ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT (GUJARAT)

STANDARD OPERATING PROCEDURES

For

INSTITUTIONAL ETHICS COMMITTEE

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STANDARD OPERATING PROCEDURES

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INSTITUTIONAL ETHICS COMMITTEE

Version: 02
Effective from: 20.02.2024

1. Prepared by SOP Committee:

Name and Designation	Signature with date
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2. Reviewed by Member Secretary:

Name and Designation	Signature with Date
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3. Standard Operating Procedures (SOPs) Approved by:

Name and Designation	Signature with Date
Dr. GAURAVI DHRUVA **Chairperson** Institutional Ethics Committee All India Institute of Medical Sciences, Rajkot (Gujarat)	

PREFACE

The Institutional Ethics Committee (IEC) established at All India Institute of Medical Sciences, Rajkot is an independent representative and competent body accountable for the scientific, ethical and regulatory oversight of research conducted at the institute. The primary purpose of the IEC is to safeguard health, welfare and rights of research participants (healthy volunteers or patients) along with to afford dignity in handling/treatment of biological materials, taking into account the scientific procedures and concerns of the local community.

The IEC, All India Institute of Medical Sciences (AIIMS), Rajkot is entrusted:

1. to provide timely, comprehensive and independent reviews of the proposed studies, in accordance with the national and international guidelines and national legislation norms pertaining to the ethical conduct of research, and acting in good faith with respect to both applicants and the community.
2. to assist in the development and the education of a research community responsive to local health care requirements.

Standard Operating Procedures (SOPs) of IEC provide guidance to the affiliates of IEC, Investigators and other stake holders involved in research. The present SOPs drawn in compliance to current regulations and guidelines for the conduct of medical research involving human participants as well as identifiable human material and data. The ultimate mandate of these SOPs will be to further the cause of conduct and adherence to the highest standards of human research.

The draft document was circulated to the affiliates of the IEC and has been approved at the meeting of IEC held 20th February 2024. It is hoped that this SOP will not only facilitate and expedite project approval but also ensure that no important facets of participants' safety and privacy are overlooked.

It is hoped that the document is 'user friendly' and suggestions for improvement in future versions are always welcomed. This document is subject to further revision whenever it is deemed necessary.

Contributions of Dr. Simmi Mehra, Dr. Ashwini Agarwal, Dr. Kamal Dodiya and Dr. Abhishek Padhi in producing this document through their zeal and tireless efforts are highly appreciated.

(Dr. Gauravi Dhruva)
Chairman, IEC,
AIIMS, Rajkot

(Prof. Dr. (Colonel) C.D.S Katoch)
Executive Director,
AIIMS, Rajkot

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STANDARD OPERATING PROCEDURES (SOPs)

ANNEXURES

FORMAL APPROVAL BY THE CHAIRMAN, INSTITUTIONAL ETHICS COMMITTEE

This document (Standard Operating Procedures) after being prepared by the SOP Committee and duly approved by all the members of the Institutional Ethics Committee is hereby being released with effect from 20th February 2024 for the purpose of all Institutional Ethics Committee activities to be conducted henceforth.

I do hereby approve the SOP for the aforesaid purpose.

Dated: 20th February 2024

Dr. Gauravi Dhruva
Chairman
Institutional Ethics Committee,
All India Institute of Medical Sciences, Rajkot

I. NAME OF THE ETHICS COMMITTEE

This Ethics Committee is known as Institutional Ethics Committee (IEC), All India Institute of Medical Sciences (AIIMS), Rajkot.

II. DECLARATION

The composition and working procedure of Institutional Ethics Committee, All India of Medical Sciences, Rajkot is based on Operational Guidelines for IEC that review Biomedical Research (WHO, 2000), International Conference on Harmonization-Good Clinical Practices (ICH-GCP) Guidelines E6(R2), New Drugs and Clinical Trials Rules 2019, Indian GCP guidelines (2003) and Ethical Guidelines for Biomedical Research on Human Participants by ICMR (2017).

III. AUTHORITY UNDER WHICH THE ETHICS COMMITTEE HAS BEEN CONSTITUTED

The Executive Director, All India Institute of Medical Sciences, Rajkot shall constitute the IEC in accordance with the SOP 01/01. The Executive Director, All India Institute of Medical Sciences, Rajkot will appoint the Chairperson and all the committee members based on their competence, experience and integrity by request. Members will confirm their acceptance to the Executive Director by providing all the required information for membership.

IV. ADDRESS OF THE OFFICE OF ETHICS COMMITTEE

Institutional Ethics Committee,
All India Institute of Medial Sciences, Rajkot
Khandheri, Parapipaliya
Rajkot (Gujarat) – 360110
Email ID: iecaiimsr@gmail.com
Website: https://aiimsrajkot.edu.in/

V. SHORT DESCRIPTION OF SOP

The following may be called as “Standard Operating Procedures for the Institutional Ethics Committee (IEC) of All India Institute of Medical Sciences, Rajkot”.

VI. ADOPTION OF SOP

All India Institute of Medical Sciences, Rajkot herein after referred to as "AIIMS Rajkot" has adopted these written Standard Operating Procedures (SOP/SOPs) to ensure the protection of the rights and welfare of human participants in biomedical, experimental and behavioural research conducted at AIIMS Rajkot.

VII. OBJECTIVES OF SOP

The objective of this Standard Operating Procedures of the Institutional Ethics Committee (IEC) of All India Institute of Medical Sciences, Rajkot is to maintain effective functioning of the IEC and to ensure quality and technical excellence and consistent ethical review of all the submitted health and biomedical research proposals and ongoing approved research studies involving human participants in accordance with the ICMR ethical guidelines for biomedical research on human participants.

SOP No.:	**SOP 00**
Title:	**Standard Operating Procedure for Preparing Standard Operating Procedures (SOPs): Writing, Reviewing, Distributing and Amending of SOPs for the Institutional Ethics Committee, All India Institute of Medical Sciences (AIIMS), Rajkot.**
Page No.:	**1 to 5**
Review Period:	**3 Years**

1.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe the process writing, reviewing, distributing and amending SOPs for the Institutional Ethics Committee, All India Institute of Medical Sciences, Rajkot.

The SOPs will provide clear, unambiguous guidelines/instructions to conduct the related activities of the IEC in accordance with New Drugs and Clinical Trials Rules (2019), National Ethical Guidelines for Biomedical Research on Human Participants by ICMR (2017), Indian GCP Guidelines, WHO Operating Guidelines for Ethical Review Board that Review Biomedical Research (2000), The International Conference on Harmonization - Good Clinical Practices (ICH-GCP) Guidelines E6(R2), Declaration of Helsinki and the prevailing amendments from time to time and Amendments from CDSCO office.

2.0 SCOPE

The principles of this SOP define the process to be followed for writing, reviewing, distributing, and amending SOPs within the Institutional Human Ethics Committee, All India Institute of Medical Sciences, Rajkot.

3.0 RESPONSIBILITY

It is the responsibility of the Chairperson of the IEC to appoint the SOP Committee to formulate the SOPs. Constituted SOP Committee will prepare the draft SOPs, same will be reviewed and approved by the IEC members. SOP Committee will also be responsible to amend the SOPs as and when required.
It is the responsibility of the IEC Member Secretary and staff for maintaining control on all the SOPs.

3.1.1 Chairperson of IEC

- To appoint the SOP committee for the formulation of SOPs consisting of Member Secretary, one/more members of IEC and Coordinating staff
- Reviews and approve the SOPs with sign and date

3.1.2 Member Secretary of IEC

- To coordinate activities of writing, reviewing, distributing and amending SOPs
- To maintain all the files of current SOPs and past SOPs
- To ensure that all the IEC members and involved administrative staff have access to the SOPs
- Ensures that the IEC members and involved staff are working according to current version of SOPs
- Assist in the formulation of SOP procedure.
- Ensure SOP revisions as and when required to comply with national regulations

- Chairman/Member Secretary appoints coordinating staff to assist IEC Functions.

3.1.3. SOP Committee

- 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 staff.
- Review the draft SOP.
- Submit the draft for approval to Chairman.
- Assess the requests for SOP revision in consultation with the Secretariat and Chairman.

3.1.4. IEC Member

- To review the SOP
- Assist the secretariat in all aspects of SOPs preparation and implementation as and when required.

4.0 Procedure

4.1.1 Identify the need for new or amending SOP

- Any member of the IEC would like a revision or notices an inconsistency/discrepancy/ has any suggestions on how to improve the existing SOPs or requests to design an entirely new SOP can put forth his request.
- The Chairman will inform all the IEC members about this request in a regular full- Committee IEC meeting.
- If the IEC members agree to the request, the Member Secretary shall proceed with the revision process/formulation process of the SOP.
- If the IEC members do not agree, the Chairman will inform the person/ IEC member who made the request for modification of the SOP in the same meeting.
- The SOPs will be updated regularly at the interval of two years or if there are major changes whichever is earlier.

4.1.2 Appoint the SOP Committee

- The Chairperson will constitute a SOP Committee consisting of the Members of IEC only (2-3 members and an administrative staff) who have a thorough understanding of the ethical review process to constitute the SOPs writing team. The SOP writing team will carry out the subsequent steps listed as 4.1.2.A to 4.1.2.E.

4.1.2.A. List of relevant SOPs

- Write down step by step all the procedures of the IEC.
- Organize, devise and name each process.
- Make a list of SOPs with appropriate coding format.

4.1.2. B. List of relevant SOPs

- Each SOP should be given a number and a title that is self-explanatory and is easily understood.
- A unique code number with the institutional, scientific format will be assigned to each SOP. SOP XX/YY number will be assigned to each SOP.

- "XX" will be a two-digit number assigned specifically to that SOP. "YY" will be a two-digit number identifying the version of the SOP.
- The number of version should be started from 01 hence for example, SOP 01/01 is the SOP number 01 with version 01.
- Each annex will be given unique code number with the format AN BB/CC. "AN" refers to Annexure Form, "BB" is a two-digit number identifying the number of the annexure, "CC" is a two digit number identifying the version of the annex form.
- Each SOP will be prepared according to the template for Standard Operating Procedures.
- The first page of SOP document will be signed and dated by the author/s, the IEC members who have reviewed the SOPs and the IEC Chairman and subsequently the SOP will be implemented from that date.

4.1.2.C. Write and Review SOP

- The draft SOP will be prepared by the SOP committee with reference to 4.1.2.A and 4.1.2.B.

4.1.2.D. Review by consultation

- The draft SOP written by one or more members of the SOP committee will be reviewed by the convener of the SOP committee. After incorporating the suggestions put forth by the convener, 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 suggestions.

4.1.2.E. Preparation and submission of final draft

- All the members of IEC may review the draft/revised SOP
- During respective IEC meetings, members can put forth their suggestions/ comments on the draft/revised SOP
- The suggestions agreed upon unanimously by all IEC members will be incorporated and the final draft SOP will be formulated.

4.1.3 Preparation and submission of final draft

- The final version will be presented to the Chairpersons of committees for review and approval. The Chairpersons will sign and date the SOP Approval page.
- Members Secretary shall mention final effective date on SOPs, after which SOPs need to be made accessible to all stakeholders for reference.
- Member Secretary or IEC Secretariat shall e-mail/share the approved SOPs to all members.
- The revised SOPs will be reviewed and approved in the same manner as a new SOPs.

4.1.4 Implementation and filing of SOPs

- The approved SOPs will be implemented from the effective date.
- When the revised version is distributed, the old version will no longer be effective. A copy of the old version will be archived in a master file entitled 'Past SOPs of Institutional Ethics Committee'.
- One complete original set of current SOPs will be filed centrally in the SOP Master file, by the convener of SOP committee in the secretariat of Institutional Ethics Committee for review
- Revision of approved SOPs shall occur at least once a year and as and when required.

- Photocopies made from the paper versions of the SOP will be considered official only if stamped and signed by the Member Secretary or convener of SOP committee.

4.1.5 Manage current and archive superseded SOPs

- Secretariat (Convener of SOP committee) will manage current and archive old versions (superseded) of SOPs.
- Superseded SOPs should be retained and clearly marked "superseded" and archived in the file entitled 'Past SOPs of Institutional Ethics Committee by the IEC coordinating staff.

5.0 GLOSSARY

Revision date	Date/year by which the SOP may be revised or reviewed.
Recipients	Stakeholders who would receive a copy of SOP.
SOP (Standard Operating Procedure)	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.
Institutional Ethics Committee (IEC)	It is an independent body whose responsibility is to ensure the protection of the rights, safety and well-being of human subjects involved in a clinical trial and to provide public assurance of that protection.
Confidentiality	Prevention of disclosure, to other than authorized individuals, of information and documents related to IEC
Institutional Ethics Committee (IEC)	It is an independent body whose responsibility is to ensure the protection of the rights, safety and well-being of human subjects involved in a clinical trial and to provide public assurance of that protection
Clinical Trial	Any investigation in human subjects intended to discover or verify the clinical, pharmacological, and/or other pharmacodynamics effects of an investigational product(s), and/or to identify any adverse reactions to an investigational product(s), and/or to study absorption, distribution, metabolism, and excretion of an investigational product(s) with the object of ascertaining its safety and/or efficacy [ICH-GCP]
Independent Consultants	Professionals with advanced training and expertise in the medical or non-medical areas related to the protocol being reviewed

6.0 REFERENCES

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2. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996. Retrieved from: http://www.ich.org/LOB/media/MEDIA482.pdf
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SOP No.:	**SOP 01/02**
Title:	**Standard Operating Procedure for Establishing and Constituting Institutional Ethics Committee, All India Institute of Medical Sciences (AIIMS), Rajkot.**
Page No.:	**6 to 11**
Review Period:	**3 Years**

1.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe the process for establishing and constituting the Independent Ethics committee in accordance with Schedule Y, ICH GCP and New drugs and clinical trial act, 2019.

2.0 SCOPE

The principles of this SOP define the process to be followed for the establishment and constitution of Institutional Ethics Committee (IEC), All India Institute of Medical Sciences (AIIMS), Rajkot.

3.0 RESPONSIBILITY

Member Secretary and appointed IEC members are responsible for implementing this SOP.

