification approved by respective statutory council.]

**2) Sample format of covering letter by Principal Investigator (PI) for initial submission of protocol review for thesis/dissertations & investigator initiated/ Other Academic(OA) studies.**

Date:

To,  
The Member Secretary,  
IEC.

Sub: Submission of trial documents for Ethics Committee review and approval.

Ref: Protocol number XXX Version XX dated XXX entitled, "XXXXXXX".

Sir / Madam,

I'm submitting the study entitled, "xxxxxxx". This is a dissertation topic for my post graduate student / an investigator initiated study. Requesting for review and approval as per IEC SOPs. The study will be conducted as per the ICH-GCP, ICMR guidelines and NDCTR, 2019 whichever is applicable.

**Please find enclosed the following documents for review and approval:**

Sr. No.	Document title	Version no. and date
1		
2		

**Also kindly note the following:**

--	--

1.	Co-Investigator (if applicable): 1) _____ 2) _____	Signature of Co-I	
2	If PI is retired/promoted/transferred/suspended/intended to leave the institute who will take over the responsibility of PI		
3	Recruitment Strategy	1 _____ 2 _____	
4	Collaboration department signature of HOD required if applicable		
5	Funding agency		
5.a	*Intramural funding (DJST/DDF/Research Society/ any other funding body under KEMH) applied / Status		
5.b	Extramural funding (GOVT/NGO/Pharmaceutical industry/International body)		
6	Approximate budget per patient and overall budget		
7	Name & number of the Indian sites ( if applicable)		
9	Local laboratory address (if applicable)		
10	Outside KEMH laboratory address (if applicable)		
11	Reprimanding letters from IEC in last five years inclusive all type studies (PHARMA, GOVT, OA & Thesis)		

Note: \* Any funding from outside will not be treated as intramural funded studies.

**Ongoing trial status as PI and as Co-I (PHARMA, GOVT, OA & Thesis)**

Sr. No.	Project no.	Title	Recruited participants	Time given by PI for the project each day

**Status of trials which are in under process as PI and as Co-I (PHARMA, GOVT, OA & Thesis)**

Sr. No.	Project no.	Title	Participants to be enrolled	Time to be given by PI for the project each day

With this I would like to request you to review this project and consider for approval.

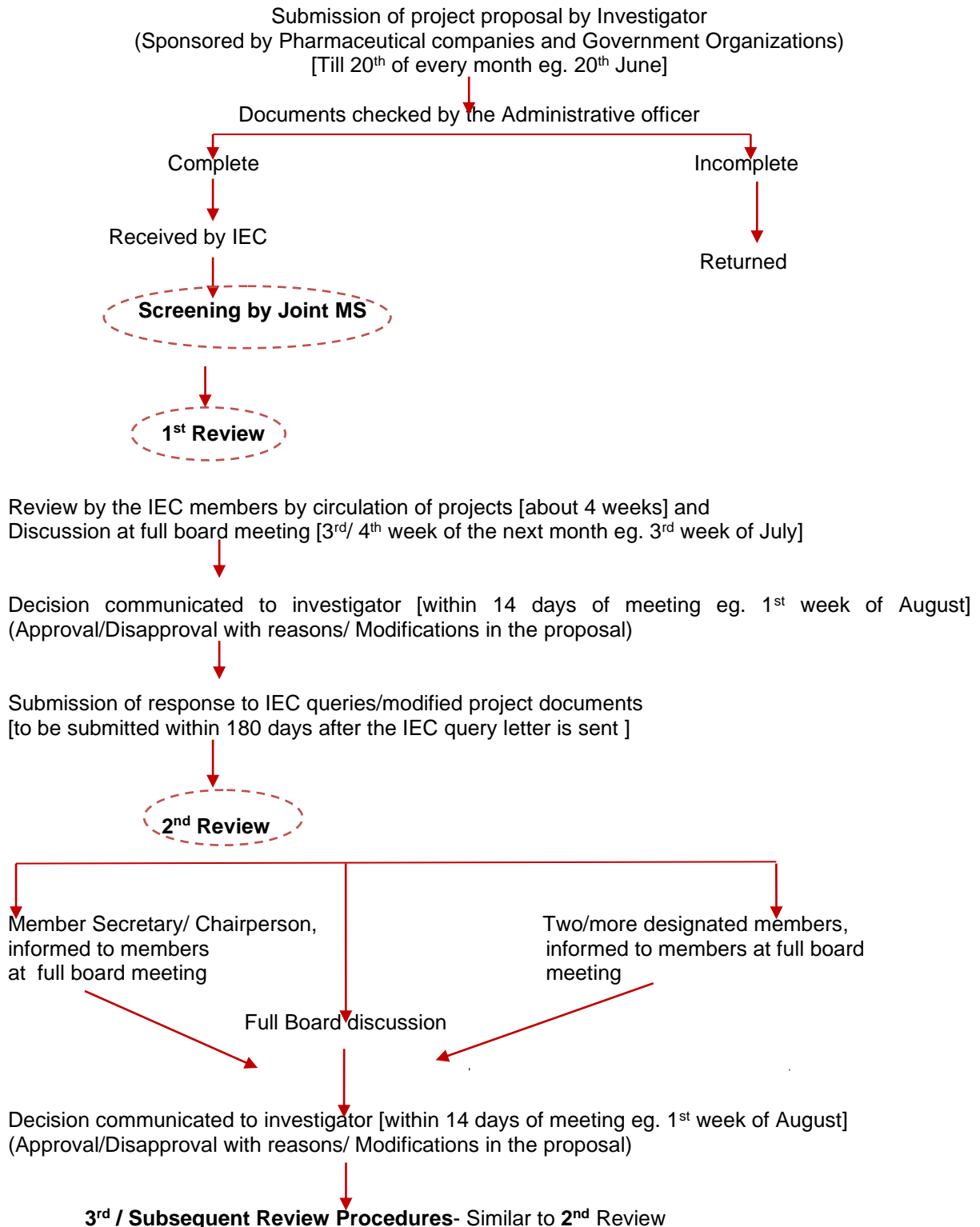
Thanking you,  
 Sincerely yours,

**Dr. XXXXXXXx**  
**Principal Investigator**

**Forwarded by Head of the Department**  
**Seal**

**[Definition of Principal investigator (PI):** (as per policy decision 13 March 2014): PI must be a faculty / employee of Seth G. S. Medical College and KEM Hospital, Mumbai and have appropriate graduate/post graduate qualification approved by respective statutory council.]

### Submission of Projects for IEC Review





**Annexure 8**  
*AX 08/SOP 05/V6.1*

**Sample Format of an Informed consent document in English**

**(This template should be customized according to the requirement of individual research project)**

**I Project title:**

To test the efficacy and tolerability of XXXXXXXXX (an antihypertensive test drug) as compared to XXXXX (a standard antihypertensive drug)

**II Introduction:**

You are invited to participate in a research study. It is important that you read this description of the study and understand your role in it including the nature and risks of participation.

Please give your consent to participate in this clinical study only if you have completely understood the nature and course of this study and if you are aware of your rights as a participant.

**III Purpose of the study:**

It is well known that people who suffer from high blood pressure are at high risk for cardiovascular disease, including heart attacks, strokes and even death. Anti-hypertensive medications are commonly prescribed to such patients to prevent the occurrence of cardiovascular events. XXXX is a new drug, which has been found to decrease the blood pressure in initial studies. The study plans to study the efficacy and safety of this drug in patients having high blood pressure.

**IV Number of research participants and expected duration of each participant in the study:**

You will be one of approximately XXX people who will participate in this study. You will be in the study for about XXX days. (In multicentric study, mention that the study is also being carried out at xxx other centers).

**V Study procedures to be followed:**

If you agree to participate in this study you will a) be asked about previous medical problems, your current health and your medications; b) have a brief physical examination (to give details); c) need to undergo baseline investigation such as XXXXXX(to give details)

The study staff will review the results of these evaluations & test. If you are eligible to participate you will be randomly assigned (like the flip of a coin) to a study group to receive one of the two study treatments.

The study would require a total of XX visits. At each visit XX ml (mention 1-2 tsp/tbsp as applicable) of your blood will be withdrawn after fasting for XX hours. The blood samples that are drawn, will be used to check your blood sugar levels, kidney and liver function etc. (mention whatever is applicable).

Regardless of the group to which you have been assigned, you will return to the study centre after XXXX days / weeks / months. It is important that you bring all of your study medications, diary etc. along with you.

At each visit, a) you will be asked about your health, side effects of medications, b) your physical examination will be carried out c) you will be given a new supply of study drug.

**VI Risks and discomforts of participating:**

The study testing 2 different therapies in high risk people that may prevent heart attacks, strokes or death from cardiovascular causes:

Based on studies in animals and other studies with people, the drug(s) used in this study may cause some side effects. The known risks and side effects associated with the drugs proposed for use here are summarized below.

Side effects of test drug – XXXXX (Give Details) (for interventional trial)

Side effects of standard drug – XXXXX (Give Details) (for interventional trial)

Other side effects that you may experience could include injection site reactions, allergic reactions to the medication, itching rash and pain at the injection site (if the drug is to be administered parenterally). While collecting blood from your vein, you will have to undergo the discomfort of brief pain or rarely develop bruising or even a minor infection. In case this occurs appropriate management will be provided

Finally new problems or side effects other than those that have been seen before could occur during this study. You will therefore be asked about side effects at each visit. It is important that you report any of the side effects described in this form or any other ones to the study physician immediately at the numbers listed below.

Because the safety of the study drugs for an unborn fetus or newborn is unknown, if you intend to become pregnant, are pregnant or are breastfeeding you cannot participate in this study. If you are a woman who is able to have children, you will be required to undergo a urine pregnancy test. If you are no pregnant you will be asked to take precautions to prevent pregnancy until the end of the study. The doctors will discuss the contraception options with you. Pregnancy test may be repeated during the study. If you become pregnant despite these precautions you should immediately notify the study team. Pregnancy will be a reason to stop study treatment.

Any new important information that is discovered during the study and which may influence your decision to continue in the study will be provided to you or your legally acceptable representative in a timely manner. You will be told of any new risks or side effects.

**VII Possible benefits of the study:**

By participating in this study, you may have a possible cure or improvement in your condition. However, there is no guarantee that you will receive direct health benefit from being in this study your participation in this study may provide information that may in the future help other patients suffering from high blood pressure.

**VIII What happens when the research trials stops?**

Because this is a research trial, the test drug will not be available at the end of this trial for treatment of this disease. Alternate therapy, if appropriate, will be provided once the trial is finished. Occasionally the company sponsoring the research may stop the study early – if this occurs the reason(s) will be explained to you.

**IX Compensation for participation:**

Participation in this study will be at no cost to you. The medication and clinic visits will be provided free of charge. No compensation will be provided for your participation. Payment for things such as lost wages is not available. (Wherever applicable give details e.g. reasonable travel assistance will be provided for your participation etc.)

**X Treatment and Compensation for study related injury: (for interventional trial)**

You will be provided medical treatment at this institute for any physical injury or illness that occurs as a direct result of your participation in this study. This medical treatment will be at no cost to you. The study doctor/sponsor will compensate anyone in case there is temporary/permanent disability or death as a direct result of participation in this trial In case of death, their dependents are entitled to material compensation.(provision of insurance coverage by the sponsor for study related injury, if available, may be stated here). You will not give up any of your legal rights by signing this form.

Any injury or death of the participant occurring in clinical trial due to following reasons shall be considered as clinical trial related injury or death and the subject or his/her nominee (s) as the case can be are entitled for financial compensation.

- a) adverse effect of investigational product (s)
- b) violation of the approved protocol, scientific misconduct by the sponsor or the investigator.
- c) failure of the investigational product to provide intended therapeutic effect
- d) Use of placebo
- e) Adverse effects due to concomitant medication excluding standard care, necessitated as part of approved protocol.
- f) For injury to child in utero because of the parents participation in the trial
- g) Any clinical trial procedure involved in the study.

**[Paragraph from ICMR 2017 guidelines –**

Obligation of the sponsor to pay: The sponsor whether a pharmaceutical company, government, or an institution, should agree, before the research begins, in the a priori agreement to provide compensation for any physical or psychological injury for which participants are entitled or agree to provide insurance coverage for an unforeseen injury whenever possible.]

- A. "In event of any injury occurring to the clinical trial subject, such subject shall be provided free medical management as long as required.  
In the event of a trial related injury or death, the sponsor or his representative should provide financial compensation for the injury or death . The financial compensation will be over and above any expenses incurred on the medical management of the subject.  
In case of clinical trial related death of the subject, his/her nominee(s) would be entitled for financial compensation as per the order of the Licensing Authority and same should be included in Patient Information Sheet / Informed Consent Form”].
- B. Date of Birth /Age .....  
Address of the subject.....  
Qualification.....  
Occupation- student/self-employed/service/housewife/other (please tick as appropriate)  
Annual income of the subject .....  
Name and address of the nominee(s) and his relation to the subject .....  
(for the purpose of compensation in case of trial related death)
- C. Name of the witness .....  
(copy of the Patient information sheet and duly filled ICF shall be handed over to the participant or his/her attendant)

**XI Right to withdraw from the study:**

Participation in this study is entirely voluntary. You may choose not to take part or you may leave the study at any time. Your decision will not affect your further treatment at this institute. If you decide to leave the study, you may have to undergo some tests and/or procedures, which will be done to protect your safety.

**XII Confidentiality:**

All study records will be kept confidential at all times. Your identity will not be revealed except as required by law, DSMB and IEC. The results of your treatment (details: laboratory tests, photographs, x-rays etc.) may be published for scientific reasons. Your identity will not be revealed in these publications.

**XIII Contact for further information:**

Thank you for taking the time to read (or have read to you) the information about this study. Before you sign this document, you should ask questions about anything that you do not understand. The study staff will answer questions before, during & after the study.

If you have questions about this study or how it is being run, drug side effects or a possible research related illness or injury, you can contact the study doctor XXXXXXXX, designation, department XXXXXXXX at telephone number XXXXXX during the office hours, or at XXXXX at outside office hours.

If you have any questions about your rights as a research participant, or complaints regarding the research study, you should call the Member Secretary of Institutional Ethics Committee on the following telephone number on working days. Tel. no.: 91 22 2410 7000, Ext. 7515, 91 22 24107515, 91 22 24122188 (Monday to Friday- 9.30am to 5.00pm; Saturday 9.30am to 12.30pm)

**XIV Consent:**

- [1] I have read or have had read to me the information given in the Informed Consent Document for this study entitled “XXXXXXX”
- [2] I have received an explanation of the nature, purpose, duration, and foreseeable effects and risks of the trial and what I will be expected to do. My questions have been answered satisfactorily.

- [3] I understand that my participation in the trial is voluntary and that I may refuse to participate or may withdraw from the trial at any time, without penalty or loss of benefits to which am otherwise entitled.
- [4] I further understand that any information that becomes available during the course of the study that may affect my willingness to take part will be informed to me.
- [5] Institutional Ethics Committee authorities may wish to examine my medical records to verify the information collected. By signing this document, I give permission for this review of my records.
- [6] I understand that my identity will not be revealed in any report or publication.
- [7] I agree to take part in the above study.

Name of research participants	Signature/ thumb impression of research participants	Date

Name of Legal Representative (LAR)	Relation to research participants	Signature / Thumb Impression of LAR	Date

Name of the Impartial Witness	Signature of the Impartial-Witness	Date

Name of the person Administering consent	Signature of the person administering consent	Date

**(Copy of the Patient Information Sheet and dully filled Informed Consent Form shall be handed over to the patient or his/her attendant)**

**PLEASE NOTE THAT THE INFORMED CONSENT DOCUMENT SHOULD HAVE PAGE NUMBERS**

**Annexure 9**  
*AX 09/SOP 05/V6.1*  
**Sample Format of an Assent to be a Participant in a Research Study**  
**(For Children between 7-18 years old) in English**  
**(This template should be customized according to the requirement of individual research project)**

**1. What do we wish to tell you?**

I am Dr. \_\_\_\_\_ We want to tell you about something we are doing called a research study. A research study is when doctors collect a lot of information to learn more about something related to health and disease.

After we tell / explain you about it, we will ask if you'd like to be in this study or not.

**2. Why are we doing this study?**

We want to find out

So we are getting information from..... boys and girls of your age.

**3. What will happen to you if you are in this study?**

Only if you agree, two things will happen:

(as applicable to research study)

1. A small amount of your blood will be drawn. That means it will be taken by a needle in your arm. This will happen.....times. [If some or all of blood draws would be done anyway as part of child's clinical care, emphasize here what will be done extra for the study.]

2. The doctors will do some tests on .....

3. You will need to answer some questions about .....

4. You will be given a medicine .....(explain as applicable)

**4. Is this bad or dangerous for you to get involved in this research? Will this study hurt? (explain risks involved as applicable)**

The stick from the needle to draw your blood will hurt, but it will soon disappear.

**5. How will this research study be useful to you?**

No, this study won't make you feel better or get well. But the doctors might find out something that will help other children like you later.

**6. Will everybody come to know about your condition? (Confidentiality)**

We will not tell other people that you are in this research and we won't share information about you to anyone who does not work in the research study.

**7. Do you get anything for being in the research?**

[Mention any reimbursements or small gifts/incentives]

**8. Will you tell me the results?**

[Include details if relevant. Also inform about possibility of publication and keeping confidentiality in publication]

**9. Do you have any questions?**

You can ask questions any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else.

**10. Do you have to be in this study?**

No, you don't. No one will be force you if you don't want to do this. If you don't want to be in this study, just tell us. And remember, you can say yes now and change your mind later. It's up to you. This will not affect in any way your future treatment in this hospital.

**11. Who can you talk to or ask questions to?**

[Contact information for those people who the child can contact easily (a local person who can actually be contacted). Tell the child that they can also talk to anyone they want to about this (their own doctor, a family friend, a teacher).]

**12. Signature of Person Conducting Assent Discussion**

I have explained the study to \_\_\_\_\_ (print name of child here) in language he/she can understand, and the child has agreed to be in the study.

\_\_\_\_\_  
Signature of Person Conducting Assent Discussion Date

\_\_\_\_\_  
Name of Person Conducting Assent Discussion (print)

**Assent Statement**

I have read this information (or had the information read to me) I have had my questions answered and know that I can ask questions later if I have them.

I agree to take part in the research.

Name of child \_\_\_\_\_ Signature of child: \_\_\_\_\_

Date: \_\_\_\_\_

**OR**

I do not wish to take part in the research and I have not signed the assent below. \_\_\_\_\_  
(initialed by child/minor)

I have witnessed the accurate reading of the assent form to the child, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely. [in case of illiterate child]

Name of witness (not a parent) \_\_\_\_\_ and

Thumb print of participant

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_ Name of Investigator -----

Signature of Investigator \_\_\_\_\_ Date : -----

(Copies of the Child information sheet and duly filled and signed ICFs of child and parent shall be handed over to the participant or his/her attendant)

**Annexure 10**  
AX 10/SOP 05/V6.1

**Format for Informed Consent Document for Genetic Studies**

This document will, in general, follow the format of the informed consent document contained in Annexure 4 of SOP no. 5 AX 04/SOP 05/V 6.1. The additional specific components related to genetic studies are elucidated here.

These guidelines are meant to provide assistance in framing informed consent documents for genetic research studies. The examples given may be inserted, where relevant, by the investigator/sponsor.

**A. Project Title and Purpose of the Study**

Given the more complex nature of genetic research, the sponsor/investigator should make the nature of the research abundantly clear to the research participant. The sponsor/investigator should also generally define genetic/genomic research in the context of the study under consideration in layman's terms. If the investigator so desires, a glossary of genetic terms used may also be provided.

Example:

1. *The purpose of this document is to enable you to understand the nature of the research that we are undertaking. Do take time to review this document IEC fully and do not hesitate to ask the investigator any question or clarification related to the research.*
2. *This study involves the analysis of how genes, blood components or DNA relate to the way that investigational therapies are absorbed, broken down and eliminated from the body, how they affect the body and how DNA relates to human disease."*

**B. Study Procedures to be followed**

The sponsor/investigator should explain in layman's terms the procedure to obtain any genetic material/tissue from a research participant.

**C. Risks and Discomforts**

The sponsor/investigator must explain the risks involved in the procedures to obtain any genetic material/tissue. Separate risks relating to genetic information obtained should also be explained.

*Example: "There is a chance that participation in this study could cause psychological distress, social and economic harm either to you individually or to your community."*

**D. Possible benefits of the study**

The sponsor/investigator ought to mention benefits if any that may accrue to the participants/community. If no such benefits are seen/ guaranteed at this point in time, the same may be explicitly stated. However, if there is a possibility of long-term societal benefits, this should be incorporated. The sponsor should also state his/her policy regarding commercial benefit to participant/community.

**E. What happens when the research trial stops?**

The storage of samples, the duration of such storage, the method of destruction of such samples should be stated. The possibility, if any, of using such samples in the future by the same or different investigators should be mentioned. Also, if the genetic study is being carried out as a sub-study, it ought to be stated that stoppage of the genetic study would not result in automatic cessation of the main study. If the study is stopped before schedule and the data is not anonymised, the option of knowing the results of the study should be made available to the research participant. Moreover, if the results of the study indicate that there might be implications for the participant, as regards future medical conditions; appropriate counseling ought to be provided. For example, the necessity of avoiding certain drugs in the future should be explained.

The genetic studies are often carried out as part of basic research and the data generated in initial studies is inadequate. It may inappropriate to use the preliminary data in management of patient's condition. This aspect needs to be explained (whenever applicable).

*Example: These analyses are done as part of basic research. Basic research analyses are performed under conditions that are different from routine laboratory testing that your doctor may do. Therefore, it would not generally be appropriate for your doctor to use these results as part of your IEC."*

#### **F. Compensation for participation and Treatment and Compensation for study related injury**

The provisions of the earlier format contained in Annexure 4 of SOP no. 5 (AX 04/SOP 05/V6.1) are applicable.

#### **G. Right to withdraw from the study**

If the genetic study is being carried on as a sub-study, withdrawal from the genetic study should not affect participation in the main study. The participant should be given the right to request for destruction of his/her sample provided the sample has not been anonymised till that time.

#### **H. Confidentiality**

The participant should be informed whether the samples are to be unidentified, unlinked or coded as defined in the ICMR Guidelines, 2017. If the investigator does not intend to disclose the results of the study (for example, in the case of a preliminary/pilot study), the samples should be 'anonymous.'

If the investigator intends to disclose the results of the genetic testing, the participant should have the right to decide whether or not he desires such disclosure. Family members are not entitled to know each others' diagnosis and specific consent is needed from a participant before sharing the information with family members.

*Example: The investigator will provide the genetic analyses to your family, the doctor conducting the main study or any doctor involved in your IEC, your insurance company or your employer, only after obtaining your written consent. However, this is subject to the requirement of disclosure of such information to a court of law. It may also be made accessible to members of the IEC and regulators."*

### **Annexure 11 AX 11/SOP 05/V6.1 Departmental Review Board (DRB) Guidance Document**

#### **Purpose:**

To facilitate the review process for the investigators in term of time.

#### **Composition:**

- The DRB will be established by the **Head of the Department**.
- There will be one Chairperson. A Co-Chairperson may be appointed amongst the members (The Co-chairperson will perform the functions of Chairperson in his/her absence).
- The DRB will be composed of at least 3 and a maximum of 7 members.

#### **Details instructions:**

The board should give opinion on the scientific aspects of the proposal. The Board should also consider the feasibility of the proposal and collaboration with any other department if required.

#### **Roles and responsibilities of the DRB members:**

- It is the responsibilities of the DRB members to read understand, follow the guidance document.
- The DRB will consist of members who collectively have the experience in research methodology and should have at least  $\geq 5$  years experience or  $> 5$  yrs PG teaching experience.
- It is the responsibility of Chairperson of the DRB to send the names of the DRB members to the IEC once the tenure is over.
- **All thesis** (MD/MS/Post graduate thesis) will be reviewed and approved by the DRB before submission to Institutional Ethics Committee.
- The signature of the Chairperson/ Co-chairperson of the DRB will be mandatory on the DRB approval letter. In case DRB approval letter is being issued to the chairperson who is also a principal investigator for the study then the signature of the co-chairperson / any of the DRB member can be obtained on DRB approval letter.
- It is the responsibility of the DRB member to attend DRB Meetings and participate in discussions and deliberations so that appropriate decisions can be arrived at.
- It is the responsibility of the DRB member to review, discuss and consider research Proposals submitted for evaluation.
- It is the responsibility of the DRB member to carry out the work delegated by Chairperson.
- It is the responsibility of the DRB member to assist Chairperson in carrying out DRB work.

**Annexure 12**  
**AX 12/SOP 05/V6.1**  
**Guidance Document for IEC Admin**

**Receive submitted packages by PI for initial review:**

**Project Overview**

- Clicking on view link on Project list of Projects page, will take user to Project Overview.
- Tabs on Top enable IEC Admin to view and review submission under which the user (IEC Admin) will perform his actions against the project submission:

**Project Summary Tab**

- Under project summary tab, Project summary information on respective project submissions will be shown as following
  - Project Title
  - Project Status
  - Review Type
  - Latest Submission Status
  - Name of PI
  - Date of Submission
  - Insurance Expiry
  - Continuation submission date
  - Sponsor

**Submission List Tab (Tab Next to Project Summary)**

By selecting the appropriate submission user can view the list of submissions submitted for that Project.

- Following are the search filters on Submission list
  - Submission Type
  - Document(s) status
    - List of Submission (Following fields are shown)
  - Submission Type
  - Submitted By
  - Submitted On
  - Status
  - Link to view (when the user clicks on the view link, user is navigated to the project documents, where submission related documents are displayed)
  - Link to view details for the previous submissions of that particular project.

**IEC Admin Review (Tab Next to Project Documents)**

Upon review of submission by IEC Admin, if application found to be complete, IEC Admin will enter following details (depends on submission type):

- Processing Fee Paid (Yes/No)
- Hard copy of project for regulatory projects submitted (Yes/No)
- Reviewed by (IEC Staff / Admin Name)
- Project Number (textbox for entering allotted Project Number)
- Insurance Date (Renewal)

**IEC Admin Review Actions**

Upon Review of submission IEC Admin may choose one of the following action depends on his observations.

- Forward (to IEC MS)
- Return (to PI)
- Save (button)

**Forward to IEC**

- IEC Admin Review – Assign / Forward to IEC will have following sections:
- Ethic Committee (Dropdown with list of ECs)
  - For Project Initial Submission
    - Manual Assignment
    - If the Institution chooses to assign the project manually and update the required configuration during Institution setup, this will enable IEC Admin to assign the projects to IEC committees manually.



- ❖ IEC Admin will select the Ethic Committee for the project and assign it
  - Auto / Random Assignment
  - If the Institution choose to assign the project automatically and update the required configuration during Institution setup, this will randomly assign project to IEC Committee and display the same to IEC Admin.
  - For the Reply to Queries or Any other submission of project (Ex: Amendments, Deviation, SAE etc.,)
    - ❖ Ethic Committee already assigned to Project is shown
- Member Secretary (Auto fill depends on EC selection)
- Comments (textbox)
- Forward (button)
  - Upon forwarding, application will be shown to respective IEC MS project list (set for his review).
  - Upon forwarding the application to IEC, an acknowledgement email is sent to investigator.

**Return to Principal Investigator**

- IEC Admin Return Submission will have following:
- Comments
  - IEC Admin can enter the info on incomplete information that need to be submitted.
- Return
  - Upon Return, Message is sent to PI with comments entered for return of submission. (Application status will be updated to Return (by IEC))

Title:	Full Board Review of Submitted Protocol
SOP Code:	SOP 05-A/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>s.s.bhide</i> 29/06/2020</p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> 27/7/2020</p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> 30/7/2020</p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> 4/7/2020</p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> 5/7/2020</p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> 2.7.2020</p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Dr. Leena V Gangolli</i> 29/07/2020</p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

## 1. Purpose

The IEC shall review every research study involving human participants and other forms of studies (except in-vitro and animal experiments), before the research is initiated. The IEC will evaluate the scientific rationale, scope and, methodology, and the ethical aspects of the study. The committee shall evaluate the possible risks and benefits to the participants with proper justification as well as the expected benefits to the community. The adequacy of documentation for ensuring privacy & confidentiality shall also be reviewed.

## 2. Scope

This SOP applies to the review of all protocols submitted for initial review and decisions thereof by the IEC.

## 3. Responsibility

It is the responsibility of Member Secretary to identify the Primary Reviewer (PR) as per expertise and allocate the projects on e-EC software. All the IEC members can review all the protocols. However, PR must review and give comments on e-EC software for the projects assigned to him/her by member secretary. PR, after reviewing each study protocol will lead the discussion on the relevant protocol in the subsequent meeting (refer to SOP 13).

## 4. Activity Table:

No.	Activity	Responsibility
1	Determine the protocol for full board review.	Member Secretary
2	Selection and allocation of projects to IEC members on e-EC software	Member Secretary
3	Review of the assigned protocols on e-EC	IEC Member
4	Compile the comments of IEC members on e-EC software	Member Secretary

## 5. Detailed Instructions

### 5.1 Consider the protocol for full board review.

All research proposals presenting more than minimal risk that are not covered under exempt or expedited review shall be subjected to full committee review, some examples are;

- Research involving vulnerable populations, even if the risk is minimal;
- Research with minor increase over minimal risk i.e.
- Probability of harm or discomfort anticipated in the research is invasive and greater than minimal risk. Examples include research involving any interventional study using a drug, device or invasive procedure such as lumbar puncture, lung or liver biopsy, endoscopic procedure, intravenous sedation for diagnostic procedures etc.
- Studies involving deception of participants.
- Research proposals that have received exemption from review, or have undergone expedited review/undergone subcommittee review should be ratified by the full committee, which has the right to reverse/or modify any decision taken by the subcommittee or expedited committee;
- Amendments of proposals/related documents (including but not limited to informed consent documents, investigator's brochure, advertisements, recruitment methods, etc.) involving an altered risk.
- Major deviations and violations in the protocol.
- Any new information that emerges during the course of the research for deciding whether or not to terminate the study in view of the altered benefit–risk assessment.

- Research during emergencies and disasters either through an expedited review/ scheduled or unscheduled full committee meetings. This may be decided by Member Secretary depending on the urgency and need. Please refer to (SOP 22/V1.0)
- Prior approval of research on predictable emergencies or disasters before the actual crisis occurs for implementation later when the actual emergency or disaster occurs.

### **5.2 Selection and allocation of projects to IEC members on e-EC software (Selection of PR)**

- The Member Secretary will assign PR based on expertise in the related field and experience along with nonscientific member to each research study for scientific, ethical and statistical review. The PR will be members of the IEC and will have to present a detailed relevant review of the assigned study.
- The Primary Reviewers will present the research study at a regular full board.
- In case the PR is not in a position to review due to some reason, he/she should inform the Member Secretary at the earliest, so that the research study can be assigned to another member.
- In the event of his/her absence, PR can send comments on the research protocols to the Member Secretary, which will be tabled and discussed during the meeting. However, a final decision on the research protocol will be arrived at, by a broad consensus at the end of discussion among attending members and not solely based on comments.
- It is the responsibility of the assigned PRs to review the research protocols assigned to them thoroughly and communicate their observations, comments and decisions to the IEC during the meeting. The PRs should return the research protocols and relevant documents to the secretariat on the day of the meeting.
- The Member Secretary can invite an independent consultant or expert (if necessary) for comments during the full board meeting.

### **5.3 Review of the assigned protocols on e-EC**

- The protocol will be reviewed by each member as per guidelines (how to review a study protocol described in AX 04/SOP 05-A/V6.1.)
- The IEC member will consider the following criteria when performing the review of the study protocol:

#### **➤ 5.3.1 Examine the qualification of investigators and assess adequacy of study sites**

The IEC members must consider whether the qualifications of the participating investigators relate to the study by reviewing their CVs, MMC/ OT/PT council registration for allied health Registration certificates and GCP training certificates (proceeding 3 years).

- The IEC members must examine disclosure or declaration of potential conflicts of interest.
- The IEC members must assess / ascertain, if required by reviewing the study site whether the facilities and infrastructure at study sites can accommodate the study.

#### **➤ 5.3.2 Guidelines for PR for evaluation of a project :**

- Plagiarism: Freely available software can be used to check plagiarism.
- Is the project original and innovative? e.g. Does the project challenge existing paradigms or clinical practice; address an innovative hypothesis or critical barrier to progress in the field? Does the project develop or employ novel concepts, approaches, methodologies, tools or technologies for this area?
- Is this an attempt to validate, prove or disapprove the validity of existing knowledge?
- Appropriateness of study design, work plan and structure to achieve the stated objectives: Are the conceptual or clinical framework, design, methods and analyses adequately developed, well integrated, well reasoned and appropriate to the aims of the project?

- Relevance of the work in the context of contemporary translation or clinical cancer research:
  - ❖ Does this study address an important research question or is it a predominantly service proposal?
  - ❖ If the aims of the application are achieved, how will scientific knowledge or clinical practice be advanced?
  - ❖ What will be effect of these studies on the concepts, methods, technologies, treatments, services, or preventive interventions that drive this field?
- To comment on 'Recruitment strategy' of the participants for study.
- The statistical methodology (including sample size calculation), and the potential for reaching sound conclusions with the smallest number of research participants;
- The justification of predictable risks and inconveniences weighed against the anticipated benefits for the research participants and the concerned communities.
- The justification for the use of control arms/placebo.
- Potential of the work that would be conducted to lead into a larger and high impact study.
- Criteria for prematurely withdrawing research participants, and criteria for suspending or terminating the research as a whole;
- The adequacy of provisions made for monitoring and auditing the conduct of the research, including the constitution of a Data Safety Monitoring Board.
- Investigator's capability, availability of infrastructure and scientific environment to conduct the study within the time frame and carry it forward.
- The adequacy of the site, including the support staff, available facilities, emergency procedures.
- Study Reporting and publication of the research.
- Regulatory permission for conduct of the study, HMSC clearance for international collaborative studies, MOU and CTA (Tripartite/Bipartite) for national and international collaborative research.
  - ✓ minimize risks to participants
  - ✓ risks must be reasonable in relation to anticipated benefits
  - ✓ participants are selected equitably
  - ✓ informed consent is adequate, easy to understand and properly documented
  - ✓ the research plan makes adequate provision for monitoring the data collected to ensure the safety of participants, where appropriate
  - ✓ there are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data, where appropriate; and
  - ✓ Appropriate safeguards are included to protect vulnerable participants.

### ➤ 5.3.3 Review study participation

The IEC member will examine for the presence of the following points while reviewing the patient information sheet/Informed Consent Form as per guidelines to review protocol and Informed Consent Document/Patient Information Sheet in AX 04/SOP 05-A/V6.1.

- Voluntary, non-coercive recruitment, participation/ withdrawal
- Procedures for obtaining informed consent
- Contents of the patient information sheet - title, objective, study design and procedures
- Contents and language of the informed consent document
- Translation of the informed consent document in the local languages
- Language used – plain and easy to understand by general public

- Contact persons with address and phone numbers for questions about research participants rights and study or injury
- Privacy and confidentiality
- Risks and discomforts – physical / mental / social
- Alternative treatments
- Benefits – to participants, community, institution and society
- Compensation for participation: (Whether it will act as undue inducement)
- Involvement of vulnerable participants
- Provisions for medical/ psychosocial support
- Treatment for study related injuries
- Compensation for study-related injuries: Reasonable
- Use of biological materials
- Check for provision for signatures with dates of participant, person conducting informed consent discussion, investigator and witness

➤ **5.3.4 Examine community involvement and impact**

The IEC members will also consider the following points in the protocol, Informed Consent Form/ Patient Information Sheet

- Community consultation/ involvement
- Benefit to local communities
- Contribution to development of local capacity for research and treatment
- Availability of study results for the community

**5.4 Compile the comments of IEC members on e-EC software**

The MS will compile the comments from each reviewer on e-EC software.

**6. Glossary**

<b>Document</b>	Document may be of any forms, e.g., paper, electronic mail (e-mail), faxes, audio or video tape, etc.
<b>Pre-clinical study</b>	Animal and <i>in vitro</i> studies provide information on possible toxicities and mechanisms of action, and starting doses for human studies.
<b>Vulnerable research participants</b>	A vulnerable category of research participants includes children, prisoners, pregnant women, handicapped or mentally disabled persons, refugees, displaced persons and economically or educationally disadvantaged persons, who are likely to be vulnerable to coercion or undue influence.
<b>Initial Review</b>	The first review of that protocol made by two or three individual reviewers (IEC members or non-members) in advance of the full Committee meeting, and comments of the reviewers will be reported to the full Committee meeting. Other members can add their comments before or at the time of review.

<b>Phase I studies</b>	Initial introduction of an investigational new drug (IND) into humans, studies designed to determine the metabolism and pharmacological actions of drugs in humans, and studies designed to assess the side effects associated with increasing doses.
<b>Phase II study</b>	A Study of drug metabolism, structure-activity relationships, and mechanism of action in humans, as well as studies in which investigational drugs are used as research tools to explore biological phenomena or disease processes.
<b>Phase III study</b>	A Study expands controlled and uncontrolled trials performed after preliminary evidence suggesting effectiveness of the drug has been obtained. They are intended to gather the additional information about effectiveness and safety that is needed to evaluate the overall benefit-risk relationship of the drug and to provide an adequate basis for physician labeling.
<b>Phase IV study</b>	A study that seeks to expand an approved medication's use into a new population, new indication, or new dose.
<b>Less than minimal risk:</b>	Probability of harm or discomfort anticipated in the research is nil or not expected. For example, research on anonymous or non-identified data/samples, data available in the public domain, meta-analysis, etc.
<b>Minimal Risk</b>	Probability of harm or discomfort anticipated in the research is not greater than that ordinarily encountered in routine daily life activities of an average healthy individual or general population or during the performance of routine tests where occurrence of serious harm or an adverse event (AE) is unlikely. Examples include research involving routine questioning or history taking, observing, physical examination, chest X-ray, obtaining body fluids without invasive intervention, such as hair, saliva or urine samples, etc.
<b>Minor increase over minimal risk or Low risk</b>	Increment in probability of harm or discomfort is only a little more than the minimal risk threshold. This may present in situations such as routine research on children and adolescents; research on persons incapable of giving consent; delaying or withholding a proven intervention or standard of care in a control or placebo group during randomized trials; use of minimally invasive procedures that might cause no more than brief pain or tenderness, small bruises or scars, or very slight, temporary distress, such as drawing a small sample of blood for testing; trying a new diagnostic technique in pregnant and breastfeeding women, etc. Such research should have a social value. Use of personal identifiable data in research also imposes indirect risks. Social risks, psychological harm and discomfort may also fall in this category.
<b>More than minimal risk or High risk</b>	Probability of harm or discomfort anticipated in the research is invasive and greater than minimal risk. Examples include research involving any interventional study using a drug, device or invasive procedure such as lumbar puncture, lung or liver biopsy, endoscopic procedure, intravenous sedation for diagnostic procedures, etc.
<b>Benefit</b>	A research benefit is considered to be something of a health-related, psychosocial, or other value to an individual research subject, or something that will contribute to the acquisition of generalizable knowledge. Money or other compensation for participating in research is not considered to be a benefit. A great deal of research in the social and behavioral sciences offers little potential for direct benefits to the subjects themselves. Rather, the

	benefits often encompass the importance of the knowledge to be gained, and/or to the contributions the research makes to science or society.
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## 7. Annexure

- Annexure 1    *AX 01/SOP 05-A/V6.1*    IEC Decision Form
- Annexure 2    *AX 02/SOP 05-A/V6.1*    Format of Project Approval letter (Interventional study)
- Annexure 3    *AX 03/SOP 05-A/V6.1*    Format of Project Approval letter (observational study)
- Annexure 4    *AX 04/SOP 05-A/V6.1*    Guidelines for reviewing a study protocol



**Annexure 1**

AX 01/SOP 05-A/V6.1

IEC Decision Form

Date of IEC meeting: \_\_\_\_\_

Protocol number: \_\_\_\_\_

IEC Protocol No. and Title:						
Principal Investigator:				Department:		
Final Decision at the meeting:	Approved					
	Revision with minor modification/amendments	MS				
		MS + PR				
	Revision with major modification	MS + PR				
		MS + PR+ FB				
	Not approved (Reason)					
Monitoring required (Reason)						
No.	Names of Members present	Approved	Modification		Disapproved	Signature
			Major	Minor		

**Comments:**

**No. of members voting for the decision:**

**No. of members voting against the decision:**

**No. of members abstaining from voting:**

**Any Dissent (mention details):**

\_\_\_\_\_  
Signature of Chairperson

Date: \_\_\_\_\_

**Annexure 2**

AX 02/SOP 05-A/V6.1

**Format of Project Approval letter (Interventional study)**

Date XX/XX/XXXX

To,

Dr. xxxxxxxxxxxxxx,

Dept. of xxxxxxxxxxxxxx.

Ref: The project no. EC/xxx/20xx entitled, "xxxxxxxxxx".

Sub: Letter no.

Dear Dr. XXXX,

The meeting of the Institutional Ethics Committee (IEC) was held on xxxxx at xxxx, in the xxxxxxxxxxxxxx with xxxxx as Chairperson.

xxxx members attended the meeting held on xxxx. The list of members who attended the meeting is as follows.

Name of Members	Role/Position on IEC	Designation & Affiliation	Qualification	Gender

It is to be noted that neither you nor any of your proposed study team members were present during the decision-making procedures of the Institutional Ethics Committee-I.

In addition, the members of the IEC-I do not have any conflict of interest for the above mentioned study.

The Institutional Ethics Committee-I has reviewed the above –mentioned clinical study and approved the following documents submitted for this clinical study at the meeting:

1. Xxx
2. Xxx
3. xxx

The IEC hereby approves the proposal entitled, "xxxxxxxxxxxxxx".

It is understood that the study will be conducted under your direction, in a total of ( mention number xxxx)/ duration research participants, at Dept. of ( Name of the Department), Seth G. S. Medical College and K. E. M. Hospital as per the submitted protocol.

- This approval is valid for the entire duration of the study.
- IEC should be informed after the recruitment of first participant.
- Please note that in event of premature termination, rights of the participants (including medical care) be protected.
- onsite serious adverse event or the unexpected adverse event report needs to be reported to the IEC-1 within 24 hours as per the format specified in AX 01/SOP11-B/V6.1 (G.S.R .227 (E))and AX 02/SOP 11-B/V6.1 to the IEC or by email if there is holiday. The report of SAE or death after due analysis shall

be forwarded by the Investigator to chairman of the IEC and the head of the institution where the trial is been conducted within 14 days of SAE or death.

The sponsor has to forward the report of SAE or death after due analysis to the chairman of the IEC and the head of the institution where the trial is been conducted within fourteen days of occurrence of the SAE or death. The report of the SAE other than death after due analysis shall be forwarded to chairman of the IEC and the head of the institution.

In case of injury or death occurring trial subject the sponsor (whether a pharmaceutical company or an institution) or his representative, whosever had obtained permission from the Licensing Authority for conduct of the clinical trial shall make payments for medical management of the subject and also provide financial compensation for the clinical trial related injury or death in the manner as prescribed in SOP 6 Annexure 6. (applicable for regulatory/interventional academic studies)

- No deviations from, or changes of the protocol and Informed Consent Document should be initiated without prior written approval by the IEC of an appropriate amendment. The IEC expects that the investigator should promptly report to the IEC any deviations from, or changes of, the protocol to eliminate immediate hazards to the research participants and about any new information that may affect adversely the safety of the research participants or the conduct of the trial.
- For studies which will continue for more than a year, a continuing review report needs to be submitted (within 1 month of the due date i.e. 06 months from the date of approval) on or before xx xxx 20xx.
- A copy of the final report should be submitted to the IEC for review.
- The IEC functions in accordance with ICH GCP, G.S.R .227 (E), ICMR guidelines and other applicable regulatory requirements.

**Sincerely yours,**

Member Secretary,  
IEC  
(Signed and dated by the IEC Member Secretary)

**Date of approval of the study: XX/XX/20XX**

### **Annexure 3**

*AX 03/SOP 05-A/V6.1*

#### **Format of Project Approval letter (observational study)**

Date XX/XX/XXXX

To,

Dr. xxxxxxxxxxxx,

Dept. of xxxxxxxxxxxx.

Ref: The project no. EC/xxx/20xx entitled, "xxxxxxxxx".

Sub: Letter no.

Dear Dr. XXXXX,

The meeting of the Institutional Ethics Committee (IEC) was held on xxxxx at xxxx, in the xxxxxxxxxxxxxx with xxxxx as Chairperson.

xxxx members attended the meeting held on xxxx. The list of members who attended the meeting is as follows.

Name of Members	Role/Position on IEC	Designation & Affiliation	Qualification	Gender

It is to be noted that neither you nor any of your proposed study team members were present during the decision-making procedures of the Institutional Ethics Committee-I.

In addition, the members of the IEC-II/III do not have any conflict of interest for the above mentioned study.

The Institutional Ethics Committee-I reviewed the above –mentioned clinical study and approved the following documents submitted for this clinical study at the meeting:

1. Xxx
2. Xxx
3. xxx

The IEC hereby approves the proposal entitled, “xxxxxxxxxxxxx”.

It is understood that the study will be conducted under your direction, in a total of xxxx research participants, at Dept. of xxxx, Seth G. S. Medical College and K. E. M. Hospital as per the submitted protocol.

This approval is valid for the entire duration of the study.

No deviations from, or changes of the protocol and Informed Consent Document should be initiated without prior written approval by the IEC of an appropriate amendment.

The IEC expects that the investigator should promptly report to the IEC any deviations from, or changes of, the protocol to eliminate immediate hazards to the trial subjects and about any new information that may affect adversely the safety of the subjects or the conduct of the trial.

For studies which will continue for more than a year, a continuing review report needs to be submitted (within 1 month of the due date i.e. 11 months from the date of approval) on or before xx xx xxxx.

A copy of the final report should be submitted to the IEC-I for review.