4.0 FLOW CHART

Sr. No.	Activity	Responsibility
1	Selection of Chairperson	Executive Director, All India Institute of Medical Sciences, Rajkot
2	Selection of IEC members	Executive Director, All India Institute of Medical Sciences, Rajkot
3	Take Membership Consent Form	Member Secretary
4	Obtain signed dated Confidentiality agreement form	Member Secretary
5	Prepare Office Order at the end of finalization of all members of IEC	Member Secretary
6	Reconstitution of IEC members	Executive Director, All India Institute of Medical Sciences, Rajkot
7	Resignation / Replacement procedure	Executive Director, All India Institute of Medical Sciences, Rajkot
8	Termination and Disqualification procedure	Chairperson / Member Secretary

5.0 PROCEDURE

5.1 Ethical Basis:

- The committee consists 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 IEC recognizes that the protocols it approves may also be approved by national and / or local ethics committees prior to their implementation in specific localities.

- In regards to evaluating protocols and ethical issues, the IEC is aware of the diversity of laws, cultures and practices governing research and medical practices in various countries around the world.
- The IEC is guided in its reflection, advice and decision by the ethical principles expressed in Declaration of Helsinki (Adopted by the18th World Medical Assembly, Helsinki, Finland, June 1964).
- It makes further reference to the International Ethical Guidelines e.g. The Nuremburg Code (1945), the Council of International organizations of Medical Sciences (CIOMS), the Belmont Report 1979, the International Ethical Guidelines for Biomedical Research Involving Human Subjects (Geneva 2002), and the Schedule Y.
- The IEC establishes its own Standard Operating Procedures based on the ICMR guidelines (2006), Schedule Y (Drugs and Cosmetics Act 1940., amendment 20th Jan 2005), Operational Guidelines for Ethics Committees that Review Biomedical Research (WHO 2000), and ICH-GCP, 1996 and the local newer guidelines and amendment.
- The IEC seeks to fulfill the requirements for international assurances and is established and functions in accordance with the national law and regulations.

5.2 Composition:

- The composition of the IEC shall be multidisciplinary and multi-sectorial. IEC shall consist of a reasonable number of members, who collectively have the qualifications and experience to review and evaluate the scientific, medical and ethical aspects of the proposed research.
- The number of members in the committee shall be kept small (7-12 members) as a large committee makes it difficult in reaching consensus and in having the presence of all the members. The external members shall be in majority to ensure the independence of the committee.
- Each committee will comprise of a Chairperson, a Member Secretary, and 5-10 other active members who represent an appropriate balance of professional, ethical, legal, cultural, educational, and community interests.
- IEC shall have majority of its members from other institutions. They could be drawn from any public or private institute from anywhere in the country. There shall be adequate representation of age, gender, community etc. in the Committee to safeguard the interests and welfare of all sections of the society. It is desirable to have representation of both the genders in the Committee.
- The members are selected in such a way as to have an equitable representation of all specialties in the institution. The Chairperson of the Committee should preferably be from outside the Institution and not head of the same Institution to maintain the independence of the Committee. The Member Secretary should conduct the business of the Committee. Other members should be a mix of medical/non-medical, scientific and non-scientific persons including lay public to reflect the different viewpoints.
- The composition may be as follows:
  1. Chairperson
  2. Basic medical scientists
  3. Clinicians
  4. Legal expert
  5. Social scientist/representative of non-governmental voluntary agency

6. Educated person from the community
7. Member-Secretary

5.3 Membership:

- Executive Director, All India Institute of Medical Sciences, Rajkot will select and nominate the Chairperson and Member Secretary for IEC. Other members of the IEC will be selected by the Executive Director in consultation with the Chairman.
- Criteria for selection of members:
  - Members are selected on their personal capacities, based on their interest, ethical and/or scientific knowledge and expertise, experience in domain field and profile.
  - Conflict of interest will be avoided when making appointments, but where unavoidable, there will be transparency with regard to such interests.
  - New members will be identified according to the requirement i.e. as per the composition specified in Section 5.1. of this SOP and provided the potential member ulfils the conditions of appointment.
  - The following qualities are sought in IEC members:
    - interest and motivation
    - time and effort
    - commitment and availability
    - experience and education
    - respect for divergent opinions
    - integrity and diplomacy

5.4 Procedure for member selection:

- Member Secretary will invite the members to join IEC by sending the official Membership Consent Form (Annexure 1)
- Members will confirm their acceptance to the Member Secretary by providing filled, signed and dated Membership Consent Form along with current curriculum Vitae. There after appointed member has to sign the "Confidentiality agreement" as specified in Annexure 3.
- The Member Secretary will ensure that the IEC is established in accordance with the applicable laws and regulations of the state, country and in accordance with the value and principles of communities they serve and then after they provide Office order describing constitution of IEC(Annexure 2).
- At regular intervals, Member Secretary will review the functioning of IEC.

5.5 Terms of Appointment:

5.5.1 Duration

- The members of the IEC will be appointed for duration of 3 years.
- The appointment procedure for membership will be followed so that it allows for continuity, the development and maintenance of expertise within the IEC, and the regular input of fresh ideas and approaches.
- The members can be continued and there will be no limit on the number of times the

membership is extended. Extension of membership will be based on the recommendation of the Chairperson & Member Secretary of IEC.

- A Member Secretary, Chairperson or member may be newly appointed before the completion of the tenure of the existing appointed committee. This appointment will be effective for the remaining tenure of the existing committee.

5.5.2 Reconstitution:

- The committee will be normally reconstituted every 3 years
- The process of Reconstitution will be as follows:
- Selection of Member Secretary and other members should be done one month in advance. There will be no bar on the members serving for more than one term but it is desirable to have around one third fresh members.
    - Authority to replace the member shall be with the Executive Director, All India Institute of Medical Sciences, Rajkot
    - A new member of the IEC may be required to replace a member that leaves, or meet requirements of the Schedule Y and International Conference on Harmonization (ICH) Good Clinical Practice (GCP) Guideline.

5.5.3 Resignation / Replacement procedure:

- IEC members who decide to resign must provide the Member Secretary or Chairperson the written notification of their proposed resignation date at least 30 calendar days prior to the next scheduled meeting.
- A member can tender resignation from the committee with proper reasons to do so, which should be acceptable to the Member Secretary and members of the IEC.
    - In case of resignation, Executive Director, All India Institute of Medical Sciences, Rajkot would appoint a new member, falling in the same category of membership. e.g. NGO representative will be replaced with NGO representative.
- The recommendations may be sought from the resigning member.
- Appointment may be made in the consultation with Member Secretary and /or Chairperson.

5.5.4 Termination / Disqualification procedure:

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

- Inability to participate in the meetings on any grounds
- If a regular member fails to attend more than 3 meetings of IEC. The membership shall be reviewed by the IEC if the member is a regular defaulter. If deemed necessary, the IEC may decide to terminate the membership and recommend to the Member Secretary by the Chairperson IEC for necessary action.
- Relocate to another city or any such matter.

In all such situations/circumstances, Member Secretary will serve a letter of termination to the member.

5.5.5 Conditions of Appointment:

- Name, age, gender, profession, and affiliation of IEC members will be publicized.
- Members must accept the appointment in writing.
- Submit current CV and training certificates in Ethics and /or GCP (if any)
- Conflict of interest, if any, must be disclosed.
- An investigator can be a member of the IEC; however, the investigator-as-member cannot participate in the review and approval process for any project in which he or she has presence as a PI, Co-PI or CI or potential conflict of interest.

5.5.6 Independent Consultants:

- The IEC may call upon, or establish a standing list of, independent consultants who may provide special expertise to the IEC on proposed research protocols, when the Chairperson / Member secretary or the IEC members determine that a study will involve procedures or information that is not within the area of expertise of the IEC members.
- These consultants may be specialists in ethical or legal aspects, specific diseases or methodologies, (e.g. genetic disorders, stem cell research etc.) or they may be representatives of communities, patients, or special interest groups.
- These consultants must sign the confidentiality agreement specified in Annexure 4 regarding meeting, deliberations, and related matters. These consultants or subject experts cannot vote for decision.

5.5.7 Quorum Requirements:

- A minimum of five (5) members is required to form the quorum without which a decision regarding the project should not be taken. The quorum requirements of IEC should have the following representation:
    - basic medical scientists (preferably one pharmacologist)
    - clinicians
    - legal expert
    - social scientist or representation of non-governmental voluntary agency or
    - philosopher or ethicist or theologian or similar person
    - lay person from the community
- In any case, the ethics committee must include at least one member whose primary area of interest/ specialization is nonscientific and at least one member who is independent of the institution / trial site.
- In absence of chairperson, a member who is independent of the institution will chair the meeting as acting Chairperson.

6.0 GLOSSARY

Confidentiality	Prevention of disclosure, to other than authorized individuals, of information and documents related to IEC
Institutional Ethics Committee (IEC)	It is an independent body whose responsibility is to ensure the protection of the rights, safety and well-being of human subjects involved in a clinical trial and to provide public assurance of that protection
Clinical Trial	Any investigation in human subjects 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]
Independent Consultants	Professionals with advanced training and expertise in the medical or non-medical areas related to the protocol being reviewed

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
2. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996. Retrieved from: http://www.ich.org/LOB/media/MEDIA482.pdf
3. Indian Council of Medical Research. National ethical guidelines for biomedical and health research involving human participants. Director-General, Indian Council of Medical Research New Delhi 110 029 www.icmr.nic.in; 2017. last accessed 7th March 2022
4. New Drugs and Clinical Trials Rules, 2019. Central Drug Standard Control Organization (CDSCO)- The Gazette of India – Extraordinary. Published by Health and Family welfare department Government of India on 19/03/2019. Retrieved from: https://cdsco.gov.in/opencms/export/sites /CDSCO_WEB/Pdf-documents/NewDrugs_CTRules_2019.pdf accessed on 12th February 2022
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8.0 ATTACHMENTS

ANNEXURE 1: Membership Consent Form (AN 01/01)
ANNEXURE 2: Office Order (AN 02/01)

SOP No.:	**SOP 02/02**
Title:	**Standard Operating Procedure for Roles and Responsibility of Independent Ethics (Terms of reference) Committee Members**
Page No.:	**12 to 14**
Review Period:	**3 Years**

1.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to define the roles and responsibilities of Institutional Ethics Committee (IEC) members.

2.0 SCOPE

This SOP applies to define the roles and responsibilities of chairperson, member secretary and all other involved members of IEC who are responsible for the approval of ethical conduct of clinical studies.

3.0 RESPONSIBILITY

All involved members of IEC are responsible for implementing this SOP.

4.0 PROCEDURE

4.1 General Roles and Responsibilities of the IEC members:

- The Committee's primary responsibilities will be protection of safety, rights and confidentiality of the research subjects.
- Participate in the IEC meeting.
- Review & discuss research proposals submitted for evaluation.
- Review progress reports and monitor ongoing studies.
- Monitor SAEs and recommend appropriate action(s).
- Maintain confidentiality of the documents and deliberations of the IEC meetings.
- Declare conflict of interest, if any.
- To carry out work delegated by Chairperson & Member Secretary.
- 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 member secretary.

4.2 Roles and Responsibilities of Chairperson:

- The IEC Chairperson should be a highly respected individual preferably from outside the institution, fully capable of managing the IEC and the matters brought before it with fairness and impartiality.
- The task of making the IEC a respected part of the institutional community will fall primarily

on the shoulders of this individual. The IEC must be perceived to be fair and impartial, immune from pressure either by the institution's administration, the investigators whose protocols are brought before it, or other professional and nonprofessional sources.

- Chairperson is responsible for ensuring that the function of the committee is conducted as per the norms and policies described in this SOPs.
  - guide the secretary of IEC in carrying out his or her duty;
  - conduct meetings with a view to reaching agreement on committee drafts;
  - ensure at meetings that all points of view expressed are adequately summed up so that they are understood by all present;
  - ensure at meetings that all decisions are clearly formulated and made available in written form by the Member secretary for confirmation during the meeting;
  - take appropriate decisions at the enquiry stage;
  - advise the IEC members on important matters relating to the IEC conduct;
  - ensure that the policy and strategic decisions of the IEC are implemented in the committee.

4.3 Roles and Responsibilities of Member Secretary:

The Member Secretary will be a staff member of institute, committed to the task of coordinating and managing the activities of the committee. He/she will be responsible for the following function:

- Organizing an effective and efficient tracking procedure for each proposal received;
- Preparation, maintenance and distribution of study files;
- Organizing and Scheduling IEC meetings regularly;
- Preparation of agenda and minutes of the meetings;
- Maintaining IEC documentation and archive;
- Communicating with IEC members and PIs;
- Arrangement of training for personnel and IEC members;
- Providing necessary administrative support for IEC related activities ;
- To receive IEC processing fees and issue official receipts for the same;
- Filing study related documents;
- Archiving and maintaining the study files;
- Signing of all IEC approval related documents.

5.0 GLOSSARY

None

6.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines

for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
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8. Schedule Y (Drugs and Cosmetic Act 1940; amendment 20th January 2005) Retrieved from: http://www.cdsco.nic.in/html/Schedule-Y20(Amended20Version-2005)20original.htm

7.0 ATTACHMENTS

None

SOP No.:	**SOP 03/02**
Title:	**Standard Operating Procedure for Confidentiality and Conflict of Interest**
Page No.:	**15 to 18**
Review Period:	**3 Years**

1.0 PURPOSE

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

2.0 SCOPE

This SOP covers the Agreements on both Confidentiality and Conflict of Interest concerning information and procedures followed by the Institutional Ethics Committee, All India Institute of Medical Sciences (AIIMS), Rajkot.

3.0 RESPONSIBILITY

It is the responsibility of all newly-appointed IEC members 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 to protect the rights of study participants.

4.0 FLOW CHART

SR. NO.	ACTIVITY	RESPONSIBILITY
1.0	Read the text carefully and thoroughly	IEC members / guest attendees / observers
2.0	Ask questions, if any	IEC members / guest attendees / observers
3.0	Sign to indicate consent	IEC members / guest attendees / observers
4.0	Keep the Agreement in mind.	IEC members / guest attendees / observers

5.0 PROCEDURE

5.1 Read the text carefully and thoroughly:

- Newly appointed members obtain copy of the Confidentiality and conflict of interest agreement form (annexure 3) for IEC members.
- Read through the text of the form very carefully.
- The members fill in their names and their office address on the blanks.

5.2 Ask questions, if any:

- Direct questions to the Member Secretary, if any part or sentences is not clear.
- Let the Member Secretary explain or clarify the contents of the document.

5.3 Sign with consent:

- Sign and date applicable "confidentiality and conflict of interest" agreement (Annexure 3/Annexure 4) before a being a member or participant of the IEC meetings.
- Give the confidentiality agreement back to a Member Secretary/Chairperson to sign and date.

- The New appointed members keep a photocopy of agreement form as his/her records.

5.4 Keep the Agreement in mind:

- The IEC Member Secretary keeps an Original copy of the signed Agreement as the Institute's records.
- Keep the copies in a Confidentiality/Conflict of Interest Agreement file.
  - Store the file in a secure cabinet with limited key holders.
  - Confidentiality agreement should be consistent with the institute's policies and any contractual obligations they may have to third parties.

5.5 Conflict of Interest:

- It is recognized that the potential for conflict of interest will always exist but has faith in the IEC and its Chairperson to manage the conflict issues so that the ultimate outcome is the protection of human subjects.
- It is the policy of the IEC that no member may participate in the review, comment or approval of any activity in which he/she has a conflict of interest except to provide information as requested by the IEC.
- The Undersigned will immediately disclose to the Chairperson of the IEC any actual or potential conflict of interest that he/she may have in relation to any particular proposal submitted for review by the Committee, and to abstain from any participation in discussions or recommendations in respect of such proposals.
- If an applicant submitting a protocol believes that an IEC member has a potential conflict, the investigator may request that the member be excluded from the review of the protocol.
- The request must be in writing and addressed to the Chairperson. The request must contain evidence that substantiates the claim that a conflict exists with the IEC member(s) in question.
- The Committee may elect to investigate the applicant's claim of the potential conflict.
- When a member has a conflict of interest, the member should notify the Chairperson and may not participate in the IEC review or approval except to provide information requested by the Committee.
- Examples of conflict of interest cases may be any of the following:
  - A member is involved in a potentially competing research program.
  - Access to funding or intellectual information may provide an unfair competitive advantage.
  - A member's personal biases may interfere with his or her impartial judgment.

5.6 Confidentiality agreement form for Non-members requesting copies of IEC documents:
Confidentiality agreement form for Non-members requesting copies of IEC documents (Annexure 5) will be taken by Chairperson or Member Secretary before proving any

confidential document of IEC.

6.0 GLOSSARY

Confidentiality Agreement	- The nonoccurrence of unauthorized disclosure of information sometimes called Secrecy or Nondisclosure agreements - 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. - An important point that must be covered in any confidentiality agreement is the standard by which the parties will handle the confidential information. - The agreement must establish a time period during which disclosures will be made and the period during which confidentiality of the information is to be maintained.
Conflict of Interest	- A situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties. - There are three key elements in this definition: financial interest; official duties; professional interest. - A conflict of interest occurs when: - An individual's private interest differs from his or her professional obligations to the institute. - Professional actions or decisions occur that an independent observer might reasonably question. - A conflict depends upon situation and not on the character or actions of the individual. - Potential conflicts of interest must be disclosed and managed as per policy.

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
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4. New Drugs and Clinical Trials Rules, 2019. Central Drug Standard Control Organization (CDSCO)- The Gazette of India – Extraordinary. Published by Health and Family welfare department Government of India on 19/03/2019. Retrieved from: https://cdsco.gov.in/opencms/export/sites /CDSCO_WEB/Pdf-documents/NewDrugs_CTRules_2019.pdf accessed on 12th February 2022
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8.0 ATTACHMENTS

ANNEXURE 3: Confidentiality and conflict of interest agreement form for IEC members (AN 03/01)

ANNEXURE 4: Confidentiality and conflict of interest agreement form for Independent Consultant (AN 04/01)

ANNEXURE 5: Confidentiality agreement form for Non-members requesting copies of IEC documents (AN 05/01)

SOP No.:	**SOP 04/02**
Title:	**Standard Operating Procedure for Selection and Responsibilities of Independent Consultants**
Page No.:	**19 to 21**
Review Period:	**3 Years**

1.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to provide procedures for engaging the expertise of a professional as an Independent Consultant (IC) to the Institutional Ethics Committee (IEC), All India Institute of Medical Sciences (AIIMS), Rajkot.

2.0 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

3.0 RESPONSIBILITY

Upon the advice or recommendation of the Member Secretary or any IEC member, it is the responsibility of the IEC to nominate the name of one or more special Independent Consultant(s) (IC) and be endorsed by the Chairperson for the given project.

4.0 FLOW CHART

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

5.0 PROCEDURE

5.1 Recommendation of a name of an Independent Consultant:

- The IEC will select a panel of IC(s) from the different specialties of medicine and the chairperson will issue an appointment letter to the IC(s)
- An IEC member/ Chairperson may suggest that the opinion be sought from one or more IC(s) and may suggest the name of a particular IC(s) from the roster of ICs 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.
- The IEC will decide regarding the need for acquiring the services of IC(s) and identify and select the IC(s) to be invited from within or outside the roster of ICs maintained by the IEC Member Secretary; based on area of expertise, independence and availability.

- The Chairperson/ Member Secretary on behalf of the IEC will invite IC(s) 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 IC through any mode of communication.
- The Member Secretary will request IC to declare competing interests, if any and sign a confidentiality agreement. The Member Secretary may obtain and retain a copy of the updated curriculum vitae of ICs in the IEC office for records and future reference.
- The Member Secretary will maintain and provide a specialty-wise roster of Consultants.

5.2 Selection of Independent Consultants:

- The final approval from the IEC Chairperson to refer the project to the specified Independent Consultant will be taken by the Member Secretary. If any IEC member disagrees with the selection of the Independent Consultant, the procedure in 5.1 will be repeated.

5.3 Co-ordination with Independent Consultants for fulfilling administrative requirements:

- The Member Secretary will forward a copy of the Confidentiality Agreement and Conflict of Interest Agreements to IC(s) (Annexure 4) for careful reading, understanding and signing.
- The Member Secretary will provide explanations/ clarifications (telephonically or in writing) to the IC(s) if any doubts or questions are raised. Any further explanations can be provided by the Chairperson/ Legal expert/ IEC members.

5.4 Reading, understanding and signing the Conflict of Interest document and Confidentiality Agreement:

- The IC(s) will sign and date the Confidentiality and Conflict of Interest Agreement document.
- The Member Secretary 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 Member Secretary and photocopies will be sent to IC(s).
- The Independent Consultant is expected to implement the clauses of the signed Confidentiality Agreement Form (Annexure 4).

5.5 Reviewing documents pertaining to research project:

- The Member Secretary will provide study protocol documents along with the Study Assessment Form for IC(s) (Annexure 6) to the IC(s) after Confidentiality and Conflict of Interest documents have been signed by IC and Chairperson and received by the IEC. The IC(s) will be requested to complete and provide the Assessment Form (duly signed and dated) to the Member Secretary within a stipulated period or by a stipulated date.
- The assessment report provided by the IC(s) 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 IC in writing. Additional Information provided by the IC will be considered as a part of the Assessment Report.
- If deemed necessary, the Chairperson or Member Secretary may invite IC(s) the IC(s) to attend an

IEC meeting for providing additional information or clarifications that may be sought by IEC members or Chairperson. However, the IC will not participate in the decision making process on the project.

- Termination of the Services: As the IC(s) is appointed for a particular task or project and the services of IC(s) get automatically terminated once the final decision regarding the project is taken by the IEC. The IEC will document the termination of the services of IC by providing a letter thanking the IC for the services rendered. If deemed necessary, IC may be reimbursed for expenses on travel, time spent, documents referred to in library/ internet, incidental expenses, etc.

6.0 GLOSSARY

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

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
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5. World Health Organization, Operational Guidelines for Ethics Committees that Review Biomedical Research, 2000. (Geneva 2000) Retrieved from: www.who.int/tdr/publications/publications/
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8.0 ANNEXURE

ANNEXURE 6: Study Assessment Form for Independent Consultant (AN 06/01)

SOP No.:	**SOP 05/02**
Title:	**Standard Operating Procedure for Submission and Management of Study Protocol**
Page No.:	**22 to 26**
Review Period:	**3 Years**

1.0 PURPOSE

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

2.0 SCOPE

Protocol submissions include:

- Submission of Research Project for Initial Review of the Protocol and related documents
- Resubmission of Protocols or Research Projects with corrections
- Submission of Protocol Amendment
- Submissions of written communications related to Continuing Review of Approved Protocols
- Submission of written communications for Protocol Termination

3.0 RESPONSIBILITY

It is the responsibility of the IEC Member Secretary to receive the submission packages, record, distribute for review and get the submission packages approved by the IEC, as well as to deliver the review results to the protocol applicants.

4.0 FLOW CHART

No	Activity	Responsibility
1.	Receive Submitted Packages	IEC Member Secretary
2.	Initial Review Application	IEC Member Secretary
3.	Resubmission of Protocols with Corrections	IEC Member Secretary
4.	Protocol Amendments	IEC Member Secretary
5.	Annual Continuing Review of Approved Protocols	IEC Member Secretary
6.	Protocol Completion	IEC Member Secretary

5.0 PROCEDURE FOR PROTOCOL SUBMISSION:

5.1 Types of Research Protocols (Receive submitted packages):

The Principal Investigator can submit research proposal to the Institutional Ethics Committee office for review and approval under any of the 5 sections mentioned below.

- Initial Review Application
- Resubmission of Protocols with corrections
- Protocol Amendment
- Continuing Review of Approved Protocols
- Protocol Termination

5.2 Preparing submission: (This is mandatory for submitting proposal for initial review but may not be repeated for resubmission, protocol amendment, continuing review process or termination of protocol)

- A protocol must be examined and approved by principle investigator's head of the department.
- If the research work requires collaboration or contribution or permission from other department/institute/authority, consent/permission letter from that department/institute/authority should be attached.
- Approval from the Executive Director, AIIMS Rajkot will be required for research work involving the patients attending AIIMS Hospital or their data.
- Approval from the Research cell, AIIMS Rajkot
- After obtaining all the permissions, the completed research proposal can be submitted to the Member Secretary of Institutional Ethics Committee.

5.2.1 Check for submission items:

The Member Secretary will check the following items

- A checklist for contents of a submitted package Annexure 7
- Document Receipt Form Annexure 8
- Nine sets of the proposal (One for archiving and 8 for IEC members)

5.2.2 Verify contents of Submitted Package

The Member Secretary will:

- Use the checklist for contents of a submitted package, Annexure 7 to verify that items listed and ticked in the checklist are present in the packet
- 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 Member Secretary. Verify the completeness of the contents of the protocol submitted package to include the following documents:
  - Project submission application form for initial review
  - Letter to Member Secretary/ Chairperson
  - Protocol, to include
    a) Title of the Protocol
    b) Name and contact details of Principal Investigator
    c) Name and contact details of Sponsor
    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
  - Informed consent document in Regional languages
  - Back translations of Informed consent documents (if demanded by the IEC)
  - Back translation certificate (if demanded by the IEC)
  - Informed Consent Document (ICD) or Amendments to the Informed consent

document (if any)
- Case Record Form
- Subject recruitment procedures: advertisement, notices, letters to doctors (if applicable)
- Patient instruction card, identity card, diary etc. (if applicable)
- Investigator Brochure
- Regulatory permissions (as applicable)
- DCGI approval (If applicable)
- Investigator's Undertaking to DCGI (If applicable)
- FDA marketing/manufacturing license for herbal drugs (If applicable)
- Health Ministry Screening Committee (HMSC) approval (If applicable)
- Bhabha Atomic Research Centre (BARC) approval (If applicable)
- Genetic Engineering Advisory Committee (GEAC) approval Director General of Foreign Trade (DGFT) approval (If applicable)
- Administrative sanction from the Executive Director in case of studies involving collaboration with other institutions (If applicable)
- Principal Investigator's and Co-investigator's brief Curriculum Vitae
- Investigator's agreement with Sponsor (If applicable)
- Insurance policy (If applicable)
- Ethics Committee clearance of other centers (if applicable)
- Any additional document(s), as required by IEC

5.2.3 Complete the submission process:

The Member Secretary will

- Stamp the receiving date on the first page of the covering letter and initial his/her name on the receiving documents.
- Keep the copies of the submitted documents with original signatures in the protocol "Submission" file.
- Number the project file as EC/AIIMS Rajkot /Number (00)/ year (00).

5.2.4 Dispatch and Store the received packages:

The Member Secretary will

- Verify all the sets of a protocol package containing completed application form, protocol related documents along with checklist (Annexure 7) and send seven sets to the IEC members along with a copy of Project Assessment Form for Initial Review.
- Store the appropriately labeled one protocol packages in the cupboard in the Institutional Ethics Committee office.

5.3 Resubmission of Protocols with corrections

- For resubmitted protocol, the Principal Investigator will submit one copy of the Protocol and related documents.
- The Member Secretary will verify the completeness of the documents and reconfirm that the copy contains the modification highlighted with respect to the earlier protocol submitted mentioning the justification for the modification. The protocol related documents incorporating the change in the protocol are also submitted and verified by the Member Secretary.

- The Member Secretary will perform the steps 5.2.2 & 5.2.3 as mentioned in initial review application. The protocol related documents which do not require to be changed and are already submitted to the IEC, AIIMS, Rajkot office during initial review are not required to be submitted again.

5.4 Protocol Amendments:

- The Principal Investigator will submit one copy of the Protocol and related documents (as per SOP 07)
- The Member Secretary will verify the completeness of the checklist for contents of a submitted package
- The Member Secretary will check that the copy contains a list of modifications or the modifications are highlighted with respect to the earlier protocol submitted mentioning the justification for the modification.
- The Chairperson will decide whether to
  - Take a decision regarding allowing or disallowing amendments without review by a selected group of IEC members or review by IEC members at an IEC meeting for minor administrative amendments
  - Carry out review by a one or more member(s) selected by the Chairperson. The selected members are normally those who reviewed and recommended the previous version of that protocol, if it is not submitted for the first time. In this case, the decision on approval /disapproval will be taken by the Chairperson and / or Member secretary after receiving the comments of the designated members and will be informed to all the IEC members in the forthcoming meeting.
  - Consider for discussion at the full board meeting

5.5 Annual Continuing Reviews of Approved Protocols:

- The Principal Investigator will submit one copy of Annual Study Report and related documents (as per SOP 9).
- The Member Secretary will verify the completeness of the Continuing Review Application Form Annexure 20, Progress report/Request letter for extension of approval of the project. The Member Secretary will sign and date the documents.

5.6 Protocol Completion:

- The Principal Investigator will submit one copy of Study Completion Report and related documents (as per SOP 10)
- The Member Secretary will verify the completeness of the Study Completion Report Form Annexure 22 filled by the Principal Investigator.

6.0 GLOSSARY

Activity	Responsibility
Active Study File	Any approved protocol, supporting documents, records containing communications and reports that correspond to each currently approved study.
CRF	Case Record Form or Case Report Form is a printed, optical or electronic document designed to record all of the protocol required information to be reported to the sponsor on each trial participant.