Sincerely yours,

Member Secretary,  
IEC  
(Signed and dated by the IEC Member Secretary)

**Date of approval of the study: XX/XX/20XX**

**Annexure 4**

**AX 04/SOP 05-A/V6.1**

**Checklist for review of study protocol**

**Reviewers should think about and try to find answers to the following questions:**

1. How will the knowledge, result or outcome of the study contribute to human well-being?
  - Knowledge from the basic research may possibly benefit.
  - A new choice of method, drug or device that benefits the research participants during the study and others in the future.
  - Provide safety data or more competitive choices.
2. Does the study design will be able to give answers to the objectives? Whether
  - The endpoints are appropriately selected.
  - The participating duration of a study participant is adequate to allow sufficient change in the endpoints.
  - The control arm is appropriately selected for best comparison.
  - The placebo is justified.
  - The number of study participants in non-treatment (or placebo) arm is minimized.
  - Unbiased assignment (e.g. randomization, etc.) is in practice.
  - Inclusion and exclusion criteria are carefully selected to eliminate confounding factors as much as possible.
  - The sample group size appropriate with the given statistical assumptions.
  - Predictable risks are minimized.
  - The tests and procedures that are more than minimal risk are cautiously used.
  - Research participants deception is avoid.
  - Instruction and counseling for study participants are included (if needed) when deception is integral to the study design.
  - The study participants are adequately assessed and provided follow-up care, if needed.
3. Who will be the participants in the study? Whether
  - The described population is appropriate for the study.
  - Predictable vulnerabilities are considered.
  - It is completely necessary to conduct the study in a vulnerable population. If not, is there any other way to get the study answers?
4. Recruitment strategy:
  - OPD/ IPD
  - Advertisement/ mouth to mouth publicity
  - Notices
  - Collaboration with other departments / institutes
5. Do the inclusion and exclusion criteria
  - Selectively include participants most likely to serve the objective of the study?
  - Equitably include participants?
  - Properly exclude participants who can predictably confound the results?
  - Properly exclude participants who may predictably be at increased risk in the study due to coexisting conditions or circumstances?
6. Does the study design have adequate built-in safeguards for risks?

- Appropriate screening of potential participants?
  - Use of a stepwise dose escalation with analysis of the results before proceeding?
  - Does the frequency of visits and biological samplings reasonably monitor the expected effects?
  - Are there defined stopping (discontinuation) / withdrawal criteria for participants with worsening condition?
  - Is there minimized use of medication withdrawal and placebo whenever possible?
  - Will rescue medications and procedures be allowed when appropriate?
  - Is there a defined safety committee to perform interim assessments, when appropriate?
  - Is appropriate follow-up designed into the study? For instance, gene transfer research may require following the participants for years or for their entire lifetime after they receive the gene transfer agent.
7. Is pre-clinical and/or early clinical studies sufficiently performed before this study?
- The animal study and *in vitro* testing results?
  - Previous clinical results, if done?
  - Whether the proposed study is appropriately built on the pre-clinical and/or early clinical results.
    - The selected dose based on adequate prior results?
    - Monitoring tests designed to detect expected possible risks and side effects?
8. Do the study and the informed consent process include issues of special concern, such as:
- Waiver or alteration of consent?
  - Delayed consent (e.g., emergency treatment, etc.)?
  - Deception?
  - Sensitive information of participants that may require a confidentiality statement?
9. Risk benefits assessment categories:
- Risk Categories
- The research involves less than minimal risk to subjects.
  - The research involves minimal risk to subjects.
  - The research involves minor increase over minimal risk / low risk to subjects.
  - The research involves more than minimal risk/high risk to subjects.
- Benefits Categories
- The research provides no prospect of direct benefit to individual subjects, but likely will yield generalizable knowledge about subject's disorder or condition.
  - The research provides no prospect of direct benefits to individual subjects, but likely will yield generalizable knowledge to further society's understanding of the disorder or condition under study.
  - The research provides the prospect of direct benefits to individual subjects.
  - The research provides no prospect of direct benefits to individual subjects, to science, or to society.

#### **Guidelines to review Informed Consent Document/Patient Information Sheet**

##### **The actual process of informed consent should:**

- Give the participants significant information about the study.

- Make sure the participants have enough time to carefully read and consider all options.
- Answer all questions of the participants before making decision to participate.
- Explain risks or concerns to the participants.
- Make sure that all information is understood and satisfied by the participants.
- Make sure the participants understand the study and the consent process.
- Obtain voluntary informed consent to participate.
- Make sure the participants can freely consent without coercion, pressure or other undue influences.
- Consent should be informally verified on a continuing basis.
- Continue to inform the participants throughout the study.
- Continue to re-affirm the consent to participate throughout the study.

#### **Procedures or methods used in the informed consent process**

- A consent form
- Verbal consent
- Brochures, Pamphlets or other reading materials (i.e., letters to participants, phone pre-screening questionnaires, phone hold messages)
- Internet information
- Instruction sheets
- Audio-visual presentations
- Charts, diagram or posters
- Discussions
- Consultation with others

#### **Techniques to improve the readability of consent forms:**

- Use short sentences and paragraphs
- Limit to one thought or topic in a sentence, avoid run-on sentence
- Use simple words, less syllables in a word.
- Use common words; remove technical jargon and medical terms.
- Try to use correct basic grammar and form.
- Use “gene transfer” instead of “gene therapy” (less implied effectiveness).
- Use “agent” instead of “drug” or “medicine” (less implied effectiveness).
- Try to avoid the use of “treatment”, “therapy” or “therapeutic” in studies involving gene transfer (because these words imply effectiveness)

#### **Checklist for Placebo Justification**

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

##### **I. Benefits of standard treatment**

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

- 6) Are most ( $\geq 85\%$ ) of the patients with this condition responsive to standard treatment alternatives (vs. resistant or refractory)?

*If the answers of (1) to (6) are "yes", placebo is not recommended.*

*If any one or more answers are "no", placebo may be possible.*

- 7) Are the side effects of the standard treatment severe?  
8) Does standard treatment have many uncomfortable side effects?  
9) Does standard treatment have contraindications that prevent some research participants from being treated?  
10) Is there substantial ( $\leq 25\%$ ) placebo response in this disease or symptom?

*If the answer of (7) to (10) are "no", placebo is not recommended.*

*If any one or more answers are "yes", placebo may be possible.*

## II. Risks of placebo

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

*If answers of (4) to (6) are "yes", placebo is not acceptable unless risk management is adequate.*

## III. Risk management

- 1) Is there benefit in the overall management of the research participants?  
 Yes, consider placebo  
 No, placebo not recommended.
- 2) Will the discontinuation of previous treatment put the participant in danger of acute relapse when transferred to placebo?  
 No, consider placebo  
 Yes, placebo not recommended.
- 3) Are research participants at high risk for the use of placebo excluded?  
 Yes, consider placebo  
 No, placebo not recommended.
- 4) Is the duration of the study the minimum necessary in relation to the action of the drug?  
 Yes, consider placebo  
 No, placebo not recommended.
- 5) Are there clearly defined stopping rules to withdraw the research participants in case he/she does not improve?  
 Yes, consider placebo  
 No, placebo not recommended.
- 6) Is risk monitoring adequate to identify progression of the disease before the research participants experience severe consequences?



- Not applicable.*
- Yes, consider placebo*
- No, placebo not recommended.*

7) Are there clearly defined stopping rules to withdraw the research participants before the advent of severe disease progression?

- Yes, consider placebo*
- No, placebo not recommended.*

8) If the risk of placebo is an acute emergency, are rescue medication and emergency treatment available?

- Not applicable.*
- Yes, consider placebo*
- No, placebo not recommended.*

9) If the risk of placebo is the persistence of distressing symptoms, is concurrent medication to control them allowed?

- Not applicable.*
- Yes, consider placebo.*
- No, placebo not recommended.*

10) If the risk of placebo is severely physical discomfort or pain, is there rescue medication?

- Not applicable.*
- Yes, consider placebo.*
- No, placebo not recommended.*

#### IV. Risk disclosure in the consent form

1) Are the risks of getting placebo instead of active treatment fully disclosed?

- Yes, consider placebo.*

2) Are the risks of the test drug disclosed?

- Yes, consider placebo.*

3) Are the advantages of alternative treatments explained?

- Yes, consider placebo.*

#### Conclusions:

1. The use of placebo is ethically acceptable because:

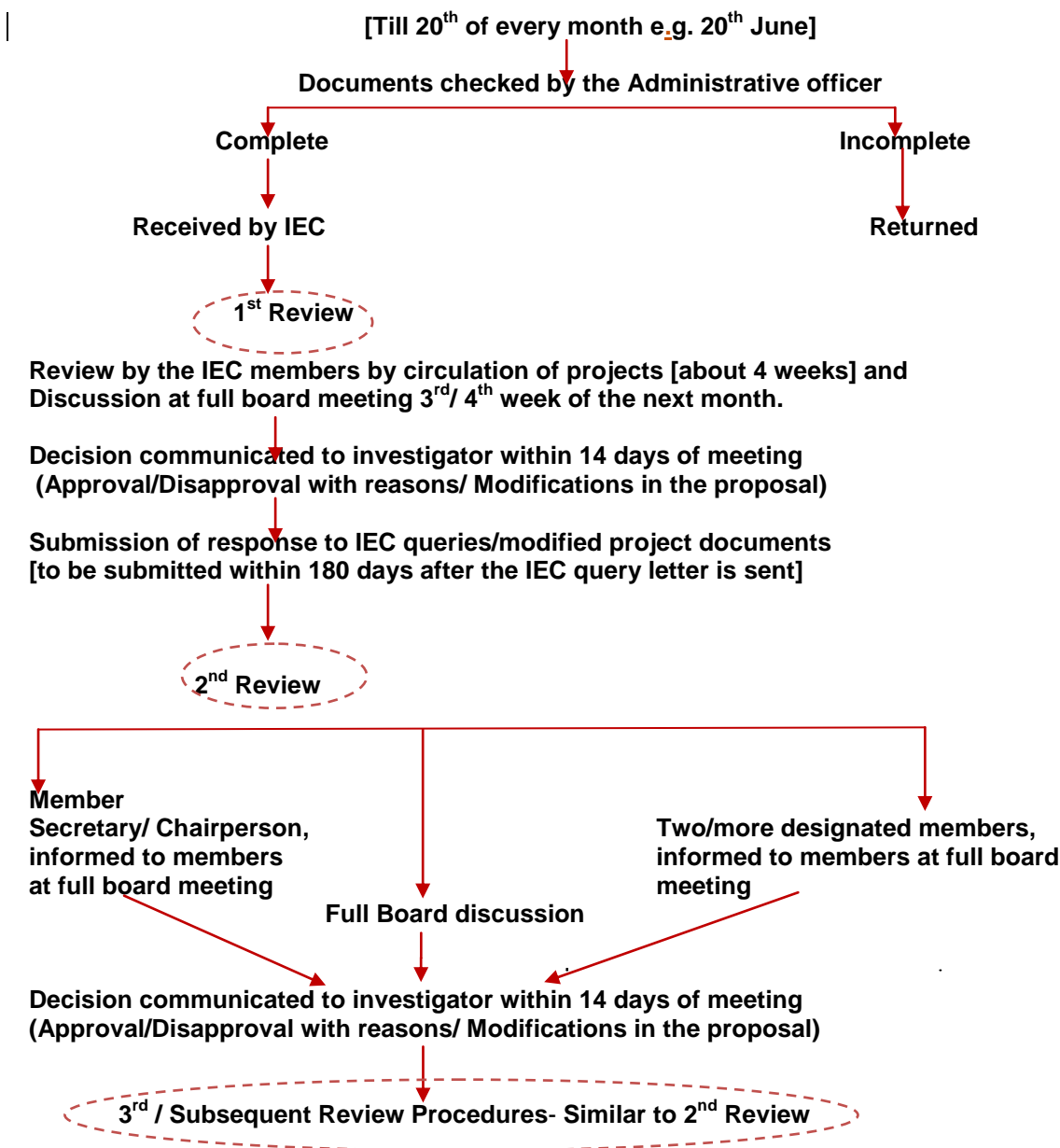
- Research participants are not exposed to severe or permanent harm by the use of placebo.
- Research participants under placebo will benefit from the overall treatment of the disease.
- Risks of the use of placebo are minimized.
- Risks are adequately disclosed in the consent form.

## Full Board Review

### Initial Submission of Projects for full board Review

**Submission of project proposal by Investigator [as per checklist – [www.kem.edu](http://www.kem.edu) / [http://ethics.ncdirindia.org/Common\\_forms\\_for\\_Ethics\\_Committee.aspx](http://ethics.ncdirindia.org/Common_forms_for_Ethics_Committee.aspx)**

Clinical trials, academic clinical trial and pharmaceutical sponsored, government sponsored and academic projects studies submit as per [www.kem.edu](http://www.kem.edu) / [http://ethics.ncdirindia.org/Common\\_forms\\_for\\_Ethics\\_Committee.aspx](http://ethics.ncdirindia.org/Common_forms_for_Ethics_Committee.aspx)



Title:	Expedite Review
SOP Code:	SOP 05-B/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. Bhide</i> 29/06/2020</p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> 7/7/2020</p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> 30/7/2020</p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> 6/7/2020</p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> 18/7/2020</p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>Amey Rojekar</i> 4.7.2020</p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> 29/07/2020</p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to provide criteria to determine if a study protocol qualifies for expedited review and provide instructions on management, review and approval of a project through the expedited review.

## 2. Scope

This SOP applies to the review and approval of research studies and documents, which qualify for expedited review by the IEC. Any protocol that carries not more than minimal risk and fulfills criteria for expedited review (**SOP 05-B/V6.1**) is covered in this SOP.

## 3. Responsibility

It is the responsibility of the Member Secretary / Chairperson of the Institutional Ethics Committee (IEC) to determine if a Project/ Protocol qualifies for an expedited review and designate one / two primary reviewers and allocate the projects on e-EC software. Designated IEC members (including Member Secretary and/or Chairperson) will be responsible for reviewing the research protocols and related documents within the given time frames.

It is the responsibility of all the designated IEC members to give comments and recommendation after reviewing each study protocol.

The Member Secretary / Chairperson are responsible to take the decision.

## 4. Activity Table

No.	Activity	Responsibility
1.	Receive the submitted documents	Secretariat
2.	Determine protocols for expedited review & designate the primary reviewers	Member Secretary/Chairperson
3.	Review protocol & give comments and recommendations	Primary reviewers
4.	Decision of IEC	Member Secretary/Chairperson
5.	Communicate with the IEC and the Investigator	IEC Secretariat/ Members

## 5. Detailed instructions

### 5.1 Check and receive the submitted documents.

- The Secretariat will check and forward it to member secretary and forward it to member secretary.
- The Secretariat will check online on e-EC (if required off line too) and forward it via e-EC to member secretary's Dashboard. The Secretariat will send email to PI for hardcopy submission.

### 5.2 Determine protocols for expedited review & designate the primary reviewers

The proposal submitted for initial review or where investigator have requested for the expedited review stating the reasons in the covering letter forwarded by signature of HOD to the IEC will be evaluated for the expedited review. The protocols satisfying any of the following criteria (as per ICMR 2017 guidelines) may be considered for expedited review. The IEC Chairperson will take the final decision.

IEC may do expedited review only if the protocols involve -

- Proposals that pose no more than minimal risk may undergo expedited review, for example;
- research involving non-identifiable specimen and human tissue from sources like blood banks, tissue banks and left-over clinical samples;
- research involving clinical documentation materials that are non-identifiable (data, documents, records) (retrospective studies);
- modification or amendment to an approved protocol including administrative changes or correction of typographical errors and change in researcher(s)
- revised proposals previously approved through expedited review, full review or continuing review of approved proposals;
- Minor deviations from originally approved research causing no risk or minimal risk;

**(Expedited Review)**

- Progress/annual reports where there is no additional risk, for example activity limited to data analysis. Expedited review of SAEs/unexpected AEs will be conducted by SAE subcommittee; and
- For multicentre research where a designated main EC among the participating sites has reviewed and approved the study, a local EC may conduct only an expedited review for site specific requirements in addition to the full committee common review.
- Research during emergencies and disasters Refer to SOP 22 /V1.0 (See Section 12 of ICMR 2017 for further details).

### **5.3 Review protocol & give comments and recommendations**

- Primary reviewers will review the protocol and give their comments and recommendations to the member secretary within seven days from date of receipt of the protocol via e-EC Dashboard or email or offline.

### **5.4 Decision of IEC**

- The comments of the Primary reviewers will be discussed by the Member Secretary with the Chairperson and decision about approval will be taken by the member secretary in consultation with Chairperson.
- The decision will be informed to the IEC members at the full board meeting.
- If deemed necessary by Primary reviewers, Member Secretary/ Chairperson, the project shall be discussed at the forthcoming full board meeting.
- The expedited review process should be completed within 14 working days.

### **5.5 Communicate with the IEC and the investigator.**

- The Secretariat will send the Project approval letter via e-EC Dashboard and Hard copy also to the Principal Investigator if the Project/ Protocol amendment are approved.
- If project is disapproved or requires resubmission after certain modifications, this will be informed to the Principal Investigator. The reasons for disapproval of a project will be specified in the letter sent to Principal Investigator via e-EC Dashboard and Hard copy also.

### **6. Glossary**

Expedited approval	An IEC approval granted only by the Chairperson of the Institutional Ethics Committee or a designated Institutional Ethics Committee member (not the full Board) for research which involves no more than minimal risk.
Expedited review	A review process by one / two designated IEC members (Primary reviewers) who then report the decision to the full Board meeting. An expedited review is a speedy one for research proposal with minimal risk in nature.

### **7. Annexure:**

Annexure 1	AX 01/SOP 05-B/V6.1	Application form for expedited review.
Annexure 2	AX 02/SOP 05-B/V6.1	Approval letter format in case of Expedited Review for prospective observational study
Annexure 3	AX 03/SOP 05-B/V6.1	Approval letter format in case of Expedited Review for retrospective observational study

**Annexure 1**  
**AX 01/SOP 05-B/V6.1**  
**Application form for expedited review.**

(Annexure 1)	
Logo of the Institute	<b>Application Form for Expedited Review</b>
..... (Name of the Institution)	EC Ref. No.* (For office use):
Title of study: .....	
.....	
Principal Investigator (Name, Designation and Affiliation): .....	
.....	
.....	
1. Choose reasons why expedited review from EC is requested <sup>1,2</sup> ?	
i. Involves non-identifiable specimen and human tissue from sources like blood banks, tissue banks and left-over clinical samples.	<input type="checkbox"/>
ii. Involves clinical documentation materials that are non-identifiable (data, documents, records).	<input type="checkbox"/>
iii. Modification or amendment to approved protocol (administrative changes/correction of typographical errors and change in researcher(s)).	<input type="checkbox"/>
iv. Revised proposal previously approved through expedited review, full review or continuing review of approved proposal.	<input type="checkbox"/>
v. Minor deviation from originally approved research causing no risk or minimal risk.	<input type="checkbox"/>
vi. Progress/annual report where there is no additional risk, for example activity limited to data analysis. Expedited review of SAEs/unexpected AEs will be conducted by SAE subcommittee.	<input type="checkbox"/>
vii. For multicentre research where a designated EC among the participating sites has reviewed and approved the study, a local EC may conduct only an expedited review for site specific requirements in addition to the full committee common review.	<input type="checkbox"/>
viii. Research during emergencies and disasters (See Section 12 of ICMR Ethical Guidelines, 2017).	<input type="checkbox"/>
ix. Any other (please specify) .....	<input type="checkbox"/>
.....	
2. Is waiver of consent being requested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does the research involve vulnerable persons <sup>3</sup> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes give details: .....	
.....	
.....	
Signature of PI: .....	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>
Comments of EC Secretariat: .....	
Signature of Member Secretary: .....	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>
<small><sup>1,2</sup> Refer to National Ethical Guidelines for Biomedical &amp; Health Research Involving Human Participants 2017, Page 51 Table 4.2 <sup>3</sup>For details, refer to application for initial review, Section-C, 5(b) * In case this is first submission, leave it blank</small>	
<small>Version 1.0</small>	

**Annexure 2**  
*AX 02/SOP 05-B/V6.1*

**Approval letter format in case of Expedited Review for prospective observational study**

Date: xxxxxxxxx

To,  
Dr. xxxxxxxxxxxxxx,  
Dept. of xxxxxxxxx.

Ref: Your project no. **xxxxxxx** entitled, "xxxxxxxxxxxxxxxx".

Dear Dr. xxxxxxxxx,

The following documents of the above mentioned project were reviewed and approved through an expedite review process.

- 1xxx
- 2.xxxxxxx
- 3.xxxxxxx

It is understood that the study will be conducted under your direction, in a total of **xxx** research participants, at Dept. of xxxxxxxxx, Seth G. S. Medical College and K. E. M. Hospital as per the submitted protocol.

The IEC approves the above-mentioned study.  
The approval is valid for the entire duration of the study.

It is the policy of IEC that, it be informed about any onsite serious adverse event or the unexpected adverse event report within 24 hours as per the format specified in AX 01/SOP 11-B/V6.1 (NDCTR, 2019) and AX 02/SOP 11-B/V6.1 to the IEC or by email if there is holiday. The report of SAE or death after due analysis shall be forwarded by the Investigator to chairman of the IEC and the head of the institution where the trial is been conducted within 14 calendar days of SAE or death.

The sponsor has to forward the report of SAE or death after due analysis to the chairman of the IEC and the head of the institution where the trial is been conducted within ten calendar days of occurrence of the SAE or death. The report of the SAE other than death after due analysis shall be forwarded to chairman of the IEC and the head of the institution.

In case of injury or death occurring trial subject the sponsor (whether a pharmaceutical company or an institution) or his representative, whosever had obtained permission from the Licensing Authority for conduct of the clinical trial shall make payments for medical management of the subject and also provide financial compensation for the clinical trial related injury or death in the manner as prescribed in SOP 5 Annexure 6.

No deviations or changes of the protocol and Informed Consent Document should be initiated without prior written approval by the IEC of an appropriate amendment. The IEC expects that the investigator should promptly report to the IEC any deviations from, or changes of, the protocol to eliminate immediate hazards to the research participants and about any new information that may affect adversely the safety of the research participants or the conduct of the trial.

For studies which will continue for more than a year, a continuing review report needs to be submitted (within 1 month of the due date i.e. 11 months from the date of approval for studies and during epidemics/pandemics continuing review report needs to be submitted at 45 days) on or before xxxxxx.

A copy of the final report should be submitted to the IEC for review.

Sincerely yours

xxxxxxxxxxx

**(Expedited Review)**

Chairperson /Member Secretary/ Designated Institutional Ethics Committee member of IEC

Date of approval of the study: xxxxxx



**Annexure 3**  
AX 03/SOP 05-B/V6.1

**Approval letter format in case of Expedited Review for retrospective observational study**

Date: xxxxxxxxx

To,  
Dr. xxxxxxxxxxxxxxx,  
Dept. of xxxxxxxxx.

Ref: Your project no. **xxxxxxxx** entitled, "xxxxxxxxxxxxxxxxxxxx".

Dear Dr. xxxxxxxxx,

The following documents of the above mentioned project were reviewed and approved through an expedite review process.

- 1xxx
- 2.xxxxxxx
- 3.xxxxxxx

It is understood that the study will be conducted under your direction, in a total of **xxx** research participants, at Dept. of xxxxxxxxx, Seth G. S. Medical College and K. E. M. Hospital as per the submitted protocol.

The IEC approves the above mentioned study.  
The approval is valid for the entire duration of the study.

No deviations or changes of the protocol and Informed Consent Document should be initiated without prior written approval by the IEC of an appropriate amendment. The IEC expects that the investigator should promptly report to the IEC any deviations from, or changes of, the protocol to eliminate immediate hazards to the research participants and about any new information that may affect adversely the safety of the research participants or the conduct of the trial.

For studies which will continue for more than a year, a continuing review report needs to be submitted (within 1 month of the due date i.e. 11 months from the date of approval) on or before xxxxxx.

A copy of the final report should be submitted to the IEC for review.

Sincerely yours  
xxxxxxxxxxx

Chairperson /Member Secretary/ Designated Institutional Ethics Committee member of IEC

Date of approval of the study: xxxxxx



Title:	Exemption from the review the Ethics Review for Research Projects
SOP Code:	SOP 05-C/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. Bhide</i> 01/07/2020</p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y.C. Shetty</i> 7/7/2020</p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P.S. Menon</i> 30/7/2020</p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> 6/7/2020</p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> 16/7/2020</p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> 4.7.2020</p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> 29/07/2020</p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

(Exemption from the Ethics Review for Research Projects)

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe which clinical research projects can be exempted from ethics review and do not require the approval of the Institutional Ethics Committee (IEC). The Exemption Form AX 01/SOP 05-C/V6.1 is designed to standardize the process of exemption.

## 2. Scope

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

## 3. Responsibility

It is the responsibility of the Member Secretary to record the decision in the Exemption Form with reasons forwarded by HOD signature. The IEC Secretariat is responsible for recording and filing the decision including the reasons for that decision. The Chairperson/ Member Secretary must sign and date letter conveying the decision AX 01/SOP 05-C/V6.1.

## 4. Activity table

No.	Activity	Responsibility
1	Receive the submitted documents.	IEC Secretariat
2	Review of protocol and Exemption Form	Member Secretary
3	Recording the decision on Exemption Form in consultation with the Chairperson	Member Secretary
4	Communicate the decision to the Investigator & IEC members in forthcoming meeting	Member Secretary / IEC Secretariat

## 5. Detailed instructions

### 5.1 Receive the submitted documents.

- The Secretariat will receive the Exemption from review Application Form AX 01/SOP 05-C/V6.1, Protocol and other documents submitted by the investigators by online on e-EC Dashboard (or offline)

### 5.2 Determine protocols eligible for exemption from review

The proposal submitted for initial review or where investigator have requested for the exemption from review stating the reason in the 'Review Exemption Application Form' to the IEC will be evaluated for the exemption from review.

Proposals with less than minimal risk where there are no linked identifiers, for example;

- Research conducted on data available in the public domain for systematic reviews or meta-analysis;
- Observation of public behaviour when information is recorded without any linked identifiers and disclosure would not harm the interests of the observed person;
- Quality control and quality assurance audits in the institution;
- Comparison of instructional techniques, curricula, or classroom management methods;
- Consumer acceptance studies related to taste and food quality; and
- Public health programs by Govt. agencies such as program evaluation where the sole purpose of the exercise is refinement and improvement of the programme or monitoring (where there are no individual identifiers).

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

- ✓ Audits of educational practices
- ✓ Research on microbes cultured in the laboratory
- ✓ Research on immortalized cell lines

**(Exemption from the Ethics Review for Research Projects)**

- ✓ Research on cadavers or death certificates provided such research reveals no identifying personal data
- ✓ Analysis of data freely available in public domain

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

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

### 5.3 Recording the decision on Exemption Form in consultation with the Chairperson

- If the protocol and related documents satisfy the criteria as listed in 5.2, the Member Secretary in consultation with the Chairperson will review the brief summary of the project and the Exemption Form. The Member Secretary will record the decision.

### 5.4 Communicate the decision to the Investigator & IEC members in forthcoming meeting

- The Secretariat communicates the decision to the Principal Investigator within 14 days after the decision regarding the exemption is taken.
- The Member Secretary informs the IEC members about the decision at the next full board meeting and minute it in the meeting notes.
- The Member Secretary / Chairperson may keep the application for review and decision regarding exemption at the next full board meeting.
- Any changes to the protocol must be brought to the notice of the IEC prior to implementation by the investigator. Any correspondence with the IEC office regarding this action should mention the allocated study number indicated at the top of this letter.

The IEC will determine if requested protocol changes alter the risks: benefits analysis of the study, thereby requiring a change in review or exemption category. In such cases investigator will have to resubmit the study protocol and related documents for change review process.

## 6. Glossary

<b>Exemption from review</b>	A research study is said to be exempt from review when it does not require the Ethics Committee approval for its conduct
------------------------------	--

## 7. Annexure

Annexure 1	AX 01/SOP 05-C/V6.1	Review exemption application form
Annexure 2	AX 02/SOP 05-C/V6.1	Certificate of Exemption from Review

**Annexure 1**  
*AX 01/SOP 05-C/V6.1*  
**Review Exemption Application Form**

(Annexure 2)	
Logo of the Institute	<b>Application Form for Exemption from Review</b>
.....	
(Name of the Institution)	EC Ref. No. (For office use):
Title of study: .....	
.....	
.....	
Principal Investigator (Name, Designation and Affiliation): .....	
.....	
.....	
1. Choose reasons why exemption from ethics review is requested <sup>14</sup> ?	
i. Research on data in the public domain/ systematic reviews or meta-analyses	<input type="checkbox"/>
ii. Observation of public behavior/ information recorded without linked identifiers and disclosure would not harm the interests of the observed person	<input type="checkbox"/>
iii. Quality control and quality assurance audits in the institution	<input type="checkbox"/>
iv. Comparison among instructional techniques, curricula, or classroom management methods	<input type="checkbox"/>
v. Consumer acceptance studies related to taste and food quality	<input type="checkbox"/>
vi. Public health programmes by government agencies <sup>15</sup>	<input type="checkbox"/>
vii. Any other (please specify in 100 words): .....	
.....	
.....	
.....	
.....	
Signature of PI: .....	dd mm yy
Comments of EC Secretariat: .....	
Signature of Member Secretary: .....	dd mm yy
<small><sup>14</sup>Select the category that applies best to your study and justify why you feel it should be exempted from review. For a detailed understanding of the type of studies that are exempt from review, refer to National Ethical Guidelines for Biomedical &amp; Health Research Involving Human Participants 2017, Page 51 Table 4.2.</small>	
<small><sup>15</sup>Such as programme evaluation where the sole purpose of the exercise is refinement and improvement of the programme or monitoring (where there are no individual identifiers)</small>	
<small>Version 1.0</small>	

**Annexure 2**

*AX 02/SOP 05-C/V6.1*

**Certificate of Exemption from Review**

Date:

To,

**Name of the PI** \_\_\_\_\_

Dept. Of \_\_\_\_\_

Ref: Your project no. \_\_\_\_\_entitled “ \_\_\_\_\_ ”.

Sub: \_\_\_\_\_.

Dear Dr. \_\_\_\_\_,

This letter certifies that the application for the protocol stated above has been reviewed by Institutional Ethics Committee designated reviewer/Member Secretary and Chairperson. The Institutional Ethics Committee has given due consideration and concludes that the said proposal is exempt from IEC review as it does not involve direct contact with human participants. (SOP 05-C/V6.1; ICMR 2017 Section 4, Ethical review procedures page no.36). Please note that the provision to collect the identifiable (indirectly identifiable) information viz Initials, Age and Gender needs to be removed from the case record form.

Please note that any changes to the protocol must be brought to the notice of the IEC prior to implementation. The IEC must determine whether the requested protocol changes alter the risks: benefits analysis of the study, thereby requiring a change in review or exemption category.

Please contact the IEC office if you have any questions. Any correspondence with the IEC office regarding this action should mention the allocated study number indicated at the top of this letter.

With Regards,

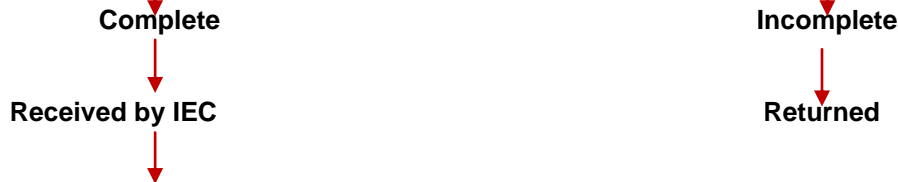
Sincerely yours,

\_\_\_\_\_  
**Chairperson / Member Secretary**

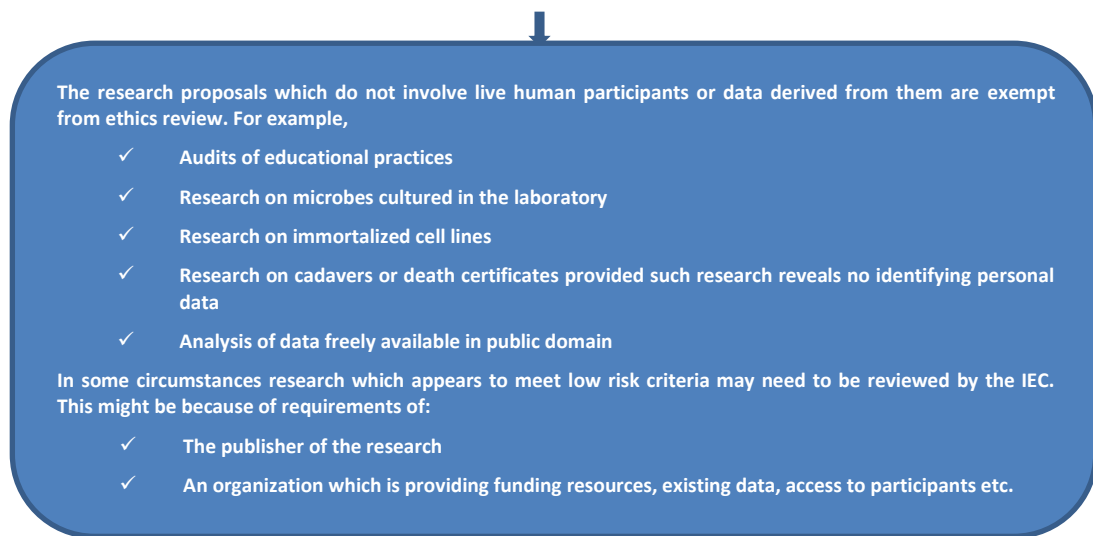
## Exemption From Review

Submission of project proposal by Investigator  
[as per checklist – [www.kem.edu /](http://www.kem.edu/)  
[http://ethics.ncdirindia.org/Common\\_forms\\_for\\_Ethics\\_Committee.aspx](http://ethics.ncdirindia.org/Common_forms_for_Ethics_Committee.aspx)]  
with Review Exemption Application form (Annexure 1, SOP 05-C)

Documents checked by the Administrative officer



The IEC Member Secretary will determine whether a protocol qualifies for exemption from review based on the following criteria as per SOP 05-C/ V6.1



Final decision will be made by the Chairperson as per SOP

Decision communication by MS

1. To the investigator within 14 days
2. Upcoming full board meeting.

Approval/Disapproval with reasons

(Exemption from the Ethics Review for Research Projects)



Title:	Review of Resubmitted Protocols
SOP Code:	SOP 05-D/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>s.s.bhide</i> 01/07/2020</p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Yashwanth</i> 7/7/2020</p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> 30/7/2020</p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree</i> 6/7/2020</p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> 15/7/2020</p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> 4.7.2020</p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> 29/07/2020</p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

(Review of Resubmitted Protocols)

### 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe how Institutional Ethics Committee (IEC) manages study protocols and related documents resubmitted after initial review.

### 2. Scope

This SOP applies to study protocols that have been resubmitted to the IEC with the Principal Investigator responding to clarifications and modifications sought and comments made by the IEC during initial review.

### 3. Responsibility

It is the responsibility of the IEC Secretariat to ensure the completeness of the documents submitted to the IEC for reconsideration.

A re-submitted protocol may be reviewed by either the two or more IEC members designated by the Chairperson/ Member secretary, or all the IEC members as per IEC decision determined by the IEC at the time of the initial review of the project during the full board IEC meeting. This information can be found on the IEC Decision Form (AX 01/SOP 05-A/V6.1).

### 4. Activity Table

No.	Activity	Responsibility
1	Receive resubmitted protocol and related documents, check contents, ensure completeness of the documents submitted and distribution of protocol and study-related documents	IEC Secretariat
2	Review the revised protocol	IEC Members/Member Secretary/ Chairperson
3	Written communication of the IEC decision to investigator	IEC Secretariat

### 5. Detailed instructions

#### 5.1 Receipt of resubmitted protocol package and its distribution

- The Secretariat will verify if the principal investigator has forwarded the reply within 180 days of receipt of IEC letter for resubmission.
- The Secretariat will check the resubmitted protocol packages (hard and soft copy) for the following items
  - ✓ Reply to the IEC letter of comments with covering letter (signed and dated by PI), query reply in question-answers format.
  - ✓ Revised version of protocol and/ or the informed consent document and /or any other related documents such as, case report forms, diary sheets, etc are included as part of the package with the changes made to the documents highlighted and with appropriate version number and date on each page of the document.
  - ✓ Additional documents sought during initial review.
- If above items are not submitted the Principal Investigator will be told to submit the requisite documents.
- The Secretariat will refer to the IEC Decision Form AX 01/SOP 05-A/V6.1 on the given protocol and distribute the reply to the query letter, revised protocol and related documents for resubmitted protocol to the Member Secretary.

#### For Minor modifications

The protocol and related documents will be reviewed by either member secretary or one / two designated primary reviewers as per decision taken during initial review.

**For Major modifications**

The protocol and related documents will be reviewed by either one / two designated primary reviewers or after review by the designated primary reviewers will be discussed in the upcoming full board meeting as per decision taken during initial review. In case the decision is to discuss the revised protocol at the full board meeting, the Primary reviewer / member Secretary will present a brief oral summary of the study design and the comments of the IEC members/Chairperson in the IEC Full Board meeting.

**5.2 Review the revised protocol to be carried out by IEC member/ Member Secretary/ Chairperson:**

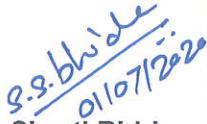




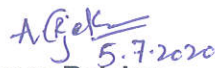
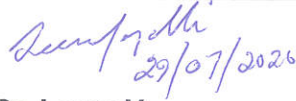
- The IEC member/ Member Secretary/ Chairperson will refer to the query letter/ comments as guidance for the review and check whether the recommendations of the IEC have been followed or adequately responded to. The primary reviewer will also check for completeness of protocol and related documents as per requirements. The designated primary reviewers should complete the review process within seven / eight days.
- The IEC member/ Member Secretary/ Chairperson will make further comments where appropriate
- The final decision regarding the query reply shall include one of the following:
  - ✓ If the IEC decision is 'Approved', it implies the approval of the study as it is presented with no modifications and the letter of permission can be issued to the Principal Investigator.
  - ✓ If the IEC decision is 'Approved with minor modification, the IEC Chairperson may authorize the Secretary/Primary reviewer + secretary to determine if the response and changes are satisfactory and decide if letter of permission can be issued to the Principal Investigator.
  - ✓ If the IEC decision is 'Approved with major modification, the IEC Chairperson may authorize the Primary reviewer + secretary to review the responses which may or may not be discussed in next full board meeting depending on the comments of the reviewers. If the response and changes are approved in the full board, letter of permission can be issued to the Principal Investigator.

**5.3 Written communication of the IEC decision.**

The decision will be communicated to the PI within 14 days. For the projects which will be discussed in the full board meeting the decision will be communicated within 14 days of the FB meeting. Response from the PI to the IEC communication is expected within 180 days of date of receipt of the letter and in the absence of any response, the project will be declared closed for the IEC office records. Reply to subsequent queries should be sent in 60 days.

- ✓ The Secretariat will record the decision reached on the response in the minutes of the meeting.

Title:	Review of Amended Protocol /Protocol related documents
SOP Code:	SOP 06 /V 6.1 dated 29 <sup>th</sup> June,2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
 Dr. Shruti Bhide Member Secretary, IEC-I	 Dr. Y. C. Shetty Joint Member Secretary, IEC-I	 Dr. P. S. Menon Chairperson, IEC-I	IEC-I
	 Ms. Shilpshree Palsule Member Secretary, IEC-II	 Dr. Subodh Sirur Chairperson, IEC-II	IEC-II
	 Dr. Amey Rojekar Member Secretary, IEC-III	 Dr. Leena V Gangolli Chairperson, IEC-III	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe how amended protocol/ protocol related documents are managed and reviewed by the Institutional Ethics Committee (IEC).

## 2. Scope

This SOP applies to previously approved study protocols but later being amended and submitted for approval to the IEC. Amendments made to protocols cannot be implemented until reviewed and approved by the IEC.

## 3. Responsibility

It is the responsibility of the IEC Secretariat to manage protocol amendments. The Member Secretary/ Chairperson will determine whether the proposed protocol amendment(s) is minor or major in nature. Minor amendments would undergo review by the Member Secretary/Chairperson in expedited manner and will be informed in full board. If the amendment is major it will undergo review by primary reviewers and be discussed in full board.

## 4. Activity Table:

No.	Activity	Responsibility
1	Receive amended pro, check contents, ensure completeness of the documents submitted and distribution of amended protocol and study-related documents	IEC Secretariat
2	Review the amended protocol and related documents	IEC Members/Member Secretary/ Chairperson
3	Written communication of the IEC decision to investigator	Member Secretary

## 5. Detailed instructions

### 5.1 Receive amended protocol, check contents, ensure completeness of the documents submitted and distribution of protocol and study-related documents

#### a. Receive amended protocol package, check contents, ensure completeness of the documents:

- The amendment package (hard and soft copy) forwarded by the Principal Investigator will be received by the Secretariat.

The Secretariat will confirm the request for review of amended Protocol/Protocol related documents from the Principal Investigator on previously approved Protocol/Protocol related documents as per the form AX 01/SOP 06/V6.1.

- The request form should:
    - ✓ state/describe the amendment
    - ✓ provide the reason for the amendment
    - ✓ Impact of the amendment on present study at this site: (modifications in the ICD, re-consent of research participants, untoward effects likely to occur because of the amendment or any other)
- 
- The Administrative Officer will confirm submission of:
    - ✓ amended version of the protocol and related documents
    - ✓ Summary sheet (changes from previous version to present version)
    - ✓ Changes or modifications in the amended version are highlighted

- The Secretariat will check for completeness of the contents of protocol amendment submission package and inform the Principal Investigator to submit the required documents at the earliest, if any of the documents are missing / incomplete.

**b. distribution of protocol and study-related documents**

- After receipt of the amendment package, the Secretariat will forward the amendment to the Member Secretary/ Chairperson.
- The Secretariat will send the request for amendment and the protocol and related documents to the Member Secretary / Chairperson within 7 working days of receipt of the documents with the Protocol Amendment Assessment Form AX 01/SOP 06/V6.1
- The member secretary or chairperson will categorize the amendments as minor or major amendment as per section 5.2.

**5.2 Review the amended protocol and related documents**

**For Minor amendment**

The Minor amendments of the protocol and related documents will be reviewed by either member secretary or chairperson.

**For Major amendment**

The protocol and related documents will be reviewed by either one / two designated primary reviewers or after review by the designated primary reviewers will be discussed in the upcoming full board meeting. In case the decision is to discuss the amendment at the full board meeting, the Secretary /primary reviewer will present a brief oral summary of the study design and the comments of the primary reviewer /Chairperson in the IEC Full Board meeting.

**Protocol Amendment Review Process**

- The primary reviewers will review the amended documents and assess the change in risk / benefit ratio and impact of the amendment (modifications in the ICD, re-consent of research participants, untoward effects likely to occur because of the amendment or any other)
- Primary reviewers will send the comments to the member secretary
- Following aspects of the Protocol amendment which may include but is not limited to:
  - a. Change in study design
  - b. additional treatments or the deletion of treatments
  - c. Changes in inclusion/exclusion criteria.
  - d. change in method of dosage formulation, such as, oral changed to intravenous
  - e. a significant change in the number of research participants (if the decrease/increase in the number of research participants alters the fundamental characteristics of the study, it is significant)
  - f. a significant decrease or increase in dosage amount
  - g. Change in risk/benefit ratio
- The final decision regarding the amendments shall include one of the following:
  - ✓ If the IEC decision is 'Approved', it implies the approval of the amendment as it has been submitted modifications and the letter of permission for amendment can be issued to the Principal Investigator.
  - ✓ If the IEC decision is 'Approved with minor modification, the IEC Chairperson may authorize the member Secretary to issue a recommendation letter to the Principal Investigator. If the response from the PI found satisfactory a letter of permission can be issued to the Principal Investigator.
  - ✓ If the IEC decision is 'Approved with major modification, the IEC Chairperson may authorize the Primary reviewer + secretary to determine the review of the amendments which may or may not be discussed in next full board meeting depending on the comments of the reviewers. Member Secretary will issue a recommendation letter to the Principal Investigator and if response from the PI found satisfactory a letter of permission can be issued to the Principal Investigator.

- ✓ If the IEC decision is Disapproved after the member secretary / chairperson / designated IEC members / Full board review the decision will be communicated to the PI giving reasons for disapproval.

### 5.3 Written communication of the IEC decision to investigator

- ✓ The decision will be communicated to the PI within 14 days and for the amendments which will be discussed in the full board meeting the decision will be communicated within 14 days of the meeting.
- ✓ The Secretariat will record the decision reached on the proposed amendment in the minutes of the meeting.

## 6. Glossary

<b>Amendment protocol package</b>	A package of the amended parts and related documents of the protocol previously approved by the IEC. In the course of the study, the PI may decide to make changes in the protocol.
<b>Minor protocol amendments</b>	Minor amendments are those that do not increase the risk or decrease the potential benefit to the subjects
<b>Major protocol amendments</b>	Major amendments are those that adversely affect the risk benefit ratio of the study or specifically increase the risk to the participants of the study

## 7. Annexure

ANNEXURE 1	AX 01/SOP 06/V6.1	Protocol Amendment Request and Assessment Form
ANNEXURE 2	AX 02/SOP 06/V6.1	Project Amendment/Document Amendment Approval letter

**Annexure 1**  
AX 01/SOP 06/V6.1  
**Protocol / Protocol related documents Amendment Request and Assessment Form**

(Annexure 4) <b>Application/Notification form for Amendments</b>					
Logo of the Institute		..... <i>(Name of the Institution)</i> <b>EC Ref. No. (For office use):</b>			
Title of study: ..... ..... ..... Principal Investigator (Name, Designation and Affiliation): ..... ..... .....					
1. Date of EC approval:		dd mm yy	Date of start of study		dd mm yy
2. Details of amendment(s)					
S.No	Existing Provision	Proposed Amendment	Reason	Location in the protocol/ICD <sup>18</sup>	
3. Impact on benefit-risk analysis				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, describe in brief: .....					
4. Is any re-consent necessary?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, have necessary changes been made in the informed consent?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Type of review requested for amendment:					
Expedited review (No alteration in risk to participants)				<input type="checkbox"/>	
Full review by EC (There is an increased alteration in the risk to participants)				<input type="checkbox"/>	
6. Version number of amended Protocol/Investigator's brochure/ICD: .....					
Signature of PI: .....				dd mm yy	
<sup>18</sup> Location implies page number in the ICD/protocol where the amendment is proposed.					
Version 1.0					



**Annexure 2**

AX 02/SOP 06/V6.1

**Protocol Amendment/Document Amendment Approval letter**

To

XXXXX (PI)  
Department

Ref: - IEC No. Project title

Dear Dr. \_\_\_\_\_

We have received from you the following document (s).