IND	Investigational New Drug is a drug that has never been seen in the market because it is under investigation of its efficacy and safety and not yet been approved for marketing by the local authorities. The drug is therefore approved for used only at some certain study sites.
ICD	Informed Consent Document is a written, signed and dated paper confirming participant's willingness to voluntarily participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the participant's decision to participate.
Master File	A file for storage of the originally signed and dated documents

7.0 REFERENCE

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8.0 ANNEXURE

ANNEXURE 7: Checklist of protocol submission (AN 07/01)
ANNEXURE 8: Document Receipt Form (AN 08/01)
ANNEXURE 9: Guidelines for Investigators (AN 09/01)

SOP No.:	**SOP 06/02**
Title:	**Standard Operating Procedure for Initial Review of Submitted Protocol**
Page No.:	**27 to 33**
Review Period:	**3 Years**

1.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how the IEC, AIIMS Rajkot members will review an initially submitted protocol for approval using the Assessment Form for initial review. The Assessment Form (Annexure 10) is designed to standardize the review process and to facilitate reporting, recommendations and comments given to each individual protocol.

2.0 SCOPE

- This SOP applies to the review and assessment of all protocols submitted for initial review and approval from the IEC. This SOP also describes the procedure to be followed for expedited review of protocols under defined conditions. The specific points in the guidelines attached to the Assessment Form for initial review must be adequately addressed in the protocol itself and/or protocol-related documents under review. Relevant queries/comments made during discussion and deliberation about a specific protocol should be recorded in the minutes of the meeting.
- The decision reached by the IEC and the reasons for its decision is recorded on the IEC Decision Form (Annexure 11).

3.0 RESPONSIBILITY

It is the responsibility of all the IEC members to fill the Assessment form along with decision and comments they might have after reviewing each study protocol. The IEC Member Secretary is responsible for recording and filing the decision, relevant points and deliberation about a specific protocol, including the reasons for that decision. The Chairperson must sign and date to approve the decision in the IEC Decision Form (Annexure 11) and project approval letter (Annexure 12).

4.0 FLOW CHART

No.	ACTIVITY	RESPONSIBILITY
1	Summarize the protocol in an Assessment Form and distribute the protocol package	Member Secretary
2	Receive the distributed protocol Package	IEC Members
3	Verify the contents of the package	IEC Members
4	Review the Protocol	IEC Members
5	Expedited Review	Sub-committee*
6	Examine the qualification of investigators and of study sites	IEC Members
7	Review study participation	IEC Members
8	Examine community involvement and impact	IEC Members
9	Make a decision	All IEC Members
10	Gather the assessment reports	Member Secretary
11	At the IEC meeting record the IEC Decision	Member Secretary
12	Final communication of the IEC Decision taken on the project to the Principal	Member Secretary

	Investigator	
13	Storage of documents	Member Secretary

*Sub-committee of IEC members formed to be by Chairman and Member Secretary

5.0 DETAILED INSTRUCTIONS

5.1 Distribute the protocol package:

The Member Secretary will fill in the required details in the letter to the IEC Members requesting initial review and the study assessment form (Annexure 10) prior to circulation to the IEC members.

5.2 Receive the distributed protocol Package:

The IEC member will receive the protocol package with the Project Application Form. Checklist of all documents Annexure 8.

5.3 Verify the contents of the package:

- The IEC member will verify all the contents.
- The IEC member will check the meeting date to see if it is convenient to attend the meeting.
- The IEC member will notify the IEC Member Secretary if there are documents missing in accordance to Annexure 8 or if the specified date of the IEC meeting is not convenient to attend.

5.4 Review by the IEC members:

5.4.1 Review of the protocol:

The protocol will be reviewed by each member as per guidelines to review a study protocol described in Annexure 13.

The IEC member will consider the following criteria when performing the review of the study protocol:

- 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.

5.4.1.1 Expedited Review of the protocol:

- It is the responsibility of the Chairperson/member secretary of the Institutional Ethics Committee (IEC) to determine if a Project/ Protocol qualify for an expedited review.
- The IEC Chairperson will take the final decision regarding whether a study with 'not more than minimal risk' qualifies for an expedited review which may include situations like research on interventions in emergency situations, research on Disaster management etc where research should be initiated in time.
- IEC chairperson and member secretary may appoint a subcommittee of 2-3 persons from

IEC members (with at least one member from outside the Institute) only for quick review of the study protocol and hasten the process of approval. These members will record the review of the protocol in annexure 14 and 15.

5.4.2 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.
- 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.

5.4.3 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 Annexure 13.

- 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 subject's 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 process, investigator and witness

5.4.4 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
- Benefit to local communities
- Contribution to development of local capacity for research and treatment
- Availability of study results

5.5 Provisional decision by the IEC members:

- The IEC members will write comments and suggestions after complete review of protocol and related documents in the space provided in Annexure 10.
- The IEC members will record the provisional decision by marking in the desired block on any of the following: "Approved, Suggested recommendations, to be discussed at IEC meeting, Disapproved (with reasons) or Any other

5.6 Gather the assessment reports:

The IEC Member Secretary will collect the Assessment Forms Annexure 10, the comments from each reviewer and file in the original set of the study file.

5.7 At the IEC meeting:

During the discussion at the meeting, the Member Secretary shall brief the members about summary of the study protocol and read out the comments and evaluation provided on the assessment form. The comments of an independent consultant (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
- The final decision on the project as: "Approved/ Disapproved/ Suggested recommendations or Any other----" in the meeting shall be by voting and will be recorded in the IEC Decision Form Annexure11 by the Member Secretary.
  - A majority vote for approval, disapproval or request for modifications of a study suspension or termination of an ongoing study is defined as 2/3rd of the members who have reviewed the project and are present at the meeting and voting.
  - Member(s) of the committee who is/are listed as investigator(s) on a research proposal will opt out from all deliberations on the proposal and will not vote on the proposal.
  - An investigator or study team member invited for the meeting will not vote or participate in the decision making procedures of the committee.
  - An independent consultant invited for the meeting to provide opinion will not vote or participate in the decision making procedures of the committee.
  - Specific patient groups invited for the meeting will not vote or participate in the decision making procedures of the committee.
- 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 'Suggested recommendations', it implies that the items noted at the convened meeting require modifications and project should be re-submitted to the IEC.
- If the changes requested are of minor nature, the IEC Chairperson may authorize the Secretary to determine if the response and changes are satisfactory and decide if letter of permission can be issued to the Principal Investigator.

- The Chairperson may send the response and amended protocol/ documents to one or more IEC members to recommend if letter of permission can be issued after satisfying himself/ herself/ themselves about satisfactoriness of the response and changes
- The response and changes carried out may be considered for discussion at a future IEC meeting.
- 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 Member Secretary will obtain the signature of all the members and of the Chairperson of the IEC on the IEC Decision Form Annexure 11. If the study is approved, the Committee will determine the frequency of Continuing Review from each investigator.
- The Member Secretary will list participating members in the meeting and summarize the guidance, advice and decision reached by the IEC members.
- With the study protocol, the Assessment Form from all members and IEC Decision Form will be filed in the project file by the Administrative Officer.
- The Administrative Officer will return the file and the protocol to the appropriate shelves.

5.8 Final communication of the IEC decision taken on the project to the Principal Investigator:

- The Member Secretary will prepare an approval letter as Annexure 12 to be sent to the Principal Investigator when the project is approved at an IEC meeting.
- The letter contains, at a minimum:
  - Project reference number
  - Project title
  - A listing of each document approved, the date set by the Committee for frequency of continuing review, and a review of other obligations and expectations from the investigator throughout the course of the study.
- The approval is provided for the entire duration of the project.
- List of IEC members present at the meeting when the project was approved.
- The Chairperson will sign the approval letter and the Member Secretary will send it to the Principal Investigator within 14 days.
- If the Committee disapproves a study, the Member Secretary immediately notifies the investigator in writing about the decision and the reason/s for not approving the study within 7 working days. A notifying letter to the investigator should state the following: "If you wish to appeal to this decision, please contact the IEC and submit your appeal in writing within twelve (12) weeks of the receipt of the committee's decision, addressed to the IEC Chairperson with justification as to why the appeal should be granted. In absence of appeal, the project will be declared closed for the IEC office records." If the Committee requires modifications to any of the documents, the Member Secretary will send a written request for carrying out specific changes to the investigator asking him or her to make the necessary changes and resubmit the documents to the IEC. The Principal Investigator will be asked to respond to the letter of comments/queries within 30 days of the receipt of the letter by the investigator. In the absence of any response, the project will be declared closed for the IEC office records.
- The Member Secretary will verify the correctness of the wordings and spelling in all the letters and process all the above tasks within 14 days after the meeting.

5.9 Storage of Documents:

- The Member Secretary will keep a copy of the Approval letter/Query letter/Disapproval letter in the project file along with all the reviewed documents.
- The Administrative Officer will store the file on an appropriate shelf in the designated cabinet.

6.0 GLOSSARY

Study Assessment Form	An official record of the review decision along with comments and dated signature of the reviewer.
Document	Document may be of any forms, e.g., paper, electronic mail (e-mail), faxes, audio or video tape, etc.
Pre-clinical study	Animal and in vitro studies provide information on possible toxicities and mechanisms of action, and starting doses for human studies.
Vulnerable subjects	A vulnerable category of subjects 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.
Initial Review	The first time 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.
Phase I study	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.
Phase II study	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.
Phase III study	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.
Phase IV study	A study that seeks to expand an approved medication's use into a new population, new indication, or new dose.

7.0 REFERENCES:

1. Cavazos N, Forster D, and Bowen AJ, Ethical Concerns in Placebo-controlled studies: An Analytical Approach, Drug Information Journal 2002; 36(2): 249-259, via WIRB documents
2. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
3. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996.

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4. Indian Council of Medical Research. National ethical guidelines for biomedical and health research involving human participants. Director-General, Indian Council of Medical Research New Delhi 110 029 www.icmr.nic.in; 2017. last accessed 7th March 2022
5. New Drugs and Clinical Trials Rules, 2019. Central Drug Standard Control Organization (CDSCO)- The Gazette of India – Extraordinary. Published by Health and Family welfare department Government of India on 19/03/2019. Retrieved from: https://cdsco.gov.in/opencms/export/sites /CDSCO_WEB/Pdf-documents/NewDrugs_CTRules_2019.pdf accessed on 12th February 2022
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8.0 ANNEXURE

ANNEXURE 10: Letter to the IEC Members requesting Initial review with study assessment form (AN 10/01)

ANNEXURE 11: IEC Decision Form (AN 11/01)

ANNEXURE 12: Format of Project Approval letter (AN 12/01)

ANNEXURE 13: Guidelines for reviewing a study protocol (AN 13/01)

ANNEXURE 14: Form for nomination of IEC members in a subcommittee for expedited Review (AN 14/01)

ANNEXURE 15: Study Assessment Form for Expedited Review (AN 15/01)

SOP No.:	**SOP 07/02**
Title:	**Standard Operating Procedure for Review of Resubmitted Protocols**
Page No.:	**34 to 36**
Review Period:	**3 Years**

1.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how Institutional Ethics Committee (IEC), All India Institute of Medical Sciences (AIIMS), Rajkot manages resubmitted study protocols.

2.0 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.

3.0 RESPONSIBILITY

- It is the responsibility of the IEC Member Secretary to ensure the completeness of the documents submitted to the IEC for reconsideration of a protocol; which is previously reviewed earlier with recommendations from IEC for some changes.
- A re-submitted protocol may be reviewed by either the Chairperson or 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 (Annexure 12).

4.0 FLOW CHART

NO.	ACTIVITY	RESPONSIBILITY
1	Receive resubmitted protocol package, check contents, ensure completeness of the documents submitted and distribution of protocol and study-related documents	Member Secretary
2	Review the revised protocol	IEC Members, Member Secretary, Chairperson
3	Written communication of the IEC decision	Member Secretary

5.0 DETAILED INSTRUCTIONS

5.1 Receipt of resubmitted protocol package and its distribution

- The Member Secretary will verify if the principal investigator has forwarded the reply within 30 days of receipt of the letter of comments by the IEC.
- The Member Secretary will check the resubmitted protocol packages for the following items
  - Reply to the IEC letter of comments
  - 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 either underlined or highlighted.
  - Additional documents sought during initial review
- If above items are not submitted the Principal Investigator will be told to submit the complete package along with all the required documents.

- The Member Secretary will refer to the IEC Decision Form Annexure 12 on the given protocol and distribute this package containing the reply to the query letter, revised protocol and related documents along with Assessment Form for resubmitted protocol to the chairperson and other IEC member if necessary.

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 consider whether the recommendations of the IEC have been followed or adequately responded to.
- The IEC member/ Member Secretary/ Chairperson will make further comments where appropriate, in the Assessment Form for resubmitted protocol Annexure 16.
- The Member Secretary will retrieve the Assessment Form for resubmitted protocol Annexure 16 from the members/Member Secretary/Chairperson.
- In case the decision is to discuss the revised protocol at the full board meeting, the 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.
- The Chairperson shall entertain discussion on the protocol revision from all the IEC members.
- The final decision regarding the research project shall be reached by voting (2/3rd majority of the members present and voting) and shall include one of the following:
  - Approved
  - Modifications to items noted at the convened meeting and follow-up by the Chairperson/ Member Secretary /IEC members after receipt of the requested modifications
  - Disapproved giving reasons for disapproval
- In case the revised protocol is already approved by the chairperson, the decision is informed to the members at the full board meeting.

5.3 Review of the revised protocol to be carried out at IEC meeting

- The Member Secretary shall receive the Assessment Form for resubmitted protocol Annexure 16 from the members/Member Secretary/Chairperson.
- The Secretary shall present a brief oral summary of the study design and the comments of the IEC members/ Chairperson in the IEC Full Board meeting.
- The final decision regarding the research project shall be reached by voting (2/3rd majority of the members present and voting) and shall include one of the following:
  a) Approved
  b) Require modifications to items noted at the convened meeting and follow-up by the Chairperson/ Member Secretary /IEC members after receipt of the requested modifications: Approved with modification
  c) Disapproved giving reasons for disapproval

5.4 Recording of the decision

This IEC decision will be recorded by the Member Secretary in the IEC Decision Form Annexure 12.