- 1.
- 2.

At the Institutional Ethics Committee meeting held on \_\_\_\_\_ the abovementioned documents were reviewed.

After consideration, the IEC has decided to approve:

- (a) The aforementioned study-related documents OR  
(b) The following documents:

- 1.
- 2.

The members who attended this meeting held on \_\_\_\_\_ at which the above mentioned document was discussed are listed below.

- 1.
- 2.
- 3.

It is to be noted that neither you nor any of your proposed study team members were present during the decision-making procedures of the Institutional Ethics Committee.

**OR**

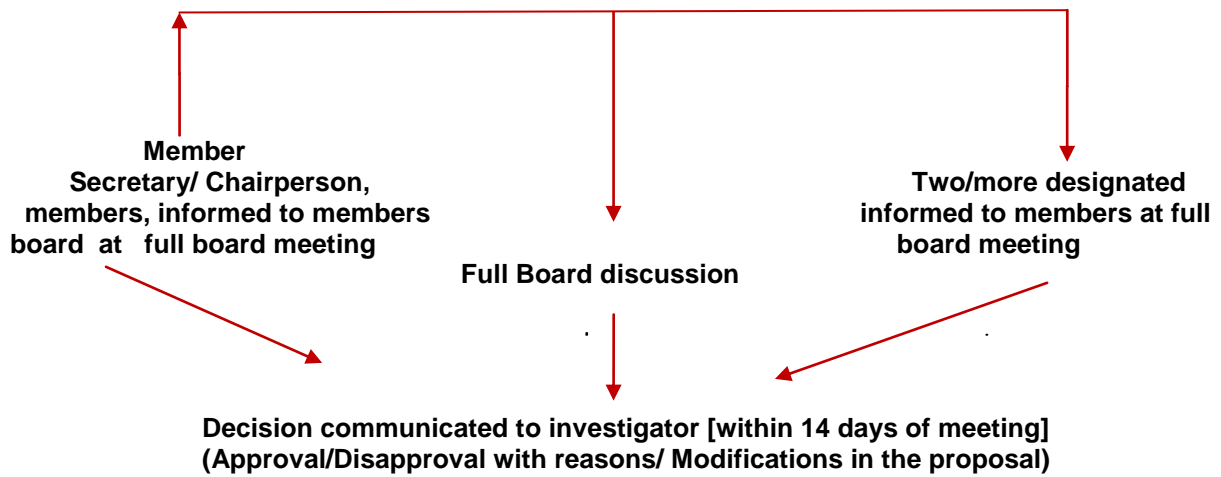
After reviewing the documents, the IEC has decided to approve the aforementioned study-related documents.

Yours truly,


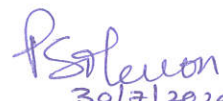


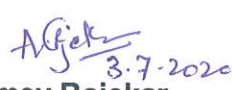
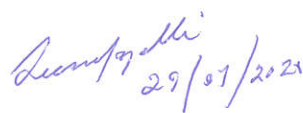
**Signature of Chairperson/ Member Secretary  
with Date  
IEC**

**Review of Amended Protocol / Protocol Related Documents**

**Submission of Amended Protocol/ Protocol Related Documents [submit AX 01/SOP 06/V6.1]**



Title:	Continuing Review of Study Protocols
SOP Code:	SOP 07/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
Dr. Shruti Bhide Member Secretary, IEC-I	 Dr. Y. C. Shetty Joint Member Secretary, IEC-I	 Dr. P. S. Menon Chairperson, IEC-I	IEC-I
	 Ms. Shilpshree Palsule Member Secretary, IEC-II	 Dr. Subodh Sirur Chairperson, IEC-II	IEC-II
	 Dr. Amey Rojekar Member Secretary, IEC-III	 Dr. Leena V Gangolli Chairperson, IEC-III	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure is to describe how continuing reviews of previously approved protocols are managed by the Institutional Ethics Committee (IEC).

The purpose of the continuing review is to monitor the progress of the entire study, not just the changes in it, to ensure continuous protection of the rights and welfare of research participants.

## 2. Scope

This SOP applies to conducting any continuing review of study protocols involving research participants at intervals appropriate to the degree of risk. All the **regulatory projects** approved by the Institutional Ethics Committee-I will be reviewed **twice in a year** and non-regulatory will be reviewed at least once a year. Depending upon the degree of risk to the participants, the nature of the studies, the vulnerability of the study participants and duration of the study, the IEC may choose to review or monitor the protocols more frequently.

## 3. Responsibility

It is the responsibility of the IEC Secretariat to remind the IEC and the principal investigators regarding study protocols that should be continuously reviewed. The Chairperson is responsible for determining the date of continuing review if the project will be reviewed more frequently in the year. This decision is taken during the IEC meeting wherein the project is finally approved or can be taken subsequently based on the SAE reports, monitoring reports, adequacy documentation procedures followed by the investigators or new safety data received.

The IEC is responsible for reviewing the progress made in the protocol, the occurrence of unexpected events or problems, and the rate of accrual of participants.

## 4. Activity Table

No.	Activity	Responsibility
1	Determine the date of continuing review and Notify the Principal Investigator or study team	IEC Secretariat
2.	Manage continuing review package upon receipt and distribute to member secretary/chairperson	IEC Secretariat
3.	Assign reviewers and review the annexure/ related documents of continuing review	Chairperson /Member Secretary/ IEC Members
4.	Written communication of the IEC decision to investigator	IEC Secretariat

## 5. Detailed Instructions

### 5.1. Determine the date of continuing review and Notify the Principal Investigator or study team

#### a. Determining the date of continuing review

- The Administrative Officer will look through the document archives/master chart of projects approved by the IEC for the due date of continuing reviews.
- The Secretariat will plan for continuing review of annual progress reports to be reviewed as close as possible to the due date or the anniversary of the effective date (date of original approval) of the protocol.

#### b. Notifying the Principal Investigator or the study team

- If the Principal Investigator fails to submit the Continuing review report within one month of the due date (i.e. 11<sup>th</sup> months from the date of approval, unless specified otherwise), the IEC secretariat will send a reminder as per the format mentioned in AX 01/SOP 07/V6.1 within 7 working days of this due date. If there is no response within 15 days after the date of reminder, the IEC secretariat will put up the matter for discussion at the forthcoming full board meeting for appropriate action which may consist of but not limited to
  - a) A letter of reprimanding the Investigator

- b) Suspending review of projects for a specified time.
- c) A letter asking the Investigator to put recruitment of new participants on hold.

#### 5.2 Managing the continuing review package upon receipt.

- The Secretariat will receive a package (soft and hard copy) submitted by the Study Team of continuing review for each approved protocol. The Secretariat will make sure that the contents of the package include the following documents:
  - Continuing Review Application Form (AX 02/SOP 7/ V6.1) duly filled with an explanation for any “yes” (ticked on the Continuing Review Application Form (AX 02/SOP 07/ V6.1) answers on the application form and a discussion of scientific development, either through the conduct of this study or similar research that may alter risks to research participants. The changes in the selection criteria of participants, protocol/Informed consent Document amendments, changes in the study team, any unexpected complications etc. have to be discussed in the attached narrative.
  - The Secretariat will check for complete information and for the presence of the required signatures of the Principal Investigator in the Continuing Review Application Form. **The secretariat will ensure the payment of Rs 20,000 for Pharma sponsored studies and Rs 5000/- for Government sponsored studies.** The Secretariat will forward the continuing review report to the Member Secretary/ Chairperson.  
**The Annual review fee should be paid Rs.10000/- every six monthly for pharmaceuticals sponsored projects and Rs.2500/- for Government Sponsored projects**

#### 5.3 Assign reviewers and review the annexure/ related documents of continuing review

The Chairperson /Member Secretary will review the Continuing Review Application Form (AX 02/SOP 07/V6.1). The Chairperson / member secretary can designate one/two IEC members to review the Study report and related documents and inform the decision to the other IEC members at the next full board meeting.

#### 5.4 Review of Continuing Review Application

- The Continuing review submission may undergo expedited review (as per the procedure described in SOP 05-B/ V6.1) or full board review (as per the procedure described in SOP 05-A/ V6.1) as deemed appropriate by the IEC Chairperson/ Member Secretary
- The IEC Chairperson/ Member Secretary/ Member/s could reach one of the following decisions after review:
  1. Noted: The IEC approves the continuation of the above-mentioned project without any modifications (as per the format AX 03/SOP 07/V6.1)
  2. Modifications recommended: Protocols that have been suggested modifications by the IEC may not proceed until the conditions set by the IEC in the decision have been met. Protocols should be amended and submitted to the IEC, within one month for re-review.
  3. The project cannot be continued: The reasons for discontinuation of the project will be mentioned in the letter notifying the decision to the Principal Investigator.
  4. The decision will also include any significant findings that have arisen during review process and this will be communicated to Principal Investigator. It is the responsibility of Principal Investigator to provide this information to the participants and once done submit the report to IEC.

#### 5.5 Written communication of the IEC decision to investigator

- ✓ the decision will be communicated to the PI within 14 days of the meeting.
- ✓ The Secretariat will record the decision reached on the proposed continuing review report in the minutes of the meeting.

#### 6. Annexure

Annexure 1 AX 01/SOP 07-V6.1

Annexure 2 AX 02/SOP 07/ V6.1

Annexure 3 AX 03/SOP 07/ V6.1

Reminder letter by the IEC to investigator

Continuing Review Application Form

Continuing Review report Approval Letter

**Annexure 1**  
*AX 01/SOP 07/V6.1*

**Reminder letter by the IEC to Investigator**

**Date:-**

**Name of Principal Investigator:-**

**Department:-**

**Ref: - Project Title: XXXXXX**

The above referenced project was approved by the IEC on **xxxx** and will due for the continuing Annual Review by the IEC You are requested to submit an periodic Status Report in one of the prescribed format as given below at the earliest on or before **xxx**

- a) If ongoing, status report in the format as per form no. **(AX 02/SOP 07/V6.1)**
- b) If completed – status report in the format as per form no. **(AX 01/SOP 08/V6.1)**
- c) If terminated / not initiated – status report in the format as per form no. **(AX 01/ SOP 09/V6.1)**

**Signature with date** \_\_\_\_\_

**Member Secretary** \_\_\_\_\_

**Annexure 2**  
**AX 02/SOP 07/V6.1**  
**Continuing Review/ Annual report format**

(Annexure 3)	
Logo of the Institute	Continuing Review / Annual report format
..... <i>(Name of the Institution)</i>	EC Ref. No. (For office use):
Title of study: .....	
Principal Investigator (Name, Designation and Affiliation): .....	
1. Date of EC Approval: <input style="width: 50px;" type="text" value="dd mm yy"/>	Validity of approval: <input style="width: 50px;" type="text" value="dd mm yy"/>
2. Date of Start of study: <input style="width: 50px;" type="text" value="dd mm yy"/>	Proposed date of Completion: <input style="width: 50px;" type="text" value="dd mm yy"/>
Period of Continuing Report: <input style="width: 50px;" type="text" value="dd mm yy"/>	---- to ---- <input style="width: 50px;" type="text" value="dd mm yy"/>
3. Does the study involve recruitment of participants? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(a) If yes, Total number expected..... Number Screened: ..... Number Enrolled: .....	
Number Completed:..... Number on followup:.....	
(b) Enrolment status – ongoing / completed/ stopped	
(c) Report of DSMB <sup>16</sup> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
(d) Any other remark.....	
(e) Have any participants withdrawn from this study since the last approval? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, total number withdrawn and reasons: .....	
4. Is the study likely to extend beyond the stated period ? <sup>17</sup> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide reasons for the extension. ....	
5. Have there been any amendments in the research protocol/Informed Consent Document (ICD) during the past approval period?	
If No, skip to item no. 6 Yes <input type="checkbox"/> No <input type="checkbox"/>	
(a) If yes, date of approval for protocol and ICD : <input style="width: 50px;" type="text" value="dd mm yy"/>	
(b) In case of amendments in the research protocol/ICD, was re-consent sought from participants? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, when / how: .....	
.....	
.....	

<sup>16</sup>In case there is a Data Safety Monitoring Board (DSMB) for the study provide a copy of the report from the DSMB. If not write NA.  
<sup>17</sup>Problems encountered since the last continuing review application with respect to implementation of the protocol as cleared by the EC

Version 1.0

6. Is any new information available that changes the benefit - risk analysis of human participants involved in this study? Yes  No   
If yes, discuss in detail: .....

7. Have any ethical concerns occurred during this period? Yes  No   
If yes, give details:.....

8. (a) Have any adverse events been noted since the last review? Yes  No   
Describe in brief: .....

(b) Have any SAE's occurred since last review? Yes  No   
If yes, number of SAE's :..... Type of SAE's: .....

(c) Is the SAE related to the study? Yes  No   
Have you reported the SAE to EC? If no, state reasons Yes  No

9. Has there been any protocol deviations/violations that occurred during this period?  
If yes, number of deviations .....  
Have you reported the deviations to EC? If no, state reasons Yes  No

10. In case of multicentric trials, have reports of off-site SAEs been submitted to the EC ? Yes  No  NA

11. Are there any publications or presentations during this period? If yes give details Yes  No

Any other comments:.....

Signature of PI: .....

Version 1.0



**Annexure 3**  
**AX 03/SOP 07/V6.1**  
**Continuing Review report Approval Letter**

**Name of the Principal Investigator: -**

**Department:-**

Ref: - Project Title: \_\_\_\_\_

Sub: - Letter dated: \_\_\_\_\_

This is with reference to the above stated letter regarding the continuing review report of the above mentioned project. The Continuing Review Report was noted and reviewed in the IEC meeting held on XXXXXXXX

The IEC allows continuation of the above-mentioned project without any modifications.


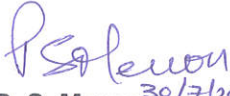


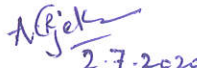
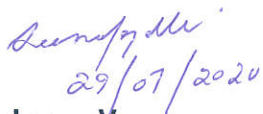
You are requested to submit the next continuing review report within 1 month of the due date i.e. on or before XXXXX.

\_\_\_\_\_  
**Signature with date**

**Member Secretary**

**Date of approval:**

Title:	Review of Study Completion Reports
SOP Code:	SOP 08/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
Dr. Shruti Bhide Member Secretary, IEC-I	 Dr. Y. C. Shetty Joint Member Secretary, IEC-I	 Dr. P. S. Menon Chairperson, IEC-I	IEC-I
	 Ms. Shilpshree Palsule Member Secretary, IEC-II	 Dr. Subodh Sirur Chairperson, IEC-II	IEC-II
	 Dr. Amey Rojekar Member Secretary, IEC-III	 Dr. Leena V Gangolli Chairperson, IEC-III	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to provide instructions on the review of Study Completion Report for every study previously approved by the Institutional Ethics Committee (IEC).

## 2. Scope

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

## 3. Responsibility

It is the responsibility of the IEC Chairperson/ Member secretary to review the study report and notify it or request for further information, if necessary.

## 4. Activity Table

No.	Activity	Responsibility
1.	Manage completion report package upon receipt and distribute to member secretary/chairperson	IEC Secretariat
2.	Assign reviewers and review the annexure/ related documents of completion report	Member-Secretary
3.	Written communication of the IEC to investigator	Member-Secretary

## 5. Detailed instructions

### 5.1 Manage completion report package upon receipt and distribute to member secretary/chairperson

- The Secretariat will receive 1 copy (soft and hard) of Study Completion Report filled as per the format – AX 01/SOP 08/ V6.1 from the Principal Investigator. The study completion report is expected from the investigator within 1 month of completion of the study at the site. A brief study report containing data analysis from all centres can be submitted by the investigator once available from the sponsor.
- It is the responsibility of the IEC Secretariat to review the report for completeness. If necessary, the IEC secretariat will retrieve the master file from the archiving with permission of the Member Secretary.
- The Secretariat shall forward the Study Completion Report along with Study Completion Report Form- AX 01/SOP 08/V6.1 and sends it to the Member secretary.

### 5.2 Assign reviewers and review the annexure/ related documents of completion report

- The completion report submission may undergo expedited review (as per the procedure described in SOP 05-B/V6.1) or full board review (as per the procedure described in SOP 05-A/ V6.1) as deemed appropriate by the IEC Chairperson/ Member Secretary
- The Chairperson and the Member Secretary will review the report, Study Completion Report Form and Study Completion statement and notify it to the other IEC members at the forthcoming full board meeting or the Chairperson / member secretary can designate two other IEC members to review the Study report and related documents. If deemed necessary, the Chairperson/member secretary may keep the report for discussion at the forthcoming IEC meeting.
- The Secretariat will send the Study Completion Report Form AX 01/SOP 08/V6.1 and Study Completion statement as per AX 02/SOP 08/ V6.1 for regulatory studies to the designated IEC members if required.
- In case there is a significant finding during the review process by the designated IEC members this will be communicated to Principal Investigator. It is the responsibility of Principal Investigator to provide the required information to the IEC.

### 5.3 Procedures for review and communication

### **5.3.1 During the Board meeting**

- The Secretariat shall request the IEC member(s) designated the task to review a copy of the Final Report to present his/her comments.
- The Member Secretary entertains any discussion of the study.
- If appropriate to the discussions, the Chairperson may call for voting for final decision or whether to request further information or to take other action with the investigator.

### **5.3.2 After the Board meeting**

- The Secretariat will note the decision in the meeting minutes and the study shall be considered as closed if decision by IEC is "Noted".
- The IEC decision is notified to the investigator as
  - a) noted in the IEC records
  - b) request for additional information / clarification
- Once the report is accepted by IEC, the decision will be communicated to the PI within 14 days of the date of the receipt from the investigator / full board meeting. The Administrative Officer will archive the entire study protocol for a period of 5 years from the date of completion of the project if the decision is noted and closed.
- No dues certification
- For thesis / dissertations no dues certification will be stamped only after confirming the submission of study completion report.
- If PI fails to submit the CSR within 1 year from date of completion notification, then IEC will dispose of the master file once the archival period over. (IEC will archive the master file for five years from the completion notification. 1<sup>st</sup> Reminder for CSR will be sent at 5<sup>th</sup> Month & 2<sup>nd</sup> Reminder will be sent at 7<sup>th</sup> months).

## **7. Annexure**

Annexure 1	AX 01/SOP 08/V6.1	Study Completion Report Form
Annexure 2	AX 02/SOP 08/ V6.1	Study Completion Statement for regulatory studies



8. Is there a plan for post study follow-up? Yes  No   
If yes, describe in brief: .....  
.....  
.....  
.....

9. Do you have plans for ensuring that the data from the study can be shared/ accessed easily? Yes  No   
If yes, describe in brief: .....  
.....  
.....  
.....

10. Is there a plan for post study benefit sharing with the study participants? Yes  No   
If yes, describe in brief: .....  
.....  
.....  
.....

11. Describe results (summary) with Conclusion <sup>25</sup> : .....  
.....  
.....  
.....

12. Number of SAEs that occurred in the study: .....

13. Have all SAEs been intimated to the EC ? Yes  No

14. Is medical management or compensation for SAE provided to the participants? Yes  No   
If yes, provide details.....  
.....  
.....  
.....

Signature of PI: ..... 

dd	mm	yy
----	----	----

<sup>25</sup> For sponsored studies, if the final report is not available from sponsor, it may be submitted later to the EC once it is ready. Version 1.0

**Annexure 2**  
**AX 02/SOP 08/V6.1**  
**Study Completion Statement for regulatory studies**

Project no. and title:

Principal Investigator:

Department:

Date of project approval:

Status report/s received so far						
Dates of meeting						

Documents approved after the first approval:

- 1.
- 2.

SAE at our sites (details)

Sr. No.	Date	SAE

\_\_\_\_\_  
**Signature with date**  
**Member Secretary**

Title:	Management of Premature Termination / Suspension / Discontinuation of the study/ Withdrawal of study before site initiation
SOP Code:	SOP 09/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>s.s.bhide</i> <i>01/07/2020</i></p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Yashankh</i> <i>6/07/2020</i></p> <p>Dr. Y. G. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P.S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree</i> <i>12/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> <i>25/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>9.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> <i>29/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

(Management of Premature Termination /Suspension / Discontinuation of the study/Withdrawal of study before site initiation)



## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe how the Institutional Ethics Committee (IEC) proceeds and manages the premature termination/ suspension / discontinuation of the study / withdrawal of study before site initiation of a research study. Protocols may be terminated at the recommendation of the IEC, Data Safety Monitoring Board (DSMB), Principal Investigator, sponsor, Regulator or other authorized bodies wherein subject enrollment and subject follow-up are discontinued before the scheduled end of the study.

## 2. Scope

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

## 3. Responsibility

1. It is responsibility of IEC secretariat to receive premature termination/ Suspension / Discontinuation of the study / Withdrawal of study before site initiation of a research study report as per (AX 01/SOP 09/V6.1) submitted by the Principal Investigator and forward it to the member secretary / chairperson with required documents if needed.
2. It is responsibility of the member secretary / chairperson to review the report and take the decision.
3. It is responsibility of the IEC secretariat to record and communicate the decision to the IEC members and PI.

## 4. Activity Table

No.	Activity	Responsibility
1	Receive premature termination/ Suspension / Discontinuation of the study / Withdrawal of study before site initiation of a research study	IEC Secretariat
2	Review the report and take the decision.	Member Secretary / Chairperson
3	To record and communicate the decision to the IEC members and PI.	IEC Secretariat
4	Store the Protocol Documents	IEC Secretariat

## 5. Detailed instructions

### 5.1 Receive premature termination/ Suspension / Discontinuation of the study / Withdrawal of study before site initiation of a research study.

The Secretariat will receive 1 copy (soft and hard) of premature termination/ Suspension / Discontinuation of the study / Withdrawal of study before site initiation of a research study filled as per the format – AX 01/SOP 09/V6.1 with covering letter from the Principal Investigator.

- It is the responsibility of the IEC Secretariat to review the report for completeness. If necessary, the IEC secretariat will retrieve the master file from the archiving with permission of the Member Secretary.
- The Secretariat shall forward the premature termination/ Suspension / Discontinuation of the study / Withdrawal of study before site initiation of a research study Form- AX 01/ SOP 09/V6.1 and sends it to the Member secretary.

### 5.2 Review the report and take the decision.

- The member secretary / Chairperson shall review the results, reasons and accrual data and discuss the report at the next up-coming Full Board meeting.
- The Member Secretary in the meeting will inform members of the premature termination of the project and the IEC members will review the Premature Termination Report AX 01/ SOP09/V6.1
- If the Premature termination/ suspension/discontinuation Report is unclear or more information is required from the PI, the Chairperson shall instruct the Secretariat to seek clarifications/ additional information from the Principal Investigator.
- The Chairperson/member secretary / IEC members will review the information available and take a decision depending on the seriousness of the termination. The decision will be taken to ensure that the safety and rights of the research participants are safeguarded. The decision will be taken by consensus /voting.
- This action will be recorded by the Member Secretary.

### 5.3 Record and communicate the decision to the PI

The decision will be communicated to the PI within 14 days and Secretariat will record the decision reached on the Premature Termination / Suspension / Discontinuation of the study / Withdrawal of study before site initiation in the minutes of the meeting.

### 5.4 Storage and Archival of the protocol documents

- The Secretariat will keep the original version of the Premature Termination Report AX 01/ SOP 09/V6.1 in the Protocol file and send the file to archive.
- The regulatory protocol documents will be stored for a period of 5 years and non-regulatory for a period of 3 years from the date of project Termination.

## 6. Annexure

ANNEXURE1 AX 01/SOP 09/V6.1 Premature Termination Report

**Annexure 1**  
AX 01/ SOP 09/V6.1  
**Premature Termination Report**

(Annexure 7)

**Premature Termination/Suspension/ Discontinuation Report Format**

Logo of the Institute

.....  
(Name of the Institution)      EC Ref. No. (For office use):

Title of study: .....

.....

Principal Investigator (Name, Designation and Affiliation): .....

.....

1. Date of EC approval:         Date of start of study:

2. Date of last progress report submitted to EC:

3. Date of termination/suspension/discontinuation:

4. Tick the appropriate

Premature Termination       Suspension       Discontinuation

Reason for Termination/Suspension/Discontinuation: .....

.....

Action taken post Termination/ Suspension/Discontinuation (if any): .....

.....

5. Plans for post study follow up/withdrawal<sup>21</sup> (if any): .....

.....

6. Details of study participants:

Total participants to be recruited: ..... Screened: ..... Screen failures:.....

Enrolled:.....      Consent Withdrawn:.....      Reason (Give details): .....

.....

Withdrawn by PI:.....      Reason(Give details): .....

.....

<sup>21</sup> Describe post-termination/suspension/ discontinuation follow up plans if any. Also describe any withdrawal plans for the study.

Version 1.0

**(Management of Premature Termination /Suspension / Discontinuation of the study/Withdrawal of study before site initiation)**

Title:	Protocol Deviation/Violation
SOP Code:	SOP 10/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>s.s.bhide</i> <i>01/07/2020</i></p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Yabadi</i> <i>01/07/2020</i></p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>#palsule</i> <i>13/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> <i>22/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>4.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V</i> <i>29/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

### 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to provide instructions for taking action(s) when investigator(s)/trial site(s) fail(s)to:

- Follow the procedures written in the approved protocol
- Comply with national and/ or international guidelines, statutory provisions, institutional guidelines or rules or procedures mandated by the Institutional Ethics Committee (IEC) for the conduct of human research
- Respond to the IEC requests regarding statutory, ethical, scientific or administrative matters

### 2. Scope

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

### 3. Responsibility

1. It is responsibility of IEC secretariat to receive deviation /violation reports as per (AX 01/SOP10/V6.1) with covering letter mentioning details of deviations (as per table mentioned bellow the annexure 1) submitted by the Principal Investigator and forwards it to the member secretary / chairperson.
2. It is responsibility of the member secretary / chairperson to categorized the submitted protocol deviations as minor and major and assign one/ two primary reviewers accordingly.
3. It is responsibility of the designated reviewers to review the protocol deviations and take the decision regarding the same.
4. It is responsibility of the IEC secretariat to record and communicate the decision to the PI.

### 4. Activity Table

No.	Activity	Responsibility
1	Receiving deviation /violation reports and forward it to the member secretary/chairperson	Secretariat
2	categorized the protocol deviations and assign one/ two primary reviewers	Member Secretary /Chairperson
3	To review the protocol deviations	IEC members
4	Record and communicate the decision to the PI.	IEC Secretariat

### 5. Detailed instructions

#### ➤ Detection of Protocol deviation/ non-compliance/violation

Protocol deviation/non-compliance/violation may be detected in one the following ways (but not limited to those listed below):

1. Protocol deviation/ non-compliance/ violation may be reported by Investigator/ study site/ sponsor/ Contract-Research Organization to the IEC
2. The IEC members performing monitoring of the project at trial site may detect protocol deviation/non-compliance/violation if the project is not been conducted as per protocol/ national/international regulations.
3. The Secretariat may detect protocol deviation/non-compliance/violation from failure to comply with statutory requirements/failure to respond to requests from IEC within reasonable time limit/failure to respond to communication made by IEC.
4. The IEC members may detect protocol deviation/non-compliance/violation when scrutinizing annual/ periodic reports/ SAE reports/ any other communication received from the Investigator/ trial site/ sponsor/ study monitor/ contract research organization/ethics committee monitor.
5. The IEC secretariat and/ or IEC members may become aware of a protocol deviation/ non-

compliance/ violation while reviewing study-related documents including reports filed in by the Principal Investigator.

6. Communication/ complaint/ information received from research participant who has been enrolled or any individual who has been approached for enrollment
7. Any report/ communication brought to the notice of Member, Secretary/ Jt. Secretary/ Chairperson of IEC by an independent person
8. Communication received from the Head of the Institution informing IEC about an alleged protocol violation/ non-compliance/ protocol deviation

### 5.1 Receiving deviation /violation reports and forward it to the member secretary /chairperson

The Secretariat will receive 1 copy (soft and hard) of protocol deviation Report filled as per the format – AX 01/SOP 10/V6.1 with covering letter from the Principal Investigator.

- It is the responsibility of the IEC Secretariat to review the report for completeness. If necessary, the IEC secretariat will retrieve the master file from the archiving with permission of the Member Secretary.
- The Secretariat shall forward the protocol deviation Report along with protocol deviation Form- AX 01/SOP 10/V6.1 and covering letter and sends it to the Member secretary.

### 5.2 Categorize the protocol deviations and assign one/ two primary reviewers

- The member secretary or chairperson will categorize the protocol deviations as minor or major.

#### For Minor protocol deviations

The **Minor** protocol deviations and related documents will be reviewed by either member secretary or chairperson.

#### For Major protocol deviations

**Major** protocol deviations and related documents will be reviewed by either one / two designated primary reviewers or after review by the designated primary reviewers will be discussed in the upcoming full board meeting. In case the decision is to discuss the **Major** protocol deviations at the full board meeting, the Primary reviewer / Secretary will present a brief oral summary of the major protocol deviations and the comments of the IEC members/Chairperson in the IEC Full Board meeting.

#### • Definitions

#### Protocol Deviation (Minor) and Protocol Violation (Major):

**Protocol Deviation-** A protocol deviation is any change, divergence, or departure from the study design or procedures of a research protocol that is under the investigator's control and that has not been approved by the IEC. Upon discovery, the Principal Investigator is responsible for reporting protocol deviations to the IEC using the standard reporting form.

**Protocol Violation (Major protocol deviations):** - A protocol violation is a deviation from the IEC approved protocol that may affect the subject's rights, safety, or wellbeing and/or the completeness, accuracy and reliability of the study data. If the deviation meets any of the following criteria, it is considered a protocol violation. Example list is not exhaustive.

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

- A research participant has received the wrong treatment
- A research participant had met withdrawal criteria during the study but was not withdrawn.
- A research participant received an excluded concomitant medication.

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

- A research participant was enrolled but does not meet the protocol's eligibility criteria.

- Failure to treat research participants-per protocol procedures that specifically relate to primary efficacy outcomes. (if it involves patient safety it meets the first category above)
- Changing the protocol without prior IEC approval.
- Inadvertent loss of samples or data.

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

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

IV. The deviation involves a serious or continuing noncompliance with federal, state, local or Institutional human participant protection regulations, policies, or procedures. For example:

- Working under an expired professional license or certification
- Failure to follow federal and/or local regulations, and intramural research policies
- Repeated minor deviations

V. The deviation is inconsistent with the NIH Human Research Protection Program's research, Medical and Ethical principles. For example:

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

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

### **5.3 To review the protocol deviations**

- The Chairperson / member secretary / primary reviewers will review the submitted protocol deviations and assess the impact of the deviation on the safety wellbeing of the participants and data integrity of the study along with risk benefit analysis.
- Primary reviewers will send the comments to the member secretary with the decision.
- The Chairperson/member secretary / IEC members will review the information available and take a decision depending on the seriousness of the deviation / violation. The decision will be taken to ensure that the safety and rights of the research participants are safeguarded. The decision will be taken by consensus / voting. The actions taken by IEC could include one or more of the following:
  - ✓ Inform the Principal Investigator (PI)that IEC has noted the deviation /violation
  - ✓ Direct the PI to ensure that deviations/violations do not occur in future and follow IEC recommendations.
  - ✓ Enlist measures that the PI would undertake to ensure that deviations/violations do not occur in future
  - ✓ Reprimand the PI.
  - ✓ Call for additional information.
  - ✓ Suspend the study till additional information is made available and is scrutinized.
  - ✓ Suspend the study till recommendations made by the IEC are implemented by the PI and found to be satisfactory by the IEC.
  - ✓ Suspend the study for a fixed duration of time.
  - ✓ Inform the Institutional Head/Director/Dean.

**(Protocol Deviation/Violation)**

- ✓ Revoke approval of the current study.
  - ✓ Inform DCI/ Other relevant regulatory authorities.
  - ✓ Keep other research proposals from the PI/ Co-PI under abeyance.
  - ✓ Review and/ or inspect other studies undertaken by PI/Co-PI.
  - ✓ Refuse to review subsequent applications from an investigator cited for non-compliance for a specified duration of time.
  - ✓ Any other action considered appropriate by the IEC for safeguarding the interests of the research participants participating in the current trial or in future trials.
- The action that the IEC will be based on:
- [1] The nature and seriousness of the deviation /violation
  - [2] Frequency of deviation / violation in the study in the past
  - [3] Frequency of deviation / violation in previous studies conducted by the same PI/ Co-PI or in the same department.
- This action will be recorded by the Member Secretary.

#### **5.4 Record and communicate the decision to the PI.**

- ✓ The decision will be communicated to the PI within 14 days except if the decision is project suspension/termination, which will be communicated to the Principal Investigator **within 1 working day of the meeting.**
- ✓ The Secretariat will record the decision reached on the protocol deviation / violation in the minutes of the meeting.

#### **6. Annexure**

Annexure1 AX 01/SOP 10/V6.1Deviation/Violation Record



**Annexure1**  
AX 01/SOP 10/V6.1  
**Deviation / Non-Compliance / Violation Record**

(Annexure 5)	
<b>Protocol Violation/Deviation Reporting Form (Reporting by case)</b>	
Logo of the Institute	..... (Name of the Institution)      EC Ref. No. (For office use):
Title of study: .....	
.....	
Principal Investigator (Name, Designation and Affiliation): .....	
.....	
1. Date of EC approval	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>
Date of start of study	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>
2. Participant ID: .....	Date of occurrence
	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>
3. Total number of deviations /violations reported till date in the study: .....	
4. Deviation/Violation identified by: Principal Investigator/study team <input type="checkbox"/> Sponsor/Monitor <input type="checkbox"/>	
SAE Sub Committee/EC <input type="checkbox"/>	
5. Is the deviation related to (Tick the appropriate box) :	
Consenting <input type="checkbox"/>	Source documentation <input type="checkbox"/>
Enrollment <input type="checkbox"/>	Staff <input type="checkbox"/>
Laboratory assessment <input type="checkbox"/>	Participant non-compliance <input type="checkbox"/>
Investigational Product <input type="checkbox"/>	Others (specify) <input type="checkbox"/>
Safety Reporting <input type="checkbox"/>	
6. Provide details of Deviation/Violation: .....	
.....	
.....	
.....	
7. Corrective action taken by PI/Co-PI: .....	
.....	
.....	
8. Impact on (if any): Study participant <input type="checkbox"/> Quality of data <input type="checkbox"/>	
9. Are any changes to the study/protocol required?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, give details.....	
.....	
Signature of PI: .....	
	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>
Version 1.0	

Title	Constituting SAE Subcommittee
SOP Code	SOP 11-A /V 6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S.Bhide</i> 01/07/2020</p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y.C.Shetty</i> 7/7/2020</p> <p>Dr. Y. C. Shetty, Joint Member Secretary, IEC-I</p>	<p><i>Urmila Thatte</i> 7.7.2020</p> <p>Dr. Urmila Thatte, Head of SAE Subcommittee Member, IEC-I</p>	IEC-I
	<p><i>Sharmila Jalgaonkar</i> 06/07/2020</p> <p>Dr. Sharmila Jalgaonkar Executive Secretary, SAE Subcommittee. Member Secretary, IEC-II</p>	<p><i>Subodh Sirur</i> 7/7/2020</p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>Leena V Gangolli</i> 29/07/2020</p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III	

## 2. Scope

The SOP applies to all activities performed by the SAE Subcommittee.

## 3. Responsibility

It is the responsibility of the Institutional Ethics Committee members and the Secretariat to read, understand, follow and respect the SOP set by the Institutional Ethics Committee.

## 4. Activity Table

No.	Activity	Responsibility
1	Composition of the SAE Subcommittee	Chairperson, IEC Members and Secretariat
2	Membership requirements	Chairperson
3	Tenure of Membership	Chairperson, IEC Members and Secretariat
4	Initiation of the process of appointment	Secretariat
5.	Appointment of new members	Chairperson
6.	Resignation and disqualification of members	IEC Members and Secretariat
7.	Conditions of appointment	IEC Members and Secretariat
8.	Selection and appointment of Head of the SAE subcommittee	Chairperson of the IEC for CT
9.	Quorum requirements	IEC Members and Secretariat

## 5. Detailed Instructions

### 5.1 Ethical basis:

- Serious Adverse Event (SAE) Subcommittee of the Institutional Ethics Committee' (IEC) first established in 21<sup>st</sup> April 2009. The SAE Subcommittee will review all serious adverse events (SAE) and unexpected adverse events (UAE) and adverse events (AEs) at this site / other sites in all types of research studies involving human participants approved by IEC.
- The committee will consist of members who collectively have the qualifications and experience to review and evaluate the scientific, medical and ethical aspects of adverse event reports involving human participants.
- In evaluating all the adverse event reports, the SAE Subcommittee is aware of the diversity of laws, culture and practices governing research and medical practices in various countries around the world and especially in India.
- The SAE subcommittee attempts to keep itself informed of the requirements and conditions of the various localities where proposed research is being considered.
- The committee will follow all applicable guidelines released by the regulatory authorities and revised from time to time
- The SAE Subcommittee will work according to its established Standard Operating Procedures and follows all applicable guidelines
- The mandate is to
  - To ensure the protection of the rights, safety and wellbeing of human participants involved in clinical research projects.
  - To provide public assurance of that protection.

### 5.2 Composition of the SAE Subcommittee:

- The SAE Subcommittee will be appointed by the Chairperson of Ethics Committee (IEC-I).

- The SAE Subcommittee will be multidisciplinary and multi-sectoral in composition.
- The SAE Subcommittee will be composed of at least 5 and a maximum of 12 members.
- The members preferably should be from medical and scientific backgrounds.
- The Composition shall be as follows:
  - a. Head of the SAE Subcommittee (who is a member of the IEC-I or Clinical trial (CT)).
  - b. One Executive Secretary (who is a member of the any IEC -I, II or III.).
  - c. At least one member possessing post graduate degree in the subject of Pharmacology (who is the member of the any IEC I,II,III).
  - d. At least one member possessing post graduate degree in the subject of General Medicine (who is the member of any IEC).
  - e. Member Secretary of the committee/s reviewing regulatory proposals.The requirement, appointment and terms of membership will be the same as described below in sections 5.3 to 5.8.
- The SAE Subcommittee may invite legal expert member of the IEC to provide opinion on the legal implication of adverse event.

### 5.3 Membership requirements:

- The Chairperson of Ethics Committee/ Clinical trial (CT) is responsible for appointing the SAE Subcommittee members.
- The IEC members can suggest names of potential IEC members but the final decision will remain with the Chairperson.
- Members will be selected in their personal capacities based on their interest, ethical and/or scientific knowledge and expertise, as well as on their commitment and willingness to volunteer the necessary time and effort for the SAE Subcommittee work.

### 5.4 Tenure of Membership:

- The tenure of Institutional Ethics Committee members will be for a continuous period of three (3) years from the date of appointment and will co-incide with the appointment on IEC board.
- The IEC secretariat will initiate the process of filling up the forthcoming vacancies 3-6 months prior to the end of tenure of a member of SAE Subcommittee. The IEC members will recommend names of individuals to the Chairperson. The Chairperson will select and appoint a member for the new tenure from the list provided by the IEC or otherwise

### 5.5 Appointment of new members:

The SAE Subcommittee members will be appointed by the Chairperson. New members will be appointed under the following circumstances:

1. When any member completes his/ her tenure.
2. If any member resigns before the tenure is completed.
3. If any member ceases to be a member for any reason including death or disqualification.
4. To fulfill the membership requirements as per 5.3 of this SOP.

New members will be identified by the Chairperson according to the requirement (i.e. as per the composition specified in Section 5.2 of this SOP), membership requirement (Section 5.3 of this SOP) and if the potential member fulfils the conditions of appointment as defined in 5.5 of this SOP after discussion by the IEC he/she will be appointed on SAE Subcommittee. The final decision regarding appointment of members will be taken by the **Chairperson**.

### 5.6 Resignation and Disqualification of Members:

- Resignation: An SAE Subcommittee member may resign from membership by submitting a letter of resignation to the Chairperson. The member may or may not assign reasons for resignation. The resignation will become effective from the day it is accepted by the Chairperson.
- Disqualification for conduct unbecoming of an SAE Subcommittee member: A member may be disqualified from continuance should IEC determine by a three-fourth majority specifically called for the purpose that the member's conduct has been unbecoming of an SAE Subcommittee member.
- The process will be initiated if IEC Chairperson or Head of SAE Subcommittee receives a communication in writing (provided by IEC member) alleging misconduct by a SAE

Subcommittee member.

- The Chairperson will satisfy himself/herself that a prima facie case exists before initiating action. If, in the opinion of the Chairperson, the matter is of grave significance where integrity of IEC could be questioned, the Chairperson may suspend the membership of the concerned SAE Subcommittee member till final decision is taken by IEC. During the period of suspension, the concerned individual will not have any rights, privileges or responsibilities of an IEC member and will not perform any duties of SAE Subcommittee member.
- The Chairperson may call for a meeting of the IEC specifically to discuss this issue or the matter will be taken up for discussion. The meeting convened will follow the usual rules of quorum. The allegation will be discussed at the IEC meeting and the member alleged of misconduct will be provided adequate opportunity to defend him/her.
- The member would stand disqualified if members present approve of disqualification by voting (voting by 2/3<sup>rd</sup> of majority of members present in the meeting and voting). The Chairperson will convey the disqualification to the concerned member through a written communication.

#### **5.7 Conditions of appointment:**

Members will be appointed on SAE Subcommittee if they accept the following conditions.

- Willingness to publicize his/her full name, profession and affiliation.
- Willingness to sign the Confidentiality and Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation and related matters.
- Willingness and commitment in terms of time to perform the role and responsibility as SAE Subcommittee member.

#### **5.8 Hierarchy:**

- There will be one SAE Subcommittee-Head, one executive Secretary of SAE Subcommittee.
- The Member Secretary of the IEC for CT will be the guardian of all documents in the possession of the committee. In case of anticipated absence, the head of SAE subcommittee will nominate a SAE subcommittee member as Acting Executive Secretary. The Acting executive secretary will have all the powers of the executive secretary of the SAE subcommittee for that meeting.
- Other SAE Subcommittee members will be regular committee members with equal ranking.
- The Head of the SAE Subcommittee will be appointed by the Chairperson.
- The executive secretary, will be nominated by and from amongst the SAE Subcommittee members for 3 years term. The executive secretary may be re-elected any number of times. Should he/she resign or be disqualified, the SAE Subcommittee members will elect a replacement for another term.

#### **5.9 Head of the SAE Subcommittee:**

- The Head of the SAE Subcommittee will be appointed by the Chairperson.
- The Head of the SAE Subcommittee will be affiliated to the institution.
- The Head of the SAE Subcommittee will be responsible for conducting SAE subcommittee meetings, and will lead all discussions and deliberations pertinent to the review of All type of adverse event reports [Serious Adverse Event (SAE), Unexpected Adverse Event (UAE), Adverse Event (AE), Suspected Unexpected Serious Adverse Event(SUSAR)].
- The Head and secretary of the SAE Subcommittee will sign minutes of the SAE Subcommittee meeting.
- In case of anticipated absence, the head of SAE subcommittee will nominate a SAE subcommittee member as Acting Head. The Acting Head will have all the powers of the Head of SAE subcommittee for that meeting.

#### **5.10 Functions of the Executive secretary of the SAE Subcommittee:**

1. To receive All type of adverse event reports (SAE, UAE, AE, SUSAR's).
2. To organize an effective and efficient tracking procedure for each onsite adverse event report received.
3. To inform the adverse events (serious and unexpected) reports to other members of the SAE Subcommittee.
4. To schedule and organize the SAE Subcommittee meetings.

**(Constituting SAE Subcommittee)**

5. To prepare and maintain meeting agenda and minutes.
6. To prepare the communication letters related to the adverse event reports.
7. To communicate with the IEC members and applicants/investigators and regulators.
8. To provide necessary administrative support for SAE Subcommittee related activities.
9. To ensure adherence of the SAE Subcommittee functioning as per SOPs.

**5.11 Functions of the IEC Secretariat:**

The IEC Secretariat will perform the functions as mentioned in **SOP11-B/V6.1** for the SAE Subcommittee.

1. Functions of the Administrative Manager, Officer/s, Executive Assistant.
2. To support the Executive Secretary in executing functions of the SAE Subcommittee.
3. To prepare the agenda of the SAE subcommittee with help of Secretary of the SAE Subcommittee. The agenda of the SAE Subcommittee will include the information on SAE/ UAE at the site in the following format:

Participant ID	Letter no./ and date of reporting	Type of report	Type of SAE/ UAE	Date of onset	whether study drug withheld	Outcome	Causality in the opinion of PI

**Summary:**

**Total no. of SAE Reported=00**

**Total no. of Death = 00**

4. The agenda will also include information about onsite AE reports and SAE/UAE reports for the SAE /UAE occurring at other trial sites.
5. To prepare the minutes (to be prepared within 5 working days of the meeting) with the help of the Secretary of the Subcommittee The minutes of the SAE Subcommittee will include the information on SAE /UAE at the site in the following format:

Participant ID	Letter no./ and date of reporting	Type of report	Type of AE/SAE/ UAE	Date of onset	whether study drug withheld	SAE Outcome	Causality in the opinion of PI	Recommendation (s) by the SAE Sub Committee

The minutes will also include the notification /recommendation on the onsite AE reports and other site SAE/UAE reports

6. To perform any other functions as instructed by Executive Secretary/ Head of the SAE Subcommittee.

**5.12 Roles and Responsibilities of the SAE Subcommittee members:**

- To attend the SAE Subcommittee Meetings and participate in discussions and deliberations so that appropriate decisions can be arrived at.
- To review, discuss and consider adverse event reports submitted for evaluation.
- To review Serious Adverse Event and unexpected adverse reports and recommend appropriate action(s) as follows:
  - The SAE /UAE reports will be reviewed completely in the SAE subcommittee meeting with a special focus on relatedness to the clinical trial, medical management and financial compensation to be given to the research participant as per New Drugs and Clinical Trials, Rules (NDCTR,2019, 19<sup>th</sup> March 2019). The SAE subcommittee while reviewing may solicit opinion of one or more subject expert in writing, if the Sub-committee decides to consult

experts. The information can be provided to expert after he/ she/ they agree(s) to the confidentiality cause and abide by the rules and regulations of IEC or the necessary confidentiality documents are signed.

The subject expert would be requested to provide an opinion in writing within 2-3 working days, depending upon the gravity and seriousness.

- The following decisions/actions including the following but not limited to, are listed below:

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

To opine on compensation entitled to research participants (as per New Drugs and Clinical Trials, Rules (NDCTR 2019, 19<sup>th</sup> March 2019) experiencing Serious Adverse Event and unexpected adverse events and adverse events and recommend appropriate action(s).

Request further follow up information and/ or additional details on causality of the event, provision of medical treatment till SAE is resolved and financial compensation.

Provide periodic follow-up of the research participant till SAE is resolved or till death occurs (whichever is earlier). In case of pregnancy as SAE to send follow up reports of the child in utero and after delivery for a period till the baby's age is 1 year.

If appropriate to the discussions, the recommendation regarding a specific action or combination of actions to be taken is arrived at by the SAE subcommittee meeting. The recommendations will be communicated to the IEC within 5 working days.

- To maintain confidentiality of the documents and deliberations of the SAE Subcommittee meetings.
- To declare any conflict of interest.
- To provide information and documents related to training obtained in biomedical ethics and biomedical research to the IEC secretariat.
- To carry out the work delegated by Head of the SAE Subcommittee.
- To assist Head of the SAE Subcommittee in carrying out IEC work as per SOPs.

#### **5.13 Quorum Requirements:**

- The SAE Subcommittee meeting will be held as scheduled provided there is quorum. For the SAE Subcommittee meeting, a quorum will consist of at least 4 members as follows- one member (preferably pharmacologist), one member (preferably clinician), executive secretary and Head/ Acting head of the SAE subcommittee.

#### **5.14 Minutes of the SAE subcommittee meeting:**

Minutes of SAE subcommittee meeting will be prepared by SAE subcommittee Executive secretary. These minutes will then be presented in the next Full Board meeting of IEC-I or CT by respective member secretaries.

#### **5.15 Responsibilities of the SAE Subcommittee:**

- The SAE Subcommittee primary responsibilities will be protection of safety, rights and confidentiality of the research participants.
- The SAE Subcommittee will keep all information submitted to them confidential specially the proprietary information.
- The SAE Subcommittee will maintain concise but clear documentations of its views on each adverse event report.
- The SAE Subcommittee will review the serious adverse event, unexpected adverse event and adverse event and other site SAE reports (CIOMS, SUSARs) of each research project at appropriate and specified intervals.
- The SAE Subcommittee will ensure that appropriate compensation is paid to the research participant as per (New Drugs and Clinical Trials, Rules (NDCTR 2019, 19<sup>th</sup> March 2019).

Title	Review of Serious Adverse Events (SAE) Reports and Unexpected Adverse Events (UAE)
SOP Code	SOP 11-B /V 6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. Bhide</i> 06/07/2020</p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> 7/7/2020</p> <p>Dr. Y. C. Shetty, Joint Member Secretary, IEC-I</p>	<p><i>Urmila Thatte</i> 7.7.2020</p> <p>Dr. Urmila Thatte, Head of SAE Subcommittee Member, IEC-I</p>	IEC-I
	<p><i>Dr. Sharmila Jalgaonkar</i> 24/07/2020</p> <p>Dr. Sharmila Jalgaonkar Executive Secretary, SAE Subcommittee. Member Secretary, IEC-II</p>	<p><i>Dr. P. S. Menon</i> 30/7/2020</p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-II
	<p><i>Dr. Leena V Gangolli</i> 29/07/2020</p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III	



Hospital for any study under the oversight of the Institutional Ethics Committee (IEC).

## 2. Scope

This SOP applies to the review of AE, SAE and UAE reports submitted to the IEC.

## 3. Responsibility

It is the responsibility of the IEC to review AEs, SAEs and UAEs reported to the IEC. These could be AEs, SAEs and UAE occurring at Seth GS Medical College and KEM Hospital or other sites for the given project/related project.

## 4. Activity Table

No.	Activity	Responsibility
1	Receipt of AE, SAE and UAE report.	Secretariat.
2.	Submission of AE, SAE and UAE report to the Subcommittee.	Secretariat.
3	Agenda and Minutes of the Subcommittee.	Secretary of the SAE Sub-committee.
4.	Review and discussion of SAE report at the Subcommittee meeting.	SAE Subcommittee members.
5.	Discussion/Decision at the IEC meeting.	Members of the IEC.
6.	Communication of the IEC decision about SAE review to the principal investigator.	Secretariat.
7.	Communication of the IEC decision about SAE review to DCI.	Member Secretary / Chairperson of the IEC.
8	Discussion/Information at the full board IEC meeting	Member Secretary of the IEC.

## 5. Detailed Instructions

### 5.1 Onsite SAE and UAE:

#### 5.1.1 Receipt of SAE/UAE report:

- The IEC Secretariat will receive the following documents within the specified time frame pertaining to SAE /UAE experienced by the research participants ON SITE for research proposals approved by the IEC:
  - i. On site SAE or UAE report to be submitted by the Principal Investigator within 24 hours and with due analysis of their occurrence as per the format specified in
    - A. Annexure 1: AX 01/SOP 11-B/V6.1 (Table 5 Data elements for reporting serious adverse events occurring in a clinical trial or bioavailability or bioequivalence study of Initial Report/Follow up report As per NDCTR 2019) &
    - B. Annexure 2: AX 02/SOP 11-B/V6.1 (SAE Reporting format for Biomedical Health Research)
  - ii. In the case of SAE, the report with due analysis will be submitted also by the sponsor within 14 days along with the format specified in AX 01/SOP 11-B/V6.1 (TABLE 5 Data Elements for Reporting Serious Adverse Events occurring in a clinical trial or bioavailability or bioequivalence study of Initial Report/Follow up report As per NDCTR 2019)
  - iii. On site SAE / Unexpected AE close out report for SAE at the site to be submitted by the Principal

Investigator with the format specified in AX 03/SOP11-B/V6.

- The IEC Secretariat will verify that the report is complete in all respects and is signed and dated by the Principal Investigator (PI) or Sponsor as the case may be and that it has been received at the IEC office within the specified timelines above. If the report has been received beyond the specified time, this will be considered as a violation.
- The IEC Secretariat will sign and write the date and type of report on which the report is received.
- For all the onsite SAE/ UAE reports received at the IEC office, the executive assistant will forward these reports to the executive secretary of the SAE Subcommittee within two working days.

#### 5.1.2 Review of SAE, UAE Reports:

- Secretary of the SAE Subcommittee will review the SAE /UAE report and arrange a meeting depending on the timelines.
- SAE and UAE reports submitted to the IEC will be reviewed by the SAE subcommittee as per requirement.
- At the meeting, the members of the SAE subcommittee will review all the SAE/UAE reports received in the earlier week and the committee will deliberate on issues involved in the report and decide further course of action as:

A. Noted      B. Seek clarification      C. Ask further details

The deliberations and the reply received from pi will be presented in the subsequent full board meeting.

#### 5.1.3 Process of communication

- i. The IEC Secretariat will receive the minutes within 5 working days of the meeting of the SAE subcommittee and recommendation taken on the onsite SAE /UAE report.
- ii. This report will be circulated to the IEC members *via* email and approval/ objection will be sought from the members in a period of 2 days.
- iii. If approval is obtained from all the IEC members the decision will be communicated to the Licensing authority (DCI) within 30 days of the occurrence of the SAE.
- iv. If the SAE is death then the decision will be communicated to DCI within 30 days of the occurrence of the SAE-Death.
- v. If decision is that research participant is entitled for financial compensation an emergency IEC meeting will be scheduled within 7 days for the same (refer SOP 14/ V6.1).
- vi. If objection is received from more than 2 IEC members an emergency IEC meeting will be scheduled within 7 days for the same.
- vii. The decision taken at the emergency IEC meeting regarding the onsite SAE/UAE report will be communicated to the Licensing authority (DCI) within 30 days of the occurrence of the SAE. If the SAE is death then the decision will be communicated to DCI within 30 days of the occurrence of the SAE- DEATH.

#### 5.1.4 Inform Investigator:

- The IEC secretariat will draft a formal letter to the concerned Principal Investigator and inform him/ her about the IEC decision. This letter will be signed and dated by the Member-Secretary / Chairperson (IEC) and will be sent to the Principal Investigator within a period of 7 days from the date of the SAE subcommittee meeting.
- The Principal Investigator will be requested to reply to the query letter on the SAE report within 7 working days. If no response is received (within 7 days of dispatch of EC query letter) from the investigator regarding the query raised on the given SAE/UAE, a reminder letter will be sent to the investigator stating that the response to the query letter must be sent within 5 working days of the dispatch of reminder letter. If no response is received to the reminder letter, this should be informed by the member secretary of the IEC in the full board meeting and decision will be taken on case to case basis.
- The principal investigator will be requested to forward follow-up reports after due analysis of the SAE/unexpected AE report to the IEC within 14 days of the occurrence of the SAE/unexpected AE report.
- The Administrative Officer will file a copy of the query letter in the study file.

#### 5.1.5 Inform Licensing authority (DCI):

- The Member-Secretary / Chairperson (IEC) of the IEC will forward the letter describing the opinion on the SAE report death, along with the opinion on financial compensation, to the Chairperson of the Expert Committee constituted by the Licensing authority (DCI) and also a copy to DCI within 30 days of the occurrence of the SAE-death.
- The Member-Secretary / Chairperson (IEC) of the IEC will forward the letter the decision taken on the given SAE report (other than death)/unexpected adverse event report along with the opinion on financial compensation to the Licensing authority (DCI) within 30 days of the occurrence of the SAE/ unexpected adverse event.
- The Administrative Officer will file a copy of these letters in the study file.

#### 5.2 Onsite AE:

##### 5.2.1 Receipt of AE report:

- The IEC Secretariat will receive the following documents pertaining to AE experienced by the research participants for research proposals approved by the IEC:
  1. On site AE reports to be submitted by the Principal Investigator periodically as decided by the
  2. In view of the risk assessment of a given research proposal the IEC can request adverse events to be reported earlier, if deemed necessary at specified timelines in the project approval letter.
- The SAE/IEC Secretariat will verify that the report is complete in all respects and is signed and dated by the Principal Investigator (PI) and that it has been received at the IEC office within the specified timelines above. If the report has been received beyond the specified time, this will be considered as violation.
- The IEC Secretariat will sign and write the date on which the report is received.
- For all the onsite AE reports received at the IEC office, the Executive Assistant will forward these reports to the executive secretary of the SAE Subcommittee within two working days.

##### 5.2.2 Review of AE Reports:

- AE reports submitted to the IEC will be reviewed by the IEC-I or SAE subcommittee at the scheduled meetings as per procedures described in SOP 11A and minutes communicated to IEC Secretariat.

##### 5.2.3 Inform Investigator:

- The SAE/IEC secretariat will draft a formal letter to the concerned Principal Investigator and inform him/ her about the IEC decision on the concerned AE report. This letter will be signed and dated by the Member-Secretary/Chairperson (IEC) and will be sent to the Principal Investigator within a period of 7 days from the date of the IEC-1 meeting.
- The principal investigator will be requested to reply to the query letter on the AE report within 7 working days. If no response is received (within 7 days of dispatch of EC query letter) from the investigator regarding the query raised on the given AE report, a reminder letter will be sent to the investigator stating that the response to the query letter must be sent within 5 working days of the dispatch of reminder letter. If no response is received to the reminder letter, this should be informed by the member secretary of the IEC in the full board meeting and decision will be taken on case to case basis.

##### 5.2.4 Further action:

- The executive will file a copy of these letters in the study file.
- If deemed necessary Licensing Authority will be informed.

#### Custodian:

#### 5.3 SAEs occurring at other sites:

The investigator will need to submit the SAEs occurring at other sites (CIOMS, SUSARS) in the form of soft copies only (Pendrive) along with the appropriate covering letter (hard copy) mentioning the total

number of reports and its details in the following format:

Sr. No.	Country	MFR Control No.	Type of Report	SAE event	Date of onset of ADR	Date of ADR report	Outcome	Causality	
								Investigator	Sponsor

- For every SAE term use separate row. Do not club SAE terms.
- Please mentioned causality as related (R) or not related (NR)[do not use word possibly, unlikely, probable, associated]
- The SAEs occurring at other sites will be reviewed by the Secretary of the SAE Subcommittee and informed to other members of the Subcommittee and discussed in the forthcoming scheduled Subcommittee meeting. The agenda and minutes of the SAE Subcommittee will include the information on SAEs at other sites.
- The discussion will be communicated by the SAE Subcommittee Executive Secretary to the Secretariat who will include it in the appropriate IEC agenda

#### 5.4 During the Full board IEC meeting:

- The IEC Member Secretary will read out the minutes of all the weekly SAE Sub- committee meetings including the recommendations/decisions of the SAE sub- committee.
- In case of the AE/ SAE/UAE occurring at the site to be discussed at the full board meeting, the member secretary will also provide the relevant information including updates on AE/ SAE/ UAE that have occurred earlier at the site. The Chairperson will invite members to voice their opinions and ensure free discussion.
- If appropriate to the discussions and any issues put forth by SAE subcommittee, the issue can be re-discussed and decision can be arrived at by voting (a majority vote for a decision is 2/3<sup>rd</sup> majority of the members present and voting) or by consensus.

Actions are listed below:

- *Terminate the study.*
- *Suspend the study till review is completed (safety monitoring of ongoing patients to be continued).*
- *Suspend the study till additional information is available.*
- *Suspend the study for a specified duration of time.*
- *Suggest changes/ amendments in protocol, Patient Information Sheet/ Informed Consent Document/ Investigators' Brochure/ any other study-related documents.*
- *Suspend the study till amendments requested for by the IEC are carried out.*
- *Suspend enrollment of new participants.*
- *Suspend certain activities under the protocol.*
- *Direct the Investigator to inform participants already enrolled in the study about the AEs and if required obtain their consent again (re-consent) regarding continuation in the research trial.*
- *Direct the Investigator to inform participants already enrolled in the study about the AE and request them to undertake additional visits, additional procedures, additional investigations, etc. as prescribed in the amendment.*
- *Note the information about the SAE in records for future reference.*
- *Request further follow up information and/ or additional details.*
- *Provide periodic follow-up of the research participant till SAE is resolved or till death*

occurs (whichever is earlier).

- Any other appropriate action.

The decision shall be recorded in the minutes of the full board IEC meeting.

- If the recommendation from the IEC includes suspension of the study or suspension of any one or more of the study-related procedures or activities, amendments in the protocol or other study-related documents (excluding Investigators' brochure), re-consenting of research participants, the decision will be conveyed to the Principal Investigator through telephone, fax or email within 24 hours. Such a communication will be documented by the IEC Member-Secretary in the study file. A formal letter to the Principal Investigator informing about the IEC recommendations in such situations will be sent within 5 working days of the IEC meeting having taken place.

## 6. Glossary:

<b>Adverse Event</b>	Any untoward medical occurrence in a patient or clinical investigation participant administered an investigational product and which does not necessarily have a causal relationship with this treatment. The adverse event can therefore be any unfavorable or unintended sign or experience associated with the use of the investigational product, whether or not related to the product.
<b>Adverse Drug Reaction</b>	A response to a drug which is noxious and unintended, and which occurs at doses normally used in man for the prophylaxis, diagnosis, or therapy of disease, or for the modifications of physiological function.
<b>IND</b>	Investigational New Drugs means substances with potential therapeutic actions during the process of scientific studies in human in order to verify their potential effects and safety for human use and to get approval for marketing.
<b>Unexpected adverse event</b>	An adverse event, 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)
<b>SAE (Serious Adverse Event)</b>	<p>The adverse event is <b>SERIOUS</b> and should be reported when the patient outcome is:</p> <p><b>Death:</b> Report if the patient's death is suspected as being a direct outcome of the adverse event.</p> <p><b>Life-Threatening:</b> Report if the patient was at substantial risk of dying at the time of the adverse event or it is suspected that the use or continued use of the product would result in the patient's death. <i>Examples: Pacemaker failure; gastrointestinal hemorrhage; bone marrow suppression; infusion pump failure which permits uncontrolled free flow resulting in excessive drug dosing.</i></p> <p><b>Hospitalization</b>(initial or prolonged) - Report if admission to the hospital or prolongation of a hospital stay results because of the adverse event. <i>Examples: Anaphylaxis; pseudomembranous colitis; or bleeding causing or prolonging hospitalization.</i></p> <p><b>Disability</b>- Report if the adverse event resulted in a significant, persistent, or permanent change, impairment, damage or disruption in the patient's body function/structure, physical activities or quality of life. <i>Examples: Cerebrovascular accident due to drug-induced hypercoagulability; toxicity; peripheral neuropathy.</i></p> <p><b>Congenital Anomaly</b>- Report if there are suspicions that exposure to a medical product prior to conception or during pregnancy resulted in an adverse outcome in the child. <i>Examples: Vaginal cancer in female offspring from diethylstilbestrol during pregnancy; malformation in the offspring caused by thalidomide.</i></p> <p><b>Requires Intervention to Prevent Permanent Impairment or Damage</b>– Report if suspect that the use of a medical product may result in a condition which required medical or surgical intervention to preclude permanent impairment or damage to a patient. <i>Examples: Acetaminophen overdose-induced hepatotoxicity requiring treatment with acetylcysteine to prevent permanent damage; burns from</i></p>

	Radiation equipment requiring drug therapy; breakage of a screw requiring replacement of hardware to prevent malunion of a fractured long bone.
<b>SUSAR (Suspected Unexpected Serious Adverse Report)</b>	An adverse reaction that is classed in nature as serious and which is not consistent with the information about the medicinal product in question set out. <ul style="list-style-type: none"> <li>In the case of a licensed product, in the summary of product characteristics (SmPC) for that product.</li> <li>In the case of any other investigational medicinal product, in the IB relating to the trial in question.</li> </ul>

**7. Annexure:**

Annexure 1	AX 01/SOP11-B/V6.1	Table 5 Data Elements for Reporting Serious Adverse Events occurring in a clinical trial or bioavailability or bioequivalence study of Initial Report/Follow up report
Annexure 2	AX 02/SOP11-B/V6.1	Serious Adverse Event Report (Biomedical Health Research)
Annexure 3	AX03/SOP11-B/V6.1	Serious Adverse Event close out Report (For SAE at the site)

**Annexure 1**  
AX 01/SOP 11-B/V6.1  
**Table 5**

**THIRD SCHEDULE**

**Data Elements for Reporting Serious Adverse Events occurring in a clinical trial or bioavailability or bioequivalence study of Initial Report/Follow up report**

Sr. No.	Details		
1.	<b>Country (Name of the country should be specified)</b>	<b>INDIA</b>	
2.	<b>SAE report of death or other than death, Please tick (✓)</b>	<b>Death</b> <input type="checkbox"/>	<b>Other than Death</b> <input type="checkbox"/>
		<b>Page No.</b>	<b>Yes/No</b>
3.	Patient Details:		
	Initials and other relevant identifier (hospital or out-patient department (OPD) record number etc)*		
	Gender		
	Age or date of birth		
	Weight		
	Height		
4.	Suspected Drug(s) :		
	Generic name of the drug*		
	Indication(s) for which suspect drug was prescribed or tested.		
	Dosage form and strength.		
	Daily dose and regimen (specify units - e.g., mg, ml, mg/kg).		
	Route of administration.		
	Starting date and time of day.		
	Stopping date and time, or duration of treatment		
5.	Other Treatment(s):		
	Provide the same information for concomitant drugs (including non-prescription or Over the Counter OTC drugs) and non-drug therapies, as for the suspected drug(s).		
6.	Details of Serious Adverse Event :		

	Full description of the event including body site and severity, as well as the criterion (or criteria) for considering the report as serious. In addition to a description of the reported signs and symptoms, whenever possible, describe a specific diagnosis for the event*		
	Start date (and time) of onset of event.		
	Stop date (and time) or duration of event.		
	Dechallenge and rechallenge information.		
	Setting (e.g., hospital, out-patient clinic, home, nursing home).		
7.	Outcome:		
	Information on recovery and any sequelae; results of specific tests or treatment that may have been conducted.		
	For a fatal outcome, cause of death and a comment on its possible relationship to the suspected event; Any post-mortem findings.		
	Other information: anything relevant to facilitate assessment of the case, such as medical history including allergy, drug or alcohol abuse; family history; findings from special investigations etc.		
8.	Details about the Investigator*		
	Name and Address		
	Telephone number		
	Profession (specialty)		
	Date of reporting the event to Central Licencing Authority:		
	Date of reporting the event to ethics committee overseeing the site:		
	Signature of the Investigator or Sponsor		
	Note: Information marked * must be provided.		

Annexure2  
AX 02/SOP 11-B/V6.1  
**Serious Adverse Event Report**  
**(For Biomedical Health Research)**

Logo of the Institute		(Annexure 6)	
		<b>Serious Adverse Event Reporting Format (Biomedical Health Research)</b>	
.....		.....	
(Name of the Institution)		EC Ref. No. (For office use):	
Title of study: .....			
.....			
Principal Investigator (Name, Designation and Affiliation): .....			
.....			
.....			
<b>1. Participant details :</b>			
Initials and ID	Age at the time of event	Gender	Weight:.....(Kgs)
.....	.....	Male <input type="checkbox"/> Female <input type="checkbox"/>	Height:.....(cms)
.....	.....		
<b>2. Suspected SAE diagnosis:</b> .....			
<b>3. Date of onset of SAE:</b>	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>	<b>Describe the event <sup>19</sup>:</b>	
<b>Date of reporting SAE:</b>	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>	.....	
.....			
.....			
.....			
<b>4. Details of suspected intervention causing SAE <sup>20</sup></b>			
.....			
.....			
.....			
.....			
<b>5. Report type:</b> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Final <input type="checkbox"/>			
If Follow-up report, state date of Initial report <input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/>			
<b>6. Have any similar SAE occurred previously in this study? If yes, please provide details.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
.....			
.....			
.....			
.....			
<small><sup>19</sup>Duration, setting, site, signs, symptoms, severity, criteria for regarding the event serious</small>			
<small><sup>20</sup>Refers to research intervention including basic, applied and operational research or clinical research, except for investigational new drugs. If it is an academic clinical trial, mention name, indications, dosage, form and strength of the drug(s)</small>			
<small>Version 1.0</small>			



7. In case of a multi-centric study, have any of the other study sites reported similar SAEs ?  
(Please list number of cases with details if available)  
.....  
.....

8. Tick whichever is applicable for the SAE: (Kindly note that this refers to the Intervention being evaluated and NOT disease process)

A. Expected event       Unexpected event

B.

Hospitalization	<input type="checkbox"/>	Increased Hospital Stay	<input type="checkbox"/>	Death	<input type="checkbox"/>	Congenital anomaly/ birth defect	<input type="checkbox"/>
Persistent or significant disability/incapacity	<input type="checkbox"/>	Event requiring inter- vention (surgical or medical) to prevent SAE	<input type="checkbox"/>	Event which poses threat to life	<input type="checkbox"/>	Others	<input type="checkbox"/>

.....

In case of death, state probable cause of death.....

C. No permanent/significant functional/cosmetic impairment   
Permanent/significant functional/cosmetic impairment   
Not Applicable

9. Describe the medical management provided for adverse reaction (if any) to the research participant. (Include information on who paid, how much was paid and to whom).  
.....  
.....

10. Provide details of compensation provided / to be provided to participants (Include information on who pays, how much, and to whom).  
.....  
.....

11. Outcome of SAE  
Resolved       Ongoing       Death       Others (specify)

.....

12. Provide any other relevant information that can facilitate assessment of the case such as medical history  
.....  
.....  
.....  
.....

13. Provide details about PI's final assessment of SAE relatedness to trial.  
.....  
.....  
.....

Signature of PI: .....

Version 1.0

**Annexure 3**  
AX 03/SOP11-B/V6.1  
**Serious Adverse Event close out Report**  
**(For SAE at the site)**

Sr. No.	Details	
1.	EC Project No. & Title	
2.	SAE term:	
3.	Date of onset:	
4.	Initial reporting date to IEC	
5.	Follow up reporting date to IEC:	
6.	Causality assessment of SAE by	Related / Not related
	a. Principal Investigator	
	b. IEC	
	c. Sponsor	
7.	If related compensation recommended by IEC:	
8.	Medical care expenses paid by PI/ participants.	
9.	Reimbursement by PI if SAE is related: Yes/ No. Proofs provided - Yes/No.	
10.	SAE narrative in short	
11.	Event resolved- participant recovered / temporarily disabled/permanently disabled/ Death	
12.	Compensation paid or not paid	
13.	SAE Close out details	
13.	Procedures completed – Yes /No, if not completed what are the reasons?	

For IEC office use only	
<b>Verified by:</b>	Name: _____ (Sig

Signature of Principal Investigator: \_\_\_\_\_ Date \_\_\_\_\_

Title:	Site Monitoring Visit
SOP Code:	SOP 12/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>s.s.bhide</i> <i>06/07/2020</i></p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> <i>07/07/2020</i></p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>#palsule</i> <i>13/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> <i>22/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>8.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> <i>29/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

## 1. Purpose

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

## 2. Scope

This SOP applies to any visit and/or monitoring of any study sites as stated in the Institutional Ethics Committee (IEC) approved study protocols.

## 3. Responsibility

It is the responsibility of the designated IEC member(s) or designated qualified agent to perform on-site inspection of selected study site(s) of relevant projects it has approved.

The IEC members or Secretariat in consultation with the Chairperson may initiate an on-site evaluation of a study site for a routine audit.

## 4. Activity Table

No.	Activity	Responsibility
1	Selection of study sites and Identification of monitors for site monitoring	IEC members / Chairperson
2	Before the visit	IEC members / representative, Secretariat
3	During the visit	IEC members / representative
4	After the visit	IEC members /representative, Secretariat

## 5. Detailed instructions

### 5.1 Selection of study sites and Identification of monitors for site monitoring

- IEC will identify the site(s) for routine monitoring at the time of approval of the project depending upon the reason provided by any IEC member or later after the start of the project can be for cause monitoring. This decision will be recorded in the IEC Decision Form - AX 01/SOP 05-A/V6.1
- The Chairperson will identify and designate one or more IEC members or independent monitor to carry out routine monitoring of the study site.
- The reason for identifying a particular site for 'monitoring' will be provided to an IEC member. This cause could include any one or more of the following:
  - Routine monitoring
  - High number of protocol violations, or
  - Large number of studies carried out at the study site or by the investigator, or
  - Remarkable number of SAE reports, or
  - High recruitment rate, or
  - Non-compliance, or
  - Suspicious conduct, or
  - Complaints received from participants, or
  - Any other cause as decided by IEC.
- After discussion at an IEC meeting, decision regarding conducting 'monitoring' will be taken. The Chairperson will identify and select one or more IEC members or independent monitor who along with IEC members will conduct monitoring of a site.

## 5.2 Before the visit

- The IEC Chairperson will designate an IEC member or appoint an Independent monitor who along with IEC members will perform the task of monitoring. The selected member or independent monitor will be provided with an appointment letter in this regard. A copy of the appointment letter along with the agenda for monitoring (mentioned in SOP 12 Version 6.1 point no. 5.3) will be forwarded to the Principal Investigator of the site to be monitored. The IEC members and independent monitor (if designated) will sign a Confidentiality/ Conflict of Interest Agreement Form prior to accessing documents related to study and visiting the study site.
- The Secretariat will inform the Principal Investigator in writing about the date/time of monitoring visit and request for confirmation from the Principal Investigator or Co-investigator to be available for the monitoring visit.
- The IEC member(s)/ Independent monitor along with IEC members will:
  - Contact the site to notify them that they will be visiting them. At that time, the monitor and the site will coordinate the time for the site evaluation visit.
  - Review the IEC project files for the study and site profile and make appropriate notes.
  - Be provided with relevant reference material/ documents related to the project that may have to be referred to during the study visits and collect the Site Monitoring Visit Report Form- AX 01/SOP 12/V6.1 from the Secretariat.

## 5.3 During the visit

- The IEC member/Independent monitor along with IEC members will-
  - ✓ Check the log of delegation of responsibilities of study team
  - ✓ Check if the site is using latest IEC approved versions of the protocol, informed consent documents, case record forms, diaries, advertisements, etc.
  - ✓ Review the informed consent document to make sure that the site is using the most recent version,
  - ✓ Observe the informed consent process or audio visual consent or audio consent, if possible,
  - ✓ Review randomly selected participants files to ensure that participants are signing the correct informed consent,
  - ✓ Observe laboratory and other facilities necessary for the study at the site, if possible.
  - ✓ Review the project files of the study to ensure that documentation is filed appropriately.
  - ✓ Review the source documents for their completeness.
  - ✓ Collect views of the study participants, if possible.
  - ✓ Fill the Site Monitoring Visit Report Form- AX 01/SOP 12/V6.1, sign and date it.

## 5.4 After the visit

- The IEC member/ Independent monitor will submit the completed Site Monitoring Visit Report Form- AX 01/SOP 12/V6.1 to the IEC secretariat within 14 days of conducting a site monitoring visit.
- The report should describe the findings of the monitoring visit.
- The IEC will discuss the findings of the monitoring process and take appropriate specific action by voting or combination of actions, some of which are listed below:
  - Continuation of the project with or without changes,
  - Restrictions on enrollment,
  - Recommendations for additional training,
  - Recruiting additional members in the study team,

**(Site Monitoring Visit)**

- Revising the protocol or ICD or CRF / providing qualifications/ experience criteria for members of the study team, termination of the study,
- Suspension of the study, etc. (It can happen in situations where the investigator has not replied to monitoring visit findings letter within 60 days, corrective actions had been requested at previous reviews and were not implemented, major violations in conduct of the study)
- The report finalized by the monitoring team will be communicated to the investigator by MS if there is no upcoming meeting scheduled.
- If a full board meeting is scheduled then the report will be discussed in the FB and the decision communicated to the PI. If in the FB more issues are raised then they will be communicated to the PI in the Site Monitoring Visit Report Form- AX 01/SOP 12/V6.1.
- The Secretariat will convey the decision to the Principal Investigator in writing within 14 days of the meeting.
- The PI should reply within 14 working days to IEC.
- The Secretariat will place the copy of the report in the protocol file.
- If the PI fails to comply to the requirements, IEC can take punitive action as per SOP 10.

## 6. Glossary

<b>Independent monitor</b>	The expert with appropriate experience and training, who is not an IEC member, who may or may not be affiliated to the institution and who will perform the tasks of site monitoring along with designed IEC members.
<b>Monitoring visit</b>	An action that IEC or its representatives visit study sites to assess how well the selected investigators and the institutes are conducting research, taking care of participants, recording data and reporting their observations, especially serious adverse events found during the studies. Normally monitoring visit will be arranged in advance with prior notification to the principal investigators.

## 7. Annexure

Annexure 1	AX 01/SOP 12/V6.1	Site Monitoring Visit Report
Annexure 2	AX 02/SOP 12/ V6.1	Checklist for Monitoring of Audiovisual recording of AV consent Process
Annexure 3	AX 03/SOP 12/V6.1	Guidance document for audio visual recording of AV consent Process

**Annexure 1**  
AX 01/SOP 12/V6.1  
**Site Monitoring Visit Report**

1)	CT Project No:
2)	Title:
3)	Principal Investigator:
4)	Institute:
5)	Type of study: <input type="checkbox"/> Investigator initiated <input type="checkbox"/> Pharma <input type="checkbox"/> Thesis Source of funding: <input type="checkbox"/> Intramural <input type="checkbox"/> Extramural <input type="checkbox"/> Pharma
6)	a) Date of IEC approval: b) Is the period of IEC approval valid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7)	Start Date of study: ____/____/____
8)	Duration of study:
9)	Date of monitoring visit: ____/____/____
10)	Reason for monitoring: <input type="checkbox"/> Routine <input type="checkbox"/> For Cause (State reason) <input type="checkbox"/> Protocol Violations/Deviations <input type="checkbox"/> SAE reporting <input type="checkbox"/> Recruitment rate <input type="checkbox"/> Any complaints related to the research <input type="checkbox"/> Non Compliance / Suspicious conduct <input type="checkbox"/> Other _____
11)	Last Monitoring done: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date of last monitoring ____/____/____

12)	<p>Project Status: <input type="checkbox"/> Ongoing <input type="checkbox"/> Accrual Completed <input type="checkbox"/> Follow-up  <input type="checkbox"/> Completed <input type="checkbox"/> Suspended <input type="checkbox"/> Terminated  <input type="checkbox"/> Closed <input type="checkbox"/> Closed Prematurely</p> <p>In case of the response to the above question is option 5, 6, or 8 kindly provide reason:</p> <p>_____</p> <p>_____</p>
13)	<p>Recruitment Status:</p> <ul style="list-style-type: none"> <li>➤ Total participants/samples to be recruited - _____</li> <li>➤ Screened: _____</li> <li>➤ Screen failures: _____</li> <li>➤ Enrolled: _____</li> <li>➤ Withdrawn: _____ Reason: _____</li> <li>➤ Discontinued: _____ Reason: _____</li> <li>➤ Completed: _____</li> <li>➤ Active: _____</li> <li>➤ Follow up: _____</li> </ul>
14)	<p>Is the recruitment on schedule?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No      If 'No' is it acceptable?   <input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> NA</p> <p>If 'No' State reasons/Steps taken by PI to improve recruitment:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
15)	<p>Protocol</p> <p>a) Have there been any amendments to the Protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>If Yes, then state changes leading to amendment:</p> <p>_____</p> <p>b) Is the Protocol version approved by IEC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>



	c) Is the latest version of the protocol being used for the study? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
16)	<p>Informed Consent</p> <p>a) Is Informed consent obtained from all enrolled participants? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>b) Have there been any amendments to the ICF? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>If Yes, then state changes leading to amendment:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>c) Is the Informed consent form version approved by IEC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>d) Is the latest version of the ICF being used for the study? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>e) Is there source documentation of the ICF process? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>f) Is ICF signed by PI /Co-Principal Investigator/Co-I? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>g) Is ICF signed by Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>h) Is ICF signed by LAR? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>j) Is ICF signed by Impartial Witness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>k) Is the correct language used for the participant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
17)	<p>Any Protocol Deviations/Violations noted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Have all the deviations/violations notified to IEC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Comments (If Any)</p>
18)	Have the eligibility, inclusion exclusion criteria been adhered to? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
19)	Are all the Case report forms complete? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
20)	<p>Have there been any AE/SAE on the study? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>If Yes</p> <p>a) No. of Adverse events: _____</p> <p>b) No. of Serious adverse events: _____</p> <p>c) No. of deaths reported: _____</p> <ul style="list-style-type: none"> <li>➤ Deaths unrelated to participation in the trial: _____</li> <li>➤ Deaths possibly related to participation in the trial: _____</li> </ul>

	<p>➤ Deaths related to participation in the trial: _____</p> <p>d) Were all the SAE reports notified and submitted to IEC within 7 working days and deaths within 24hrs of the knowledge of PI?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA</p> <p>Comments (If Any)</p> <p>_____</p>
21)	<p>Are the Investigational drugs accountability and prescription procedures performed and documented?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA</p> <p>If 'Yes' kindly state the issues:</p> <p>_____</p> <p>_____</p>
22)	<p>Any are there any changes to the study personnel?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA</p> <p>If 'Yes' kindly state the same:</p> <p>_____</p> <p>_____</p> <p>Is the change notified to IEC?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA</p> <p>Is the utilization of sanctioned funds appropriate?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA</p> <p>If 'No' kindly state the issues:</p> <p>_____</p> <p>_____</p>
23)	<p>No of participants monitored during this visit: _____</p>
24)	<p>Duration of the visit: _____</p>
25)	<p>Any outstanding tasks/action items from the visit?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Monitoring visit conducted by:

Name of Lead Monitor \_\_\_\_\_

Signature and Date \_\_\_\_\_

(Site Monitoring Visit)

Name of monitor \_\_\_\_\_

Signature and Date \_\_\_\_\_

Name of study team member present: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

**Annexure 2**  
AX 02/SOP 12/V6.1

**Checklist for Monitoring of Audiovisual recording of AV consent Process**

1. Facility where informed consent process should be carried out - (well lit, free from noise, privacy ensured, dedicated room, camera permanently set /temporary arrangement, voice recording to be tested before hand):
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
2. Whether consent for AV recording already taken before start of recording/ it is taken in front of the camera Yes \_\_\_\_\_ No \_\_\_\_\_
3. Whether elements enlisted in Appendix V of NDCTR is covered during discussion.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
4. Introduction of each person – name , age (person conducting the informed consent discussion participant/ legally acceptable representative (LAR) wherever relevant / impartial witness wherever relevant) involved during informed consent process and information about necessity for audiovisual recording - by name, designation and his/ her role in the research, current date and time, enquiry of the language participant understands , showing the consent form in the camera which is going to be used for the study
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
5. The following minimum elements should feature in the recording of the informed consent process: (Purpose , treatment allotment ,randomization , procedure , follow up , benefit/risks, compensation for Participation, Compensation for Study related Injury, nominee name and details , voluntariness and right to withdraw and contact for further information – Investigator name and EC Chair/member secretary name)
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
6. If Inclusion Criteria has been administered by a designated person who is not medically qualified?
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
7. Is there evidence that subject's queries of a medical nature were answered in the process or assurance was given to clarify the same later?
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
8. The consent is taken in language the participant/ legally acceptable representative (LAR) understands best and is literate in.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_

9. Information to the participant/ LAR and impartial witness (as applicable) that the process of taking the consent is being recorded for the purpose of documentation as required by the government rules.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
10. Information to the participant/ LAR and impartial witness (as applicable) that the confidentiality of information and privacy of participants is assured.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
11. Information to the participant/ LAR and impartial witness (as applicable) that the recording may be shown to government agencies or members from the IEC.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
12. Explanation or narration by the person conducting the informed consent discussion.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
13. Whether audio-visual recording is performed for all subjects, independently.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
14. Questions regarding participation asked by the potential participant/LAR are answered satisfactorily.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
15. Ample time was given to read and understand the consent as per the content?
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
16. Opportunity to discuss the same with family members
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
17. Reading out by the participant/LAR (or having read out by impartial witness) the statements mentioned in Informed Consent
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
18. Stating whether participant agrees or not for each statement.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
19. Whether checked for participants understanding of the informed consent process
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- Remarks: \_\_\_\_\_

20. Documentation of signatures of all those involved in the Informed Consent Process.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
21. Clarity and completeness of AV recording (pages vis-a- vis timing)
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
22. Check whether re-consenting is done for changes in ICF/LAR inclusion in the beginning if any.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
23. Check whether re-consenting is done by the same Investigator
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
24. Whether re-consenting is done in same language
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
25. How much timing taken for the re-consent
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
26. Storage of recording in password protected laptop/ desktop computer and/ or hard drive and labelled CD
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- Remarks: \_\_\_\_\_
27. Access of AV consent recorded allowed only to the principal investigator and designated members of the study team.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- Remarks: \_\_\_\_\_

Signature and date of PI /Co-inv \_\_\_\_\_

**Annexure 3**  
AX 03/SOP 12/V6.1

**Guidance document for audiovisual recording of AV consent Process**

**Pre-recording checklist:**

1. Equipment is functioning correctly - YES /NO
2. All parties (trial team personnel conducting the consent, the patient and as applicable legally acceptable representative (LAR), impartial witness and/or translator are seated comfortably and are seen within the frame of the video recording. YES /NO
3. All parties are reminded that this AV recording is in compliance with regulatory requirements YES /NO
4. All parties are informed that this AV recording will be kept confidential but can be shown to others as per legal requirements or for ensuring compliance with law. YES /NO

**AV recording:**

1. Reconfirm that the video recording frame includes all concerned parties. YES /NO
2. The member of the research team should state the date, time, title of the research protocol and the language of the written informed consent document. YES /NO
3. All concerned parties should identify themselves by stating their names, designation and role with respect to the consent process for this research. YES /NO
4. If LAR is involved, he/she should state relation to participant. YES /NO
5. If translator is involved, he/she should confirm that he/she is proficient in the language of the informed consent document as well as the language in which the medically qualified authorized member of the research team is proficient in for the consent process. YES /NO
6. At any point during the recording, any participant may request for a break (*e.g.* to go to the bathroom or answer a phone or if mother want to feed her baby). In such a case, the AV recording shall be stopped mentioning the time of stopping. It will be resumed/ restarted by stating the date and time of restarting the recording. YES /NO
7. The medically qualified authorized member of the research team administering the consent shall use the checklist to ask the potential participant/ LAR questions to document the authenticity of the informed consent process. Translation will be done as applicable. The answers of the participant/ LAR shall be recorded for each point. YES /NO
8. The actual signing process by all concerned parties should also be recorded. YES /NO

**Post recording checklist:**

1. The memory card/ storage device used in the camera for video recording will be the source document. Check the file for clarity regarding the audio and video recording. YES /NO
2. The memory card/ storage device used in the camera for video recording will be the source document. Check the file for clarity regarding the audio and video recording. YES /NO
3. Rename the file with the unique number for the patient on this research protocol. YES /NO
4. Make backup one by copying that file onto the dedicated external Hard Disk which will be used to document all consent AV recording for a specific research protocol. YES /NO
5. This external HDD should be suitably labeled and password protected. YES /NO
6. Store the external HDD in a secure location to ensure confidentiality. YES /NO
7. Make backup two by copying that file onto a remote cloud storage with encryption using the computer with internet access. YES /NO
8. This should also be suitably located, labeled and password protected. YES /NO

Title:	Agenda Preparation, Meeting Procedures and Recording of Minutes
SOP Code:	SOP 13/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>s.s.bhide</i> <i>06/07/2020</i></p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> <i>11/07/2020</i></p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>#palsule</i> <i>13/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>S. Sirur</i> <i>24/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>8.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> <i>29/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III



## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe the administrative process and provide instructions for the preparation, review, approval and distribution of meeting agenda, minutes and action, invitation and notification letters of Institutional Ethics Committee (IEC) meetings.

## 2. Scope

This SOP applies to administrative processes concerning the preparation of the agenda for all Full Board IEC meetings. There are tasks to be completed before, during and after the meeting.

## 3. Responsibility

It is the responsibility of the Secretariat to prepare the agenda for the IEC meeting and to ensure proper recording and dissemination of the minutes after the meeting is over. The Chairperson will review and approve the agenda and the minutes sent to him/her.

## 4. Activity Table

No.	Activity	Responsibility
1	Preparation of meeting agenda prior to a board meeting	IEC Secretariat
2	During the Meeting	IEC Secretariat, Members and Chairperson
3	After the Board Meeting and Preparing the minutes	IEC Secretariat/ Member Secretary
4	Approval of minutes	IEC members / Chairperson
5	Filing the minutes	IEC Secretariat

## 5. Detailed instructions

### 5.1 Before each Board meeting

#### 5.1.1 Preparation of meeting agenda

- The Secretariat will prepare the agenda to include:

#### Meeting no.:

Date :-

Venue :-

Time :-

#### Period 1

- Confirmation of quorum by the chairperson
- Welcoming members by chairperson Roll call and apologies from absent IEC member:
- Discussion of points, if any arising from minutes of the last meeting
- Declaration of Conflict of interest

#### Period 2      **Issues to be discussed**

- New protocol presentation, review, discussion and reaching a consensus to approve/raise queries**
- Review the responses forwarded by the Principal Investigator to the query letter /resubmitted protocols**
- To discuss protocol/ICD amendments and other project related documents**
- To discuss continuing review report, Completion, Termination**
  - **To discuss continuing review report**

- Reminders already sent to PI for continuing review report not yet received
- To discuss Completion report
- To discuss termination report

E. To discuss Deviation report

F. To discuss other letters related to the projects

G. IEC Site monitoring reports

H. To inform about the SAE Subcommittee meeting and to read out minutes of the SAE Subcommittee meeting.

Period 3:

1] ISSUES TO BE REPORTED FOR CONSIDERATION:

A] i) Responses forwarded by the Principal Investigator to the query letter/resubmitted protocols reviewed and approved by the Primary reviewers /member Secretary / Chairperson (n =00)

ii) Responses forwarded by the Principal Investigator to the query letter/resubmitted protocols reviewed by the Primary reviewers / member Secretary / Chairperson query for which needs to be communicated to the PI (n =00)

B] Projects Exempted from review: (n =NIL)

C] Expedite review process done for the following projects and query letter / approval given: (n =NIL)

D] Minor Protocol / ICD amendments and other project related documents reviewed and approved by the IEC member Secretary and Chairperson (n =NIL)

E] Continuing review report/ completion report/ final clinical trial report reviewed and approved by The IEC member Secretary and Chairperson.

➤ Continuing review report (n=NIL)

➤ Completion report:- (n=NIL)

➤ Termination report:- (n =NIL)

F] Protocol deviations reviewed and noted by the IEC member Secretary and Chairperson (n =NIL)

G] IEC Site monitoring reports (n = NIL)

H] Other letters reviewed and noted by the IEC member Secretary / Chairperson (n = NIL)

2] ISSUES TO BE INFORMED TO THE MEMBERS AT FULL BOARD which are reviewed / approved by the IEC member Secretary / Chairperson and letters already sent to the principal investigators

A. Responses forwarded by the Principal Investigator to the query letter/resubmitted protocols(n =NIL)

B. Minor Protocol / ICD amendments and other project related documents reviewed and approved by the IEC member Secretary and Chairperson (n =NIL)

C. Continuing review report/ completion report/ final clinical trial report reviewed and approved by the IEC member Secretary and Chairperson.

➤ Continuing review report (n=NIL)

➤ Completion report:- (n=NIL)

➤ Termination report:- (n =NIL)

F] Protocol deviations reviewed and noted by the IEC member Secretary and Chairperson (n =NIL)

G] IEC Site monitoring reports (n = NIL)

Period 5:

A. Other points for discussion (n =0)

1. Policy decisions of the meeting of IEC-I /II/III.
2. Report of any other subcommittee or group appointed/ designated by Chairperson for any specific or general purpose.