5.5 Written communication of the IEC decision.

- The Member Secretary will place the original completed documents along with the completed Form Annexure 16, the Assessment Form and the Initial Review Application Form Annexure 10 as well as the others in the protocol package.
- The Member Secretary shall then prepare a letter addressed to the investigator notifying the IEC decision (approval/ disapproval with reasons/ letter of comments) and shall take the Member Secretary or Chairperson's signature on it. The letter of comments sent to the investigator shall state that the reply to the letter is expected within 30 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.

6.0 GLOSSARY

Document	All kinds of evidence to include paper documents, electronic mail (email), fax, audio or video tape.
Completed Assessment Form	An official record of the review decision along with comments and dated signature of the reviewer.

7.0 REFERENCES:

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
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6. European Convention on Human rights and Biomedicine (1997). Retrieved from: http://conventions.coe.int/treaty/en/treaties/html/164.htm
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8.0 ANNEXURE

ANNEXURE 16 Assessment of Resubmitted Protocol (AN 16/01)

SOP No.:	**SOP 08/02**
Title:	**Standard Operating Procedure for Review of Amended protocol/ Protocol related documents**
Page No.:	**37 to 40**
Review Period:	**3 Years**

1.0 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), AIIMS, Rajkot

2.0 SCOPE

This SOP applies to previously approved study protocols but later being amended and submitted for approval to the IEC. Amendments made to protocols will not be implemented until reviewed and approved by the IEC.

3.0 RESPONSIBILITY

It is the responsibility of the IEC Member Secretary to manage protocol amendments. The Member Secretary/ Chairperson will decide whether the proposed protocol amendment(s) need to undergo a full board review, review by designated IEC members or a review by the Member Secretary/Chairperson. The Member Secretary/ Chairperson can take the decision if the amendment(s) is/ are of administrative nature.

4.0 FLOW CHART

No.	Activity	Responsibility
1	Receive the Amendment Package and Verify the contents	IEC Member Secretary
2	Notify the Member Secretary/Chairperson of the IEC	IEC Member Secretary
3	Determine whether full board review/ review by designated members is needed	IEC Member Secretary/ Chairperson
4	Nomination of Members for review	IEC Member Secretary
5	Distribution to IEC members	IEC Member Secretary
6	Protocol Amendment Review Process	IEC Member Secretary/ Chairperson
7	IEC Decision	IEC Member Secretary/ Chairperson
8	Communication of the Decision to the Principal Investigator	IEC Member Secretary
9	Store documents	IEC Member Secretary

5.0 PROCEDURE

5.1 Receiving the Amendment Package and Verification of the contents:

- The amendment package forwarded by the Principal Investigator will be received by the Member Secretary.
- The Member Secretary will confirm the request for review of amended Protocol/Protocol related documents from the Principal Investigator on previously approved protocol.
- Protocol/Protocol related documents as per the form Annexure 17.

- The request form should:
  - state/describe the amendment
  - provide the reason for the amendment
  - state any untoward effects with original protocol
  - state expected untoward effects, if any because of the amendment
- The Administrative Officer will confirm that the:
  - amended version of the protocol and related documents is present
  - Changes or modifications in the amended version are underlined or highlighted.
- The Member Secretary will check for completeness of the contents of protocol amendment submission package and inform the Principal Investigator telephonically to submit the required documents at the earliest, if any of the documents are missing/ incomplete.

5.2 Notify the Chairperson of the IEC:

- After receipt of the amendment package, the Member Secretary will inform the Chairperson of the IEC verbally.
- The Member Secretary will send the request for amendment memorandum and the protocol and related documents within 7 working days of receipt of the package with the Protocol Amendment Assessment Form Annexure 17.

5.3 Determine whether full review or review by designated members:

- After review of the materials, the Chairperson/ Member Secretary will determine whether the protocol requires a full board review.
- The amended protocol/ protocol related document will require Full Board review if any of the following criteria are met:
- The Protocol amendment which increases risk to study participants, as judged by the Chairperson and/ or the Member Secretary, such as a change in study design, which may include but is not limited to:
  - additional treatments or the deletion of treatments
  - changes in inclusion/exclusion criteria.
  - change in method of dosage formulation, such as, oral changed to intravenous
  - a significant change in the number of subjects (if the decrease/increase in the number of subjects alters the fundamental characteristics of the study, it is significant)
  - a significant decrease or increase in dosage amount
- If the Chairperson and/ or the Member Secretary decides the protocol requires full board IEC review or review by two/more IEC members or review by Member Secretary/ Chairperson,
- The Chairperson/Member Secretary will indicate this decision on the Protocol Amendment Assessment Form Annexure 17. The Form Annexure 14 will be used to nominate members by the Chairperson.

5.4 Distribution to IEC members:

- The following documents will be distributed to the designated IEC members as per the decision regarding review
  - The amendment's revision documents to clearly identify each change.

- Protocol Amendment Assessment Form Annexure 17.
- Whenever the decision is Full Board review, the Member Secretary shall summaries the points for discussion regarding the amended protocol/protocol related documents and shall place the protocol amendment request on the agenda for discussion at the next convened meeting.

5.5 Protocol Amendment Review Process:

- The IEC member will review the amended documents and write his/her comments in the form Annexure 17.
- The reviewer may request the Member Secretary to keep the documents for full board discussion after review.
- The IEC members performing the review must sign and date the form i.e. Annexure 17 and return this to the Member Secretary after the review.

5.6 IEC Decision:

- In case the project is kept for full board review, the Member Secretary/ designated member will read the comments on the amended protocol/ protocol related documents in the meeting. The Chairperson shall call for voting on the proposed amendment to:
  - Approve the protocol amendment
  - Require a modification to the proposed amendment or informed consent documents, stating the reason and action required to sustain the study with a follow-up full IEC review/ IEC review.
  - Suspend the entire study, until further information is obtained
  - Not approve the amendment request, stating the reason – but allow the study to continue as previously approved.
- The Member Secretary will record the decision reached on the proposed amendment in the minutes of the meeting.
- The decision by the designated reviewers may be
  - Approved
  - Disapproved
  - Suggested Recommendation
  - Next full board discussion

5.7 Communication of the Decision to the Principal Investigator:

- If the IEC approves the protocol amendment, the Member Secretary staff will send a signed and dated Amendment Approval Letter i.e. Annexure 18to the Principal Investigator (PI) within 14 days of the meeting. The decision regarding disapproval (stating reasons) or request for modifications (stating specific changes needed) shall be communicated in writing to the investigator within 14 days of the meeting.
- The Member Secretary shall inform other members about the decision taken on the amended document/s at the next full board meeting.

5.8 Store documents:

The Administrative Officer will place the original completed documents, the amended version of the protocol and related documents, the amendment assessment form in the same project file sequentially

6.0 GLOSSARY

Activity	Responsibility
Amendment Protocol Package	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.

7.0 REFERENCES

1. Code of Federal Regulation (CFR), 21 §56.110, The United States of America, 1998
2. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
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8.0 ANNEXURE

ANNEXURE 17: Protocol Amendment Request and Assessment Form (AN 17/01)
ANNEXURE 18: Project Amendment/Document Amendment Approval letter (AN 18/01)

SOP No.:	**SOP 09**
Title:	**Standard Operating Procedure for Continuing Review of Study Protocols**
Page No.:	**41 to 44**
Review Period:	**3 Years**

1.0 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), All India Institute of Medical Sciences (AIIMS), Rajkot.
- 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

2.0 SCOPE

- This SOP applies to previously approved study protocols but later being amended and submitted for approval to the IEC. Amendments made to protocols will not be implemented until reviewed and approved by the IEC.
- This SOP applies to conducting any continuing review of study protocols involving human subjects at intervals appropriate to the degree of risk. All the projects approved by the IEC 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.

3.0 RESPONSIBILITY

- It is the responsibility of the IEC Member Secretary to remind the IEC members and the principal investigators regarding study protocols that should be continuously reviewed. All the approved protocols will be reviewed annually (at least once a year).
- 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.
- The IEC has the same options for decision making on a continuing review package as for an initial review package. The decision is made as approval to continue the study; approval with recommendations; or disapproval.

4.0 FLOW CHART

No.	Activity	Responsibility
1	Determine the date of continuing review	IEC Member Secretary and Chairperson
2	Notify the Principal Investigator or study team	IEC Member Secretary
3	Manage continuing review package upon receipt	IEC Member Secretary

4	Notify the members of the IEC	IEC Member Secretary
5	Prepare meeting agenda	IEC Member Secretary
6	Review of Continuing review report	IEC Member Secretary, Members and Chairperson
7	Store original documents	IEC Member Secretary/ Chairperson
8	Communicate the IEC decision to the Principal Investigator	IEC Member Secretary

5.0 PROCEDURE

5.1 Determining the date of continuing review:

- The Member Secretary will look through the document archives/master chart of projects approved by the IEC for the due date of continuing reviews.
- The Member Secretary 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.

5.2 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. 13th month from the date of approval, unless specified otherwise), the IEC Member Secretary will send a reminder as per the format mentioned in Annexure 19 within 7 working days of this due date. If there is no response within 15 days after the date of reminder, the IEC Member Secretary 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) Not reviewing future projects from the PI for a specified period of time.
c) A letter asking the Investigator to put recruitment of new participants on hold.

5.3 Managing the continuing review package upon receipt:

The Member Secretary will receive a package submitted by the Study Team of continuing review for each approved protocol. Only one set of continuing review report shall be submitted by the Principal Investigator to the IEC as per the format Continuing Review Application Form (Annexure 20).

5.3.1 Verifying the contents of the package:

The Member Secretary will make sure that the contents of the package include the following documents:

- Continuing Review Application Form (Annexure 20)
- The Continuing Review Application Form duly filled with an explanation for any "yes" (ticked on the Continuing Review Application Form (Annexure 20) 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 Member Secretary will check for complete information and for the presence of the required signatures of the Principal Investigator in the Continuing Review Application Form (Annexure 20).

5.3.2 Storing the continuing review package:

The Member Secretary shall store the original package in the protocol specific file.

5.4 Notifying the Members of the IEC:

- The Chairperson /Member Secretary will review the Continuing Review Application Form (Annexure 20) and inform about the decision to the IEC members at a forthcoming full board meeting or place it before the IEC members at the Full Board meeting. The Chairperson can designate three IEC members (letter of nomination – Annexure 14) to review the Study report and related documents and inform the decision to the other IEC members at the next full board meeting.
- The Member Secretary will send the Continuing Review Application Form (Annexure 20) to the designated IEC members (letter of nomination – Annexure 14)

5.5 Protocol Review Process:

- The IEC Chairperson/ Member Secretary/ Members will use the Continuing Review Application Form (Annexure 20) to guide the review and deliberation process.
- The IEC members could arrive at any one of the following decisions at the IEC meeting:
  1. Noted : The project can be continued without any modifications (as per the format Annexure 21)
  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. This decision shall be recorded by the Member Secretary on Annexure 20.
     - The IEC Chairperson will sign and date the IEC decision on Continuing Review Report after a decision has been reached.
     - The IEC Member Secretary will maintain and keep the IEC Decision forms and minutes of the meeting relevant to the continuing review as part of the official record of the review process.

5.6 Storing the original documents:

Place the original completed documents and Annexure 19 with the other documents in the Continuing Review Package in the protocol file.

5.7 Communicating the IEC Decision to the Principal Investigator:

The Member Secretary will notify the Principal Investigator of the decision. The letter must be sent to the Principal Investigator within 14 days of the Meeting at which the report was discussed or the decision taken earlier by the Chairperson regarding the Continuing review was informed to the IEC members

6.0 GLOSSARY

None

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
2. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996. Retrieved from: http://www.ich.org/LOB/media/MEDIA482.pdf
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5. World Health Organization, Operational Guidelines for Ethics Committees that Review Biomedical Research, 2000. (Geneva 2000) Retrieved from: www.who.int/tdr/publications/publications/
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7. International Council for Harmonisation Of Technical Requirements For Pharmaceuticals For Human Use. ICH Harmonised Guideline. Integrated Addendum to ICH E6(R1): Guideline For Good Clinical Practice E6(R2)2016. https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf

8.0 ANNEXURE

ANNEXURE 19: Reminder letter by the IEC to investigator (AN 19/01)
ANNEXURE 20: Continuing Review Application Form (AN 20/01)
ANNEXURE 21: Project Report Approval letter (AN 21/01)

SOP No.:	**SOP 10/02**
Title:	**Standard Operating Procedure for Review of Study Completion Reports**
Page No.:	**45 to 47**
Review Period:	**3 Years**

1.0 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), AIIMS, Rajkot

2.0 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.

3.0 RESPONSIBILITY

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

4.0 FLOW CHART

No.	Activity	Responsibility
1	Receipt of the study completion report	IEC Member Secretary and Chairperson
2	Checking the contents of the report packages and assess adequacy of contents	IEC Member Secretary
3	Verification of the study completion report, preparation of the study completion statement and sending them to the Chairperson	IEC Member Secretary
4	Review of the Study completion report and decision regarding its handling: review by designated members, full-board review or review by Member Secretary/ Chairperson and informing members at full-board meeting	IEC Member Secretary and Chairperson
5	Inclusion of the report/ review at full-board meeting	IEC Member Secretary
6	Placing the report at IEC meeting and entertaining discussion	IEC Member Secretary and Chairperson
7	Arriving at an appropriate decision after due discussion	Member Secretary
8	Noting the decision in the minutes of the Meeting	Member Secretary
9	Conveying decision to the Principal Investigator	Member Secretary
10	Archiving all the study-related documents along with the Study completion report	Member Secretary

5.0 PROCEDURE

5.1 Before each Board meeting:

- The Member Secretary will receive 1 copy of Study Completion Report filled as per the format-Annexure 22 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 centers can be submitted by the investigator once available from the sponsor.

- The Member Secretary will follow instructions as in SOP 05 (Management of Protocol Submission) for receiving and checking the report packages.
- It is the responsibility of the IEC Member Secretary to review the report for completeness before submission for the Board meeting.
- The Member Secretary shall verify the submitted Study Completion Report along with Study Completion Report Form (Annexure 22) and sends it to the Chairperson.
- Prior to sending the Study Completion Report to the Chairperson, the Member Secretary will prepare the Study Completion statement i.e. Annexure 22 and attach this also to the packet sent to the Chairperson.
- 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 can designate three other IEC members (letter of nomination – Annexure 14) to review the Study report and related documents. If deemed necessary, the Chairperson may keep the report for discussion at the forthcoming IEC meeting.
- The Member Secretary will send the Study Completion Report Form Annexure 22 and Study Completion statement Annexure 23 to the designated IEC members.