B. Other issues of interest to the members with permission of chairperson

C. Next Meeting to be scheduled on xxxxxx (19, 20, reserved for staff society)

- The Secretariat will collect and verify all forms/documents for completeness to keep all these papers in the meeting.
- The Secretariat will prepare the meeting agenda, according to the above mentioned format.
- The Secretariat will schedule protocols in the agenda on a first-come first-serve basis.
- IEC-I / IEC-II / IEC-III will preferably meet every month. Duration of meeting between three committees should not be more than 2 weeks.
- Answers to the IEC queries and amended study related documents (Protocol, ICD, CRF and IB) from the investigators received 7 days before and other types of documents received 3 days prior to the date of full board IEC meeting will be included in the agenda.
- Agenda for the IEC meeting is prepared 3 days in advance before the date of meeting, any study-related document received within 3 days preceding the date of meeting will not be considered for the meeting. It will be deferred to the next month's meeting for discussion EXCEPT where in the opinion of the IEC Secretary or Chairperson has direct bearing on the safety of the research participants (such as SAE report, major protocol violation). Such important matters will be taken up at the imminent meeting.
- In case a meeting is to be rescheduled due to unavoidable circumstances, the date and time will be informed to the IEC members telephonically and/ or via e-mail.
- The Secretariat will send the agenda of the meeting to members via e-mail at least 1 day in advance of the scheduled meeting.
- The Secretariat will make a meeting room reservation for the scheduled meeting date and time.
- The Secretariat will make sure that the room, equipment and facilities are available in good running conditions and cleaned for the meeting day.

## 5.2 Conduct of the meeting

- The committee will endeavor to hold regular meetings at least once every month. The gap between any two meetings will not exceed 60 days. Even if there are no research proposals for review, the gap between two meetings will not exceed 12 (twelve) weeks. Regular meetings may not be held in the months of May and October/ November when the college is closed for vacation. Meeting will be held as scheduled provided there is quorum.
- To review the regulatory protocol, a quorum for IEC-1 meeting will consist of at least 5 of its members as detailed below:

- One basic medical scientist (preferably a pharmacologist),
- One social worker (or a social scientist, theologian, ethicist, Philosopher, member or representative of a non-governmental voluntary agency or a similar person),
- A clinician,
- A lay person from the community and
- A legal expert

To review the non-regulatory or biomedical & health research protocol, a quorum for IEC-2 & 3 meeting will consist of at least 5 of its members as detailed below:

- The quorum should include both medical, non-medical or technical or/and non-technical members.
  - Minimum one non-affiliated member, preferably the lay person
- At the discretion of the Chairman, guests may be allowed to observe the Board meetings.
  - These guests may include a potential client, student, inspectors, auditors, members of other Ethics Committees, surveyors, regulators, members of regulatory agencies, representatives of patient groups, representatives of special interest groups, representatives of accrediting organizations, members of general public etc. and are required to sign a confidentiality agreement AX 03/SOP 03/V6.1 prior to attending the meeting.
  - The Secretariat will obtain signatures on the Confidentiality /Conflict of Interest Agreement Form AX 03/SOP 03/V6.1 from newly appointed members/ Guests/ observers/ Subject Expert prior to the start of the meeting.
  - The Secretariat will obtain the signatures of all the IEC members on the attendance register.
  - The Secretariat will obtain from members the written conflict of interest AX 01/SOP13/V6.1 prior to the start of meeting
  - The Chairperson will initiate the meeting after ensuring that the quorum has been met. The Chairperson at his/ her discretion will delegate the responsibility of conducting the meeting as per agenda to the Member-Secretary.
  - The Chairperson will ask the members whether anyone has any conflict(s) of interest in the projects to be discussed and if so, to declare the conflict.
  - The Chairperson will decide if the Conflict of Interest is potentially significant enough to cloud the member's judgment. If yes, the Chairperson will ask the concerned member to leave the meeting room when the concerned issue is being discussed.
  - The Member Secretary will ask the members whether any points need to be discussed regarding minutes of the previous meeting. If no points are raised, the minutes will be considered as confirmed.
  - The Member Secretary will present the agenda of the day's meeting for discussion.
  - The meeting shall generally proceed in the order organized in the agenda. However, the Chairperson may allow adjustments in the order of issues to be discussed depending on the situation.
  - In case of projects submitted for initial review; the detailed instructions given in SOP 05-A/V6.1 are followed.
  - Investigators who have been asked by the IEC secretariat to provide additional information or clarifications related to their project may do so by attending the IEC meeting. The discussion amongst IEC members will not be done while the investigator is in the meeting room.
  - For other points on the agenda, the member secretary will present the gist of the matter/ read the relevant letters from the investigator (if deemed necessary) and request the members to give their comments. The Member-Secretary assisted by the secretarial staff will also record a gist of discussions and decisions arrived on other issues discussed at the meeting.

#### **During the discussion at the meeting**

The primary reviewer shall brief the members about summary of the study protocol and read out the comments and evaluation provided. The comments of subject expert (if applicable) will be discussed by the member secretary. The other IEC members shall give their comments right after the presentation.

- The investigator/sub-investigator may be called in to provide clarifications on the study protocol that he/she has submitted for review to the IEC.
- The IEC members will discuss and clarify the comments and suggestions. The Member secretary (assisted by the Secretarial staff) shall record the discussions

#### **Decision making**

- The final decision on the project as: "Approved/ Approved with minor modification/ approved with major modification/Disapproved or any other/Monitoring required ----" in the meeting shall be by consensus and will be recorded in the IEC Decision Form AX 01/SOP 05-A/V6.1 *by the Member Secretary.*
- In case no consensus reached, voting will be taken. A majority vote for approval, disapproval, request for modifications of a study suspension or termination of an ongoing study is defined as 2/3<sup>rd</sup> of the members (who have reviewed the project), present at the meeting and voting. If there is dissent it will be minuted with reasons.
- The following will not vote at the meeting:
  - a. Member(s) of the committee who is/are listed as investigator(s) on a research proposal
  - b. An investigator or study team member invited for the meeting
  - c. An independent consultant invited for the meeting to provide opinion Specific patient groups invited for the meeting
- If the IEC decision is '*Approved*', it implies the approval of the study as it is presented with no modifications and the study can be initiated.
- If the IEC decision is '*Approved with minor modification*', the IEC Chairperson may authorize the Secretary/Primary reviewer + secretary to determine if the response and changes are satisfactory and to decide if letter of permission can be issued to the Principal Investigator.
- If the IEC decision is '*Approved with major modification*', the IEC Chairperson may authorize the Primary reviewer + secretary to determine to review the responses which will be discussed in next full board meeting. If the response and changes are approved in the full board, letter of permission can be issued to the Principal Investigator.
- If the IEC decision is '*Disapproved*' or any other, the decision should be made on the basis of specific reasons which are communicated by the IEC to the principal investigator in the letter of notification.
- The Secretariat will obtain the signature of all the members and of the Chairperson of the IEC on the IEC Decision Form AX 01/SOP 05-A/V6.1.
- If the study is approved, the Committee will determine the frequency of Continuing Review from each investigator.
- The Secretariat will list participating members in the meeting and summarize the guidance, advice and decision reached by the IEC members.

#### **5.3 After the Board meeting and preparing the Minutes**

- The Secretariat will compose the summary of each meeting discussion and decision in a concise and easy-to-read style in the minutes within 14 working days of the meeting day. During epidemics/ emergency meetings it will be done as early as possible.
- The Secretariat will make sure to cover all contents in each particular category to include the following as in annexure 2

#### **5.4 Approval of the minutes**

- The Secretariat will check the correctness and completeness of the minutes and forward the minutes to the IEC members/Chairperson for review within 7 working days of the meeting day.

- After obtaining approval from the Chairperson via email. The minutes will be approved and signed by the chairperson in upcoming full board meeting.

### **5.5 Filing the minutes**

- The Secretariat will place the original version of the minutes in the minutes file.
- The Administrative Officer will file the IEC Decision Forms in the project files and place all correspondence in the appropriate files.

### **6. Glossary**

<b>Quorum</b>	Number of IEC members required to act on any motion presented to the Board for action.
<b>Majority vote</b>	A motion is carried out if one half plus one member of the required quorum votes in its favor.

### **7. Annexure**

Annexure 1	AX 01/SOP 13/V6.1	Conflict of Interest form
Annexure 2	AX 02/SOP 13/V6.1	Sample format for minutes of the meeting

**Annexure 1**  
AX 01/SOP 13/V6.1  
**Conflict of Interest form**

Date:

To,

The Chairperson,

IEC-I / IEC-II/IEC -III,

I hereby declare the conflict of interest for the project no. EC/ \_\_\_\_\_ /

entitled, \_\_\_\_\_

as:

1. I am the investigator / co-investigator/Author/study team
2. I have Financial interest
3. \_\_\_\_\_
4. \_\_\_\_\_

in the project which will be discussed in today's meeting i.e. xxx.

Dr. \_\_\_\_\_

Member, IEC-I / IEC-II/IEC-III.

\_\_\_\_\_  
**Chairperson,**  
**IEC-I / IEC-II/IEC-III.**

**Annexure 2**  
AX 02/SOP 13/ V6.1  
**Sample format for minutes of the meeting**

**Institutional Ethics Committee-I/II/III**  
**Seth GS Medical College and KEM Hospital**  
**Meeting number xx/xxxx**

**Minutes of the Meeting held on xxxxxx**

**The minutes of the meeting no. xxxx of the Institutional Ethics Committee (IEC) –I/II/III, Seth GS Medical College and KEM Hospital held on xxxxx have been prepared by \_\_\_\_\_, Member Secretary of the IEC-I/II/III.**

The meeting of the IEC-I/II /III was held on xxx at xxx pm in the xxx Venue\_\_\_\_\_.

\_\_\_\_ chaired the meeting. After making sure that the quorum was duly constituted, \_\_\_\_ initiated the meeting by welcoming all the members. \_\_\_\_\_ asked the members whether anyone has any conflict of interest in the projects to be discussed and if so, to declare the conflict.

**Roll call**

The following IEC-I/II/III members attended the meeting:

1. Chairperson
2. Member Secretary
3. Legal Expert
4. Social scientist
5. Lay person
6. Basic medical scientist
7. Physician
8. Member
9. Member

Apologies were received \_\_\_\_\_

- **Discussion of points, if any arising from minutes of the last meeting held on xxxxx circulated by email to the members.**

**Period 2      Issues to be discussed**

**A. SAEs - Lead Discussant: xxx**

1. **SAE at our site letter:**
2. **SAE/SUSAR/CIOMS/IND Safety reports from other site:**

**B. Discussion on SAEs minutes of the meeting scheduled on xxxxx.**

1. **SAE at our site letter:**

Participant ID	Letter no./ and date of reporting	Type of report	Type of SAE/UAE	Date of onset	whether study drug withheld	Outcome	Causality in the opinion of PI	IEC Opinion on Causality
							Related / Not Related /Noted	Related / Not Related /Noted



2. SAE/SUSAR/CIOMS/IND Safety reports from other site:

C. To discuss Deviation report (n=xx)

D. New protocol presentation, review, discussion and reaching a consensus to approve/raise queries (n=xx)

1. EC/PHARMA-xx/xxxx Sponsored By \_\_\_\_\_  
 Name of the Principal Investigator: \_\_\_\_\_ Dept. of \_\_\_\_\_  
 Name of the Co-Investigators: \_\_\_\_\_, \_\_\_\_\_  
 Title: “ \_\_\_\_\_ ”.

Primary reviewers			
Non-scientific members			
Documents reviewed			
Summary by			
Recruitment Strategy (RS)			
Administrative issues			
Scientific issues			
Ethical issues			
<table border="0"> <tr> <td style="vertical-align: top;">Risk Assessment</td> <td style="vertical-align: top;">Benefit</td> </tr> </table>	Risk Assessment	Benefit	<p><b><u>Risk Categories</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The research involves less than minimal risk to subjects.</li> <li><input type="checkbox"/> The research involves minimal risk to subjects.</li> <li><input type="checkbox"/> The research involves more than minimal risk to subjects.</li> </ul> <p><b><u>Benefits Categories</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The research provides no prospect of direct benefit to individual subjects, but likely will yield generalizable knowledge about subject's disorder or condition.</li> <li><input type="checkbox"/> The research provides no prospect of direct benefits to individual subjects, but likely will yield generalizable knowledge to further society's understanding of the disorder or condition under study.</li> <li><input type="checkbox"/> The research provides the prospect of direct benefits to individual subjects.</li> <li><input type="checkbox"/> The research provides no prospect of direct benefits to individual subjects, to science, or to society.</li> </ul>
Risk Assessment	Benefit		
Vulnerability			

<b>Final Decision at the meeting:</b>	Approved		
	Minor modification	MS	
		MS + PR	
	Major modification	MS + PR	
		MS + PR+ FB	
	Disapproved (Reason)		
Monitoring required (Reason)			

E. Review the responses forwarded by the Principal Investigator to the query letter /resubmitted protocols

F. To discuss protocol/ICD amendments and other project related documents

G. To discuss continuing review report, Completion, Termination

- To discuss continuing review report
- Reminders already sent to PI for continuing review report not yet received
- To discuss Completion report
- To discuss termination report

H. To discuss other letters related to the projects

I. IEC Site monitoring reports

**Period 3:**

**1] ISSUES TO BE REPORTED FOR CONSIDERATION:**

A] i) Responses forwarded by the Principal Investigator to the query letter/resubmitted protocols reviewed and approved by the Primary reviewers /member Secretary / Chairperson (n =00)

ii) Responses forwarded by the Principal Investigator to the query letter/resubmitted protocols reviewed by the Primary reviewers / member Secretary / Chairperson query for which needs to be communicated to the PI (n =00)

B] Projects Exempted from review: (n =NIL)

C] Expedite review process done for the following projects and query letter / approval given: (n =NIL)

D] Minor Protocol / ICD amendments and other project related documents reviewed and approved by the IEC member Secretary and Chairperson (n =NIL)

E] Continuing review report/ completion report/ final clinical trial report reviewed and approved by The IEC member Secretary and Chairperson.

- Continuing review report (n=NIL)
- Completion report:- (n=NIL)

➤ Termination report:- (n =NIL)

F] Protocol deviations reviewed and noted by the IEC member Secretary and Chairperson (n =NIL)

G] IEC Site monitoring reports (n = NIL)

H] Other letters reviewed and noted by the IEC member Secretary / Chairperson (n = NIL)

2] ISSUES TO BE INFORMED TO THE MEMBERS AT FULL BOARD which are reviewed / approved by the IEC member Secretary / Chairperson and letters already sent to the principal investigators

A. Responses forwarded by the Principal Investigator to the query letter/resubmitted protocols(n =NIL)

B. Minor Protocol / ICD amendments and other project related documents reviewed and approved by the IEC member Secretary and Chairperson (n =NIL)

C. Continuing review report/ completion report/ final clinical trial report reviewed and approved by the IEC member Secretary and Chairperson.

➤ Continuing review report (n=NIL)

➤ Completion report:- (n=NIL)

➤ Termination report:- (n =NIL)

F] Protocol deviations reviewed and noted by the IEC member Secretary and Chairperson (n =NIL)

Period 5:

A. Other points for discussion (n =0)

e. g.

1. Policy decisions of the meeting of IEC-I /II/III.
2. Report of any other subcommittee or group appointed/ designated by Chairperson for any specific or general purpose.

B. **Next Meeting** to be scheduled on xxxxxx (19, 20, reserved for staff society)

C. **Other issues of interest to the members with permission of chairperson**

Since there was no other business, chairperson concluded the meeting by thanking all the members.

\_\_\_\_\_  
Member Secretary

\_\_\_\_\_  
Chairperson

Title:	Conduct of Emergency Meeting
SOP Code:	SOP 14/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. Bhide</i> 06/07/2020</p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> 7/7/2020</p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> 30/7/2020</p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> 13/7/2020</p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> 23/7/2020</p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> 8.7.2020</p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> 29/07/2020</p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to identify the administrative process for preparing for an emergency meeting; and to provide instructions on the review and approval of study activities using the Emergency Meeting Procedures

## 2. Scope

This SOP applies to emergency Institutional Ethics Committee (IEC) meetings. Emergency meetings may be scheduled to approve safety / life threatening issues, SAE and other study activities that require Full Board review.

## 3. Responsibility

It is responsibility of the Member Secretary in consultation with Chairperson to call an emergency meeting. It is responsibility of the IEC secretariat to arrangement of an emergency meeting. It is responsibility of the Chairperson/Secretary to conduct the meeting and discuss the matter with the IEC members for the decision making.

## 4. Activity Table

No.	Activity	Responsibility
1	Call for an emergency meeting	IEC Member Secretary and Chairperson
2	Arrangement of an emergency meeting	IEC Secretariat
3	Discuss the matter and take a decision	IEC Members, Member Secretary and Chairperson

## 5. Detailed instructions

### 5.1 Call for an emergency meeting

**The Chairperson/ Member Secretary will decide to call an emergency meeting for any one or more of the following reasons:**

- Urgent issues (which, if not decided upon early could adversely affect or have adverse impact on patient safety, public safety or national economy etc.
- Occurrence of unexpected serious adverse event(s).
- A matter of life and death for the patients continuing in the trial.
- Other reasons, as deemed appropriate by the Chairperson.

### 5.2 Arrangement of an emergency meeting

#### Contact and inform IEC members

- The Secretariat will endeavor to contact each and every IEC member and inform about the date, time and venue of the meeting as well as the reason for calling for the meeting. For the purpose of calling an emergency meeting, contact by telephone or email to the email address provided by the member would be considered as sufficient.
- The Secretariat/ Administrative Manager/Deputy manager will ensure distribution of all relevant documents to the members containing relevant information about the matter(s) for which Emergency Meeting is scheduled or send the relevant details (incase the documents are too many) via email.
- The Administrative Manager/ Deputy manager will attach a separate sheet with information about meeting date, time, phone numbers, the meeting ID number and an attendance confirmation form to the packets.
- The Administrative Manager/ Deputy manager will refer to and act according to the relevant SOPs depending upon the matter under consideration.

### 5.3 Discuss the matter and take a decision during the meeting

- The Chairperson/Secretary will determine if there is a quorum.

- If a quorum is not met, the meeting will be postponed for 15 minutes. However, if there is no quorum at the end of 15 minutes; the meeting would be held with a quorum of at least three members (other than Chairperson and including at least one scientific member) are present, given the urgency of the matter under consideration.
- The IEC members will act according to the relevant IEC SOPs (Expedited Review, SAE review, Review of Protocol deviations/violations etc.) for discussion and decision-making on the matter under consideration. The minutes of the emergency meeting would be prepared, distributed, approved and filed as described in the steps above for regular full board meeting.

## **6. Glossary**

<b>Emergency meeting</b>	An IEC meeting that is scheduled outside of a normally scheduled meeting to review study activities that require full IEC review and approval. In order to hold an emergency meeting, a quorum decided earlier must be maintained throughout the entire discussion. Emergency meetings may be held via teleconference, if applicable.
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Title:	Maintenance of Active Project Files
SOP Code:	SOP 15/ V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S.bhide</i> <i>06/07/2020</i></p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> <i>7/7/2020</i></p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>#Shilpshree</i> <i>10/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> <i>21/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>8.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> <i>29/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to provide instructions for preparation, circulation and maintenance of active study files and other related documents approved by the Institutional Ethics Committee (IEC).

## 2. Scope

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

## 3. Responsibility

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

## 4. Activity Table

No.	Activity	Responsibility
1	Organize the contents of the active study files	IEC Secretariat
2	Maintain the active study files	IEC Secretariat

## 5. Detailed instructions

### 5.1 Organize the contents of the active study files

The Secretariat will:

- Submission receive in the IEC office. Preserve soft copy and one original set (hard copy for regulatory studies and if needed non regulatory studies) of the entire package called as master file. A Study Master File is the file comprising all essential documents and correspondence related to the study/protocol. Study master files should be established at the time of initial submission.
- The study files are assigned unique identifiers (serial project no.EC/CT/PHARMA-XX/20XX, EC/CT/GOVT-XX/20XX, EC/OA-XX/20XX & EC/XX/20XX.)
- All documents related to the study file are gathered, classified and combined together appropriately.
- The Administrative Manager will save the submissions which will be stored separately for IEC-I, IEC-II & IEC-III on e-EC software cloud based, on Google drive and on external hard (Nasbox) disk in office PC.
- The submitted hard copy protocols and the related documents will be labeled and stored in cupboard with lock and key in separate cupboard of IEC-I, II & III.

### 5.2 Maintain the active study files

The Administrative Manager will:

- Collect and file related documents of the approved study appropriately.
- Attach an identity Label to the set of documents.
- Keep all active study documents in a secure place.
- Maintain the study files in an easily accessible, but secure place until the final report is received, reviewed and accepted by the IEC or the matter will be discussed at Full Board by IEC.
- The soft copies of active study files stored on computer which are password protected and will be accessible only to the IEC secretariat.
- The cupboard where hard copies of the active study files are kept will be kept in a lock and key and will have controlled access only to the secretariat.

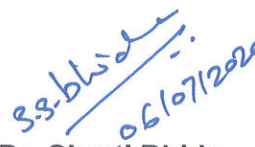




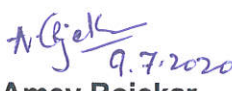
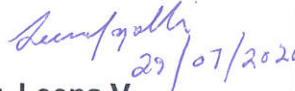


- The active study files will be password protected and will be accessible only to the IEC secretariat.
- If any IEC member/non-members (auditor or other authorized person) of IEC wants to have access, they can access the project file with the help of secretariat after the permission of chairperson.
- Annual subscription of appropriate anti-virus and malware protector will be availed for the soft copy submissions.
- Annual maintenance of fire proof service provider and paste control provider will be availed for the protection of hard copies.
- Send all closed study files to the archive.

**6. Glossary**

<b>Active Study File</b>	Any approved protocol, supporting documents, records containing communications and reports that correspond to each currently approved study.
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Title:	Archiving and Retrieving Documents
SOP Code:	SOP 16 /V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
 06/07/2020 Dr. Shruti Bhide Member Secretary, IEC-I	 7/7/2020 Dr. Y. C. Shetty Joint Member Secretary, IEC-I	 30/7/2020 Dr. P. S. Menon Chairperson, IEC-I	IEC-I
	 17/7/2020 Ms. Shilpshree Palsule Member Secretary, IEC-II	 16/7/2020 Dr. Subodh Sirur Chairperson, IEC-II	IEC-II
	 9.7.2020 Dr. Amey Rojekar Member Secretary, IEC-III	 29/07/2020 Dr. Leena V Gangolli Chairperson, IEC-III	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to provide instructions for storage/archival / disposal of closed files and retrieval of documents in a secure manner while maintaining access for review by auditors, inspectors and other authorized persons.

## 2. Scope

This SOP applies to archiving the study files and administrative documents that are retained for at least five years or for longer duration if specifically mandated after completion of the research/ termination of research so that the records are accessible to auditors, inspectors and other authorized persons. Copying files and documents for or by authorized representatives of the national authority is allowed when required.

## 3. Responsibility

It is the responsibility of the Institutional Ethics Committee (IEC) Secretariat to maintain closed study files and administrative documents.

## 4. Activity Table

No.	Activity	Responsibility
1	After receiving the notification of termination, completion / final report	IEC members, secretariat
2	Retrieving Documents	IEC secretariat
3	Disposal of closed files and copies of protocols and documents submitted for IEC review	IEC secretariat

## 5. Detailed instructions:

### 5.1 After receiving the notification of termination, completion / final report:

- IEC Secretariat and Members will review the termination, completion / final report of the study.
- A member of the Secretariat should:
  - Remove the contents of the entire file from the active study folder (soft copy) to the archived study folder.
  - Remove the contents of the entire file from the active study cupboard (hard copy) to the archived study cupboard in the archival room.
  - Verify that all documents are present in an organized manner.
  - The soft archived study files will be password protected and will be accessible only to the IEC secretariat.
  - The cupboard where hard copies of the archived study files are kept will be kept in a lock and key and will have controlled access only to the secretariat.
  - If any IEC member/ non-members of IEC (auditor or other authorized person) wants to have access, they can access the project file with the help of secretariat after the permission of chairperson.
  - A staff of the IEC Secretariat should
    - Perform inventories of miscellaneous administrative documents.
    - Send it/ them to the appropriate storage facility so that it/ they may be retrieved.
  - The IEC Secretariat maintains past board membership information as well as the active administrative documents as permanent records.

### (Archiving and Retrieving Documents)

## 5.2 Retrieving Documents

- The request for retrieval can only be made by an IEC member, auditor or other authorized person in by filling up, signing and dating request form: AX 01/SOP 16/V6.1
- The requestor must also sign and date the log of request. (AX 02/SOP 16/V6.1)
- Retrieval of documents can only be done when a request is made in the request form (AX 01/SOP 16/V6.1) that is approved (signed and dated) by the IEC Chairperson/Member Secretary.
- For administrative purpose and while discussing / keeping the study completion report & CSR, IEC Secretary can retrieve archived file(s) without having to require IEC Chairperson's approval. For this purpose the IEC secretary can authorize a staff member of the IEC secretariat to physically retrieve a file. In such a situation, the register/ log will be signed by the secretariat member physically retrieving the file.
- A member of IEC Secretariat will retrieve archived document(s) and will return the remaining file back to its place.
- The Secretariat maintains a register with following information related to retrieval: File number, Name and designation of individual making a request for retrieval with his/her signature, Date of approval of request by IEC chairperson, Date and time of retrieval, Name and signature of IEC staff/ Secretariat retrieving the file, Date and time of returning the file.
- The Secretariat will also record, sign and date when the document has been returned and kept.

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

- The trial master file will be maintained in the IEC office for complete period of the study and for five years following closure of the study. After completion of the archival period the closed files will be shredded and disposed off in the IEC office shredding facility. However, all the copies of the research projects and documents submitted for IEC review will be shredded by the authorized IEC personnel after the IEC meeting without any notification to the Principal Investigator. A log book of disposed documents will be maintained.

## 6. Glossary

<b>Administrative Documents</b>	Documents include official minutes of Board meetings and the Standard Operating Procedures, both historical files and Master Files, Account related documents as.
<b>Closed Study File</b>	Any approved protocol, supporting documents, records containing Communications and reports that correspond to a study which is completed or terminated or discontinued or suspended or not initiated.

## 7. Annexure

Annexure 1	AX 01/SOP 16/V6.1	Document Request Form
Annexure 2	AX 02/SOP 16/V6.1	Log of Requested IEC Documents

**Annexure 1**  
AX 01/SOP 16/V6.1  
**Document Request Form**

Name of Document requested:
Requested by: Name: -----
<input type="checkbox"/> Chairperson <input type="checkbox"/> Secretariat <input type="checkbox"/> IEC Member
<input type="checkbox"/> Secretariat staff <input type="checkbox"/> Authority <input type="checkbox"/> Others _____
Purpose of the request:

\_\_\_\_\_  
Signature of person requesting and date

\_\_\_\_\_  
Signature of Member Secretary/ Chairperson and date

**Annexure 2**  
AX 02/SOP 16/V6.1  
**Log of requested IEC Documents**

No	File Number and Document	Name and Designation of person requesting with his/her signature	Date Requested	Date of approval	Retrieved by (Name, Signature and Date)	Returned Date	Archived by (Name, Signature and Date)

Title:	Responding to Research Participant's Request or Complaint
SOP Code:	SOP 17/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. Bhide</i> 06/07/2020</p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> 7/7/2020</p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> 30/7/2020</p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> 10/7/2020</p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> 29/7/2020</p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> 8.7.2020</p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> 29/07/2020</p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

(Responding to Research Participant's Request or Complaint)

### **1. Purpose**

The purpose of this SOP is to describe procedures for dealing with requests for information by research participants regarding their rights as a participant or to resolve their complaint/s that is/are related to their participation in research approved by the Institutional Ethics Committee (IEC).

### **2. Scope**

This SOP applies to handling of requests for information/ complaints made by participants concerning the rights and well-being of the research participants participating in research studies by the IEC.

### **3. Responsibility**

It is the responsibility of the IEC Secretariat and Chairperson/ Member Secretary to provide the information asked by research participants or to address any injustice that has occurred, if any complaints are received.

### **4. Activity Table**

<b>No.</b>	<b>Activity</b>	<b>Responsibility</b>
1.	Receiving the query/complaint from research participant	IEC Member Secretary/ Members/ Secretariat
2.	Initiating process to identify the problem	Chairperson/ Member Secretary
3.	Deliberations to arrive at solution	IEC Chairperson/ Member Secretary/ Members
4.	Communication with the research participant	IEC Secretariat
5.	File to the request document	IEC Secretariat

### **5. Detailed instructions:**

- A request, complaint or query, from a research participant will be accepted by the Secretariat and forwarded to the IEC Member Secretary after entering into the Participant's Request/ Complaint Record Form (AX 01/ SOP17/V6.1)
- The Member Secretary may receive a request, complaint or query directly from the participant. He/she will record it in the Request/complaint record form AX 01/SOP 17/V6.1 and notify the Secretariat.
- Participant's request/Complaint record form AX 01/SOP 17/V6.1 is available at the reception / OPD counters of KEM Hospital and at all the clinical trial sites.
- The Member Secretary will additionally ascertain details of the request/ complaint by examining any relevant documents and by interviewing the participant if necessary. If required, the Member Secretary will call for additional relevant information and documents from the Principal Investigator (PI).
- The Secretariat will inform the Chairperson about the request, query or complaint received from the research participant.
- In case of a request for additional information or clarification, the Member Secretary in consultation with the Chairperson will provide the information himself / herself or will designate one or more IEC member(s) to provide such information.
- In case of a complaint received from a research participant, the Member Secretary, in consultation with the Chairperson will initiate a process to address any injustice that may have

**(Responding to Research Participant's Request or Complaint)**

occurred. Depending on the seriousness of the matter, the Chairperson will direct the Member Secretary to:

- Appoint a subcommittee of two or more IEC members for enquiry in order to resolve the matter.
  - Call an emergency meeting of two or more IEC members for discussion or
  - Consider the matter for discussion at the next full board meeting
  - The Member Secretary/ designated IEC members will assess the situation and mediate a dialogue between the research participant and PI in an attempt to resolve the matter.
  - The IEC will insist on factual details to determine gap, if any, between truth and individual perception.
- The final decision will be taken by the Member Secretary in consultation with the Chairperson based on the recommendation of any one of the above and it will be informed to the research participant and the PI by the Secretariat.
  - The information including any action taken or follow-up and final decision will be recorded in the form AX 01/ SOP 17/V6.1 and the form is signed and dated.
  - The IEC members will be informed about the action taken and the outcomes in the forthcoming IEC meeting (in case of requests/ complaints not discussed in full board meeting) and will be minuted.
  - The Secretariat will place all documents in the relevant study file.

## **6. Annexure**

Annexure 1      *AX 01/SOP 17/V6.1*      Participant's Request/ Complaint Record Form



**Annexure 1**  
AX 01/SOP 17/V6.1

**Participant's Request/ Complaint Record Form**

<b>Date</b>	
<b>Received by :</b>	
<b>Request received through:</b>	<input type="checkbox"/> Telephone call No <input type="checkbox"/> Fax No  <input type="checkbox"/> Letter /Date  <input type="checkbox"/> E-mail /Date  <input type="checkbox"/> Walk-in / Date /Time  <input type="checkbox"/> Other, specify 
<b>Participant's Name:</b>	
<b>Contact Address:</b> <b>Phone:</b>	
<b>Title of the Participating Study</b>	
<b>Starting date of participation:</b>	
<b>Information requested/ complaint/query</b>	  
<b>Action taken:</b>  <b>Final Decision:</b>	    

Signature of the IEC Member Secretary

Date

(Responding to Research Participant's Request or Complaint)

Title:	Management of complaints by investigators
SOP Code:	SOP 18/V6.1 dated 29 <sup>th</sup> June ,2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<i>s.s.bhide</i> <i>06/07/2020</i> Dr. Shruti Bhide Member Secretary, IEC-I	<i>Yashika</i> <i>11/7/2020</i> Dr. Y. C. Shetty Joint Member Secretary, IEC-I	<i>P.S. Menon</i> <i>30/7/2020</i> Dr. P. S. Menon Chairperson, IEC-I	IEC-I
	<i>Shilpshree</i> <i>10/7/2020</i> Ms .Shilpshree Palsule Member Secretary, IEC-II	<i>Dr. Subodh Sirur</i> <i>15/7/2020</i> Dr. Subodh Sirur Chairperson, IEC-II	IEC-II
	<i>A. Rojekar</i> <i>8.7.2020</i> Dr. Amey Rojekar Member Secretary, IEC-III	<i>Leena V Gangolli</i> <i>29/07/2020</i> Dr. Leena V Gangolli Chairperson, IEC-III	IEC-III

## **1. Purpose**

The purpose of this Standard Operating Procedure (SOP) is to provide guidelines for dealing with the appeal/complaint made by investigator (principal investigator, co-investigator) against the IEC office /members.

## **2. Scope:**

This SOP applies to handling of appeal/complaint made by investigator (principal investigator, co-investigator) against the IEC office/ members. The investigator/s may submit the appeal/complaint to IEC office/ IEC Chairperson/ Member Secretary/ Members/ to the Head of the Institution

## **3. Responsibility:**

It is the responsibility of the IEC to adhere to the principals of fairness, confidentiality, integrity and prevention of detriment while addressing appeal/ investigating the complaints by investigators.

It is the responsibility of the Member Secretary in consultation with the Chairperson to initiate a process to give information to the participants or to identify and address any injustice that has occurred if complaints are received from investigators.

## **4. Activity Table**

<b>No.</b>	<b>Activity</b>	<b>Responsibility</b>
1.	Receiving the appeal/complaint from investigators	IEC Members Secretary/ Secretariat/ Members
2.	Initiating process to identify the problem	IEC Member secretary/ Chairperson
3.	Deliberations to arrive at solution	IEC Chairperson/ Member Secretary/ Members
4.	Communication with the investigator	IEC Member Secretary/ Secretariat
5.	File the request document	IEC Secretariat

## **5. Detailed instructions:**

### **5.1 Receiving the appeal/complaint from investigators**

- IEC secretariat will receive a request, complain or appeal by the investigator through Via Letter to Head of the Institution, Telephone call, fax, email or Walk-in etc.
- The annexure 1, AX 01/SOP 18/V6.1 will be filled and forwarded by the secretariat to the member secretary /chairperson.

### **5.2 Initiating process to identify the problem**

- The Member Secretary /Secretariat will call for relevant information and documents from the Investigator, as required.
- In case of a request for additional information or clarification, the Chairperson/ Member Secretary may decide to provide the information himself/herself or will designate one or more IEC member to provide such information. The Secretariat will make all documents relevant to the request, available to the Chairperson/ designated member.

### **5.3 Deliberations to arrive at solution**

- The Member Secretary/ designated IEC members will assess the situation and mediate a dialogue between the investigator and member/ IEC office representative against whom complaint is lodged in an attempt to reach the amicable solution.
- The Chairperson / Member Secretary may consider the matter for discussion at the next full board meeting or call an emergency meeting of two or more IEC members for discussion in order to

resolve the matter.

- The IEC will insist on factual details to determine gap, if any, between truth and individual perception.
- The Head of the institution if involved in the matter by investigator will be informed about the deliberations between investigator/s and IEC and the final decision on the matter. The suggestions/ recommendations of the Head of the institution will be followed by IEC and the investigator/s.
- If the mutual agreement regarding workable solution is reached the matter will be considered as resolved.
- If there is no mutual agreement and matter is not resolved, a meeting will be called as soon as possible of Head of the institution / Chairperson/Member secretary and / or IEC member and the concerned investigator/s to resolve the matter.
- The information of all these meetings including any action taken or follow-up will be recorded in the form AX 01/SOP 18/V6.1 and the form is signed and dated.

#### **5.4 Communication with the investigator**

- The final decision will be informed to the investigators by the Secretariat.
- The IEC members will be informed about the action taken and the outcomes in the forthcoming IEC meeting.

#### **5.5 File the request document**

- The Secretariat will place all documents in the relevant study file.

#### **6. Annexure**

Annexure 1      AX 01/SOP18/V6.1      Complaint/ Appeal Record Form

**Annexure 1**

AX 01/SOP 18/V6.1

**Complaint / Appeal Record Form for Investigators**

<b>Date</b>	
<b>Received by:</b>	
<b>Complaint/ Appeal received through:</b>	<input type="checkbox"/> Letter to Head of the Institution <input type="checkbox"/> Telephone call No. <input type="checkbox"/> Fax. No. <hr/> <input type="checkbox"/> Letter /Date <hr/> <input type="checkbox"/> E-mail /Date <hr/> <input type="checkbox"/> Walk-in / Date /Time <hr/> <input type="checkbox"/> Other, specify
<b>Investigator's Name:</b>	
<b>Contact Address: Phone:</b>	
<b>Details of complaint/appeal</b>	<hr/> <hr/>
<b>Deliberations with investigators</b>	
<b>Actions taken:</b>	<hr/> <hr/>
<b>Outcome:</b>	<hr/> <hr/> <hr/>

Signature of the IEC Member Secretary/  
Chairperson Date

Title:	Request for Waiver of Written Informed Consent
SOP Code:	SOP 19/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. bhide</i> <i>06/07/2020</i></p> <p>Dr. ShrutiBhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> <i>7/7/2020</i></p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> <i>10/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> <i>10/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>8.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V. Gangolli</i> <i>29/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe the type of research projects for which the Institutional Ethics Committee (IEC) may grant waiver for requirement of obtaining written informed consent and the format of the application form to be used by the investigators for requesting waiver of consent. The Application Form AX 01/SOP 19/V6.1 is designed to standardize the process of applying for consent waiver.

## 2. Scope

This SOP applies to all protocols with a request of granting consent waiver submitted for review by the IEC. The decision should be taken by the IEC members during expedited review or at the Full Board meeting.

## 3. Responsibility

It is the responsibility of the IEC Secretariat to manage waiver of consent application form. The Member Secretary/ Chairperson/ Primary reviewers to review and take a decision regarding the waiver of consent application. It is responsibility of the secretariat to communicate the decision to the investigator.

## 4. Activity Table

No.	Activity	Responsibility
1	Receive the submitted documents.	IEC Secretariat
2	Review of protocol and application for waiver of consent	IEC Members
3	Decision regarding waiver of consent	IEC Members at Full Board meeting
4	Communicate and record the decision to the Investigator	IEC Secretariat

## 5. Detailed instructions

### Receive the submitted documents.

- When a request for waiver of consent is submitted by the Principal Investigator to the IEC secretariat, in the given format AX 01/SOP 19/V6.1 stating the reasons for the consent waiver. The IEC Secretariat will check if the concerned documents are filled completely and the required list of documents is enclosed and forward the package to the member secretary /chairperson.

### Review of protocol and application for waiver of consent

- ✓ The IEC Primary reviewer / Member Secretary /Chairperson will review the request taking into consideration the types of studies for which waiver of consent may be granted. (Criteria stated on the back of the annexure AX 01/SOP19/V6.1).
- ✓ The IEC will ensure that there are adequate mechanisms described in the protocol for protection of the identity of the research participants and maintaining confidentiality of the study data. This is necessary as the participant cannot be assured directly about confidentiality of health data through a formal informed consent process, when consent waiver is granted.

### Decision regarding waiver of consent

- ✓ The decision regarding approval/disapproval of waiver is informed to the principal investigator in writing. If the waiver is not granted, the IEC will provide reasons for the same.
- ✓ The decision whether to grant the waiver is taken and will be inform in the upcoming full board meeting.

## 6. Annexure

Annexure 1            AX 01/SOP19/V6.1            Application form for requesting waiver of consent

**(Request for Waiver of Written Informed Consent)**

**Annexure 1**

AX 01/SOP 19/V6.1

**Application form for requesting waiver of consent**

**1. Principal Investigator's name:**

**2. Department:**

**3. Title of project:**

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**4. Names of other participants, staffs and students:**

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**5. Request for waiver of informed consent:**

- Please check the reason(s) for requesting waiver (Please refer the back of this annexure for criteria that will be used by IEC to consider waiver of consent).

[1] Research involves 'not more than minimal risk'

[2] There is no direct contact between the researcher and participant

[3] Emergency situations as described in ICMR Guidelines (ICMR 2017 Guidelines), National Guidelines for Ethics Committees Reviewing Biomedical & Health Research During Covid-19 Pandemic, April 2020

[4] Any other (please specify)

---

- Statement assuring that the rights of the participants are not violated

---

- State the measures described in the Protocol for protecting confidentiality of data and privacy of research participant

---

**Principal Investigator's signature with date:**

**Final decision at full board meeting held on:**

Waiver granted Yes  No.

If not granted, reasons

---

---

**Signature of the Member Secretary with Date:**

**Type of research projects which may qualify for consent waiver:**



A request to waive written informed consent must be accompanied by a detailed explanation. The investigator is also required to provide assurance regarding protection of identity of research participants and maintenance of confidentiality about the data of the research participants. The following criteria (ICMR 2017 & National Guidelines for Ethics Committees Reviewing Biomedical & Health Research During Covid-19 Pandemic, April 2020.) must be met for a research project so that it can qualify for granting a waiver of both written and verbal consent.

1. The proposed research presents no more than minimal risk to participants. (ICMR guidelines 2017, National Guidelines for Ethics Committees Reviewing Biomedical & Health Research During Covid-19 Pandemic, April 2020.) e.g. a retrospective review of patient case records to determine the incidence of disease/ recurrence of disease. [Minimal risk would be defined as that which may be anticipated as harm or discomfort not greater than that encountered in routine daily life activities of general population or during the performance of routine physical or psychological examinations or tests. However, in some cases like surgery, chemotherapy or radiation therapy, great risk would be inherent in the treatment itself, but this may be within the range of minimal risk for the research participant undergoing these interventions since it would be undertaken as part of current everyday life.
2. When it is impractical to conduct research since confidentiality of personally identifiable information has to be maintained throughout research as maybe required by the sensitivity of the research objective. (ICMR 2017guidelines, National Guidelines for Ethics Committees Reviewing Biomedical & Health Research During Covid-19 Pandemic, April 2020.)

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

The only record linking the participant and the research would be the consent document and when there is a possible legal, social or economic risk to the participant entailed in signing the consent form as they might be identified as such by signing the consent form, the requirement for obtaining consent can be waived of by the IEC.

[In case of telephonic interviews, waiver of written informed consent may be requested but this does not mean that verbal consent cannot be utilized].

The following points need to be considered.

- a. The following documents need to be submitted for the IEC review
  - A script for verbal consent - a verbal consent script provides all of the elements of consent in a more informal style. In addition, each subject should be provided with an information sheet that describes the study and gives contact names and numbers.
  - The interview schedule (questions to be asked???) will confirm that the interview is a simple 5-minute call and that no questions are asked that compromise a person's confidentiality or position.
- b. Normally, investigators will be asked to keep a log of those who were approached about the study and offered verbal consent. A simple chart can indicate the participants as participant 1, participant 2, and participant 3. A column can indicate that verbal consent was given and a date. Since a specific number of study participants are to be recruited. It is important that investigators keep some record to indicate that they are not enrolling more participants than they originally requested.
3. Research on publicly available information, documents, records, work performances, reviews, quality assurance studies, archival materials or third-party interviews, service programs for benefit of public having a bearing on public health programs, and consumer acceptance studies. (ICMR 2017guidelines, National Guidelines for Ethics Committees Reviewing Biomedical & Health Research During Covid-19 Pandemic, April 2020.)
4. Research on anonymized biological samples from deceased individuals, left over samples after clinical investigation, cell lines or cell free derivatives like viral isolates, DNA or RNA from recognized institutions or qualified investigators, samples or data from repositories or registries etc. (ICMR 2017guidelines, National Guidelines for Ethics Committees Reviewing Biomedical & Health Research During Covid-19 Pandemic, April 2020.)

5. In emergency situations when no surrogate consent can be taken. (ICMR 2017 guidelines, National Guidelines for Ethics Committees Reviewing Biomedical & Health Research During Covid-19 Pandemic, April 2020.) when consent of person/ patient/ responsible relative or custodian/ team of designated doctors for such an event is not possible, the IEC can allow waiver of consent for recruiting participant in a research study. However, information about the intervention should be given to the patients whenever he/she gains consciousness or to relative/ legal guardian when available later.

Title	Reviewing proposals involving vulnerable Populations
SOP Code	SOP 20/V 6.1 dated 29 <sup>th</sup> June,2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>s.s. bhide</i> <i>06/07/2020</i></p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> <i>30/7/2020</i></p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> <i>7/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> <i>8/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>7.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Dr. Leena V Gangolli</i> <i>29/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

## 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe procedures to review proposals involving vulnerable populations. The SOPs provide clear, unambiguous instructions so that the related activities of the Board are conducted in accordance with Indian laws and relevant, National and International Guidelines. It describes the requirements concerning review of research that involves groups that could be potentially vulnerable to coercion in regard to autonomy, and present conditions that may affect risk/benefit determinations or bearing unequal burden in research.

## 2. Scope

This SOP covers the policies and procedures applied to all research dealing with vulnerable population submitted to the IEC.

## 3. Responsibility

- It is the responsibility of the Secretariat of IEC to maintain up-to-date tools for review of research pertaining to vulnerable groups based on new and evolving applicable regulations and guidelines.
- IEC Chairperson/ Member Secretary is responsible for ensuring that IEC members are well versed in new and evolving regulations and guidelines pertaining to vulnerable populations, for selecting primary reviewers with appropriate expertise to conduct the reviews of such research, and for securing appropriate consulting expertise as needed for selected reviews.
- IEC member is responsible for conducting appropriate review of research planned for vulnerable populations, including an assessment of potential for coercion, in consultation with any appropriate experts and resources as described in this SOP

### 3.1 Secretariat of the Institutional Ethics Committee will perform following task

- Maintain on file the updated checklist (1-8) which conforms to applicable regulations and guidelines.
- Document review of risk assessment in IEC minutes for the protocols involving vulnerable population.
- Confirm that the complete informed consent and assent documents as relevant.

### 3.2 Chairperson / Member Secretary will:

Select appropriate primary reviewer(s).

### 3.3 IEC members will:

- Complete checklist during review of research with vulnerable populations and present recommendations at the convened meeting.