5.2 During the Board meeting

- The Member Secretary 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 After the Board meeting

- The Member Secretary 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
  - noted in the IEC records
  - request for additional information / clarification
- The Member Secretary will accept and file the Final Report and get the Study Completion Report Form Annexure 22 signed by the Chairperson and file it.
- The Administrative Officer will archive the entire study protocol and the report for a period of 3 years from the date of completion of the project if the decision is noted and closed.

6.0 GLOSSARY

None

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
2. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996.

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8.0 ANNEXURE

ANNEXURE 22: Study Completion Report Form (AN 22/01)
ANNEXURE 23: Study Completion Statement (AN 23/01)

SOP No.:	**SOP 11/02**
Title:	**Standard Operating Procedure for Protocol Deviation/Non-Compliance/Violation**
Page No.:	**48 to 51**
Review Period:	**3 Years**

1.0 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), AIIMS, Rajkot for the conduct of human research
- respond to the IEC requests regarding statutory, ethical, scientific or administrative matters

2.0 SCOPE

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

3.0 RESPONSIBILITY

- It is the responsibility of the IEC Secretary /Chairperson to bring to the notice of the Full Board if it is brought to their notice that investigators have failed 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 IEC for the conduct of human research
  - respond to the IEC requests regarding statutory, ethical, scientific or administrative matters
- The Member Secretary is responsible for collecting the Deviation/Non-compliance/Violation Form Annexure 24 and recording the decision of the IEC in the form.

4.0 FLOW CHART

Sr. No.	Activity	Responsibility
1	Detection of Protocol deviation/ noncompliance/ violation	IEC Members/ Member Secretary
2	Noting protocol deviation/ non-compliance/ violation	IEC Members/ Member Secretary
3	Board discussion, decision and action	IEC Member Secretary , IEC members and Chairperson
4	Notify the Principal Investigator	IEC Member Secretary
5	Keep records and follow up	IEC Member Secretary

5.0 PROCEDURE

5.1 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):

a) Protocol deviation/ non-compliance/ violation detected by IEC member/ IEC or reported by Investigator/ study site/ sponsor/ Contract- Research Organization/ Institutional Head after due enquiry

- 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.
- The Member Secretary 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.
- 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. The Principal Investigator himself/ herself may forward protocol deviation/non-compliance/violation reports to inform the IEC.
- The IEC Member Secretary 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

b) Allegation of protocol deviation/ non-compliance/ violation reported to the EC:

- Communication/ complaint/ information received from research participant who has been enrolled or any individual who has been approached for enrollment
- Any report/ communication brought to the notice of Secretary/ Jt. Secretary/ Chairperson of IEC
- Communication received from the Head of the Institution informing IEC about an alleged protocol violation/ non-compliance/ protocol deviation

5.2 Noting protocol deviation / non-compliance / violation by the Member Secretary:

- The IEC members who have performed monitoring of a particular trial site and detect protocol violation will inform the Member Secretary in writing within 2 working days.
- The Member Secretary will notify the Chairperson of any protocol deviation/non-compliance/ violation from the project files/protocol deviation/non-compliance/violation letters forwarded by the Principal Investigator/ from any source **within 7 working days** of receipt of the notification from principal investigator (PI) depending upon the seriousness of non-compliance. Whenever protocol violation has been observed, the Chairperson and/ or Member Secretary and /or two or more IEC members designated by the Chairperson of IEC will scrutinize (initial scrutiny) the violation/ Non-compliance/ deviation for gravity and implications. This scrutiny could be conducted jointly/ individually at a meeting/ through telephone/ email/ any other mode of communication. The findings shall be documented individually or in the form of report by the IEC Secretary. Depending upon their judgment the IEC shall:
  - Ask PI for written clarification as soon as the deviation is received OR
  - The Member Secretary will call for and schedule a full-board meeting specifically to discuss the issue **within 7 working days** of the initial scrutiny OR
  - The Member Secretary will put up the information and communication at the next full board meeting

5.3 Board discussion, Decision and Action:

- If the protocol deviation / non-compliance / violation is detected by IEC member during monitoring visit he/she will present the protocol deviation / non-compliance / violation information.
- If detected by Member Secretary/forwarded by Principal Investigator, the Member Secretary will present the protocol deviation / non-compliance / violation information.
- The Chairperson/IEC members will review the information available and take a decision depending on the seriousness of the violation. The decision will be taken to ensure that the safety and rights of the research participants are safeguarded. The decision will be taken by voting. The actions taken by IEC could include one or more of the following:
  - Inform the Principal Investigator that IEC has noted the violation/ noncompliance/ deviation and;
  - Direct the PI to ensure that deviations/non-compliances/violations do not occur in future and follow IEC recommendations.
  - Enlist measures that the PI would undertake to ensure that deviations/non-compliances/ 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.
  - Revoke approval of the current study.
  - Inform DCGI/ Other relevant regulatory authorities.
  - Keep other research proposals from the PI/ Co-PI under abeyance.
  - Review and/ or inspect other studies undertaken by PI/Co-PI.
  - 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:
  - The nature and seriousness of the deviation / non-compliance/violation
  - Frequency of deviation / non-compliance/violation in the study in the past
  - Frequency of deviation / non-compliance/violation in previous studies conducted by the same PI/ Co-PI or in the same department
- This action will be recorded on Annexure 24 by the Member Secretary.

5.4 Notifying the Principal Investigator

- The Member Secretary will send a notification signed by the IEC Chairperson to the Principal Investigator **within 14 days of the meeting**, if the decision was 'request the Principal

Investigator not to perform such deviations/non-compliances/violations in future'.

- The Member Secretary will send a project suspension/termination letter signed by the IEC Chairperson to the Principal Investigator **within 1 working day of the meeting**, if the decision was 'suspend the study till further information available/terminate approval of the current study'
- If the decision was 'refusal of subsequent project applications from the Principal Investigator, this notification letter signed by IEC Chairperson will be sent to the Principal Investigator **within 14 days of the meeting.**
- One copy of all letters shall be kept in the project file by the Member Secretary.

6.0 GLOSSARY

Non-compliance/ Violation	The IEC monitors whether investigators do not perform the study in compliance with the approved protocol, ICH GCP, FDA regulations and/or fail to respond to the IEC request for information/action.

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
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8.0 ANNEXURE

ANNEXURE 24: Deviation/Non-Compliance/Violation Record (AN 24/01)

SOP No.:	**SOP 12/02**
Title:	**Standard Operating Procedure for Management of Premature Termination of the study**
Page No.:	**52 to 54**
Review Period:	**3 Years**

1.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how the Institutional Ethics Committee (IEC), AIIMS, Rajkot proceeds and manages the premature termination of a research study. Protocols are usually 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.

2.0 SCOPE

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

3.0 RESPONSIBILITY

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

4.0 FLOW CHART

Sr. No.	Activity	Responsibility
1	Receive recommendation for study termination	Member Secretary
2	Review and Discuss the Termination Package	IEC members / Chairperson
3	Notify the Principal Investigator IEC Member Secretary	Member Secretary
4	Store the Protocol Documents	Member Secretary

5.0 PROCEDURE

5.1 Receipt of recommendation for study termination:

- The Member Secretary will receive recommendation and comments from Principal Investigator (PI), Sponsor, Regulator or other authorized bodies for premature termination of study protocol.
- The Member Secretary will sign and date the package upon receipt.
- The IEC members/Chairperson can prematurely terminate the study if:
  - Protocol non-compliance/violation is detected and IEC decision is to terminate the study (SOP 11)
  - SAE occurring at trial site may require the study to be prematurely terminated for the safety of the patients.
- The Member Secretary will inform the Principal Investigator to prepare and submit a Premature Termination Report as per the format Annexure 25 (available in the IEC office).
- The Member Secretary will receive the study protocol termination report and submitted by the

Principal Investigator and will check the completeness of the information, including accrual data since the time of the last continuing review.

- The Premature Termination Report (Annexure 25) signed and dated by the Principal Investigator shall contain a brief written summary of the protocol, its results, and accrual data.

5.2 Reviewing and discussing the Termination Package:

- The Member Secretary will inform the Chairperson regarding the recommendation for premature termination of study protocol and the termination report to the Chairperson within 14 days. The Chairperson shall review the results, reasons and accrual data and either call for an emergency meeting or discuss the report at the regular Full Board meeting.
- The Member Secretary will arrange for an Emergency meeting and follow instructions as per SOP 17 or put this in the agenda for the Full Board meeting as per SOP 15
- 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 (Annexure 25)
- The Chairperson shall sign and date the study termination report in acknowledgment and approval of the termination.
- If the Premature Termination Report is unclear or more information is required from the Principal Investigator, the Chairperson shall instruct the Member Secretary to seek clarifications/ additional information from the Principal Investigator.
- If a letter containing comments by the IEC is sent to Principal Investigator, on receipt of the reply letter, it is reviewed as per the steps in 5.2 will be performed by the Member Secretary.

5.3 Notifying the Principal Investigator:

- The Member Secretary will make notification letter acknowledging the approval of termination/ letter seeking clarifications/information regarding the premature termination. The principal investigator shall send a written response within 60 days of receiving the letter. If the PI does not comply, the matter will be put to the full board meeting for discussion.
- The Member Secretary will send the notification letter to the principal investigator within 14 days after the meeting.

5.4 Store the protocol documents:

- The Member Secretary will keep the original version of the Premature Termination Report Annexure 25 in the Protocol file and send the file to archive.
- The protocol documents will be stored for a period of 3 years from the date of project Termination

6.0 GLOSSARY

None

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf

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8.0 ANNEXURE

ANNEXURE 25: Premature Termination Report (AN 25/01)

SOP No.:	**SOP 13/02**
Title:	**Standard Operating Procedure for Review of Serious Adverse Events (SAE) Reports**
Page No.:	**55 to 59**
Review Period:	**3 Years**

1.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to provide instructions on the review of initial and follow-up reports of serious adverse events (SAE) and unexpected serious events occurring at trial sites for any study approved by the Institutional Ethics Committee (IEC), AIIMS, Rajkot.

2.0 SCOPE

This SOP applies to the review of SAE and unexpected serious event reports, adverse event reports occurring at trial sites submitted by investigators.

3.0 RESPONSIBILITY

It is the responsibility of the IEC to review SAE and unexpected serious events occurring at the trial site approved by the IEC or occurring at other sites for the given project/related project involving risks to subjects.

4.0 FLOW CHART

Sr. No.	Activity	Responsibility
1	Receipt of SAE report	Member Secretary
2	Submission of SAE report to the IEC Members	Member Secretary
3	Forwarding the report to concerned reviewers	Member Secretary
4	Agenda and Minutes of the IEC Members	Member Secretary
5	Review and discussion of SAE report at the IEC Members meeting	IEC Members
6	Discussion/ Information at the full board IEC meeting	Member Secretary and IEC members
7	Communication of the IEC decision about SAE review to the principal investigator	Member Secretary

5.0 PROCEDURE

5.1 Review and determine the review channel:

- The IEC Member Secretary will receive the SAE report or the unexpected serious event report as per the format specified in Annexure 26 occurring at the trial sites approved by the IEC for a given project. The Member Secretary will verify that the report is complete in all respects and is signed and dated by the Principal Investigator (PI) or designate and that it has been received at the IEC office within the specified time. If the report has been received beyond the specified time, this will be noted on the Form.
- The Member Secretary will sign and write the date on which the report is received.
- For SAEs occurring at the site, the Member Secretary will forward the SAE report to the Members of the IEC within two working days. The IEC Members will review the SAE Report, write comments and forward it to the Chairperson of the IEC within 7 working days (for SAE not

amounting to death). If the SAE is death of a research participant enrolled in the study being carried out at the site, the Members of the IEC will review the SAE Report, write comments and forward it to the chairperson within 1 working day.

- The SAEs occurring at other sites will be reviewed by the chairperson and/or Member Secretary of the IEC or will be reviewed in the forthcoming scheduled IEC meeting, if deemed necessary by the chairperson of the IEC.
- All the AEs mentioned in the Continuing Review Report will be reviewed by the Member Secretary / Chairperson of the IEC.

5.1.1 Action to be taken

a. <u>For SAEs occurring at the site:</u>

The Chairperson of the IEC, on basis of the information and comments received from the IEC Members and applying his/ her judgment regarding urgency of the situation, need for corrective actions to be taken and sensitivity of the issue will direct the Member Secretary to undertake any one or more of the actions listed below:

- Review of the SAE by the Member Secretary/ Chairperson
- Review by the IEC Members at a regular scheduled IEC Members meeting
- Review by the IEC Members at an emergency IEC Members meeting, specifying the time period for completing the review process
- Call for an emergency review by IEC full Board. This review shall be initiated within 48 hours (2 days) of receipt of information. This review could be done through a meeting, teleconference, email, telephonic conversation or any other modality. The Member Secretary will take appropriate steps to ensure that IEC members are informed about Email sent in this regard/ scheduled full-board meeting or teleconferencing session. Depending upon the complexity of the issue(s) involved, the Chairperson could direct the Member Secretary to invite one or more independent consultants whose opinion would be valuable. These independent consultants will participate in the review process after they have signed the confidentiality agreement and agree to abide by the rules and regulations of IEC.
- Solicit opinion of one or more independent consultant (s) in writing, if the IEC Members 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 independent consultant would be requested to provide an opinion in writing within 14 working days, depending upon the gravity and seriousness.
- If appropriate to the discussions, the decision regarding a specific action or combination of actions to be taken is arrived at by voting (a majority vote for a decision is 2/3rd majority of the members present and voting).
- Some of the 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 subjects;
- 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 taken by the Chairperson in the SAE Assessment form.
- The agenda and minutes of the meeting will be prepared by the Member Secretary of the IEC with the help of the IEC members. The agenda and minutes of the meeting will include the information on SAE at the site in the following format:

Subject ID	Letter no. and Date of reporting	Type of Report	Type of SAE	Date of Onset	Whether drug withheld	SAE Outcome	Causality in the opinion of PI	Recommendation (s) by the IEC members

b. <u>SAEs occurring at other sites:</u>

- The SAEs occurring at other sites will be reviewed by the Member Secretary/Chairperson of the IEC and informed to other members of the IEC in the forthcoming scheduled IEC meeting or will be reviewed in the forthcoming scheduled IEC Members meeting.
- The Member Secretary of the IEC will compile the SAEs at other sites for a project. The agenda and minutes of the IEC Members' meeting will include the information on SAEs at other sites.
- All the AEs should be mentioned in the Continuing Review Report. The AEs will be reviewed by the Member Secretary of the IEC/ the Chairperson and informed in the forthcoming scheduled Full Board meeting or will be reviewed in the forthcoming scheduled Full Board meeting, if deemed necessary by the Member Secretary of the IEC /Chairperson.

5.2 Inform Investigator

- The IEC Member Secretary member 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 or Chairperson (IEC) and will be sent to the Principal Investigator within a period of 14 days from the date of the IEC meeting. If the recommendation includes termination of the study, 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 IEC decision will be conveyed to the Principal Investigator within 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.
- The Principal Investigator will be requested to forward follow-up reports of the SAE to the IEC.
- The Member Secretary will send the letter and file a copy of the letter in the study file.

6.0 GLOSSARY

Adverse Event	Any untoward medical occurrence in a patient or clinical investigation participant administered an investigational product and which does not necessarily have a causal relationship with this treatment. The adverse event can therefore be any unfavorable or unintended sign or experience associated with the use of the investigational product, whether or not related to the product.
Adverse Drug Reaction	In the pre-clinical experience with a new medicinal product or its new usages, particularly as the therapeutic dose(s) may not established all noxious or unintended responses to the product related to any dose should be considered adverse drug reactions. The phrase "responses to a medicinal product" means that a causal relationship between the product and the adverse event is at least a reasonable possibility, i.e., the relationship cannot be ruled out. Regarding marketed products, a response to a product which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis or therapy of diseases or for modification of physiological function.
IND	Investigational New Drugs means substances with potential therapeutic actions during the process of scientific studies in human in order to verify their potential effects and safety for human use and to get approval for marketing.
SAE (Serious Adverse Event)	The adverse event is SERIOUS and should be reported when the patient outcome is: - **Death:** Report if the patient's death is suspected as being a direct outcome of the adverse event. - **Life-Threatening:** Report if the patient was at substantial risk of dying at the time of the adverse event or it is suspected that the use or continued use of the product would result in the patient's death. Examples: Pacemaker failure; gastrointestinal hemorrhage; bone marrow suppression; infusion pump failure which permits uncontrolled free flow resulting in excessive drug dosing. - **Hospitalization (initial or prolonged):** Report if admission to the hospital or prolongation of a hospital stay results because of the adverse event. Examples: Anaphylaxis; pseudomembranous colitis; or bleeding causing or prolonging hospitalization.

	- **Disability:** Report if the adverse event resulted in a significant, persistent, or permanent change, impairment, damage or disruption in the patient's body function/structure, physical activities or quality of life. Examples: Cerebrovascular accident due to drug-induced hypercoagulability; toxicity; peripheral neuropathy. - **Congenital Anomaly:** Report if there are suspicions that exposure to a medical product prior to conception or during pregnancy resulted in an adverse outcome in the child. Examples: Vaginal cancer in female offspring from diethylstilbestrol during pregnancy; malformation in the offspring caused by thalidomide. - **Requires Intervention to Prevent Permanent Impairment or Damage:** Report if suspect that the use of a medical product may result in a condition which required medical or surgical intervention to preclude permanent impairment or damage to a patient. Examples: Acetaminophen overdose-induced hepatotoxicity requiring treatment with acetyl cysteine to prevent permanent damage; burns from radiation equipment requiring drug therapy; breakage of a screw requiring replacement of hardware to prevent malunion of a fractured long bone.

7.0 REFERENCES

1. Nationwide Children's Hospital, Standard Operating Procedure: SAE Reporting and Review – http://etrac.ccri.net/CRI/Doc/0/2137HUSRMVKKFBHAT542EHDME8/011%20Adverse%20Event.pdf
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8. International Council for Harmonisation Of Technical Requirements For Pharmaceuticals For Human Use. ICH Harmonised Guideline. Integrated Addendum to ICH E6(R1): Guideline For Good Clinical Practice E6(R2)2016. https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf

8.0 ANNEXURE

ANNEXURE 26: Serious Adverse Event Assessment Report (AN 26/01)

SOP No.:	**SOP 14/02**
Title:	**Standard Operating Procedure for Site Monitoring Visit**
Page No.:	**60 to 62**
Review Period:	**3 Years**

1.0 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.

2.0 SCOPE

This SOP applies to any visit and/or monitoring of any study sites as stated in the Institutional Ethics Committee (IEC), AIIMS, Rajkot approved study protocols.

3.0 RESPONSIBILITY

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

4.0 FLOW CHART

Sr. No.	Activity	Responsibility
1	Selection of study sites	IEC Members/Member Secretary/Chairperson
2	Before the visit	IEC member/Representative
3	During the visit	IEC member/Representative
4	After the visit	IEC member/Representative

5.0 PROCEDURE

5.1 Selection of study sites:

- Sites will be identified for routine monitoring at the time of approval of the project by the Full Board which will be recorded in the IEC Decision Form as per SOP 10.
- For cause monitoring will be performed at sites for reasons identified by any member of IEC, approved by Chairperson. For cause monitoring could be initiated, in any of the following conditions:
  - for high number of protocol violations,
  - large number of studies carried out at the study sites,
  - remarkable SAE reports, high recruitment rate,
  - Non-compliance or suspicious conduct and
  - any other cause as decided by IEC.

5.2 Before the visit:

- If the site was identified for routine monitoring, the Member Secretary will inform the IEC members in the Full Board meeting, 1 month prior to the stipulated date of monitoring.

- For cause/routine monitoring of the project, the IEC Chairperson will designate an IEC member or appoint an Independent monitor to perform the task of monitoring.
- The Member Secretary will inform the Principal Investigator in writing about the date/time of monitoring visit and request for confirmation letter from the Principal Investigator to be available for the monitoring visit.
- The IEC member/Independent monitor will also:
  - Contact the site to notify them that they will be visiting them. At that time, the monitor and the site will coordinate the time for the site evaluation visit.
  - The Member Secretary will make the appropriate travel arrangements for the IEC member/Independent monitor.
  - The IEC member/Independent monitor will review the IEC project files for the study and site profile and make appropriate notes.
  - The IEC member/Independent monitor will copy some parts of the IEC project files for comparison with the site files and collect the Site Monitoring Visit Report Annexure 27 from the Member Secretary.

5.3 During the visit

The IEC member/Independent monitor will

- Review the informed consent document to make sure that the site is using the most recent version,
- Review randomly the subject files to ensure that subjects are signing the correct informed consent,
- Observe the informed consent process, if possible,
- Observe laboratory and other facilities necessary for the study at the site, if possible.
- Review the project files for the study to ensure that documentation is filed appropriately.
- Collect views of the study participants, if possible.
- Fill the Site Monitoring Visit Report Form Annexure 27 and write the comments.

5.4 After the visit

- The IEC member/ Independent monitor will complete the report Annexure 27 within 2 weeks describing the findings of the monitoring visit and during the Full Board meeting present them. If the Independent monitor is unable to attend the IEC meeting he/she can courier the Monitoring Visit Report with comments and the IEC Secretary can present the same.
- The Member Secretary will place the report in the correct site files.
- Full board recommendations to change the study/ premature termination/ continuation of the project will go to the Principal Investigator in writing within 10 days of the meeting.

6.0 GLOSSARY

Independent Consultants	Many IEC rarely find time to perform monitoring visit themselves. They may ask outside experts or the staff of Ethics Committees to perform the tasks on their behalf and later report their findings to IEC.
Monitoring Visit	An action that IEC or its representatives visit study sites to assess how well the selected investigators and the institutes are conducting researches, taking care of subjects,

	recording data and reporting their observations, especially serious adverse events found during the studies. Normally monitoring visit will be arranged in advance with the principal investigators.

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
2. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996. Retrieved from: http://www.ich.org/LOB/media/MEDIA482.pdf
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8.0 ANNEXURE

ANNEXURE 27: Site Monitoring Visit Report (AN 27/01)

SOP No.:	**SOP 15/02**
Title:	**Standard Operating Procedure for Agenda Preparation, Meeting Procedures and Recording of Minutes of Meeting**
Page No.:	**63 to 67**
Review Period:	**3 Years**

1.0 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), AIIMS, Rajkot meetings.

2.0 SCOPE

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

3.0 RESPONSIBILITY

It is the responsibility of the Member Secretary 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.

4.0 FLOW CHART

No	Activity	Responsibility
1	Preparation of meeting agenda prior to a board meeting	IEC Member Secretary
2	During the Meeting	IEC Member Secretary, Members and Chairperson
3	After the Board Meeting and Preparing the minutes	IEC Member Secretary
4	Approval of minutes	IEC members / Chairperson
5	Filing the minutes	IEC Member Secretary

5.0 PROCEDURE

5.1 Before each Board meeting:

5.1.1 Preparation of meeting agenda:

- The Member Secretary will prepare the agenda to include:
  1. All resubmitted protocols wherein decision was full board review.
  2. Review of Amended protocol or protocol-related documents, wherein decision was to put to Full Board review.
  3. Issues to be reported for consideration
     - Continuing review of study protocols
     - Review of Study Completion Reports
     - Review of premature study termination
     - Review of Site Monitoring Visit Reports
     - SAE reports/CIOMS forms/Safety letters
  4. Issues to be discussed including emergency concerns/ IEC policies/ training of Members/ revising SOPs/ any other issues raised by Member(s).

5. Any other matter referred for IEC opinion or issues to be informed to the members.
6. Reading and approving minutes of the previous meeting.
7. Minutes of the Meeting of SAE subcommittee.
8. Report of any other subcommittee or group appointed/ designated by Chairperson for any specific or general purpose.

- The Member Secretary will collect and verify all forms/documents for completeness to keep all these papers in the meeting.
- The Member Secretary will prepare the meeting agenda, according to the format in Annexure 28.
- The Member Secretary will schedule protocols in the agenda on a first-come first serve basis.
- The Member Secretary will schedule the next meeting at the time of the previous scheduled meeting after consulting the Chairperson and the IEC members.
- 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 Member Secretary will send via e-mail to members the agenda of the meeting at least 1 day in advance of the scheduled meeting.
- The Member Secretary will make a room reservation for the scheduled meeting date and time.
- The Member Secretary will make sure that the room, equipment and facilities are available in good running conditions and cleaned for the meeting day.

5.2 During 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 6 months. Meeting will be held as scheduled provided there is quorum as per SOP 01.
- 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 04 – section 5.10 are followed.
- Investigators who have been asked by the IEC Member Secretary 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.
- **Decision making:** The final decision on each proposal/ issue discussed in the meeting shall be by voting.
  - A majority vote for approval, disapproval, request for modifications of a study suspension or termination of an ongoing study is defined as 2/3rd of the members (who have reviewed the project), present at the meeting and voting.
  - Member(s) of the committee who is/are listed as investigator(s) on a research proposal will opt out from all deliberations on the proposal and will not vote on the proposal.
  - An investigator or study team member invited for the meeting will not vote or participate in the decision making procedures of the committee.
  - An independent consultant invited for the meeting to provide opinion will not vote or participate in the decision making procedures of the committee.
  - Specific patient groups invited for the meeting will not vote or participate in the decision making procedures of the committee.
- The schedule of the next meeting will be discussed and finalized by the members.

5.3 After the Board meeting and preparing the Minutes:

- The Member Secretary will compose the summary of each meeting discussion and decision in a concise and easy-to-read style in the minutes within 7 working days of the meeting day.
- The Member Secretary will make sure to cover all contents in each particular category to include the following:
  - Name of person preparing the minutes
  - Location where the meeting was held (city, state)
  - Meeting number, date/duration of the meeting (time of commencement and end)
  - Names of the IEC members and guests attending the meeting
  - Name of the individual serving as Chairperson of the meeting
  - Determination of a duly constituted quorum by the Chairperson to proceed with the meeting
- Requirements for each study or activity requesting Approval:
  - Sponsor's name;
  - Protocol number/date/version of protocol, when available;

- Investigator's name;
- Names of the Primary Reviewers who presented their findings
- Discussion as deemed appropriate by the Chairperson
- Follow-up action decided upon
- Reference to the investigator approval letter that lists all changes requested by the board;
- Determination of the next requested continuing review.

- Requirements for each study or activity requesting Expedited Review:
  - Sponsor's name;
  - Protocol number, if applicable
  - Investigator's name;
  - Lists of expedited approval requests and outcomes.
- Requirements for each Continuing Review Report:
  - Sponsor's name;
  - Protocol number, if applicable;
  - Investigator's name;
  - Indication of the Board's determination to continue, terminate, or amend the study;
  - Lists of recommendations or actions to be taken up with the investigator, if applicable.
- Requirements for each Adverse Event notification and Final Report:
  - Sponsor's name;
  - Protocol number, if applicable;
  - Investigator's name;
  - Report or summary of report provided by the SAE sub-committee;
  - Actions deemed appropriate by the Board's review.
- Requirements for Termination of Approval:
  - Name of the Sponsor ;
  - Protocol number, if applicable;
  - Investigator's name; reason for termination.

5.4 Approval of the minutes

- The Member Secretary will check the correctness and completeness of the minutes and presents the minutes to the Chairperson for review and approval within 7 working days of the meeting day.
- The Chairperson indicates approval by signing and dating the minutes.
- The Member Secretary will email the minutes of the meeting to the IEC members after obtaining approval from the Chairperson.

5.5 Filing the minutes

- The Member Secretary will place the original version of the minutes in the minutes file.
- The Member Secretary will file the IEC Decision Forms in the project files and place all correspondence in the appropriate files.

6.0 GLOSSARY

Agenda	A list of things to be done; a program of business at a meeting

Minutes	An official record of the business discussed and transacted at a meeting, conference, etc.
Quorum	Number of IEC members required to act on any motion presented to the Board for action.
Majority Vote	A motion is carried out if one half plus one member of the required quorum votes in its favor.

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
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8.0 ANNEXURE:

ANNEXURE 28: Agenda Format (AN 28/01)

SOP No.:	**SOP 16/02**
Title:	**Standard Operating Procedure for Conduct of Emergency Meeting**
Page No.:	**68 to 69**
Review Period:	**3 Years**

1.0 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.

2.0 SCOPE

This SOP applies to emergency meetings of Institutional Ethics committee (IEC), AIIMS, Rajkot. Emergency meetings may be scheduled to approve safety / life threatening issues, SAE and other study activities that require Full Board review.

3.0 RESPONSIBILITY

The IEC Chairperson may call for an emergency meeting as appropriate.

4.0 FLOW CHART

No	Activity	Responsibility
1	Before the Board meeting	IEC Member Secretary
2	During the meeting	IEC Members and Chairperson
3	After the meeting	IEC Member Secretary

5.0 PROCEDURE

5.1 Before the Board meeting:

5.1.1 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.