## 4. Activity Table

No.	Activity	Responsibility
1	Reviewing the protocol with vulnerable population	Any member of IEC and designated reviewer, secretariat or administrative staff
2	Appoint one or more reviewers	Chairperson/ Member Secretary
3	Review the protocol	IEC members

## 5. Detailed instructions

### 5.1 Reviewing the protocol with vulnerable population

Vulnerable persons are those who are relatively (or absolutely) incapable of protecting their own interests. More formally, they may have insufficient power, intelligence, education, resources, strength, or other needed attributes to protect their own interests. Individuals whose willingness to volunteer in a research study may be unduly influenced by the expectation, whether justified or not, of benefits associated with participation, or of a retaliatory response from senior members of a hierarchy in case of refusal to participate may also be considered vulnerable. 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 persons include patients with incurable diseases, people in nursing homes, unemployed or impoverished people, patients in emergency situations, ethnic minority groups, homeless people, nomads, refugees, minors, and those incapable of giving consent. This list may not be exhaustive as there may be circumstances in which other groups are considered vulnerable, women for example, in an orthodox patriarchal society.

The protocol should be reviewed keeping in mind the following points when it concerns research that involves groups that could be potentially vulnerable to coercion

- measure to protect autonomy,
- risk/benefit determinations with respect to the vulnerability
- bearing unequal burden in research.

Any member of the IEC or Secretariat who would be dealing with such protocols should be well versed with the potential harm or risk of such population participating in the study. The checklist for different vulnerable population is being provided in Annexure (1-8). Special justification is required for inviting vulnerable individuals to serve as research participants and, if they are selected, the means of protecting their rights and welfare must be strictly applied.

## **5.2 Appoint the Reviewers**

The Chairperson will appoint two or more members of the IEC who have a thorough understanding of the ethical review process and experience in the field of research to review such type of protocols. The reviewers should be familiar and trained in the concept of vulnerability and protections for participants with diminished autonomy.

### **Secretariat duties**

- Provide a suitable checklist according to the participants to be recruited in study to the investigator. Inform the investigator to download the appropriate application form and informed consent document/ assent form. If the checklists are not available (for e.g. critically/terminally ill or socially/economically disadvantaged/HIV/Leprosy patients/marginalized population) the investigators want to include the above-mentioned population in the study. They have to mention in the protocol details regarding justification of including the vulnerable population for the study, risk and benefits to the study participants along with mechanism of minimizing risks, measures to protect their autonomy, measures for recruitment of such participants along with measures taken for protection of privacy and confidentiality.
- IEC can recommend for written / verbal Informed consent /audio –visual consent /audio consent (leprosy patients) in the vulnerable population. This decision will be taken on case to case basis. All the protocol dealing with vulnerable population will be considered for Full Board review.
- Provide appropriate reference material or help reviewer to locate such material related to vulnerable populations when specifically requested for, by a reviewing member.

## **5.3 Review the protocol**

- IEC Members will review the protocol and the informed consent document or assent form.
- The member secretary will confirm that the IEC recommendations have been incorporated in the revised protocol and in the final draft of informed consent document or assent form.
- Research involving vulnerable populations will not be considered for expedited review or exemption from review

### **Approval of the protocol**

- The final version of the protocol will be approved by the board with the appropriate checklist as given in annexure (1- 8).
- Wherever necessary the IEC approval should state that if in future the vulnerability status of the participants changes for e.g.; unconscious patient gaining consciousness, then the protocol and ICD should be amended and resubmitted to the IEC for reconsideration and approval Following which the participant should be re-consented and reconsidered for the same.

## 6. Glossary

<b>SOP (Standard Operating Procedure)</b>	Detailed, written instructions, in a certain format, describing activities and actions undertaken by the IEC to achieve uniformity of the performance of a specific function. The aim of the SOPs and their accompanying checklists and forms is to simplify the functioning, whilst maintaining high standards of Good Clinical Practice.
<b>IEC members</b>	Individuals serving as regular members of the Institutional Ethics Committee. The Committee has been constituted in accordance with the EC membership requirements set forth in NDCTR,2019.
<b>Vulnerable population</b>	Vulnerable persons are those who are relatively (or absolutely) incapable of protecting their own interests. More formally, they may have insufficient power, intelligence, education, resources, strength, or other needed attributes to protect their own interests.
<b>Children</b>	Children are persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted.
<b>Assent</b>	Assent means a child's affirmative agreement to participate in research. Mere failure to object should not, absent affirmative agreement, be construed as assent.
<b>Pregnant women</b>	Pregnancy encompasses the period of time from implantation until delivery. A woman shall be assumed to be pregnant if she exhibits any of the pertinent presumptive signs of pregnancy, such as missed menses, until the results of a pregnancy test are negative or until delivery.
<b>Fetus</b>	Fetus means the product of conception from implantation until delivery.
<b>Viable fetus</b>	Viable, as it pertains to the neonate, means being able, after delivery, to survive (given the benefit of available medical therapy) to the point of independently maintaining heartbeat and respiration.
<b>Non viable fetus</b>	Nonviable neonate means a neonate after delivery that, although living, is not viable.
<b>Neonate</b>	Neonate means a newborn.
<b>Mentally impaired persons</b>	Mentally incapable to give consent due to the situation /condition
<b>Situational vulnerability</b>	Disasters create vulnerable persons and groups in society, particularly so in disadvantaged communities,
<b>Harm</b>	is a negative safety or health consequence; any detrimental effect of a significant nature
<b>Risk</b>	"chance"/probability that harm can occur

## 7. Annexure

Annexure 1	AX01/SOP 20/V6.1	Checklist – Requirements for Research Involving Children
Annexure 2	AX02/SOP 20/V6.1	Checklist – Requirements for Research Involving Pregnant Women & Fetuses
Annexure 3	AX03/SOP 20/V6.1	Checklist- Research Involving Cognitively Impaired Adults
Annexure 4	AX04/SOP 20/V6.1	Checklist-Research Involving Students, Employees or Residents
Annexure 5	AX05/SOP20/ V6.1	Checklist- Considerations for Genetic Research
Annexure 6	AX06/SOP 20/V6.1	Checklist- Requirements for Research involving terminally ill patients
Annexure 7	AX07/SOP 20/V6.1	Checklist- Considerations for Research in HIV participant
Annexure 8	AX08/SOP 20/V6.1	Checklist- Requirements for Research involving economically/socially backward/illiterate patients

**Annexure 1**  
AX 01/ SOP 20/ V6.1  
**Checklist –Requirements for Research Involving Children**

Investigator: \_\_\_\_\_

IEC :

Study Title: \_\_\_\_\_

For the principal investigator		IEC Office
RISK DETERMINATION	BENEFIT ASSESSMENT	IEC ACTION
<input type="checkbox"/> Minimal *	<input type="checkbox"/> Direct benefit	Approvable
	<input type="checkbox"/> No direct benefit	
<input type="checkbox"/> Greater than minimal risk	<input type="checkbox"/> Potential to child	Approvable
<input type="checkbox"/> Greater than minimal risk	<input type="checkbox"/> No direct benefit to individual offer general knowledge about the child's condition or disorder.	Approvable case –by-case **

\* Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or occurring during the performance of routine physical or psychological examinations or tests.

\*\* Risk may not be more than a minor increase over minimal risk, consent of both parents is required under normal circumstances.

	Yes	No	NA
Does the research pose greater than minimal risk to children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Are convincing scientific and ethical justifications given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Are adequate safeguards in place to minimize these risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the study involve normal volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Is the inclusion of normal volunteers justified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the studies conducted on animals and adults, appropriate and justified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No: Is the lack of studies conducted on animals and adults justified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will older children be enrolled before younger ones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is permission of both parents necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes: Are conditions under which one of the parents may be considered: "not reasonably available" described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes: Are the conditions acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will efforts be made ensure that parents' permission to involve their children in research studies is free from coercion, exploitation, and /or unrealistic promises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are provisions made to obtain the assent of children over 7 and, where appropriate, honoring their dissent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are provisions made to protect subjects' privacy and the confidentiality of information regarding procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there special problems that call for the presence of a monitor or IEC member during consent procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are special needs of adolescents such as counseling and confidentiality accounted for in the research design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any special problems such as confidentiality and reporting that might arise in sensitive research about child abuse or sexual practices of teenagers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the research involve implications for other family member ?(for example, genetic risk , HIV infection , Hepatitis C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes: Are there adequate mechanisms in place to deal with other members of the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are parents required to be present during the conduct of the research? (Are proposed participants to be very young? Are the procedures involved painful? Must the subject stay overnight in the hospital when they otherwise would not have to? )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Approval to proceed with this category of research must be made by the Administrator of the IEC, with input from selected experts



Signature of Principal Investigator: \_\_\_\_\_ Date \_\_\_\_\_

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Comments:	
Primary Reviewer Signature & Date	

**Annexure 2**  
AX 02/ SOP 20/V6.1

**Checklist – Requirements for Research Involving Pregnant Women & Fetuses**

Investigator:

IEC #:

Study Title:

**SECTION 1**

**THIS RESEARCH INVOLVES PREGNANT WOMEN OR FETUSES PRIOR TO DELIVERY**

	Yes	No	NA
Where scientifically appropriate, preclinical studies, including studies on pregnant animals, and clinical studies, including studies on non-pregnant women, have been conducted and provide data for assessing potential risks to pregnant women and fetuses;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The risk to the fetus is not greater than minimal, or any risk to the fetus which is greater than minimal is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or the fetus;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any risk is the least possible for achieving the objectives of the research;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The woman's consent or the consent of her legally authorized representative is obtained in accord with the informed consent provisions, unless altered or waived.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The woman or her legally authorized representative, as appropriate, is fully informed regarding the reasonably foreseeable impact of the research on the fetus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No inducements, monetary or otherwise, will be offered to terminate a pregnancy;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's participation in the research will not have an effect on the decisions by investigator with respect to the timing, method or procedures used to terminate a pregnancy; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The decision of investigator determining the viability of a fetus will not have an effect if the women participates in the research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the response to any of the above is No, the research is not approvable by the IEC at this time. See section 3

**SECTION 2**

**THIS RESEARCH INVOLVES FETUSES AFTER DELIVERY**

	Yes	No	NA
1. Where scientifically appropriate, preclinical and clinical studies have been conducted and provide data for assessing potential risks to fetuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The individual(s) providing consent is fully informed regarding the reasonably foreseeable impact of the <b>research</b> on the fetus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No inducements, monetary or otherwise, will be offered to terminate a pregnancy;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Women's participation in the research will not have an effect on the decisions by investigator with respect to the timing, method or procedures used to terminate a pregnancy; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The decision of investigator determining the viability of a fetus will not have an effect if the women participates in the research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AND**

**(Reviewing proposals involving vulnerable Populations.)**

<b>A. Fetuses of uncertain viability</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Does the <b>research</b> hold out the prospect of enhancing the probability of survival of the particular fetus to the point of viability, and any risk is the least possible for achieving the objectives of the <b>research</b> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>			
The purpose of the <b>research</b> is the development of important biomedical knowledge which cannot be obtained by other means and there will be no risk to the fetus resulting from the <b>research</b> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The legally effective informed consent of either parent of the fetus or , if neither parent is able to consent because of unavailability, incompetence, or temporary incapacity, the legally effective informed consent of either parent's legally authorized representative is obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And/or

<b>B. Nonviable fetuses</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Vital functions of the fetus will not be artificially maintained;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There will be no risk to the fetus resulting from the research;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The purpose of the research is the development of important biomedical knowledge that cannot be obtained by other means; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The legally effective informed consent of both parents of the fetus will be obtained except that the waiver and alteration provisions do not apply. However, if either parent is unable to consent because of unavailability, incompetence, or temporary incapacity, the informed consent of one parent of a nonviable fetus will suffice to meet the requirements of this paragraph. The consent of a legally authorized representative of either or both of the parents of a nonviable fetus will not suffice to meet the requirements of this paragraph.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the response to any of above is **No**, the research is not approvable by the IEC at this time. See section 3.

### SECTION 3

#### THIS RESEARCH CAN BE CONDUCTED ONLY AFTER:

- (a) The IEC finds that the research presents a reasonable opportunity to further the understanding, prevention or alleviation of a serious problem affecting the health or welfare of pregnant women or fetuses **and**,
- (b) The secretary, after consultation with a panel of experts in pertinent disciplines (for examples: science, medicine, ethics, law) to determine either:
  - (1) That the research in fact satisfies the conditions set forth in NDCTR,2019, as applicable, or
  - (2) The following:
    - (i) The research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of pregnant women or fetus;
    - (ii) The research will be conducted in accord in sound ethical principles; and
    - (iii) Informed consent will be obtained in accord with informed consent provisions of NDCTR,2019 and other applicable subparts, unless altered or waived in accord.

Signature of Principal Investigator: \_\_\_\_\_ Date \_\_\_\_\_

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Comments:	

Primary Reviewer Signature & Date	

**Annexure 3**  
AX 03/ SOP 20/ V6.1

**Checklist- Research Involving Cognitively Impaired Adults**

- The purpose of this checklist is to provide support for IEC members or the Designated Reviewer when reviewing research involving cognitively impaired adults as subjects.
  1. For review using the expedited procedure this checklist is to be completed by the **Designated Reviewer** to document determinations required by the regulations and protocol specific findings justifying those determinations and retained.
  2. For review using the convened IEC is to document determinations required by the regulations and protocol specific findings justifying these determinations.

<b>1. Research Involving Cognitively Impaired Adults in which there is Anticipated Direct Benefit to the subject</b> (All items must be “Yes”)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	One of the following is true (Check the box that is true) <ul style="list-style-type: none"> <li><input type="checkbox"/> The risk to the participants is presented by an intervention or procedure that holds out prospect of direct benefit for the individual subject.</li> <li><input type="checkbox"/> More than minimal risk to participants is presented by monitoring procedure that is likely to contribute to the participants well – being.</li> </ul>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The risk is justified by the anticipated benefit to the participants.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The relation of anticipated benefit to the risk is at least as favourable to the participants as that presented by available alternative approaches.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The proposed plan for the assessment of the capacity to consent is adequate.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assent is required of: (One of the following must be “Yes”)  One of the following is true ( <b>Check box that is true</b> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> All participants</li> <li><input type="checkbox"/> All participants capable of being consulted.</li> <li><input type="checkbox"/> None of the participants</li> </ul>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The consent document includes a signature line for a legally authorized representative.
<b>2. Research Involving Cognitively Impaired Adults in which there is No Anticipated Direct Benefit to the subject</b> (All items must be “Yes”)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The proposed plan for the assessment of the capacity to consent is adequate.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The objectives of the trial cannot be met by means of study of participants who can give consent personally.

(Reviewing proposals involving vulnerable Populations.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	The foreseeable risks to the participants are low.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The negative impact on the participants well-being is minimized and low.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The trial is not prohibited by law.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Participants have a disease or condition for which the procedures in the research are intended.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Participants will be particularly closely monitored.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Participants will be withdrawn if they appear to be unduly distressed.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The proposed plan for the assessment of the capacity to consent is adequate.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assent is required of (One of the following must be "Yes")  One of the following is true ( <b>Check box that is true</b> ) <input type="checkbox"/> All participants <input type="checkbox"/> All participants capable of being consulted. <input type="checkbox"/> None of the participants
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The consent document includes a signature line for a legally authorized representative.

Signature of Principal Investigator: \_\_\_\_\_ Date \_\_\_\_\_

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Comments:	
Primary Reviewer Signature & Date	

**Annexure 4**  
AX 04/SOP20/V6.1

**Checklist-Research Involving Students, Employees or Residents**

Participants who are students, employees or residents require special considerations.

Does the employer or supervisor of the research participant need to be aware of the research project?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there a letter of support and/ or internal services checklist?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have the participants been assured that their status (education, employment, and/or promotion) will not be affected by any decision to participate or not?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have the risks to participants been minimized?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have participants been assured that participation is voluntary (no signs of coercion)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have participants been assured that confidentiality will be protected or maintained?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Signature of Principal Investigator: \_\_\_\_\_ Date \_\_\_\_\_

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Comments:	
Primary Reviewer Signature & Date	

**Annexure 5**  
AX 05/SOP 20/V6.1  
**Checklist - Considerations for Genetic Research**

Investigator: \_\_\_\_\_ IEC #: \_\_\_\_\_

Study Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Yes	No
1. Will the samples be made anonymous to maintain confidentiality? If yes, stop here	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the investigator established clear guidelines for disclosure of information, including interim or inconclusive research result?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the appropriateness of the various strategies for recruiting participants and their family members been considered?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the proposed study population comprise family members?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will family members be implicated in the studies without consent?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the samples be destroyed in the future?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is genetic counseling being offered?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Principal Investigator: \_\_\_\_\_ Date \_\_\_\_\_

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Comments:	
Primary Reviewer Signature & Date	



**Annexure 6**  
AX 06/SOP 20/V6.1

**Checklist - Requirements for Research involving terminally ill patients**

Principal Investigator Name: \_\_\_\_\_

Proj. No of IEC. - \_\_\_\_\_

Study Title: \_\_\_\_\_

RISK DETERMINATION	BENEFIT ASSEMENT	IEC ACTION
<input type="checkbox"/> Minimal	<input type="checkbox"/> With direct benefit <input type="checkbox"/> Without direct benefit	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<input type="checkbox"/> Potential benefit	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<input type="checkbox"/> No direct benefit to individual but offer general knowledge about the child's condition or disorder and may benefit to the society or future generations are likely to benefit.	<input type="checkbox"/> Approved case by case (with special safeguards) <input type="checkbox"/> Not Approved
<input type="checkbox"/> Less than minimal risk	<input type="checkbox"/> With direct benefit <input type="checkbox"/> Without direct benefit	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<input type="checkbox"/> Potential benefit	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<input type="checkbox"/> No direct benefit to individual but offer general knowledge about the child's condition or disorder and may benefit to the society or future generations are likely to benefit.	<input type="checkbox"/> Approved case by case (with special safeguards) <input type="checkbox"/> Not Approved
<input type="checkbox"/> Minor increase over minimal risk or Low risk	<input type="checkbox"/> With direct benefit <input type="checkbox"/> Without direct benefit	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<input type="checkbox"/> Potential benefit	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<input type="checkbox"/> No direct benefit to individual but offer general knowledge about the child's condition or disorder and may benefit to the society or future generations are likely to benefit.	<input type="checkbox"/> Approved case by case (with special safeguards) <input type="checkbox"/> Not Approved
<input type="checkbox"/> More than minimal risk or High Risk	<input type="checkbox"/> With direct benefit <input type="checkbox"/> Without direct benefit	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<input type="checkbox"/> Potential benefit	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<input type="checkbox"/> No direct benefit to individual but offer general knowledge about the child's condition or disorder and may benefit to the society or future generations are likely to benefit.	<input type="checkbox"/> Approved case by case (with special safeguards) <input type="checkbox"/> Not Approved

Minimal risk- Probability of harm or discomfort anticipated in the research is not greater than that ordinarily encountered in routine daily life activities of an average healthy individual or general population or during the performance of routine tests where occurrence of serious harm or an adverse event (AE) is unlikely

	Yes	No	NA
Does the research pose greater than minimal risk to patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Are convincing scientific and ethical justification given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Are adequate safeguard in place to minimize these risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate studies that have been conducted on animals and adults justified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No: Is the lack of appropriate studies conducted on animals and adults justified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the anticipated benefits justify requiring the subjects to undertake the risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is inclusion of vulnerable population warranted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the research question be answered by using a non-vulnerable population?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will efforts be made ensure that participants are free from coercion, exploitation, and /or unrealistic promises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are provisions made to obtain the consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are provisions made to protect participant's privacy and the confidentiality of information regarding procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there special problems that call for the presence of a monitor or IEC member during consent procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are special needs of counseling and confidentiality accounted for in the research design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any special problems such as confidentiality and reporting that might arise in this research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments-

Name & Sign of Primary Reviewer:

Date:

**Annexure 7**  
AX 07/SOP 20/V6.1

**Checklist - Considerations for Research in HIV participant**

Investigator: \_\_\_\_\_ IEC #: \_\_\_\_\_  
Study Title: \_\_\_\_\_

	Yes	No
1. Was the consent taken voluntarily?		
2. During the consent process, is the privacy maintained?		
3. Is the pre testing counseling provisions are in place?		
4. Will the samples be made anonymous to maintain confidentiality? If yes, stop here in stored sample study.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the investigator established clear guidelines for disclosure of information, including interim or inconclusive research result?	<input type="checkbox"/>	<input type="checkbox"/>
6. Where is the test being carried out? Is the laboratory provide high-quality testing services, and quality assurance mechanisms	<input type="checkbox"/>	<input type="checkbox"/>
7. The disclosure of the test results will be done only to the study team/sponsors/regulators with the participant consent.	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the appropriateness of the various strategies for recruiting participants and their care takers been considered?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed study requires family members/caretakers permission?	<input type="checkbox"/>	<input type="checkbox"/>
10. Would the confidentiality will be maintained?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will family members / care takers will be disclosed about the test results?	<input type="checkbox"/>	<input type="checkbox"/>
12. Will the samples be destroyed in the future?	<input type="checkbox"/>	<input type="checkbox"/>
13. Will the samples be stored for future?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is post HIV testing counseling being offered and given?	<input type="checkbox"/>	<input type="checkbox"/>
15. Would the participant provided with effective referral to appropriate follow-up services as indicated, including long term prevention and treatment support?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Principal Investigator: \_\_\_\_\_ Date \_\_\_\_\_

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Comments:	
Primary Reviewer Signature & Date	

**Annexure 8**  
AX 08/SOP 20/V6.1

**Checklist –Requirements for Research involving economically/socially backward/illiterate patients**

Principal Investigator

Project. No.-

Study Title:

	Yes	No	NA
Does the research pose greater than minimal risk to patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Are convincing scientific and ethical justification given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Are adequate safeguard in place to minimize these risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the anticipated benefits justify requiring the subjects to undertake the risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is inclusion of vulnerable population warranted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the research question be answered by using a non-vulnerable population?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will efforts be made ensure that participants are free from coercion, exploitation, and /or unrealistic promises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are provisions made to obtain the consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are provisions made to protect participants' privacy and the confidentiality of information regarding procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there special problems that call for the presence of a monitor or IEC member during consent procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are special needs of counseling and confidentiality accounted for in the research design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any special problems such as confidentiality and reporting that might arise in this research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments-

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Name & Sign of Primary reviewer:

Date:

Title:	Common Ethic Review of Multicentre Research
SOP Code:	SOP 21/V6.1 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>S.S. Bhide</i> <i>06/07/2020</i></p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y. C. Shetty</i> <i>7/7/2020</i></p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> <i>7/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Dr. Subodh Sirur</i> <i>7/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>7.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> <i>29/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

### 1. Purpose

In case of multicentric studies wherein IEC has been given the responsibility of designated IEC (DEC), IEC will undertake a common review of the study proposal with mutual agreement of all the ECs of participating centres (PEC).

### 2. Scope

This SOP applies to concerned ECs designated and participating investigators from centers involved, and other stakeholders involved in multicentric, clinical trials and biomedical and health research.

### 3. Responsibility

Coordinating PI will submit the study proposal to IEC as DEC for review using the ICMR common forms for EC review. It is the responsibility of the IEC as a DEC to conduct a detailed initial review of the proposal which is common for all centers involved in a multicenter research. IEC as DEC will communicate recommendations and final decision to the coordinating PI. PI from other sites will submit the same proposal to PEC. PEC will primarily review the local issues specific to the center.

### 4. Activity Table

No.	Activity	Responsibility
1	Determine the protocol submitted by coordinating PI for Common ethical FB review.	Member Secretary/ chairperson
2	Selection and allocation of projects to IEC members on e-EC software	Member Secretary
3	Review of the assigned protocols on e-EC	Designated IEC Members
4	Compile the comments of IEC members on e-EC software	Member Secretary
5.	Discussion of the comments in FB meeting	All IEC members
6.	Communication of recommendations and final decision to coordinating PI	Member Secretary

### 5. Detailed Instructions

#### 5.1 Consider the protocol submitted by coordinating PI for common ethical FULLBOARD review.

In case of request by PIs of multicentric study, member secretary/ chairperson will review/screen the study proposal for its eligibility for common review as per ICMR guidelines 2017. The study determined to have low or minimal risk, survey or multicentric studies using anonymized samples or data or those that are public health research studies will be considered for common review by IEC as DEC.

#### 5.2 Selection and allocation of projects to IEC members on e-EC software (Selection of PR)

- The Member Secretary will assign Primary Reviewer based on expertise in the related field and experience along with nonscientific member to the research study for scientific, ethical and statistical review. The Primary Reviewer will be members of the IEC and will have to present a detailed relevant review of the assigned multicentric study proposal.
- The Primary Reviewers will present the research study at a regular full board.
- In case the PR is not in position to review due to some reason, he/she should inform the Member Secretary at the earliest, so that the research study can be assigned to another member.
- In the event of his/her absence, a PR can send comments on the research protocols to the Member Secretary, which will be tabled and discussed during the meeting. However, a final

decision on the research protocol will be arrived at, by a broad consensus at the end of discussion among attending members and not solely based on comments.

- It is the responsibility of the assigned PRs to review the research protocol assigned to them thoroughly and communicate their observations, comments and decisions to the IEC during the meeting.
- The Member Secretary can invite an expert (if necessary) for comments during the full board meeting.

### 5.3 Review of the assigned protocols on e-EC

IEC members will carry out initial review of proposal which is common to all participating centers. The protocol will be reviewed by each member as per guidelines (how to review a study protocol described in AX 04/SOP 05-A/V6.1.)

#### 5.3.1 Examine the qualification of investigators and assess adequacy of study sites

- The IEC members must examine disclosure or declaration of potential conflicts of interest
- The IEC members must assess / ascertain, if required by reviewing the local study site whether the facilities and infrastructure at study sites can accommodate the study.

#### 5.3.2 Guidelines for PR for evaluation of a project

Refer to SOP 5A section 5.3

### 6. Discussion of the comments in FB meeting.

The proposal will be discussed in FB meeting by all IEC members. The comments compiled by MS will be presented in the FB. Representatives from the participating ethics committees (PEC) may be invited to discuss local ethical issues if required. These special invitees will not have voting rights but can participate in DEC meeting to provide their comments and local perspectives.

### 7. Communication with the coordinating PI/PEC.

The final recommendations and final decision regarding the proposal will be communicated to the coordinating PI. Coordinating PI is directed to communicate the recommendations of DEC to PEC so that study can be initiated at the local center as and when the approval from PEC is obtained without waiting for PEC approvals at other participating centers.

DES will review continuing review reports, annual reports, serious adverse events related to the study, causality assessment, protocol deviations, unanticipated problems involving risks to participants or others, significant complaints/any potential noncompliance, monitoring reports of PEC reported to DEC from other centers.

DEC will direct the PEC to monitor the corresponding local site. Report of which will be submitted to DEC for review.

## 6. Glossary

<b>Designated Ethics Committee (DEC):</b>	The participating EC of a multicentre study which assumes the responsibility to undertake a common initial and continuing review of study proposal with mutual agreement of all the participating centres of a multicentre study is called as the Designated Ethics Committee.
<b>Participating Centre Ethics Committee (PEC):</b>	The Participating Centre ECs are located at the participating centres in a multicenter research (including DEC) and are responsible for detailed review of research in accordance to ICMR National Ethical Guidelines, 2017.
<b>Coordinating PI:</b>	Coordinating PI is the PI at DEC who takes an overall responsibility for the conduct of the multicentre research along with PIs from all the participating centres and is also responsible for ongoing communication between DEC and PIs at other participating centres.

Principal Investigator:	The PI is the person who takes an overall responsibility for the conduct of multicentre research at various centres involved in research. Each centre can have additional co-investigator(s), who may coordinate the study with in the centre.
Multicentre research	Multi-centre study is conducted at more than one centre by different researchers usually following a common protocol. However, certain studies where each centre with a PI is involved in different research roles according to the objective/methodology such as quality control, data management may also be considered as multi centre studies. Each centre can have multiple sites from which participants can be recruited. However, each site should have a responsible nodal person as applicable at the local level. (one PI but different sites)

## 7. Annexure

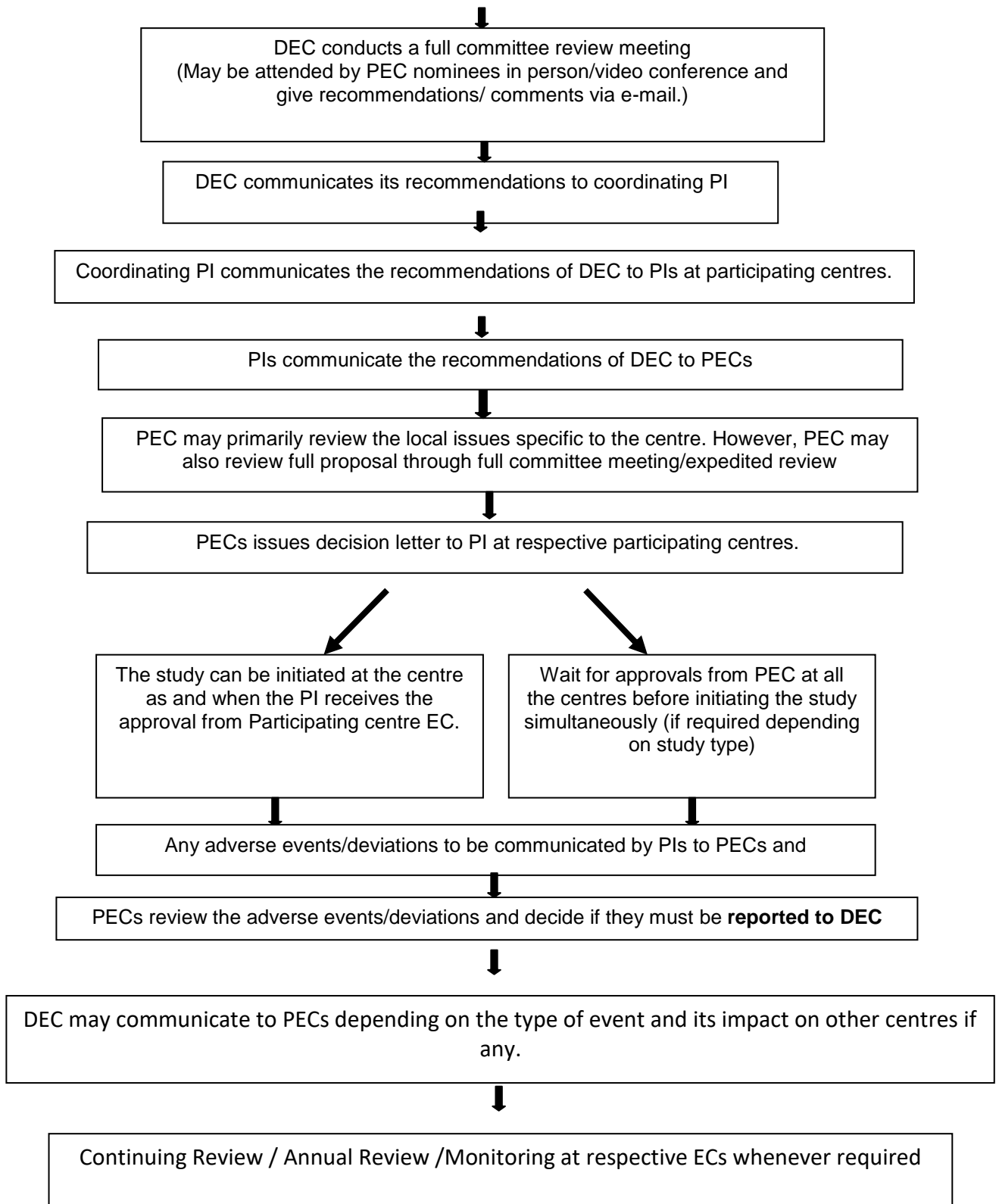
Annexure 1	AX 01/SOP 21/6.1	Flow chart for common review process of multicentric study
Annexure 2	AX 02/SOP 21/6.1	Draft - LoU format for Common Review of multicenter research



**Annexure 1**

AX 01/SOP 21/V6.1

**Flow chart for Common Review Process of Multicentre Research**



Annexure 2  
AX 02/SOP 21/6.1

Draft - LoU format for Common Review of multicenter research

Designated EC

Name of EC:

.....  
Name (Institution/ Organization):

.....  
EC Registration No, if any:

.....  
Participating Centre ECs (Add additional sheets according to the number of centres involved)

Name of EC:

.....  
Name (Institution/ Organization):

.....  
EC Registration No, if any:

.....  
The Officials signing below agree that Participating centre EC of  
..... (name of the  
institution) may utilize the services of the Designated EC  
.....  
..... (name of the institution) for efficient Common Ethics Review of Multicentre Research  
protocols.

It is understood that Designated Ethics Committee would undertake full ethics committee review.  
Ethical issues related to local centres may be reviewed by Participating Centre EC in expedited or  
full review and the final decision may be communicated to Designated Ethics Committee.

This agreement is limited to the following specific Proposal(s):

Title of Research Proposal:

.....  
Name of Principal Investigator/ Coordinating

PI:.....

Sponsor or Funding Agency:

.....  
The responsibilities of centres will be fulfilled in accordance with the ICMR Guidelines and they are  
responsible for ensuring compliance with the Guidelines.

For Designated Ethics Committee:

**Signature:**..... **Date:** .....

**Name:** .....

**Address:** .....

.....

.....

.....

For Participating Centre EC:

<p><b>Signature:</b>..... <b>Date:</b> .....</p> <p><b>Name:</b> .....</p> <p><b>Address:</b> .....</p> <p>.....</p> <p>.....</p> <p>.....</p>
--

Title:	Management of Initial Protocol Submissions during epidemics/pandemics lockdown periods
SOP Code:	SOP 22/V1.0 dated 29 <sup>th</sup> June, 2020

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
<p><i>s.s.bhide</i> <i>06/07/2020</i></p> <p>Dr. Shruti Bhide Member Secretary, IEC-I</p>	<p><i>Y.C. Shetty</i> <i>7/7/2020</i></p> <p>Dr. Y. C. Shetty Joint Member Secretary, IEC-I</p>	<p><i>P. S. Menon</i> <i>30/7/2020</i></p> <p>Dr. P. S. Menon Chairperson, IEC-I</p>	IEC-I
	<p><i>Shilpshree Palsule</i> <i>7/7/2020</i></p> <p>Ms. Shilpshree Palsule Member Secretary, IEC-II</p>	<p><i>Subodh Sirur</i> <i>7/7/2020</i></p> <p>Dr. Subodh Sirur Chairperson, IEC-II</p>	IEC-II
	<p><i>A. Rojekar</i> <i>7.7.2020</i></p> <p>Dr. Amey Rojekar Member Secretary, IEC-III</p>	<p><i>Leena V Gangolli</i> <i>29/07/2020</i></p> <p>Dr. Leena V Gangolli Chairperson, IEC-III</p>	IEC-III

### 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe how the Secretariat of the Institutional Ethics Committee (IEC) manages protocol submissions to the IEC during periods of lockdown/ epidemics.

### 2. Scope

Initial submission received during periods of lockdown or epidemics will be managed collectively by the three boards.

Lockdown Periods: Any announcement by Hospital, Municipal, State or National Authorities restricting movements of individuals for certain duration. It will also be applicable to research during epidemics.

### 3. Responsibility

It is the responsibility of the IEC secretariat to ascertain epidemics/ periods of lockdown with the three member secretaries and follow the procedure of submission, review and decision conveying as follows : receive the submission, ensure complete documentation, record receipt of the submission ,forward to the member secretary, review the protocol, and schedule a meeting

### 4. Activity Table:

SN	Procedure	Responsibility
	<b>Submission and initial review</b>	
a.	Submit research proposal (electronically)	Researchers
b.	Receive, record, verify completeness and allot reference no.	Secretariat / Member Secretary
c.	Categorize depending on risk (Exempt/ Expedited, Full committee), identify need for review by experts/ independent consultants/ patient /others, designate reviewers	Member Secretary in consultation with Chairperson
d.	Perform Initial review of documents as described in Table 4.3 of ICMR National Ethical Guidelines, fill study evaluation form	Primary/ secondary Reviewers
e.	Schedule virtual Meeting, Prepare Agenda, invite members (Independent Consultants/Subject Experts/ PI/ Member secretary of local EC/ in consultation with Chairperson).	Secretariat/Member Secretary

### 5. Detailed instructions for meeting

#### Virtual EC meeting

SN	Procedure	Responsibility
a.	Open the meeting, determine quorum (Section 4.8.4 of ICMR National Ethical Guidelines), COI declaration, Summaries Agenda	Chairperson
b.	Brief presentation and/or address queries on the research proposal and leave meeting prior to decision	Researchers/ subject experts (optional)
c.	Present observations on item reviewed	Primary/ secondary Reviewers
d.	Discuss further on the item and reach consensus	EC members
e.	Record Decision and rejoin member who had declared COI before moving on to subsequent item on agenda	Secretariat/Member Secretary
f.	Record minutes of meeting, ratify approved decisions of exemption/expedited review before closing meeting	Member Secretary/ Chairperson

### 6. Communication with the investigator:



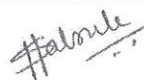

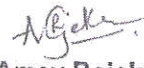

SN	Procedure	Responsibility
a.	Communication of decision and maintaining records.	Secretariat/ Member Secretary
b.	Follow up/monitoring/analysis of SAE/handling of issues related to non-compliance, violation, complaints etc.	Member Secretary in consultation with Chairperson

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Title:	Emergency or Compassionate use of drugs.
SOP Code:	SOP 23/V1.0 dated 14 <sup>th</sup> May 2021

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
Dr. Yashashri Shetty Member Secretary, IEC-I	 Dr. Sandeep Bavdekar Member, IEC-I	 Dr. P. S. Menon Chairperson, IEC-I	IEC-I
	 Ms. Shilpshree Palsule Member Secretary, IEC-II	 Dr. Subodh Sirur Chairperson, IEC-II	IEC-II
	 Dr. Amey Rojekar Member Secretary, IEC-III	 Dr. Leena V Gangolli Chairperson, IEC-III	IEC-III

#   
2/7/21

**DEAN**  
Seth G. S. Medical College,  
Acharya Donde Marg, Parel,  
Mumbai - 400 012, India.



### 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to identify the administrative process to assist treating physicians to comply with Central Drug Standard Control Organisation (CDSCO) requirements for <Emergency Uses>, <Compassionate Uses>, and <Single Patient Expanded Access>.

### 2. Scope

This SOP applies to emergency use of drugs. Out side review or emergency meeting may be scheduled to approve life threatening issues, and issues related to emergency drug use in practice.

### 3. Responsibility

It is responsibility of the Member Secretary in consultation with Chairperson to call an emergency meeting or review. It is responsibility of the IEC secretariat to arrangement of an emergency meeting or review. It is responsibility of the Chairperson/Secretary to conduct the meeting or review and discuss the matter with the IEC members for the decision making.

### 4. Activity Table

No.	Activity	Responsibility
1	Call for an emergency meeting or review	IEC Member Secretary and Chairperson
2	Arrangement of an emergency meeting or review	IEC Secretariat
3	Discuss the matter and take a decision	IEC Members, Member Secretary and Chairperson

### 5. Detailed instructions

#### **5.1 Call for an emergency meeting or review**

The Chairperson/ Member Secretary will decide to call an emergency meeting or review for any one or more of the following reasons:

- Urgent issues related to emergency Uses>, <Compassionate Uses>, and <Single Patient Expanded Access>.
- Other reasons, as deemed appropriate by the Chairperson.

#### **5.2 Arrangement of an emergency meeting or review**

##### **Contact and inform IEC members**

- The Secretariat will endeavor to contact each and every IEC member and inform about the date, time and venue of the meeting as well as the reason for calling for the meeting. For the purpose of calling an emergency meeting, contact by telephone or email to the email address provided by the member would be considered as sufficient.
- The Secretariat/ Administrative Officer will check the following required documents:
  1. Letter from clinician forwarded by Dean, Seth GSMC & KEMH regarding requirement of emergency use of drug / device.
  2. Complete drug/ device information
  3. Letter from sponsor/Clinician (clinical dilemma in case of off label use)

- Administrative Officer will prepare packets for distribution to the members containing the information and documents about the matter(s) for which review / Emergency Meeting is scheduled or send the relevant details (incase the documents are too many) via email.
- The Administrative Officer will attach a separate sheet with information about meeting date, time, phone numbers, the meeting ID number and an attendance confirmation form to the packets.
- The Administrative Officer will refer to and act according to the relevant SOPs depending upon the matter under consideration.

### 5.3 Policy

- Whenever possible, Clinician are to notify the IEC in advance of a proposed <Emergency Use>.
- Clinician are to notify the IEC in advance of a proposed <Compassionate Uses>.
- cannot be used in a non-exempt systematic investigation designed to develop or contribute to generalizable knowledge.
- < Primary Reviewers> can inform Clinician of whether a proposed use, if carried out as described, will meet CDSCO requirements or whether a use already carried out met CDSCO/DCI requirements.
- KEMH Clinicians follow "SOP7: (continuing review)" to provide written notification to the Clinician of the results of this SOP.
- The <Emergency Use> of a drug or biologic and <Single Patient Expanded Access> are "research" as defined by CDSCO, the patient is a "subject" as defined by CDSCO, and the CDSCO may require data from an <Emergency Use> to be reported in a marketing application.
- <Single Patient Expanded Access> and <Compassionate Use> require continuing review.
- Initial and continuing review of <Single Patient Expanded Access> and <Compassionate Use> follow this procedure as well to check for any AEs /SAEs along with post trial access issues if patient benefits.

### 5.4 Discuss the matter and take a decision during the meeting/without meeting in circulation

- The Chairperson/Secretary will determine if there is a quorum (chairperson, secretary and one scientific member and one external member) during the meeting.
- Outside the meeting, it can be circulated to one scientific and one nonscientific person for review.
- The minutes of the emergency meeting would be prepared, distributed, approved and filed as described in the steps above for regular full board meeting.

### 6. Glossary

<b>Emergency meeting</b>	An IEC meeting that is scheduled outside of a normally scheduled meeting to review study activities that require full IEC review and approval. In order to hold an emergency meeting, a quorum must be maintained throughout the entire discussion. Emergency meetings may be held via teleconference, if applicable.
<b>Compassionate use of drugs</b>	The World Health Organization defines compassionate use (CU) as a "program that is intended to provide potentially life-saving experimental treatments to patients suffering from a disease for which no satisfactory authorized therapy exists and/or who cannot enter a clinical trial.

<b>Title:</b>	Review of case reports and case series		
<b>SOP Code:</b>	SOP 24/V1 Date 12.02.2023		
<b>Prepared by Signature with date</b>	<b>Reviewed by Signature with date</b>	<b>Approved by Signature with date</b>	<b>Accepted by</b>
 21/3/23 <b>Dr. Nithya Gogtay Jt. Member Secretary, IEC-I</b>	 <b>Dr. Raakhi Tripathi Member Secretary, IEC-I</b>	 <b>Dr. Manju Sengar Chairperson, IEC-I</b>	IEC-I
	 <b>Dr. Priyanka Prasad Member Secretary, IEC-II</b>	 <b>Dr. Sunil Kuyare Chairperson, IEC-II</b>	IEC-II
	 <b>Dr. Swapna Kanade Member Secretary, IEC-III</b>	 <b>Dr. Mohan Karmarkar Chairperson, IEC-III</b>	IEC-III

### 1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to provide criteria to determine if a study case or case series qualifies for review and provide instructions on management, review and approval of a case or case series through the expedited review process by ratification in full board.

### 2. Scope

This SOP applies to the review and approval of case or case series and documents, which qualify for expedited review by ratification in full board by the IEC.

### 3. Responsibility

It is the responsibility of the Member Secretary / Chairperson of the Institutional Ethics Committee (IEC) to determine if a case / case series qualifies for an expedited / full board review and if required designate one / two primary reviewers. Designated IEC members (including Member Secretary and/or Chairperson) will be responsible for reviewing the case / case series and related documents within the given time frames. The Member Secretary / Chairperson are responsible to take the decision.

#### 3.1 Secretariat of the Institutional Ethics Committee

The secretariat will receive and verify the following documents and will forward these documents to the member secretary for further course of action.

- i. A request / cover letter signed by the faculty / investigator forwarded by Head of the Department to IEC for review.
- ii. The manuscript in its entirety.
- iii. Images accompanying case report/case series (e.g. clinical and imaging)
- iv. Xerox copy of written consent from the patient if prospective.

#### 4. Activity Table

No.	Activity	Responsibility
1.	Receive the submitted documents	Secretariat
2.	Determine case / series for expedited / full board review	Member Secretary/Chairperson
3.	Review of case study/series	Designated IEC Member
4.	Decision of IEC	Secretary/Chairperson
5.	Communicate with the IEC and the Investigator	IEC Secretariat

#### 5. Detailed instructions

##### 5.1 Process of IEC review and requirements from investigator /faculty

1. The case report or case series should be submitted **BEFORE** submitting to a peer reviewed journal along with the processing fees.
2. The submission should include –
  - i. A request / cover letter to IEC for review forwarded by HOD
  - ii. The manuscript in its entirety
  - iii. Written consent from the patient in case of prospective case.  
(In the event that the patient is deceased, consent from the next of kin must be included in the submission. In case the next of kin cannot be traced, the investigator must provide evidence that every effort was made to contact the relative/next of kin and that failed)
  - iv. IEC review charges: The review processing fees shall be collected as Rs 500/- for case series and Rs 250/- for case reports. The payment details will be given to the writer via email once the submission is complete.
3. The case report/case series should not have ANY personal identifiers.

4. If an identifier is required for the case report/case series for advancing medical knowledge [for example the face is not fully hidden], then the consent form must state that so that the patient/next of kin is aware of the same.
5. Images accompanying case report/case series (e.g. clinical and imaging)
6. The CARE guidelines for the manuscript must be followed.

#### **5.2 Review protocol & give comments and recommendations.**

Member Secretary in consultation with chairperson will send the case / case series for review to designated EC member to give their comments and recommendations to the secretariat within seven days from date of receipt of the proposal.

#### **5.3 Decision of IEC**

- Decision about approval will be taken by the member secretary in consultation with Chairperson.
- Decision will be communicated to investigator/ faculty within 14 working days of receipt of proposal.
- The decision will be informed to the IEC members at the next full board meeting.
- If deemed necessary by Primary reviewers, Member Secretary/ Chairperson, the project shall be discussed at the forthcoming full board meeting.
- The review process should be completed and the reply should be given within 14 working days. If by any reason the case / series is taken for full board, then the decision will be communicated within 14 working days after full board meeting.

#### **5.5 Communicate with the IEC and the investigator/faculty.**

- The Secretariat will send the no objection letter via mail or Hard copy to the faculty /Investigator if the case / series has no objection.
- If case / series is disapproved or requires resubmission after certain modifications or clarification, this will be informed to the faculty / Investigator. The reasons for disapproval of a case / series will be specified in the letter sent to faculty / Investigator via email or hard copy.

#### **6. Glossary**

Case report	A report of 1-2 patients; usually 800-1500 words
Case series	A report of more than 2 patients. Word count will depend upon the journal

<b>Title:</b>	Audio Visual (AV) Recording of Informed Consent Process.
<b>SOP Code:</b>	SOP 25/V 1 dated 20 <sup>th</sup> April 2023

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
 Dr. Raakhi Tripathi Member Secretary, IEC-I	 Dr. Nithya Gogtay Joint-Member Secretary, IEC-I	 Dr. Manju Sengar Chairperson, IEC-I	 IEC-I



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## 1. Purpose

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

## 2. Scope

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

- 2.1 An audio-video recording of the informed consent process in case of vulnerable subjects in clinical trials of New Chemical Entity or New Molecular Entity including procedure of providing information to the subject and his understanding on such consent, shall be maintained by the investigator for record:
- 2.2 Provided that in case of clinical trial of anti-HIV and anti-leprosy drugs, only audio recording of the informed consent process of individual subject including the procedure of providing information to the subject and his understanding on such consent shall be maintained by the investigator for record.
- 2.3 Statement that there is a possibility of failure of IP to provide intended therapeutic effect
- 2.4 Statement that in case of Placebo controlled trials, the placebo administered to the subjects shall not have any therapeutic effect
- 2.5 Any other pertinent information

## 3. Responsibility

1. IEC will ensure that Principal investigator will conduct AV recording of the informed consent process, store and archive without violating the participant confidentiality as detailed below in section 6.
2. IEC will specifically ask for consent for AV Consenting in addition to the ICF
3. AV recordings may be reviewed periodically by IEC members

## 4. Applicable rules, regulations and guidelines:

GSR 227-E, New Drugs and Clinical Trials Rules, 2019 published in the Gazette of India dated 19<sup>th</sup> March 2019.

## 5. Detailed Instructions for PI to follow:

All basic principles and procedures for the administration and documentation of the informed consent process are described in SOP Initial review of submitted protocol.

- 1) If the participant is unable to give consent for medical or legal reasons, the consent should be taken from the legally acceptable representative (LAR) and the process recorded.
- 2) If the participant/LAR is illiterate, then an impartial witness is needed. This person should also be in the frame for the entire duration of the consent process.
- 3) AV recording should be done with assent wherever applicable.
- 4) Ensure the following infrastructure is available prior to counseling of potential participant:
  - a. The informed consent process should be carried out in the designated area when the following conditions should be met) that is -
    - i. Free from disturbance
    - ii. Well lit
    - iii. Ensures privacy for the participant
    - iv. Participant should be comfortable
  - b. Camera having video facility with
    - ✓ Good resolution (at least 1280x720 pixels)

(Audio Visual (AV) Recording of Informed Consent Process)



- ✓ Sufficient memory (at least 4 GB)
  - ✓ Sufficient battery backup (at least 2 hours)
  - ✓ Show non-editable date & time on video (preferably)
    - a. Mike system
    - b. Computer/laptop with CD/DVD writer
    - c. Blank CDs/DVDs with cover
    - d. External Hard disk (at least 500 GB to 1 TB)
- 5) Before starting the informed consent process (and the AV recording of the same)
- i. Ensure that all the necessary equipment mentioned above is functional.
  - ii. The potential participant/LAR/ Impartial witness should be informed that the whole process of taking the consent is being recorded as per Govt. of India notification to ensure that he/she has understood all the potential risks and benefits involved in the study including failure of the IMP, study details and his/her rights for the purpose of documentation and the confidentiality of the same is assured.
  - iii. The potential participant/LAR/ impartial witness should be made aware that his/her recording may be shown to government agencies or members from the IEC and independent auditors.
  - iv. His/her consent should be documented in a separate ICD that states the same. The process of obtaining signatures of the potential participant/LAR/ impartial witness & Principal Investigator or her designee on this Audio-video consent form should be carried out as per specified in Annexure AF/IEC/04/08/V-8.0 of SOP/08/V-8.0.

#### 6. Actual AV recording process:

- i. The PI/Co-I/medically qualified person delegated by the PI and the potential participant/LAR (and if need be the impartial witness) should sit comfortably facing each other / side-by-side in such a way that their faces will be captured in the frame simultaneously.
  - ii. The PI/Co-I/medically qualified person delegated by the PI should introduce himself/herself by name, designation and his/ her role in the research, and state the current date and time.
  - iii. Participant/LAR should be requested to introduce his/her name, age and address and in case of LAR, he/she should clearly state relation to actual participant as well as the reason why the participant cannot give consent. Participant/LAR should also state the language he/she understands best and is literate in. The PI/Co-I/medically qualified person delegated by the PI may facilitate this process to ensure all above points are captured in the recording.
  - iv. In case participant/LAR is illiterate and an impartial witness is needed, the impartial witness should be requested to introduce him/her, give his/her address and state the language that he/she is literate in.
  - v. The Participant/LAR should state that he has been informed about the fact that the entire consent process is being recorded and that he/she has agreed for the same.
  - vi. The Informed Consent Process should be carried out as per SOP 08/V-8.0:Administering and documenting informed consent.
  - vii. The participant should be allowed to read the consent document (and this process should be recorded)
  - viii. The PI/Co-I/medically qualified person delegated by the PI should explain all the elements of the approved ICF in the language best understood by the potential participant
  - ix. Explanation or narration given by the PI/Co-I/medically qualified person delegated by the PI, all the questions asked by the potential participant/LAR and answers given to them should be clearly audible and recorded.
  - x. At any point during the consent process, if the participant wishes to take more time to read/ understand the consent document, including, for example, take it home to discuss with relatives
- (Audio Visual (AV) Recording of Informed Consent Process)

- the recording shall be stopped mentioning the time of stopping.
- xi. The participant/LAR (wherever applicable) should be invited to sign the consent form only after satisfactory answers (in the investigator's judgement) have been given by the participant/ LAR to all the above-mentioned questions.
  - xii. Participant/LAR should read out all the statements mentioned in ICF as per Schedule-Y and state whether he/she agrees or not for each statement and affix signature/thumb print at the end
  - xiii. The actual signing process should be recorded.
  - xiv. The impartial witness should be requested to enter the name and details of the participant and the date the consent is documented. The impartial witness will also be requested to sign and date the consent form.
  - xv. The PI/Co-I/medically qualified person delegated by the PI will also sign and date the consent form at the end of the process.
  - xvi. The recording will be stopped after thanking the participant.
    - The recording should be checked for completeness and clarity of both audio and video recording.
    - No editing should be done on the recording so as to maintain authenticity.
    - The computer/laptop should be password protected. The password will be known only to the PI and members of the study team as designated by the PI. A register should be maintained wherein, each time the data is accessed, the details of who accessed the data, date and reasons for the same this should be entered into the designated register.
    - The recording should be then transferred to a CD labeled according to study name, unique identifier assigned to the participant, date and time of the recording, no. of recordings (applicable during re-consenting) and archived in the external Hard drive. The CD should be filed in the participant binder.
    - The study participants should be informed that there is possibility of failure of investigational product to provide intended therapeutic effect.
    - In case of placebo-controlled trial, the placebo administered to the subjects shall not have any therapeutic effect.

## 7. Archival

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

## 8. Annexure

Annexure 1, AX 01/SOP 25/ V1, Checklist for Monitoring of Audiovisual recording of AV consent Process

Annexure 2, AX 03/SOP 25/ V1, Guidance document for audio visual recording of AV consent process

### Annexure 1 AX 02/SOP 25/ V1

Checklist for Monitoring of Audiovisual recording of AV consent Process

1. Facility where informed consent process should be carried out - (well lit, free from noise, privacy ensured, dedicated room, camera permanently set /temporary arrangement, voice recording to be tested before hand):
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_

(Audio Visual (AV) Recording of Informed Consent Process)

2. Whether consent for AV recording already taken before start of recording/ it is taken in front of the camera Yes \_\_\_\_\_ No \_\_\_\_
3. Whether elements enlisted in Appendix V of NDCTR is covered during discussion.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
4. Introduction of each person – name , age (person conducting the informed consent discussion participant/ legally acceptable representative (LAR) wherever relevant / impartial witness wherever relevant) involved during informed consent process and information about necessity for audiovisual recording - by name, designation and his/ her role in the research, current date and time, enquiry of the language participant understands , showing the consent form in the camera which is going to be used for the study
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
5. The following minimum elements should feature in the recording of the informed consent process: (Purpose, treatment allotment, randomization, procedure, follow up, benefit/risks, compensation for Participation, Compensation for Study related Injury, nominee name and details, voluntariness and right to withdraw and contact for further information – Investigator name and EC Chair/member secretary name)
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
6. If Inclusion Criteria has been administered by a designated person who is not medically qualified?
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
7. Is there evidence that subject's queries of a medical nature were answered in the process or assurance was given to clarify the same later?
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
8. The consent is taken in language the participant/ legally acceptable representative (LAR) understands best and is literate in.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
9. Information to the participant/ LAR and impartial witness (as applicable) that the process of taking the consent is being recorded for the purpose of documentation as required by the government rules.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
10. Information to the participant/ LAR and impartial witness (as applicable) that the confidentiality of information and privacy of participants is assured.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_

(Audio Visual (AV) Recording of Informed Consent Process)

11. Information to the participant/ LAR and impartial witness (as applicable) that the recording may be shown to government agencies or members from the IEC.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
12. Explanation or narration by the person conducting the informed consent discussion.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
13. Whether audio-visual recording is performed for all subjects, independently.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
14. Questions regarding participation asked by the potential participant/LAR are answered satisfactorily.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
15. Ample time was given to read and understand the consent as per the content?
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
16. Opportunity to discuss the same with family members
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
17. Reading out by the participant/LAR (or having read out by impartial witness) the statements mentioned in Informed Consent
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
18. Stating whether participant agrees or not for each statement.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
19. Whether checked for participants understanding of the informed consent process
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_Remarks: \_\_\_\_\_
20. Documentation of signatures of all those involved in the Informed Consent Process.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
21. Clarity and completeness of AV recording (pages vis-a- vis timing)
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
22. Check whether re-consenting is done for changes in ICF/LAR inclusion in the beginning if any.
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_

(Audio Visual (AV) Recording of Informed Consent Process)

- b. Remarks: \_\_\_\_\_
23. Check whether re-consenting is done by the same Investigator
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
24. Whether re-consenting is done in same language
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
25. How much timing taken for the re-consent
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
26. Storage of recording in password protected laptop/ desktop computer and/ or hard drive and labelled CD
- a. Yes \_\_\_\_\_ No \_\_\_\_\_ Remarks: \_\_\_\_\_
27. Access of AV consent recorded allowed only to the principal investigator and designated members of the study team.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_ Remarks: \_\_\_\_\_
- Signature and date of PI /Co-inv \_\_\_\_\_

**Annexure 2**  
**AX 03/SOP 25/V1**

Guidance document for audiovisual recording of AV consent Process

**Pre-recording checklist:**

1. Equipment is functioning correctly - YES /NO
2. All parties (trial team personnel conducting the consent, the patient and as applicable legally acceptable representative (LAR), impartial witness and/or translator are seated comfortably and are seen within the frame of the video recording. YES /NO
3. All parties are reminded that this AV recording is in compliance with regulatory requirements YES /NO
4. All parties are informed that this AV recording will be kept confidential but can be shown to others as per legal requirements or for ensuring compliance with law. YES /NO

**AV recording:**

1. Reconfirm that the video recording frame includes all concerned parties. YES /NO
2. The member of the research team should state the date, time, title of the research protocol and the language of the written informed consent document. YES /NO
3. All concerned parties should identify themselves by stating their names, designation and role with respect to the consent process for this research. YES /NO
4. If LAR is involved, he/she should state relation to participant. YES /NO
5. If translator is involved, he/she should confirm that he/she is proficient in the language of the

(Audio Visual (AV) Recording of Informed Consent Process)

informed consent document as well as the language in which the medically qualified authorized member of the research team is proficient in for the consent process. YES /NO

6. At any point during the recording, any participant may request for a break (e.g. to go to the bathroom or answer a phone or if mother want to feed her baby). In such a case, the AV recording shall be stopped mentioning the time of stopping. It will be resumed/ restarted by stating the date and time of restarting the recording. YES /NO
7. The medically qualified authorized member of the research team administering the consent shall use the checklist to ask the potential participant/ LAR questions to document the authenticity of the informed consent process. Translation will be done as applicable. The answers of the participant/ LAR shall be recorded for each point. YES /NO
8. The actual signing process by all concerned parties should also be recorded. YES /NO

**Post recording checklist:**

1. The memory card/ storage device used in the camera for video recording will be the source document. Check the file for clarity regarding the audio and video recording. YES /NO
2. The memory card/ storage device used in the camera for video recording will be the source document. Check the file for clarity regarding the audio and video recording. YES /NO
3. Rename the file with the unique number for the patient on this research protocol. YES /NO
4. Make backup one by copying that file onto the dedicated external Hard Disk which will be used to document all consent AV recording for a specific research protocol. YES /NO
5. This external HDD should be suitably labeled and password protected. YES /NO
6. Store the external HDD in a secure location to ensure confidentiality. YES /NO
7. Make backup two by copying that file onto a remote cloud storage with encryption using the computer with internet access. YES /NO
8. This should also be suitably located, labeled and password protected. YES /NO

Addendum 1 dated 21<sup>st</sup> May 2021 effective from 15<sup>th</sup> July 2021 to following SOPs version 6.1

1. Addendum 1 dated 21<sup>st</sup> May 2021 to SOP 02: Constituting Institutional Ethics Committee
2. Addendum 1 dated 21<sup>st</sup> May 2021 to SOP 05: Management of Initial protocol submissions.
3. Addendum 1 dated 21<sup>st</sup> May 2021 to SOP11-B: Review of SAE reports and UAE
4. Addendum 1 dated 21<sup>st</sup> May 2021 to SOP12: Site monitoring visit.
5. Addendum 1 dated 21<sup>st</sup> May 2021 to SOP 17: Responding to research participants request or complaint.

1. Addendum 1 dated 21<sup>st</sup> May 2021 to SOP 02: Constituting Institutional Ethics Committee

1) In continuation with SOP 02/V6.1, effective date 1<sup>st</sup> August 2020 point no. 5.6 on page no. 12 of 239  
Section 'Resignation and disqualification of members'

- A member desirous of resigning from the Ethics Committee is required to give at least two months' notice before the resignation becomes effective.
- The resignation letter will be addressed to the Dean of the institution and shall be submitted to the IEC office. The notice period shall begin from the date it is received in the IEC office.
- After the receipt of the letter, the IEC secretariat will issue an acknowledgment of receipt to the concerned member and shall put up the resignation letter to the Member- Secretary and/ or Chairperson.
- The Member- Secretary under the orders of the Chairperson shall forward the letter to the Dean within a period of 10 days from the receipt of the resignation letter with appropriate remarks/ recommendations: may be accepted/ may not be accepted citing reasons/ decision may be deferred citing reasons/ any other appropriate remark or recommendation citing reasons.
- The Chairperson in consultation with the Member- Secretary, is at liberty to waive the mandatory notice period and state so in the recommendation to the Dean
- The Chairperson, in consultation with the Member- Secretary shall take appropriate steps to appoint another member in place of the resigning member so that the composition of the IEC continues to be in compliance with the applicable regulations and SOPs
- If a Member- Secretary desires to resign from the post of Member- Secretary, the notice period shall be for a minimum period of 3 months. The rest of the procedure will be the same
- A Member- Secretary can opt for resigning from the post of Member- Secretary while continuing in the post of Member of the IEC
- If the Chairperson decides to recommend to the Dean the acceptance of resignation of the Member- Secretary, he/ she may simultaneously recommend to the Dean that any affiliated member of the IEC may be appointed as the Member- Secretary
- The Member- Secretary who has submitted the letter of resignation, shall continue to work as and dispose of the responsibilities of the Member- Secretary till the time the resignation is accepted by the Dean and the Member- Secretary is relieved of the responsibilities by the Chairperson of the

  
DEAN 29/07/2021.  
Seth G. S. Medical College,  
Acharya Donde Marg, Parel,  
Mumbai - 400 012, India.

Institutional Ethics Committee-1. If the Member secretary is willing to continue as member of the board, such decision will be taken by the Head of the institution.

- Once the resignation given to IEC by MS the same person should not be preferably appointed as MS in future.

In consultation with the Member- Secretary, Board shall decide whether the resignation letter needs to be submitted by a member or Member Secretary (MS) to the Chairperson and Chairperson needs to inform to the Head of the Institute and initiate procedure for the next appointment or vacancy. In the interim period, Chairperson / board will appoint the acting Member Secretary and he /she will take charge till the appointment of next Member Secretary.

MS should give notice two months prior to resignation to the appointing officer, (The Dean). In the meantime, till the new successor takes over, the prior MS will continue on the post or the Acting Member Secretary will take over temporarily as MS.

**2) Member list as on 21<sup>st</sup> May 2021:**

Sr. No.	Name	Qualification with Specialization	Current Organization	Designation/ Role of member in Ethics Committee	Affiliation of member with institute that has constituted the Ethics Committee	Gender
1.	Dr. Padmavathy Menon	M.D., Medicine DM, Endocrinology	Jupiter Hospital, Thane	Chairperson	Non-affiliated	F
2.	Dr. Yashashri Shetty	M.D., DBM. Associate Professor (Pharmacology & Therapeutics)	Seth GS Medical College and KEM Hospital	Member Secretary (Basic Medical Scientist)	Affiliated	F
3.	Dr. Urmila Thatte	M.D., DNB., Ph.D. Emeritus Professor (Clinical Pharmacology)	Seth GS Medical College and KEM Hospital	Member (Basic Medical Scientist)	Affiliated	F
4.	Dr. Bhaskar Krishnamurthy	D.M.(Pharmacology) M.D.(Pharmacology, M.B.B.S Assistant Professor (Clinical Pharmacology)	Seth GS Medical College and KEM Hospital, Mumbai.	Member (Basic medical scientist)	Affiliated	M
5.	Dr. Sandeep Bavdekar	MD (Pediatrics), Diploma in Child Health, Certificate in Hospital & Health Care	Consultant	Member (Clinician)	Non-affiliated	M



		Management Diploma in Information Technology (DIT)				
6.	Ms. Meera Shah	M.S.W (Social Work) M. A. (Clinical Psychology) Diploma In Journalism, N.L.P., R.E.T. and Counseling	Consulting Psychologist.	Social Scientist	Non-affiliated	F
7.	Ms. Veena Johari	L.L.B., LL.M.	Independent Lawyer	Member Legal Expert	Non-affiliated	F
8.	Dr. Sai Kulkarni	M.A, PhD in Economics	-	Member (Lay person)	Non-affiliated	F
9.	Dr. Sanjeevani Zadkar	MBBS, MD Associated professor (Anaesthesia)	Seth GS Medical College and KEM Hospital, Mumbai	Member (Clinician)	Affiliated	F
10.	Dr. Kaizad Damania.	M. D., DNB., F.C.P.S., D.G.O., D.F.P. Professor (Obstetrics & Gynecology)	N.Wadia Maternity Hospital Mumbai.	Member (Clinician)	Non-affiliated	M
11.	Dr. Charulata Londhe	M. D. (Internal Medicine) Associated Professor (Medicine)	Lokmanya Tilak Municipal Medical College and General Hospital, Sion, Mumbai.	Member (Clinician)	Non-affiliated	F
12.	Dr.Milind Tullu	MBBS, MD (Pediatrics), DNB (Pediatrics), DCH (Diploma in Child Health), FCPS (Child Health), MNAMS (Member of National Academy of Medical Sciences), & FIAP (Fellow of Indian Academy of Pediatrics), Professor Additional, Pediatrics	Seth GS Medical College and KEM Hospital, Mumbai	Member (Clinician)	Affiliated	M
13.	Dr. Monty Khajanchi	DNB (Surgery), MBBS Assistant Professor (General Surgery),	Seth GS Medical College and KEM Hospital, Mumbai	Member (Clinician)	Affiliated	M
14.	Dr. Dheeraj Kumar	DM (Cardiology), DNB (Cardiology) Assistant Professor (Cardiology)	Seth GS Medical College and KEM Hospital, Mumbai	Member (Clinician)	Affiliated	M

3. Addendum 1 dated 21<sup>st</sup> May 2021 to SOP 05: Management of Initial protocol submissions.

- a) In continuation with SOP 05/V6.1 effective date 1<sup>st</sup> August 2020 on page no. 65 of 239 Note:  
A hard copy set (sponsored study in Box File & non sponsored study in card board file) a typed version (no handwritten text will be accepted) on A 4 size paper arranged in a file in orderly manner.
- b) In continuation with SOP 05/V6.1 effective date 1<sup>st</sup> August 2020 point no. g on page no. 66 of 239 for online payment details for protocol review processing fees following are the Principal Investigators responsibilities:

Protocol review processing fees for all types of studies:

	Project Types	Initial review processing fees		Periodic review processing fees		Annual review processing fees	
		Fees + TDS	Total amount	Fees + TDS	Six monthly	Annual Fees + TDS	Annual Fees
1	Pharmaceuticals sponsored project	Rs. 85,000/ +TDS (10%)	Total Rs. 94,445/-	10,000/- +TDS (10%)	Total Rs. 11,111/-	Rs. 20,000/- + (TDS 10%)	Total 22,222/-
2	Government sponsored projects	Rs. 10,000/- + TDS (10%)	Total Rs. 11,111/-	2,500/- + (10% TDS)	Total Rs. 2,750/-	Rs. 5,000/- + (TDS 10%)	Total Rs. 5,500/-
3	Thesis / Dissertation	Rs. 1,500/-		NA	NA	NA	NA
4	All academic non-sponsored projects (Including DNB, DM, Nursing, PhD Research )	Rs. 2,500/-		NA	NA	NA	NA
5	Funded studies	Budget ranging from 5 to 25,00,000/- IEC charge- Rs. 10,000/- per project Above 25 lakhs for every 5,00,000/- in addition – charges are Rs.1,000/- + TDS 10%)		NA	NA	NA	NA

- No cash payment will be entertained.
- The processing fees shall be collected at the time of submission of the project.

- The **sponsored projects** fees will be accepted by cheque / demand draft/NEFT which will include the TDS, drawn in the name of 'Diamond Jubilee Society Trust, Seth G. S. Medical College & KEM Hospital'.
- The funds of the IEC are maintained in the Diamond Jubilee Society Trust (DJST) account, PAN no. AABTS5336G.
- The **protocol review processing fees** will be taken by online **only through following details:**

Name of Account:	Seth GS Medical College & KEM Hospital, Diamond Jubilee society Trust
Account No:	32127685176
Account Type:	Saving
Name of Bank:	State Bank of India
Add of Bank:	PO Bag No. 6034, Mitra Dham Bldg, Elphinston Road, JB Road, Parel T.T., Mumbai 400 012.
IFSC Code:	SBIN0001884
MICR Code:	400002064
PAN No:	AABTS5336G

The protocol review processing fees for all type of studies will always be accepted through cheque / online.

- Initial submission process will be completed with subject to above payment fulfillment and submission of all mandatory documents.

**c) In continuation with SOP 05/V6.1 effective date 1<sup>st</sup> August 2020 Page 65 of 239, section g) The processing fees details, 5<sup>th</sup> category:**

**Funded study:**

Funder and Sponsor is defined

**Funder** - who provides bulk of the funding for the trial. Money is usually like a grant for the advancement of science or for public good.

**Sponsor** - who provides financial support for the trial in return for something or for varied reasons, that could range from trying out a new product, to promoting their product, or their company or organization, or providing an opportunity to try out their product - in return for access to (anonymized) data collected from the trial, or promoting their product, or comparing their product to other products or processes (that include comparing with competitor products, etc.), or conducting a trial for future commercial gain, or obtaining samples, using them, storing them for future use or as corporate responsibility, etc.

Thus, in a PI-initiated trial that is funded by industry (use of words "industry", "company", "pharma company" interchangeably here), it is important to ensure that:

1. the funding is not to obtain and/or use the data for commercial gain for the company
2. the funding is not to promote the product of the company
3. the company would receive only a summary report of the trial
4. the report of the trial cannot be used by the pharma company for commercial gain; or to obtain licenses or permissions, etc.
5. the company will not have access to participant (anonymized) data, CRF, reports, or will not be sent samples for testing, storage, etc.
6. the company will not provide compensation or insurance for the trial participants or the trial. Except for injury that may result due to manufacturing defects or problems, the PI will be responsible for compensation for any injury.
7. the company has no control on the publication of the trial by the PIs, and the PIs are not obliged to inform or share their drafts or publications with the company

8. if the PI discovers or invents something new with the product of the company, the intellectual property rights would be with the PI and/or the institute and not the company
9. Company may at most do a financial audit of the funding provided to the PI. But, company cannot do an audit of or monitor the trial.
10. Registering the trial on the CTRI website would be the responsibility of the PI or the institution, but not the funder company.

CTA / MOU between Funder and Department conducting the study in particular should address the following clauses:

- a. The title must mention through whom the Institutes are a party i.e. the Head of the Institutes, and their names, and the Departments in the institutes that are involved, and the name of the PI or Co-PI, designation, etc. Please mention addresses of all the parties too.
- b. The MoU/CTA must state the purpose of the project/ trial, and if there are any financial transactions or payments to be made by one party to the other for the purpose of the project/ trial.
- c. The roles and responsibilities of each party to the MoU should be stated. It also needs to be stated who will be responsible for taking the informed consent, conduct of the trial, final report writing, etc.
- d. Material Transfer Agreement or clauses need to be added to the MoU/CTA or a separate agreement to be made for MTA, where samples collected by one party will be transported to another party (who will be responsible for the transport, how will it be done, who will ensure that the samples will not be adulterated or tampered with, at what temperature will they be transferred, etc).
- e. It also needs to be stated that the samples sent will be anonymized by KEM, to maintain the confidentiality of the participants.
- f. It needs to be stated that the tests conducted by one party on the samples shared, whether the results will be shared with KEM or not? Will those results be informed to the participants after the trial is completed? How the results will be shared also needs to be stated in the MoU/CTA.
- g. Insurance - it needs to be stated in the MoU/CTA which party will take the insurance and/or pay compensation to the participants in case of any injury or adverse or serious adverse event. Which party will pay for the Compensation for travel, time, wages, etc. for participating in the research also needs to be stated in the MoU.
- h. The study should be registered on the CTRI website, and which party will be responsible for the same should also be mentioned. If DCGI Permission is required for the study, it needs to be stated, and which party will be responsible for the same should be stated in the MoU/CTA.
- i. The parties that can publish and report the study/ trial/ project, should be stated clearly in the MoU/CTA. If permission of another party is required, then that also should be stated.
- j. The MoU/CTA should mention the clauses on confidentiality, not only of the product or project, but also of the data generated, and the personal information of the participants of the trial/ research/ project.
- k. The MoU /CTA must state that qualifications of the persons involved in the trial/ project, and that they would follow the law, rules, guidelines, etc. in relation to conducting research trials.
- l. There should be a clause on arbitration or amicable settlement of any disputes that may arise between the parties. The parties must try to amicably settle the dispute, however, if it remains unresolved, then a common arbitrator could be involved to resolve the dispute. If the dispute does not still get resolved, then each party to appoint an arbitrator, and agree upon a common arbitrator to resolve the disputes under the Arbitration Act, 1996. The jurisdiction of the arbitration should be Mumbai.

#### 4. Addendum 1 dated 21<sup>st</sup> May 2021 to SOP11-B: Review of SAE reports and UAE

SOP11-B Page 153 of 239 Section 5.1 follow CDSCO NOTICE dated 25-02-2021 regarding SAE reporting on SUGAM portal.

5. Addendum 1 dated 21<sup>st</sup> May 2021 to SOP 12/6.1 Site monitoring visit:

- a. Page 165 of 239, Section 5.3 During the monitoring visit; To review the log book in the room where IP (investigational product) is stored .
- b. Page 170 of 239, Annexure 1, point 21, added sub point  
Is the log book available in the IP (investigational product) room Yes  No  N/A   
Comments (if any) \_\_\_\_\_

4. Addendum 1 dated 21<sup>st</sup> May 2021 to SOP 17: Responding to research participants request or complaint.

SOP 17 Page 201 of 239: Annexure 1 (Vernacular version i.e. Hindi and Marathi added.)

अनुलग्नक १

एएक्स ०१/एसओपी १७/वी ६.१

प्रतिभागी का अनुरोध / शिकायत अर्जी

तारीख:	
द्वारा प्राप्त:	
के माध्यम से प्राप्त अनुरोध	<input type="checkbox"/> टेलीफोन कॉल नंबर: <input type="checkbox"/> फ़ैक्स नंबर: <input type="checkbox"/> पत्र / तिथि: <input type="checkbox"/> ई-मेल/ तारीख: <input type="checkbox"/> वॉक-इन/तारीख/समय:
प्रतिभागी का नाम:	
संपर्क करें:	
पता:	
फ़ोन:	
प्रतिभाग लेने वाले अध्ययन का शीर्षक:	
प्रतिभागी होनेवाली प्रारंभिक तारीख:	

मांगी गई जानकारी / शिकायत / पूछताछ	
कार्रवाई का वर्णन:	
अन्तिम निर्णय :	

नितीमता समिती सदस्य सचिव के हस्ताक्षर:

तारीख:

परिशिष्ट १

एएक्स ०१ / एसओपी १७ / व्ही ६.१

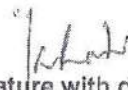
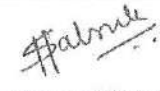
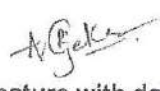
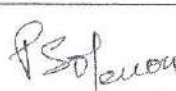

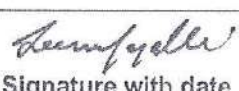
सहभागीची विनंती / तक्रार नोंदवण्याचा फॉर्म

तारीख	
द्वारा प्राप्त:	
द्वारा विनंती प्राप्त:	<input type="checkbox"/> दूरध्वनी क्रमांक <input type="checkbox"/> फॅक्स नं <input type="checkbox"/> पत्र / तारीख <input type="checkbox"/> ई-मेल / तारीख <input type="checkbox"/> वॉक-इन / तारीख / वेळ <input type="checkbox"/> इतर, निर्दिष्ट करा
सहभागीचे नाव:	
संपर्क:	
पत्ता:	
फोन:	

सहभागी अभ्यासाचे शीर्षक:	
सहभाग घेतल्याची तारीख:	
विनंती केलेली माहिती / तक्रार / प्रश्न	
कारवाईचे वर्णन:	
अंतिम निर्णय:	

नैतिक संस्थेच्या सदस्य सचिवाची सही

तारीख

Prepared by	Dr. Yashashri Shetty, Member Secretary, IEC-I	 Signature with date
Reviewed by	Ms. Shilpshree Palsule, Member Secretary, IEC-II	 Signature with date
	Dr. Amey Rojekar, Member Secretary, IEC-III	 Signature with date
Approved by	Dr. P. S. Menon, Chairperson, IEC-I	 Signature with date
	Dr. Subodh Sirur, Chairperson, IEC-II	 Signature with date
	Dr. Leena Gangolli, Chairperson, IEC-III	 Signature with date

#   
29/07/2021

DEAN

Seth G. S. Medical College,  
Acharya Dondo Marg, Parel,  
Mumbai - 400 012, India,

**Addendum 2 dated 27<sup>th</sup> December 2022**

effective from 2<sup>nd</sup> January 2023 to SOPs version 6.1 and SOP 22 & 23

**1) Software e-EC discontinuation and submission of a new study proposal via hard copy & soft copy via pen drive.**

As the e-EC software requires high maintenance fees the IEC has decided to discontinue the software and to take hard copy study proposal along with checklist (detail instructions available on www.kem.edu) and scanned soft copy (PDF version) on pen drive

**2) The review of projects by IEC members, will be performed online (individual basis) and in the scheduled IEC meeting. The queries raised by the members on the protocol and related documents will be communicated to IEC secretariat either via email or via project assessment annexure.**

**3) Hybrid full board meeting as per requirements:**

In situations where one or two members are unable to come physically then the review of the studies may be done through virtual / hybrid EC meeting ensuring appropriate scientific and ethical review and fulfilling the quorum requirements. EC members present during the virtual / hybrid meeting should decide through consensus or cast online vote expressing their decision. Any disagreement to be recorded with reasons.

Meeting could be digitally recorded (audio/video) with permission of members and secretariat is responsible to note the attendance/ participation in the online meeting.

**4) All Investigators should note the following revised information pertaining to the IECs protocol review processing fees:**

- a. The funds of the IEC are maintained in the Diamond Jubilee Society Trust (DJST) account, PAN no. AABTS5336G.
- b. Payment should be done to DJST's Bank of Maharashtra only. DJST has strictly prohibited IEC transactions to their SBI account.
- c. The protocol review processing fees for all type of studies will always be accepted through cheque / online.
- d. If any transaction made by mistake to SBI, IEC will not be responsible for consequences.
- e. No cash payment will be entertained. Don't pay cash via bank also.
- f. For non-sponsored projects, detailed screen shot for payment details need to submitted to IEC and if required to DJST for cross verification (transaction ID/Reference no. etc..)
- g. Transaction details (screen shot)
- h. The protocol review processing fees of all types of projects will be taken by online only through following details:

Name of Account:	Seth GS Medical College & KEM Hospital, Diamond Jubilee society Trust
Account No:	60236880148
Account Type:	Saving
Name of Bank:	Bank of Maharashtra, Branch Parel
Add of Bank:	Vikas Apartment, Dr. Ambedkar Road, Parel, Mumbai, 400012.
IFSC Code:	MAHB0000079
MICR Code:	400014011
PAN No:	AABTS5336G

- i. For sponsored projects fees, please note the following requirements:
  - ✓ The sponsored projects fees will be accepted by cheque / demand draft/NEFT which will include the TDS, drawn in the name of 'Diamond Jubilee Society Trust, Seth G. S. Medical College& KEM Hospital'.
  - ✓ Please note a letter from sponsor is required (on sponsors letterhead) mentioning the following details: Gross amount, TDS amount deducted and the net amount to be paid as IEC review processing fees.



1.	Payer / remitter's reference no.	
2.	Payer PAN number	
3.	Beneficiary details	
4.	Payment date	
5.	Trans currency	
6.	Payment method	
7.	Transaction reference number	
8.	Net amount	
9.	TDS	
10.	Gross amount	

✓ Please note if sponsor / investigator is not deducting any TDS then they have to provide a letter stating that no TDS has been deducted and actual fees of i.e. Rs. 85,000/- is being paid.

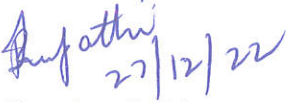







j. TDS certificate should be provided quarterly.

k. Protocol review processing fees:

	Project Types	Initial review processing fees in INR		Periodic review processing fees in INR Six monthly Review		Annual review processing fees in INR	
		Gross amount Less 10% TDS	Net Amount	Gross amount Less 10% TDS	Net Amount	Gross amount Less 10% TDS	Net Amount
1	Pharmaceuticals sponsored project	94,445/- Less 9,444.50/-	<b>85,000.50/-</b>	11,112/- Less 1,111.20/-	<b>10,000.80/-</b>	22,223/- Less 2,222.30/-	<b>20,000.70/-</b>
2	Government sponsored projects	11,112/- Less 1,111.20/-	<b>10,000.80/-</b>	2778/- Less 277.80/-	<b>2,500.20/-</b>	5,556/- Less 555.60/-	<b>5,000.40/-</b>
3	Thesis / Dissertation	Rs. 1,500/-		NA	NA	NA	NA
4	All academic non- sponsored projects (Including DNB, DM, Nursing, PhD Research)	Rs. 2,500/-		NA	NA	NA	NA
5	Funded studies	Budget ranging from 5,00,000/- to 25,00,000/- IEC charge- Rs. 10,000/- per project Above 25 lakhs for every 5,00,000/- in addition – charges are Rs.1,000/- + TDS 10%)		NA	NA	NA	NA

5) Initial submission process will be completed subject fulfillment of above payment and submission of all mandatory documents.

6) No continuation review reports will be entertained without processing fees. Study coordinators should follow deadlines strictly.

Prepared by	 Signature & date Dr. Raakhi Tripathi Member Secretary IEC-I		
Reviewed by	 Signature & date Dr. Nithya Gogtay Jt. Member Secretary IEC-I	 Signature & date Dr. Priyanka Prasad Member Secretary IEC-II	 Signature & date Dr. Swapna Kanade Member Secretary IEC-III
Approved by	 Signature & date Dr. Manju Sengar Chairperson, IEC-I	 Signature & date Dr. Sunil Kuyare Chairperson, IEC-II	 Signature & date Dr. Mohan Karmarkar Chairperson, IEC-III
Accepted by	IEC-I	IEC-II	IEC-III
 Dr. Sangeeta Ravat, Dean, Seth GSMC and KEMH Signature and date Dean, K.E.M.H. & Seth G.S.M.C., Parel, Mumbai - 400 012			

**Final Addendum 3 dated 3<sup>rd</sup> May 2023  
to SOPs version 6.1**

**1) SOP 2, V 6.1, section 5.9 Hierarchy point 5 & 9 revised as**

Old: The Member-secretary, Joint Member-Secretary (if necessary) will be elected by and from amongst the IEC members for 3 years term. These may be re-elected any number of times. Should they resign or be disqualified, the IEC members will elect a replacement for another term.

Replaced by new - The Chairperson, Member-secretary, Joint Member-Secretary will be appointed by the Head of the Institute. Template for appointment letter and acceptance letter added as attachment 2.

**SOP 2, V 6.1, section 5.8 Training of the IEC Members in Research Ethics, sub point 2 revised as,**

All IEC members should undergo refresher courses in Good Clinical Practice (GCP) annually and IEC will maintain a record for pre and post training evaluation sheets and training material.

**2) Addition of the ICF assessment toolkit for IEC members in the SOP 05-A- which has been enlisted below.**

**Annexure 1  
AX 01/ SOP 05-A – addendum  
Informed Consent Assessment Toolkit for IEC members**

1. Essential documents:

**Indicate**

	Yes	No
• A statement that the study involves research and explanation of the purpose of the research .....	<input type="checkbox"/>	<input type="checkbox"/>
• The expected duration of the drug trial and individual patient's participation and frequency of visits during the study.....	<input type="checkbox"/>	<input type="checkbox"/>
• The approximate number of study Subjects .....	<input type="checkbox"/>	<input type="checkbox"/>
• A description of the procedures to be followed, including all invasive procedures ..	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of any procedures which are experimental .....	<input type="checkbox"/>	<input type="checkbox"/>
• A description of any reasonably foreseeable risks or discomforts to the Subject.....	<input type="checkbox"/>	<input type="checkbox"/>
• A description of any benefits to the Subject or others reasonably be expected from the research. If no benefit is expected the Subject should be made aware of this .....	<input type="checkbox"/>	<input type="checkbox"/>
• A disclosure of specific appropriate alternative procedures or therapies available to the Subject .....	<input type="checkbox"/>	<input type="checkbox"/>
• A statement describing the extent to which confidentiality of records identifying the Subject will be maintained & who will have access to Subject's Medical Records.....	<input type="checkbox"/>	<input type="checkbox"/>
• Trial treatment schedule and the probability for random assignment to each treatment ( for randomized trials).....	<input type="checkbox"/>	<input type="checkbox"/>

- Statement describing the financial compensation and payment for the medical management as under:
  - a) In case of the injury occurring to the Subject during the Clinical Trial, free medical management shall be given as long as required or till such time it is established that the injury is not related to the Clinical Trial, whichever is earlier.....
  - b) In the event if a trial related injury or death , the Sponsor and its representative or the investigator or the centre, as the case may be, in accordance of the rule 39, as the case may be, shall provide financial compensation for the injury or death...
- An explanation about whom to contact for trial related queries, rights of the Subjects and in the event of any injury .....
- The anticipated prorated payment, if any, to the Subject for participating in the trial..
- Responsibilities of Subject on participation in the trial.....
- Statement that participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the Subject is otherwise entitled.....
- Statement that there is a possibility of failure of investigational product to provide intended therapeutic effect.....
- Statement that in the case of placebo controlled trial, the placebo administered to the subjects shall not have any therapeutic effect.....
- Any other pertinent information.....

**2 Additional elements, which may be required :**

- Statement of foreseeable circumstances under which the participation of the subject may be terminated by the Investigator without his or her consent.....
- Additional costs to the subject that may result from participation in the study...
- The consequences of a Subject's decision to withdraw from the research and procedures for orderly termination of participation by Subject.....
- Statement that the Subject or Subject's representative will be notified in a timely manner if significant new findings develop during the course of the research which may affect the Subject's willingness to continue participation will be provided...
- A statement that the particular treatment or procedure may involve risks to the Subject (or to the embryo or foetus, if the Subject is or may become pregnant), which are currently unforeseeable.....

**3) Addition of the project risk benefit assessment tool for IEC members in the SOP 05-A- which has been enlisted below.**

**Annexure 2  
AX 02 / SOP 05-A – addendum**

**Project Risk Benefit Assessment Tool for IEC members**

<b>High Risk/ Low Benefit (Class-A)</b>	<b>High Risk/ High Benefit (Class-B)</b>
<b>Risks:</b>	<b>Risks:</b>
<ul style="list-style-type: none"> <li>• Completely new drug / formulation</li> </ul>	<ul style="list-style-type: none"> <li>• Completely new drug/formulation</li> </ul>
<ul style="list-style-type: none"> <li>• Highly Toxic substances</li> </ul>	<ul style="list-style-type: none"> <li>• Highly Toxic substances</li> </ul>
<ul style="list-style-type: none"> <li>• Safety/Effectiveness not established through earlier studies</li> </ul>	<ul style="list-style-type: none"> <li>• Safety/Effectiveness not established through earlier studies</li> </ul>
<ul style="list-style-type: none"> <li>• High incidence of SAEs/side effects in prelim studies</li> </ul>	<ul style="list-style-type: none"> <li>• High incidence of SAEs/side effects in prelim studies</li> </ul>
<ul style="list-style-type: none"> <li>• Inadequate or no risk AE handling mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate or no risk AE handling mechanisms</li> </ul>
<ul style="list-style-type: none"> <li>• High data disclosure and data leakage possibilities</li> </ul>	<ul style="list-style-type: none"> <li>• High data disclosure and data leakage possibilities</li> </ul>
<ul style="list-style-type: none"> <li>• Affects large no. Of participants</li> </ul>	<ul style="list-style-type: none"> <li>• Affects large no. of participants</li> </ul>
<ul style="list-style-type: none"> <li>• Violation legal/statutory regulations</li> </ul>	<ul style="list-style-type: none"> <li>• Violation legal/statutory regulations</li> </ul>
<ul style="list-style-type: none"> <li>• Inadequate project documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate project documentation</li> </ul>
<ul style="list-style-type: none"> <li>• Inadequate PI/Staff expertise</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate PI/Staff expertise</li> </ul>
<ul style="list-style-type: none"> <li>• New/untried procedures</li> </ul>	<ul style="list-style-type: none"> <li>• New/untried procedures</li> </ul>
<b>Benefits:</b>	<b>Benefits:</b>
<ul style="list-style-type: none"> <li>• Cost of treatment/drug borne by participant</li> </ul>	<ul style="list-style-type: none"> <li>• Completely new cure</li> </ul>
<ul style="list-style-type: none"> <li>• Replaces current drugs with no extra benefits either treatment wise or cost wise</li> </ul>	<ul style="list-style-type: none"> <li>• Preventive for life i.e. Vaccinations</li> </ul>
<ul style="list-style-type: none"> <li>• Short term relief as opposed to long term action</li> </ul>	<ul style="list-style-type: none"> <li>• Significant improvement over Existing cures/treatments</li> </ul>
<ul style="list-style-type: none"> <li>• No post-trial alternatives</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal side effects vis a vis existing treatments</li> </ul>
	<ul style="list-style-type: none"> <li>• Elimination of disease rather than temporary curative</li> </ul>
	<ul style="list-style-type: none"> <li>• Significant reduction in treatment costs/mode (ex. Pelvis surgery)</li> </ul>
	<ul style="list-style-type: none"> <li>• Extension of benefits/ availability of Treatment post trial</li> </ul>
	<ul style="list-style-type: none"> <li>• Benefits large no. of participants</li> </ul>
<b>Low Risk/Low Benefit (Class-D)</b>	<b>Low Risk/High Benefit (Class-C)</b>
<b>Risks:</b>	<b>Risks:</b>
<ul style="list-style-type: none"> <li>• Proven/Acceptable toxicity</li> </ul>	<ul style="list-style-type: none"> <li>• Proven/Acceptable toxicity</li> </ul>
<ul style="list-style-type: none"> <li>• Proven safety and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• Proven safety and efficacy</li> </ul>
<ul style="list-style-type: none"> <li>• Drug/formulation a variation of approved drug/class of drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Drug/formulation a variation of approved drug/class of drugs</li> </ul>
<ul style="list-style-type: none"> <li>• SAEs indicate minor/acceptable reactions, side effects</li> </ul>	<ul style="list-style-type: none"> <li>• SAEs indicate minor/acceptable reaction, side effects</li> </ul>

• No drug but only data analysis	• No drug but only data analysis
• Minimal data disclosure /leakage possibilities	• Minimal data disclosure/leakage possibilities
• Minimal risk to legal/statutory regulations	• Minimal risk to legal/statutory Regulations
• Standard operating / surgical procedures	• Standard operating/ surgical procedures
<b>Benefits:</b>	<b>Benefits:</b>
• Cost of treatment/drug borne by participant	• Completely new cure
• Replaces current drugs with no extra benefits either treatment wise or cost wise	• Preventive for life i.e. Vaccinations
• Short term relief as opposed to long term action	• Significant improvement over existing cures/treatments
• No post trial alternatives	• Minimal side effects vis a vis existing treatment
	• Elimination of disease rather than temporarily curative
	• Significant reduction in treatment costs/mode (e.g.. Pelvis surgery)
	• Extension of benefits/availability of treatment post-trial
	• Benefits large no. of patients

IEC member to mark the class as per the project risk benefit assessment.

#### 4) Grievance redressal:

The SOP 17 section 5.1 added as Participant grievance redressal policy:

##### 5.1 Participant Grievance redressal policy

In case of a complaint received from a research participant, the Member Secretary, in consultation with the Chairperson will initiate a process to address any injustice that may have occurred. Depending on the seriousness of the matter, the Chairperson will direct the Member Secretary to:

- Appoint a subcommittee of two or more IEC members for enquiry in order to resolve the matter.
- Call an emergency meeting of two or more IEC members for discussion or
- Consider the matter for discussion at the next full board meeting.
- The Member Secretary/ designated IEC members will assess the situation and mediate a dialogue between the research participant and PI in an attempt to resolve the matter.
- The IEC will insist on factual details to determine the gap, if any, between truth and individual perception.
- Call an mediator or arbitrator as required
- Do Report writing and documentation of the facts.
- Prepare recommendation to the research participant.

The final decision will be taken by the Member Secretary in consultation with the Chairperson based on the recommendation of any one of the above and it will be informed to the research participant and the PI by the Secretariat.

The information including any action taken or follow-up and final decision will be recorded in the form AX 01/ SOP 17/V6.1 and the form is signed and dated.

The IEC members will be informed about the action taken and the outcomes in the forthcoming IEC meeting (in case of requests/ complaints not discussed in full board meeting) and will be minuted.

The Secretariat will place all documents in the relevant study file.

5) In the SOP 5-A Annexure 2 Format of Project approval letter (Interventional study) the revised section will be as follows:

The Clinical Trial was unanimously approved by all the IEC members present in the IEC meeting. This clinical Trial has been approved by the IEC to be **conducted in its presented form**. The approval is valid for the entire duration of the study. However, continued study approval beyond is incumbent on submission of the periodic review report at the end of six months. If the periodic review report is not received in time, the study approval will cease to be valid.

- 6) SOP 5 section 5.4 and SOP 13 section 5.2 the clause has been added as in regard to regulatory clinical trials, a maximum of 5 initial protocols will be taken up for discussion at every monthly meeting.
- 7) In Addendum 2 dated 27<sup>th</sup> Dec 2022 effective from 2<sup>nd</sup> Jan 2023, the following clause will be added:  
All IEC members to send acknowledgement email stating that project documents are received for review and the privacy and confidentiality of these documents will be maintained by the concerned IEC member.  
Record of Emails will be maintained in the project master file.
- 8) A separate draft SOP 25 version 1 dated 20 April 2023 is prepared on AV consenting process and review. Annexure 2 the AV checklist and Annexure 3 Guidance document for audiovisual recording of AV consent process in SOP 12 have been deleted from that SOP and added in SOP 25 which is attached as Attachment-1.
- 9) SOP 5, sample format of covering letter by Principal investigator for review of clinical trial, section 3, under Recruitment strategies the following points are added.
- Word of mouth
  - OPD or IPD
  - Notices / Advertisement (English, Hindi and Marathi)
  - Consecutive – roll over.
  - Collaboration with other departments or institutes
  - Departmental database
- 10) In the SOP 20 for vulnerable participants, for infant recruitment the following section is added:  
Recruitment strategies for infant studies
- OPD or IPD
  - By a qualified pediatrician or neonatologist
  - From the departmental database
  - From the well baby clinic
- 11) SOP 5A, Annexure 3, AX 03/ SOP05-A-Addendum, IEC decision form is modified to incorporate column on comments / recommendations to be enlisted in the approval letter.

**Annexure 3**  
AX 03/SOP 05-A-Addendum  
IEC Decision Form

Date of IEC meeting: \_\_\_\_\_

Protocol number: \_\_\_\_\_

	IEC Protocol No. and Title:		
Principal Investigator:	Department:		
Final Decision at the meeting:	Approved		
	Revision with minor modification/amendments	Member Secretary (MS)	
		MS + Primary Reviewer (PR)	

		Revision with major modification	MS + PR				
			MS + PR+ Full Board (FB)				
		Not approved (Reason)					
		Monitoring required (Reason)					
No.	Names of Members present	Approved	Modification		Disapproved	Comments/ Recommendations to be incorporated in the Letter of permission	Signature
			Major	Minor			

*Comments:*

**No. of members voting for the decision:**

*No. of members voting against the decision: No. of members abstaining from voting: Any Dissent (mention details):*

\_\_\_\_\_  
**Signature of Chairperson**

Date: \_\_\_\_\_

- 12) Regarding consent of IEC members, the attendance register will record consent and attendance in the template described below:

**Template for consent for recording and attendance**

Meeting Date: XXX

Venue: xxx

Time: xxx

**I consent for recording of the IEC meeting held on xxxxx.**

Sr. No.	Name	Designation in the IEC	Signature with Date
1.	Dr. Manju Sengar	Chairperson	
2.	Dr. Raakhi Tripathi	Member Secretary (Basic Medical Scientist)	
3.	Dr. Nithya Gogtay	Jt. Member Secretary (Basic Medical Scientist)	
4.	Dr. Milind Nadkar	Clinician	
5.	Dr. Vyankatesh Shivane	Clinician	
6.	Ms. Veera Gayakwad	Legal Expert	
7.	Ms. Alpana Purohit	Lay person	



8.	Ms. Meera Shah	Social scientist	
9.	Dr. Monty Khajanchi	Clinician	
10.	Dr. Dhiraj Kumar	Clinician	
11.	Dr. Charulata Londhe	Clinician	
12.	Dr. Sushma Save	Clinician	

13) SOP 10 in section 5.3 the following clause is added

If protocol deviations in any study meet the any of the following criteria will warrant additional necessary action

- Deviations reported > 20% of the approved sample size.
- >5 deviations are reported in the same patient.

However, the nature of the deviations will be looked at prior to this – for example – distinguishing between patient related protocol deviations versus investigator related deviations

14) SOP 5 an additional annexure on site assessment checklist has been added. PI has to fill this checklist and submit this along with initial project submission. IEC members to review this checklist and in case of doubt to confirm with onsite monitoring.

**Annexure 4**  
**AX 04/ SOP 05-A – addendum**  
**Site Assessment Checklist**

		State Y (Yes) or N (No)	If No, Comment
<b>1.</b>	<b>Patient Population</b>		
	1. Do you have access to the desired participants pool? If no direct access, is the collaborating department providing access?		
	2. Will you need to recruit patients from external sources? If so, will sponsor /CRO provide funding?		
	3. Is the proposed enrollment goal for a given period realistic?		
	4. Will enrollment compete with other studies seeking the same patients?		
	5. Is Patient Charter of Rights of Participants in research available and displayed at the site, including English and vernacular languages		
	6. Is Participant's Request/ Complaint Record form drop box available?		
	7. Are services/ investigations available (e.g., lab, radiology-accreditation) to meet the protocol requirements present Are these laboratories accredited		
	8. Are necessary equipment /instruments (availability, validation and calibration) required for protocol execution present at site?		
	9. Does protocol execution require dedicated internet / phone / fax facilities If yes, are they available at the site? -eCRF - patient monitoring ( eg phone call)		
<b>2.</b>	<b>Procedures</b>		
	1. Are the study visits frequent? (more than those in clinical		

	practice for a given disease)		
	2. Are the procedures during each visit difficult and time consuming? If yes measures taken to minimize patient risk at the site		
<b>3.</b>	<b>Study Team</b>		
	1. Does the study require special study team members with additional expertise?		
	2. In case study visits are complex, do they present scheduling difficulties for the team?		
	3. How many study team members will be required /participant / visit?		
	4. In case of unavailability of any protocol required equipment / procedures will sponsor / CRO provide it If yes: permanent / rental for the trial period		
<b>4.</b>	<b>Trial Procedure</b>		
	1. Is adequate space available?		
	2. Does the site have dedicated with restricted access area for - Investigational product (IP) storage / - Mention IP accountability		
	3. IP storage room has facility to record temperature/ humidity 24*7		
	4. Will electronic or remote data retrieval systems be used? If so, will sponsor /CRO provide training?		
	5. Does the site have dedicated computer, printer, cupboard, stationary for storage of study documents		

Name and Signature of the PI & Date: \_\_\_\_\_

IEC office use only:

Date of the physical site assessment: \_\_\_\_\_ Time in \_\_\_\_\_ Time out \_\_\_\_\_

Assessment performed by

Name of IEC member 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Type of facilities \_\_\_\_\_

Confirmation of all items in AX 04/ SOP 05-A addendum, Site Assessment Checklist Yes \_\_\_ No \_\_\_ if no list the deficiencies

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Interaction with clinical trial members at the site:

Name of the trial team members	Query asked	Reply provided
PI		
Co-I 1		
Co-I 2		

Co-I 3		
CRC1		
CRC2		
CRC3		
Lab Technician		
Any other trial team member		

Date and signature of the monitors 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

15) SOP 16 section 5.1 to include the following:

Shift the contents (hard copy) to the archival room specifying the cupboard / shelf / location of the files as per Annexure 5 AX 05/ SOP 16 addendum.

#### Annexure 5

AX 05/ SOP 16 addendum

#### Template Log of archived files and their location

IEC Project registration number	Protocol ID	Date of completion	Date of Archival	Location of File		Proposed Date of Shredding	Signature of IEC Secretariat
				Cupboard No.	Shelf No.		

The following statements are added in the SOP 16 section Purpose and scope:

#### Purpose

This policy is made to ensure protection, maintenance and archival of its documents submitted to the IEC -1 and confirms to the NDCT rules 2019 and ICMR guidelines 2017.

#### Scope

The Policy seeks to enhance transparency, accountability, and better relationship with stakeholders, by providing a framework for archival that can be viewed by all stakeholders.

#### Attachment -1

SOP 25/V 1 dated 20<sup>th</sup> April 2023

#### Audio Visual (AV) Recording of Informed Consent Process

<b>SOP 25/V1</b> <b>Effective from XXXXX</b>	IEC (KEMH, Mumbai) Valid up to xxxxxx
<b>Title:</b>	<b>Audio Visual Consent</b>
<b>SOP Code:</b>	<b>SOP 25/V 1 dated 20<sup>th</sup> April 2023</b>

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by
------------------------------------	------------------------------------	------------------------------------	-------------

Dr. Raakhi Tripathi <b>Member Secretary, IEC-I</b>	Dr. Nithya Gogtay <b>Joint-Member Secretary, IEC-I</b>	Dr. Manju Sengar <b>Chairperson, IEC-I</b>	<b>IEC-I</b>
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### 1. Purpose

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

### 2. Scope

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

- 2.1 An audio-video recording of the informed consent process in case of vulnerable subjects in clinical trials of New Chemical Entity or New Molecular Entity including procedure of providing information to the subject and his understanding on such consent, shall be maintained by the investigator for record:
- 2.2 Provided that in case of clinical trial of anti-HIV and anti-leprosy drugs, only audio recording of the informed consent process of individual subject including the procedure of providing information to the subject and his understanding on such consent shall be maintained by the investigator for record.
- 2.3 Statement that there is a possibility of failure of IP to provide intended therapeutic effect
- 2.4 Statement that in case of Placebo controlled trials, the placebo administered to the subjects shall not have any therapeutic effect
- 2.5 Any other pertinent information

### 3. Responsibility

1. IEC will ensure that Principal investigator will conduct AV recording of the informed consent process, store and archive without violating the participant confidentiality as detailed below in section 6.
2. IEC will specifically ask for consent for AV Consenting in addition to the ICF
3. AV recordings may be reviewed periodically by IEC members

### 4. Applicable rules, regulations and guidelines:

GSR 227-E, New Drugs and Clinical Trials Rules, 2019 published in the Gazette of India dated 19<sup>th</sup> March 2019.

### 5. Detailed Instructions for PI to follow:

All basic principles and procedures for the administration and documentation of the informed consent process are described in SOP Initial review of submitted protocol.

- 1) If the participant is unable to give consent for medical or legal reasons, the consent should be taken from the legally acceptable representative (LAR) and the process recorded.
- 2) If the participant/LAR is illiterate, then an impartial witness is needed. This person should also be in the frame for the entire duration of the consent process.
- 3) AV recording should be done with assent wherever applicable.
- 4) Ensure the following infrastructure is available prior to counseling of potential participant:
  - a. The informed consent process should be carried out in the designated area when the following conditions should be met) that is -
    - i. Free from disturbance
    - ii. Well lit
    - iii. Ensures privacy for the participant

- iv. Participant should be comfortable
- b. Camera having video facility with
  - ✓ Good resolution (at least 1280x720 pixels)
  - ✓ Sufficient memory (at least 4 GB)
  - ✓ Sufficient battery backup (at least 2 hours)
  - ✓ Show non-editable date & time on video (preferably)
    - a. Mike system
    - b. Computer/laptop with CD/DVD writer
    - c. Blank CDs/DVDs with cover
    - d. External Hard disk (at least 500 GB to 1 TB)
- 5) Before starting the informed consent process (and the AV recording of the same)
  - i. Ensure that all the necessary equipment mentioned above is functional.
  - ii. The potential participant/LAR/ Impartial witness should be informed that the whole process of taking the consent is being recorded as per Govt. of India notification to ensure that he/she has understood all the potential risks and benefits involved in the study including failure of the IMP, study details and his/her rights for the purpose of documentation and the confidentiality of the same is assured.
  - iii. The potential participant/LAR/ impartial witness should be made aware that his/her recording may be shown to government agencies or members from the IEC and independent auditors.
  - iv. His/her consent should be documented in a separate ICD that states the same. The process of obtaining signatures of the potential participant/LAR/ impartial witness & Principal Investigator or her designee on this Audio-video consent form should be carried out as per specified in Annexure AF/IEC/04/08/V-8.0 of SOP/08/V-8.0.

#### 6. Actual AV recording process:

- i. The PI/Co-I/medically qualified person delegated by the PI and the potential participant/LAR (and if need be the impartial witness) should sit comfortably facing each other / side-by-side in such a way that their faces will be captured in the frame simultaneously.
- ii. The PI/Co-I/medically qualified person delegated by the PI should introduce himself/herself by name, designation and his/ her role in the research, and state the current date and time.
- iii. Participant/LAR should be requested to introduce his/her name, age and address and in case of LAR, he/she should clearly state relation to actual participant as well as the reason why the participant cannot give consent. Participant/LAR should also state the language he/she understands best and is literate in. The PI/Co-I/medically qualified person delegated by the PI may facilitate this process to ensure all above points are captured in the recording.
- iv. In case participant/LAR is illiterate and an impartial witness is needed, the impartial witness should be requested to introduce him/her, give his/her address and state the language that he/she is literate in.
- v. The Participant/LAR should state that he has been informed about the fact that the entire consent process is being recorded and that he/she has agreed for the same.
- vi. The Informed Consent Process should be carried out as per SOP 08/V-8.0: Administering and documenting informed consent.
- vii. The participant should be allowed to read the consent document (and this process should be recorded)
- viii. The PI/Co-I/medically qualified person delegated by the PI should explain all the elements of the approved ICF in the language best understood by the potential participant
- ix. Explanation or narration given by the PI/Co-I/medically qualified person delegated by the PI, all the questions asked by the potential participant/LAR and answers given to them should be clearly audible and recorded.
- x. At any point during the consent process, if the participant wishes to take more time to read/ understand the consent document, including, for example, take it home to discuss with relatives the recording shall be stopped mentioning the time of stopping.

- 
- xi. The participant/LAR (wherever applicable) should be invited to sign the consent form only after satisfactory answers (in the investigator's judgement) have been given by the participant/ LAR to all the above-mentioned questions.
  - xii. Participant/LAR should read out all the statements mentioned in ICF as per Schedule-Y and state whether he/she agrees or not for each statement and affix signature/thumb print at the end
  - xiii. The actual signing process should be recorded.
  - xiv. The impartial witness should be requested to enter the name and details of the participant and the date the consent is documented. The impartial witness will also be requested to sign and date the consent form.
  - xv. The PI/Co-I/medically qualified person delegated by the PI will also sign and date the consent form at the end of the process.
  - xvi. The recording will be stopped after thanking the participant.
    - The recording should be checked for completeness and clarity of both audio and video recording.
    - No editing should be done on the recording so as to maintain authenticity.
    - The computer/laptop should be password protected. The password will be known only to the PI and members of the study team as designated by the PI. A register should be maintained wherein, each time the data is accessed, the details of who accessed the data, date and reasons for the same this should be entered into the designated register.
    - The recording should be then transferred to a CD labeled according to study name, unique identifier assigned to the participant, date and time of the recording, no. of recordings (applicable during re-consenting) and archived in the external Hard drive. The CD should be filed in the participant binder.
    - The study participants should be informed that there is possibility of failure of investigational product to provide intended therapeutic effect.
    - In case of placebo-controlled trial, the placebo administered to the subjects shall not have any therapeutic effect.

## 7. Archival

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

## 8. Annexure

Annexure 1	AX 01/SOP 25/ V1	Checklist for Monitoring of Audiovisual recording of AV consent Process
Annexure 2	AX 03/SOP 25/ V1	Guidance document for audio visual recording of AV consent Process

### Annexure 1 AX 02/SOP 25/V1

#### Checklist for Monitoring of Audiovisual recording of AV consent Process

1. Facility where informed consent process should be carried out - (well lit, free from noise, privacy ensured, dedicated room, camera permanently set /temporary arrangement, voice recording to be tested before hand):
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Remarks: \_\_\_\_\_
2. Whether consent for AV recording already taken before start of recording/ it is taken in front of the camera Yes \_\_\_\_\_ No \_\_\_\_\_
3. Whether elements enlisted in Appendix V of NDCTR is covered during discussion.

- 
- a. Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Remarks: \_\_\_\_\_
4. Introduction of each person – name , age (person conducting the informed consent discussion participant/ legally acceptable representative (LAR) wherever relevant / impartial witness wherever relevant) involved during informed consent process and information about necessity for audiovisual recording - by name, designation and his/ her role in the research, current date and time, enquiry of the language participant understands , showing the consent form in the camera which is going to be used for the study  
a. Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Remarks: \_\_\_\_\_
5. The following minimum elements should feature in the recording of the informed consent process: (Purpose , treatment allotment ,randomization , procedure , follow up , benefit/risks, compensation for Participation, Compensation for Study related Injury, nominee name and details , voluntariness and right to withdraw and contact for further information – Investigator name and EC Chair/member secretary name)  
a. Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Remarks: \_\_\_\_\_
6. If Inclusion Criteria has been administered by a designated person who is not medically qualified?  
a. Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Remarks: \_\_\_\_\_
7. Is there evidence that subject's queries of a medical nature were answered in the process or assurance was given to clarify the same later?  
a. Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Remarks: \_\_\_\_\_
8. The consent is taken in language the participant/ legally acceptable representative (LAR) understands best and is literate in.  
a. Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Remarks: \_\_\_\_\_
9. Information to the participant/ LAR and impartial witness (as applicable) that the process of taking the consent is being recorded for the purpose of documentation as required by the government rules.  
a. Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Remarks: \_\_\_\_\_
10. Information to the participant/ LAR and impartial witness (as applicable) that the confidentiality of information and privacy of participants is assured.  
a. Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Remarks: \_\_\_\_\_
11. Information to the participant/ LAR and impartial witness (as applicable) that the recording may be shown to government agencies or members from the IEC.  
a. Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Remarks: \_\_\_\_\_
12. Explanation or narration by the person conducting the informed consent discussion.  
a. Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Remarks: \_\_\_\_\_

13. Whether audio-visual recording is performed for all subjects, independently.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
14. Questions regarding participation asked by the potential participant/LAR are answered satisfactorily.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
15. Ample time was given to read and understand the consent as per the content?
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
16. Opportunity to discuss the same with family members
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
17. Reading out by the participant/LAR (or having read out by impartial witness) the statements mentioned in Informed Consent
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
18. Stating whether participant agrees or not for each statement.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
19. Whether checked for participants understanding of the informed consent process
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- Remarks: \_\_\_\_\_
20. Documentation of signatures of all those involved in the Informed Consent Process.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
21. Clarity and completeness of AV recording (pages vis-a- vis timing)
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
22. Check whether re-consenting is done for changes in ICF/LAR inclusion in the beginning if any.
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
23. Check whether re-consenting is done by the same Investigator
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
24. Whether re-consenting is done in same language
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_
25. How much timing taken for the re-consent
- a. Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Remarks: \_\_\_\_\_



26. Storage of recording in password protected laptop/ desktop computer and/ or hard drive and labelled CD

a. Yes \_\_\_\_\_ No \_\_\_\_\_ Remarks: \_\_\_\_\_

27. Access of AV consent recorded allowed only to the principal investigator and designated members of the study team.

a. Yes \_\_\_\_\_ No \_\_\_\_\_ Remarks: \_\_\_\_\_

Signature and date of PI /Co-inv \_\_\_\_\_

## Annexure 2 AX 03/SOP 25V1

Guidance document for audiovisual recording of AV consent Process

### Pre-recording checklist:

1. Equipment is functioning correctly - YES /NO
2. All parties (trial team personnel conducting the consent, the patient and as applicable legally acceptable representative (LAR), impartial witness and/or translator are seated comfortably and are seen within the frame of the video recording. YES /NO
3. All parties are reminded that this AV recording is in compliance with regulatory requirements YES /NO
4. All parties are informed that this AV recording will be kept confidential but can be shown to others as per legal requirements or for ensuring compliance with law. YES /NO

### AV recording:

1. Reconfirm that the video recording frame includes all concerned parties. YES /NO
2. The member of the research team should state the date, time, title of the research protocol and the language of the written informed consent document. YES /NO
3. All concerned parties should identify themselves by stating their names, designation and role with respect to the consent process for this research. YES /NO
4. If LAR is involved, he/she should state relation to participant. YES /NO
5. If translator is involved, he/she should confirm that he/she is proficient in the language of the informed consent document as well as the language in which the medically qualified authorized member of the research team is proficient in for the consent process. YES /NO
6. At any point during the recording, any participant may request for a break (e.g. to go to the bathroom or answer a phone or if mother want to feed her baby). In such a case, the AV recording shall be stopped mentioning the time of stopping. It will be resumed/ restarted by stating the date and time of restarting the recording. YES /NO
7. The medically qualified authorized member of the research team administering the consent shall use the checklist to ask the potential participant/ LAR questions to document the authenticity of the informed consent process. Translation will be done as applicable. The answers of the participant/ LAR shall be recorded for each point. YES /NO
8. The actual signing process by all concerned parties should also be recorded. YES /NO

### Post recording checklist:

1. The memory card/ storage device used in the camera for video recording will be the source document. Check the file for clarity regarding the audio and video recording. YES /NO
2. The memory card/ storage device used in the camera for video recording will be the source document. Check the file for clarity regarding the audio and video recording. YES /NO
3. Rename the file with the unique number for the patient on this research protocol. YES /NO
4. Make backup one by copying that file onto the dedicated external Hard Disk which will be used to

- document all consent AV recording for a specific research protocol. YES /NO
5. This external HDD should be suitably labeled and password protected. YES /NO
  6. Store the external HDD in a secure location to ensure confidentiality. YES /NO
  7. Make backup two by copying that file onto a remote cloud storage with encryption using the computer with internet access. YES /NO
  8. This should also be suitably located, labeled and password protected. YES /NO

## **Attachment - 2**

### **Template of appointment letter of IEC member**

Date:xxxxxx

To,

XXXXX.

(Non affiliated)

Sub: Appointment and tenure of responsibilities and membership as '**Chairperson of IEC-I**'.

Dear XXXXXX,

You have been appointed on the Institutional Ethics Committee–I (IEC-I) as a **chairperson** for the period of three years from xxxxxx to xxxxx.

You will have to carry out the following activities as Chairperson:

1. To conduct IEC-I meetings and lead all discussions and deliberations pertinent to the review of research proposals.
2. To preside over all administrative and financial matters pertinent to the committee's functions.
3. To ratify minutes of the previous meetings.
4. To identify & select one or more IEC member or independent monitor who along with IEC member for conducting the site monitoring.
5. To represent the IEC-I at various meetings and forums.
6. To sign documents and communications related to IEC-I functioning.
7. To delegate his responsibilities to appropriate individuals in accordance with IEC SOPs.
8. To nominate a committee member as Acting Chairperson, in case of anticipated absence.
9. To maintain confidentiality of the documents and deliberations of IEC-I meetings.
10. To declare any conflict of interest.
11. To sign the Confidentiality/ Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation, and related matters.

You are expected to comply with the Standard Operating Procedures (SOPs) of the IEC of Seth GS Medical College and KEM Hospital, Mumbai.

XXXXXXXXXXXX,

**Dean, Seth GSMC & KEMH.**

Xxx

To,  
XXXXXX.  
(Affiliated)

Sub: Appointment letter and tenure of responsibilities and membership as '**Member Secretary of IEC-I**'.

Dear xxxxxxxx,

You have been appointed on the Institutional Ethics Committee-I (IEC-I) as a Member Secretary for the period of three years from xxxx to xxxxx.

You will have to carry out the following activities as Member Secretary:

1. To receive research proposals.
2. To organize an effective and efficient tracking procedure for each proposal received.
3. To prepare, maintain and distribute of study files.
4. To schedule and organize IEC-I meetings.
5. To prepare and maintain meeting agenda and minutes.
6. To maintain IEC-I documentations and to archive them.
7. To communicate with the IEC-I members and applicants/ investigators.
8. To notify the Principal Investigator regarding IEC-I decisions related to the submitted research proposal.
9. To prepare for and respond to audits and inspections
10. To ensure completeness of documentation at the time of receipt and timely inclusion in agenda for EC review.
11. To assess the need for expedited review/ exemption from review or full review.
12. To assess the need to obtain prior scientific review, invite independent consultant, patient or community representatives.
13. To ensure quorum during the meeting and record discussions and decisions.
14. To perform the task of site monitoring.
15. To arrange for training of personnel and IEC-I members.
16. To organize the preparations, review, revision and distribution of SOPs and guidelines.
17. To provide necessary administrative support for IEC-I related activities to the Chairperson.
18. To provide updates on relevant and contemporary issues to ethics in health research as well as relevant contemporary literature to the committee members.
19. To receive fees and issue official receipts for the same.
20. To delegate various responsibilities to appropriate and authorized individuals.
21. To ensure adherence of IEC-I functioning as per SOPs.
22. To maintain confidentiality of the documents and deliberations of IEC-I meetings.
23. To declare any conflict of interest.
24. To sign the Confidentiality/ Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation, and related matters.

You are expected to comply with the Standard Operating Procedures (SOPs) of the IEC of Seth GS Medical College and KEM Hospital, Mumbai.

XXXXXXXXX  
Dean, Seth GSMC & KEMH.

xxxx  
To,  
XXXXXX.  
(Affiliated)

Sub: Appointment letter and tenure of responsibilities and membership as '**Member (Joint Member Secretary) of IEC-I**'.

Dear xxxx,

You have been appointed on the Institutional Ethics Committee–I (IEC-I) as a Member (**Joint Member Secretary**) for the period of three years from xxxx to xxxx.

You will have to carry out the following activities as a Member (Basic Medical Scientist):

1. To attend IEC-I meetings and participate in discussions and deliberations so that appropriate decisions can be arrived at.
2. To review, discuss and consider research Proposals submitted for evaluation.
3. To monitor Serious Adverse Event reports and recommend appropriate action(s).
4. To review the progress reports and monitor ongoing studies as appropriate.
5. To evaluate final reports and outcomes.
6. To maintain confidentiality of the documents and deliberations of IEC-I meetings.
7. To declare any conflict of interest.
8. To sign the Confidentiality/Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation, and related matters.
9. To participate in continuing education activities in biomedical ethics and biomedical research.
10. To provide information and documents related to training obtained in biomedical ethics and biomedical research to the IEC-I secretariat.
11. To provide an updated CV when requested for by the IEC-I secretariat.
12. To carry out the work delegated by Chairperson and Member-secretary.
13. To assist Chairperson and Member-secretary in carrying out IEC-I work as per SOPs.
14. To perform the task of site monitoring.
15. To Scientific and ethical review with special emphasis on the intervention, benefit-risk analysis, research design, methodology and statistics, continuing review process, SAEs, protocol deviation, progress and completion report
16. For clinical trials to review the drug safety and pharmacodynamics.
17. To perform the same functions of member secretary in her absence.

You are expected to comply with the Standard Operating Procedures (SOPs) of the IEC of Seth GS Medical College and KEM Hospital, Mumbai.

xxxxxxx

**Dean, Seth GSMC & KEMH.**

xxxx

To,

XXXXXXXXXXXXXXXXXX

Affiliated / Non affiliated

Sub: Appointment letter and tenure of responsibilities and membership as '**Member (Clinician) of IEC-I**'.

Dear xxxxx,

You have been appointed on the Institutional Ethics Committee–I (IEC-I) as a Member for the period of three years from xxxx to xxxxx.

You will have to carry out the following activities as a Member.

1. To attend IEC-I meetings and participate in discussions and deliberations so that appropriate decisions can be arrived at.
2. To review, discuss and consider research Proposals submitted for evaluation.

3. To monitor Serious Adverse Event reports and recommend appropriate action(s).
4. To review the progress reports and monitor ongoing studies as appropriate.
5. To evaluate final reports and outcomes.
6. To Review medical care, facility and appropriateness of the principal investigator, provision for Medical care, management and compensation.
7. Thorough review of protocol, investigators brochure (if applicable) and all other protocol details and submitted documents.
8. To perform the task of site monitoring.
9. To maintain confidentiality of the documents and deliberations of IEC-I meetings.
10. To declare any conflict of interest.
11. To sign the Confidentiality/Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation, and related matters.
12. To participate in continuing education activities in biomedical ethics and biomedical research.
13. To provide information and documents related to training obtained in biomedical ethics and biomedical research to the IEC-I secretariat.
14. To provide an updated CV when requested for by the IEC-I secretariat.
15. To carry out the work delegated by Chairperson and Member-secretary.
16. To assist Chairperson and Member-secretary in carrying out IEC-I work as per SOPs.

You are expected to comply with the Standard Operating Procedures (SOPs) of the IEC of Seth GS Medical College and KEM Hospital, Mumbai.

XXXXXX,  
Dean, Seth GSMC & KEMH.

xxxxxxx  
To,  
xxxxxxxxxxxx  
Psychologist.

Sub: Appointment letter and tenure of responsibilities and membership as **'Member (Social scientist) of IEC-I'**.

Dear xxxxx,

You have been appointed on the Institutional Ethics Committee–I (IEC-I) as a Member **(Social scientist)** for the period of three years from xxxxx to xxx.

You will have to carry out the following activities as a Member.

1. To attend IEC-I meetings and participate in discussions and deliberations so that appropriate decisions can be arrived at.
2. To review, discuss and consider research Proposals submitted for evaluation.
3. Ethical review of the proposal, ICD along with the translations, to assess impact on community involvement, socio–cultural context, religious or philosophical context, if any. To serve as a patient/participant/ societal / community representative and bring in ethical and societal concerns.
4. To monitor Serious Adverse Event reports and recommend appropriate action(s).
5. To review the progress reports and monitor ongoing studies as appropriate.
6. To evaluate final reports and outcomes.
7. To Review medical care, facility and appropriateness of the principal investigator, provision for Medical care, management and compensation.
8. Thorough review of protocol, investigators brochure (if applicable) and all other protocol details and submitted documents.
9. To perform the task of site monitoring.
10. To maintain confidentiality of the documents and deliberations of IEC-I meetings.
11. To declare any conflict of interest.

12. To sign the Confidentiality/Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation, and related matters.
  13. To participate in continuing education activities in biomedical ethics and biomedical research.
  14. To provide information and documents related to training obtained in biomedical ethics and biomedical research to the IEC-I secretariat.
  15. To provide an updated CV when requested for by the IEC-I secretariat.
  16. To carry out the work delegated by Chairperson and Member-secretary.
  17. To assist Chairperson and Member-secretary in carrying out IEC-I work as per SOPs.
- You are expected to comply with the Standard Operating Procedures (SOPs) of the IEC of Seth GS Medical College and KEM Hospital, Mumbai.

**Dr. Sangeeta Ravat,**  
**Dean, Seth GSMC & KEMH.**

xxx  
To,  
xxxxx.

Sub: Appointment letter and tenure of responsibilities and membership as '**Member (Legal Expert)**'.

Dear xxxxx,

You have been appointed on the Institutional Ethics Committee-I (IEC-I) as a Member (**Legal Expert**) for the period of three years from xxxx to xxxxx.

You will have to carry out the following activities as a Member.

1. To attend IEC-I meetings and participate in discussions and deliberations so that appropriate decisions can be arrived at.
2. To review, discuss and consider research Proposals submitted for evaluation.
3. Ethical review of the proposal, ICD along with translations, MoU, Clinical Trial Agreement (CTA), regulatory approval, insurance document, other site approvals, researcher's undertaking, protocol specific other permissions, such as, stem cell committee for stem cell research, HMSC for international collaboration, compliance with guidelines etc.
4. Interpret and inform EC members about new regulations if any.
5. To monitor Serious Adverse Event reports and recommend appropriate action(s).
6. To review the progress reports and monitor ongoing studies as appropriate.
7. To evaluate final reports and outcomes.
8. To Review medical care, facility and appropriateness of the principal investigator, provision for Medical care, management and compensation.
9. Thorough review of protocol, investigators brochure (if applicable) and all other protocol details and submitted documents.
10. To perform the task of site monitoring.
11. To maintain confidentiality of the documents and deliberations of IEC-I meetings.
12. To declare any conflict of interest.
13. To sign the Confidentiality/Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation, and related matters.
14. To participate in continuing education activities in biomedical ethics and biomedical research.
15. To provide information and documents related to training obtained in biomedical ethics and biomedical research to the IEC-I secretariat.
16. To provide an updated CV when requested for by the IEC-I secretariat.
17. To carry out the work delegated by Chairperson and Member-secretary.
18. To assist Chairperson and Member-secretary in carrying out IEC-I work as per SOPs.

You are expected to comply with the Standard Operating Procedures (SOPs) of the IEC of Seth GS Medical College and KEM Hospital, Mumbai.

xxxxxxxxxxxx  
**Dean, Seth GSMC & KEMH.**

xxxxx

To,

Xxxx

Non affiliated

Sub: Appointment letter and tenure of responsibilities and membership as '**Member (Lay Person)**'.

Dear xxxxx,

You have been appointed on the Institutional Ethics Committee-I (IEC-I) as a Member (**Lay Person**) for the period of three years from xxx to xxx.

You will have to carry out the following activities as a Member.

1. To attend IEC-I meetings and participate in discussions and deliberations so that appropriate decisions can be arrived at.
2. To review, discuss and consider research Proposals submitted for evaluation.
3. Ethical review of the proposal, ICD along with the translations, to assess impact on community involvement, socio-cultural context, religious or philosophical context, if any. To serve as a patient/participant/ societal / community representative and bring in ethical and societal concerns.
4. To monitor Serious Adverse Event reports and recommend appropriate action(s).
5. To review the progress reports and monitor ongoing studies as appropriate.
6. To evaluate final reports and outcomes.
7. To Review medical care, facility and appropriateness of the principal investigator, provision for Medical care, management and compensation.
8. Thorough review of protocol, investigators brochure (if applicable) and all other protocol details and submitted documents.
9. To perform the task of site monitoring.
10. To maintain confidentiality of the documents and deliberations of IEC-I meetings.
11. To declare any conflict of interest.
12. To sign the Confidentiality/Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation, and related matters.
13. To participate in continuing education activities in biomedical ethics and biomedical research.
14. To provide information and documents related to training obtained in biomedical ethics and biomedical research to the IEC-I secretariat.
15. To provide an updated CV when requested for by the IEC-I secretariat.
16. To carry out the work delegated by Chairperson and Member-secretary.
17. To assist Chairperson and Member-secretary in carrying out IEC-I work as per SOPs.

You are expected to comply with the Standard Operating Procedures (SOPs) of the IEC of Seth GS Medical College and KEM Hospital, Mumbai.

XXXXXXXXXXXXX

Dean, Seth GSMC & KEMH.

### Template for Acceptance letter of IEC member

Date: xxxxxxxxxxxxxx

To,

xxxxxxxx,

Dean / Head of the institute,

Seth GSMC &amp; KEMH,

Pare, Mumbai.

Ref: Appointment letter XXXXXXXX.

Sub: Consent to be a member of Institutional Ethics Committee-I.

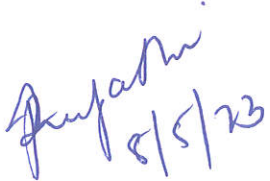
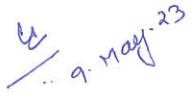
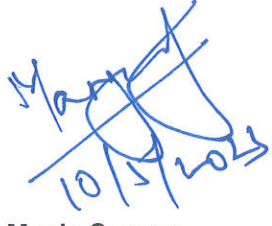

Sir / Madam,

In response to your letter stated above, I give my consent to become a Member of IEC for the tenure xxxxx to xxxxx. I shall regularly participate in the IEC meetings to review and give my unbiased opinion regarding the ethical issues. I shall not keep any literature or study related documents with me after the discussion and final review. I shall maintain all the research project related information confidential and shall not reveal the same to anybody other than project related personnel.

Thanking you,

Yours Sincerely,

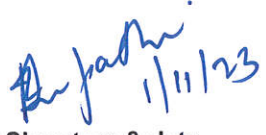
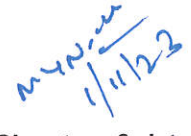
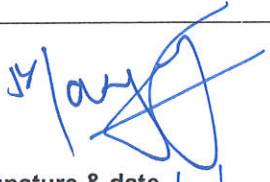

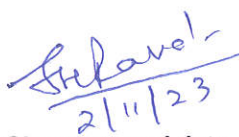
XXXXXX,

Prepared by Signature with date	Reviewed by Signature with date	Approved by Signature with date	Accepted by Signature with date
 Dr. Raakhi Tripathi Member Secretary, IEC-I	 Dr. Nithya Gogtay Joint-Member Secretary, IEC-I	 Dr. Manju Sengar Chairperson, IEC-I	 Institutional Ethics Committee-I, Seth GSMC & KEMH, Mumbai.



**SOP Addendum 4 dated 1<sup>st</sup> November 2023**  
**Effective from 5<sup>th</sup> November 2023 to SOPs version 6.1**

1. In regard to clinical research studies/ trials (regulatory trials and academic clinical trials), if an IEC approved affiliated study team member leaves the institute (anybody who resigns from KEMH, is transferred out of KEMH, or is affiliated to KEMH in some way but not on regular biometric attendance system or death of the study team member) he/she ceases to be part of the trial.
2. It is the responsibility of the Principal Investigator (PI) to ensure that the said person is removed from duty delegation log with immediate effect. This is to be informed to the sponsor (if applicable) and IEC. IEC will review and accord approval for the revised duty delegation. The last working day would be the end date in the duty delegation log.
3. All PIs should make appropriate changes in departmental clinical research SOPs pertaining to the above matter.

<b>Prepared by</b>	<b>Dr. Raakhi Tripathi, Member Secretary, IEC-I</b>	 <b>Signature &amp; date</b> 1/11/23
<b>Reviewed by</b>	<b>Dr. Milind Nadkar, Member, IEC-I</b>	 <b>Signature &amp; date</b> 1/11/23
<b>Approved by</b>	<b>Dr. Manju Sengar, Chairperson, IEC-I</b>	 <b>Signature &amp; date</b> 2/11/2023
<b>Accepted by</b>	<b>IEC-I</b>	
 <b>Signature and date</b> <b>Dr. Sangeeta Ravat, Dean, Seth GSMC and KEMH</b>		

Dean, K.E.M.H & Seth G.S.M.C.,  
Parel, Mumbai - 400 012.

**1. Definition of Principal Investigator (PI):**

Principal Investigator for regulatory studies **will ALWAYS be regular/permanent faculty** of Seth GSMC & KEMH and have relevant qualification approved by Maharashtra Medical Council (except in case as mentioned in clause no. 2).

Principal Investigator for other studies/ non-regulatory studies can be regular / permanent faculty, Emeritus professor, or contractual faculty of Seth GSMC & KEMH. If the Principal investigator is an Emeritus professor or a contractual faculty of Seth GSMC & KEMH, then the Co-Principal Investigator or Co-Investigator HAS to be a regular / permanent faculty of Seth GSMC & KEMH and who will be responsible for the study oversight.

- a. For resident / post graduate students, Ph.D students, MSc students, nursing students, M.Sc. Pharma Medicine (MUHS) projects, PI will be his / her guide / teacher and should be a permanent faculty of Seth GSMC & KEMH.
- b. **Thesis / Dissertation of Wadia Maternity and Paediatrics**  
Faculty from the Wadia hospital are also considered as faculty **from** Seth GSMC & KEMH. Hence faculties from Wadia can be PI for the thesis submitted by the postgraduate students of Wadia hospital, however the recruitment of patient should be from only Wadia and not from the Seth GSMC & KEMH. For dissertations from BJJWHC must be forwarded by HOD (Pediatrics) Seth GSMC.
- c. **For collaborative studies with NIRRH, NIIH, TMH or for studies of nursing students** from the colleges other than GSMC & KEMH, PI should be a regular / permanent faculty from Seth GSMC& KEMH.

**2. Cap for active / ongoing regulatory trials as Principal Investigator (PI) and Co-Investigator (Co-I):**

Principal investigator (**regular/permanent faculty** of Seth GSMC & KEMH) will have **ONLY** eight (8) regulatory trials approved by the IEC as PI and **ONLY** eight (8) regulatory trials approved by the IEC as Co-I.

With regards to exceeding this cap (applicable **ONLY for PI belonging to super specialty departments**), contractual faculty may be made the PI as per clauses stated below:



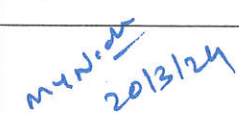
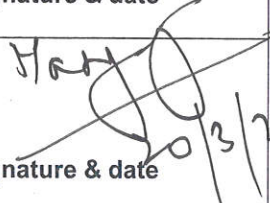
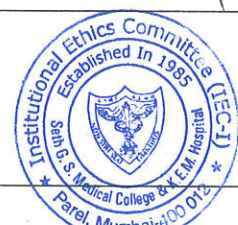

- i. should have completed ONE YEAR of service in this institute and this needs to be endorsed in writing by the HOD.
  - ii. HOD / regular/permanent faculty will be the CO-PI for such projects to support the contractual faculty working as PI for the given regulatory study.
  - iii. HOD / regular/permanent faculty to provide an undertaking stating that if the contractual faculty who is working as PI of the regulatory study leaves the institute then the regulatory study will be taken up by the HOD / regular/permanent faculty as PI.
  - iv. Duly signed undertaking from the contractual faculty which is forwarded or countersigned by permanent faculty stating that if he/she leaves the institute he/she ceases to be the PI of the project and the project cannot be transferred outside the institute.
  - v. The contractual faculty of super specialty department can have **ONLY** four (4) regulatory trials approved by IEC as PI and **ONLY** four (4) regulatory trials approved by the IEC as Co-I.
3. For all types of studies and for both permanent and contractual faculty as PI or Co-I to note that the study belongs to the institution and will stay with the institution whenever the contractual or permanent faculty leaves the institution. When the permanent or contractual faculty as PI or Co-I leaves the institute he / she ceases to be PI or Co-I in the project.
4. **If PI fails to submit the reply to 1<sup>st</sup> query letter** for the new project which is under review with IEC **within 180 days for regulatory trials:**
- a) Before the expiration / termination of validity of the query letter, an extension request should be submitted to IEC before the end of 180 days (are counter from the date mentioned on the query letter). If an extension request is not received in the timeline, then the project file will be shredded and declared closed for IEC records.

- b) If PI wishes to reply to the queries or re-opening of the trial file AFTER 180 days but within one year from the date of receipt of query letter, PI should re-submit the entire project and related documents (day 181 to day 365 from the date of the receipt of the query letter) along with 50% of the prevailing protocol review processing fees with TDS 10%. (project registration number will continue to be the same).
- c) If PI wishes to reply to the queries or re-opening of the trial file after 365 days, PI should re-submit the entire project and related documents along with 50% of the prevailing protocol review processing fees with TDS 10%. On resubmission the project will receive a new registration number.

**5. If sponsors are unable to submit the entire insurance policy due to any reason:**

As per NDCT rules 2019, an insurance policy is an essential document to be reviewed by the IEC members. However, if sponsors are unable to submit the entire insurance policy due to confidentiality or any other issues, then they should submit an undertaking stating the following:  
 Sponsor XXXX acknowledges the fact that submission of a copy of entire Insurance Policy is one of the required documents as per Table I of Third Schedule of NDCT, Rules 2019. In line with this, the sponsor has procured insurance coverage policies and has submitted a valid insurance certificate. The sponsor is not in a position to share the entire insurance policy document due to .... Reasons. Sponsor assures that a valid policy in line with Indian Insurance Regulations is available and they commit to provide complete medical management and compensation in line with applicable NDCT, Rules 2019.

**This undertaking must be provided on the sponsor letter head.**

<b>Prepared by</b>	Dr. Nithya Gogtay, Jt. Member Secretary, IEC-I	 <b>Signature &amp; date</b> 12/3
<b>Reviewed by</b>	Dr. Raakhi Tripathi, Member Secretary, IEC-I	 <b>Signature &amp; date</b> 20/3/24
	Dr. Milind Nadkar, Member, IEC-I	 <b>Signature &amp; date</b> 20/3/24
<b>Approved by</b>	Dr. Manju Sengar, Chairperson, IEC-I	 <b>Signature &amp; date</b> 20/3/2024
<b>Accepted by</b>	IEC-I	
 <b>Signature and date</b> <b>Dr. Sangeeta Ravat, Dean, Seth GSMC and KEMH</b>		