5.1.2 Contact and inform IEC members:

- The Member Secretary 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 Member Secretary will prepare packets for distribution to the members containing the information and documents about the matter(s) for which Emergency Meeting is scheduled.
- The Member Secretary 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 Member Secretary will refer to and act according to the relevant SOPs depending upon the matter under consideration.

5.2 During the meeting:

- The Chairperson/Member 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 without a quorum provided 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 member will follow the related SOPs as deemed necessary.
  - SOP 01 - Constituting Independent Ethics Committee
  - SOP 03 - Management of Protocol Submissions.
  - SOP 04 - Initial Review of Submitted Protocol.
  - SOP 05 - Expedited Review.
  - SOP 06 - Review of Amended Protocol/Protocol related documents.
  - SOP 07 - Continuing Review of Study Protocols.
  - SOP 08 - Agenda Preparation, Meeting procedures and recording of minutes.
  - SOP 09 - Review of SAE.

5.3 After the meeting:

The Member Secretary will follow the related SOPs as listed in 5.2.

6.0 GLOSSARY

Emergency Meeting	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.

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
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SOP No.:	**SOP 17/02**
Title:	**Standard Operating Procedure for Maintenance of active project files**
Page No.:	**70 to 72**
Review Period:	**3 Years**

1.0 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), All India Institute of Medical Sciences (AIIMS), Rajkot.

2.0 SCOPE

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

3.0 RESPONSIBILITY

It is the responsibility of IEC Member Secretary 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.

4.0 FLOW CHART

No	Activity	Responsibility
1	Organize the contents of the active study files	IEC Member Secretary
2	Maintain the active study files	IEC Member Secretary

5.0 PROCEDURE

5.1 Organize the contents of the active study files:

The Member Secretary will:

- Create a master copy of every project submitted for initial review Study files.
- Gather, classify and combine all related documents together.
- Check if a study file contains, at a minimum, the following documents:
  - Original application form with the initial protocol submitted for initial review and any updates received (containing the entire list as mentioned in SOP 7 Procedures for Review of Amended protocol/Protocol related documents).
  - Investigator's brochures or similar documents.
  - Agreements signed by appropriate authorities, including Clinical trial agreement,
  - Insurance document.
  - Photocopies of statutory permissions, as applicable.
  - Approved documents (protocols, amendment, informed consent form, advertising, materials, etc.)
  - Approval letters for protocol & protocol related documents.
  - Adverse event reports, IND safety reports received and/ or SAE reports.
  - Continuing review reports.
- A copy of every original letter/ communication received from the Principal Investigator.

- A copy of every letter/ communication sent to the investigator.

- The Member Secretary will use a folder for each study file and affix an identity label on the folder cover:
  - The name of the sponsor/Principal Investigator.
  - The protocol number assigned by the IEC Member Secretary.
- The Member Secretary will put the following documents into each folder with the following information:
  - Sponsor details: Name with address and contact phone/ e-mail id of contact person, protocol number.
  - Investigator name (with address, e-mail, telephone and fax) and title of the study.
  - IEC Application form duly filled in and signed by the investigator at the time of initial submission.
  - Initial and various versions of the Protocol, Case Record Form, Investigator's Brochure (drug studies), Informed consent documents with translations in the relevant languages, advertising material and recruitment procedures, investigator bio data, any other material submitted by the investigator.
  - Correspondence.
  - Initial Approval with the final version of all above documents. (Protocol, ICD, CRF etc.)
  - Revisions/Amendments.
  - Approval of amended protocol/protocol related documents.
  - Adverse Events.
  - Continuing Review, if applicable.
  - Final report.
- For studies with multiple study sites, the Member Secretary should maintain the files with Sub-folders to allow easy cross-referencing without unnecessary duplications.

5.2 Maintain the active study files:

The Member Secretary will:

- Combine related documents of the approved study files appropriately.
- Attach an identity Label to the package.
- Keep all active and potential study packages 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.
- Send all closed study files to the archive.

6.0 GLOSSARY

Activity	Responsibility
Active Study File	Any approved protocol, supporting documents, records containing communications and reports that correspond to each currently approved study.
CRF	Case Record Form or Case Report Form is a printed, optical or electronic document designed to record all of the protocol required information to be reported to the sponsor on each trial participant.
IND	Investigational New Drug is a drug that has never been seen in the market because it is under

	investigation of its efficacy and safety and not yet been approved for marketing by the local authorities. The drug is therefore approved for used only at some certain study sites.
ICD	Informed Consent Document is a written, signed and dated paper confirming participant's willingness to voluntarily participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the participant's decision to participate.
Master file	A file for storage of the originally signed and dated documents

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
2. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996. Retrieved from: http://www.ich.org/LOB/media/MEDIA482.pdf
3. Indian Council of Medical Research. National ethical guidelines for biomedical and health research involving human participants. Director-General, Indian Council of Medical Research New Delhi 110 029 www.icmr.nic.in; 2017. last accessed 7th March 2022
4. New Drugs and Clinical Trials Rules, 2019. Central Drug Standard Control Organization (CDSCO)- The Gazette of India – Extraordinary. Published by Health and Family welfare department Government of India on 19/03/2019. Retrieved from: https://cdsco.gov.in/opencms/export/sites /CDSCO_WEB/Pdf-documents/NewDrugs_CTRules_2019.pdf accessed on 12th February 2022
5. World Health Organization, Operational Guidelines for Ethics Committees that Review Biomedical Research, 2000. (Geneva 2000) Retrieved from: www.who.int/tdr/publications/publications/
6. European Convention on Human rights and Biomedicine (1997). Retrieved from: http://conventions.coe.int/treaty/en/treaties/html/164.htm
7. International Council for Harmonisation Of Technical Requirements For Pharmaceuticals For Human Use. ICH Harmonised Guideline. Integrated Addendum to ICH E6(R1): Guideline For Good Clinical Practice E6(R2)2016. https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf

SOP No.:	**SOP 18/02**
Title:	**Standard Operating Procedure for Archiving and Retrieving Documents**
Page No.:	**73 to 74**
Review Period:	**3 Years**

1.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to provide instructions for storing inactive study files and administrative documents in a secure manner while maintaining access for review by auditors, inspectors and other authorized persons.

2.0 SCOPE

This SOP applies to archiving the study files and administrative documents that are retained for at least three 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.

3.0 RESPONSIBILITY

It is the responsibility of the Institutional Ethics Committee (IEC) Member Secretary to maintain inactive study files and administrative documents.

4.0 FLOW CHART

NO.	ACTIVITY	RESPONSIBILITY
1	After receiving the final report	Member Secretary
2	Retrieving Documents	IEC Members, Member Secretary

5.0 DETAILED INSTRUCTIONS

5.1 After receiving the final report and/ or terminating the study:

- IEC Member Secretary and Members will review the Final Report of the study.
  A Member Secretary should:
  - Remove the contents of the entire file from the active study filing area.
  - Verify that all documents are present in an organized manner.
  - Shift it to a cupboard where in files to be archived are placed.
- The Member Secretary will preserve only one original set of the entire file and rest of the sets will be shredded following the IEC meeting in which final review of a study is done.
- The Member Secretary will hold the files of multicenter studies, until all the study sites are closed.
- The Member Secretary will place the files in the cupboard at a given area together.
  A staff of the IEC Member Secretary should
  - Perform inventories of miscellaneous administrative documents.
  - Send it/ them to the appropriate storage facility so that it/ they may be retrieved.
- The IEC Member Secretary maintains past board membership information as well as the active administrative documents as permanent records.

5.2 Retrieving Documents

- The Member Secretary will keep in mind the SOP 20 (Maintaining Confidentiality of IEC 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: Annexure 29

- The requestor must also sign and date the log of request. Annexure 30
- Retrieval of documents can only be done when a request is made in the request form (Annexure 29) that is approved (signed and dated) by the IEC Chairperson.
- For administrative purpose, 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 Member Secretary to physically retrieve a file. In such a situation, the register/ log will be signed by the Member Secretary member physically retrieving the file.
- A member of IEC Member Secretary will retrieve archived document(s) and will return the remaining file back to its place.
- The Member Secretary maintains a register with following information related to retrieval: File number, Name and designation of individual making a request for retrieval, Date of approval of request by IEC chairperson, Date and time of retrieval, Name and signature of IEC staff/ Member Secretary retrieving the file, Date and time of returning the file.
- The Member Secretary will also record, sign and date when the document has been returned and kept.

6.0 GLOSSARY

Administrative Documents	Documents include official minutes of Board meetings and the Standard Operating Procedures, both historical files and Master Files as.
Inactive Study Files	Approved and supporting and documents (protocols, protocol amendments, informed consents, advertisements, investigator and site information), records containing communications and correspondence with the investigator, and reports (including but not limited to Continuing Review Reports, IND Safety Reports, reports of injuries to subjects, scientific evaluations) that correspond to each study approved by the IEC Board for which a final report has been reviewed and accepted.

7.0 REFERENCES:

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
2. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996. Retrieved from: http://www.ich.org/LOB/media/MEDIA482.pdf
3. Indian Council of Medical Research. National ethical guidelines for biomedical and health research involving human participants. Director-General, Indian Council of Medical Research New Delhi 110 029 www.icmr.nic.in; 2017. last accessed 7th March 2022
4. World Health Organization, Operational Guidelines for Ethics Committees that Review Biomedical Research, 2000. (Geneva 2000) Retrieved from: www.who.int/tdr/publications/publications/

8.0 ANNEXURE

ANNEXURE 29: Document Request Form (AN 29/01)
ANNEXURE 30: Log of Requested IEC Documents (AN 30/01)

SOP No.:	**SOP 19/02**
Title:	**Standard Operating Procedure for maintaining confidentiality of day to day documents of IEC**
Page No.:	**75 to 77**
Review Period:	**3 Years**

1.0 PURPOSE

The sources of violation of confidentiality are usually found in the day-to-day use of copies of original documents. The purpose of this Standard Operating Procedure (SOP) therefore is to describe how to handle original documents and copies of documents in order to protect confidentiality of documents.

2.0 SCOPE

This SOP applies to all kinds of handling, distribution and storage of submitted study protocols, Institutional Ethics Committee (IEC), AIIMS Rajkot documents, and correspondence with experts, auditors and the general public.

3.0 RESPONSIBILITY

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

4.0 FLOW CHART

No	Activity	Responsibility
1	Access to IEC documents	IEC Members and Member Secretary
2	Classify confidential documents	IEC Members and Member Secretary
3	Copy confidential documents	IEC Member Secretary
4	File log of copies	IEC Member Secretary

5.0 PROCEDURE

5.1 Access to IEC Documents:

The IEC members and the staff of the Member Secretary of the IEC, who must read, understand and agree to the following:

5.1.1 Members of the IEC:

- The IEC members must sign a confidentiality agreement (Annexure 3) before the start of the new tenure of IEC.
- Any one member who is appointed in between a given tenure signs the confidentiality agreement.
- The members shall have access to all IEC documents and are free to request and to use original documents or copies of original documents.

5.1.2 Member Secretary of the IEC:

- The Member Secretary of the IEC is a staff member of the IEC.
- The member must sign a confidentiality agreement with IEC
- The member will have access to any document issued by or to the IEC according to annexure 3 & 4. (Maintaining Confidentiality of IEC Documents).

5.2 Classify confidential documents:

- The types of documents reviewed by IEC members include:
  - Study protocols and related documents (case report forms, informed consent documents, diary forms, scientific documents, expert opinions or reviews)
  - IEC documents (SOPs, meeting minutes, advice and decisions)
  - Correspondence (experts, auditors, study participants, etc.)
- Note: Copies of all versions of documents, including draft and sequential definitive versions are to be kept private and confidential with the exception of those made according to the following sections.

5.3 Copy confidential documents:

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

5.3.1 Copy Authorization:

- Only members of the IEC are allowed to ask for copies.
- Only the Member Secretary and chairperson of the IEC are allowed to make such copies.
- The Member Secretary of the IEC may ask for help, but is responsible for maintaining confidentiality of all documents.

5.3.2 Log of Copies:

- A Log of Copies (Annexure 31) must be kept by the Member Secretary.
- The log should include: the name and signature of the individual receiving the copy; the initial of the IEC Secretary who made the copy; the number of copies made and the date that the copies were made.

5.3.3 Copies requested by non-members of the IEC:

- Copies of IEC documents can be provided only to the competent authority (e.g. Government Authority, Court of Law) up on written demand / order.
- Copies made for non-members of the IEC must be recorded in both the Log of Requests for Copies of IEC documents (Annexure 31) and the log of Copies of the Original Documents (Annexure 32).

5.4 File Log of Copies:

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

6.0 GLOSSARY

Document	Documents mean the following: - Study Protocols and related documents (such as case report forms, informed consents, diary forms, scientific documents, reports, records, expert opinions or reviews) - IEC documents (SOPs, meeting minutes, advice and decisions) - Correspondence (experts, auditors, study participants, etc.) of any forms, such as printed or written papers, hard copies, electronic mails (e-mail), faxes, audio or video tapes, etc.

7.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
1. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996. Retrieved from: http://www.ich.org/LOB/media/MEDIA482.pdf
2. Indian Council of Medical Research. National ethical guidelines for biomedical and health research involving human participants. Director-General, Indian Council of Medical Research New Delhi 110 029 www.icmr.nic.in; 2017. last accessed 7th March 2022
3. New Drugs and Clinical Trials Rules, 2019. Central Drug Standard Control Organization (CDSCO)- The Gazette of India – Extraordinary. Published by Health and Family welfare department Government of India on 19/03/2019. Retrieved from: https://cdsco.gov.in/opencms/export/sites /CDSCO_WEB/Pdf-documents/NewDrugs_CTRules_2019.pdf accessed on 12th February 2022
4. World Health Organization, Operational Guidelines for Ethics Committees that Review Biomedical Research, 2000. (Geneva 2000) Retrieved from: www.who.int/tdr/publications/publications/
5. European Convention on Human rights and Biomedicine (1997). Retrieved from: http://conventions.coe.int/treaty/en/treaties/html/164.htm
6. International Council for Harmonisation Of Technical Requirements For Pharmaceuticals For Human Use. ICH Harmonised Guideline. Integrated Addendum to ICH E6(R1): Guideline For Good Clinical Practice E6(R2)2016. https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf

8.0 ANNEXURES

ANNEXURE 31: Log of Requests for Copies of IEC Documents (AN 31/01)
ANNEXURE 32: Log of Copies of Original Documents (AN 32/01)

SOP No.:	**SOP 20/02**
Title:	**Standard Operating Procedure for Selection of Special Groups as Research Participants.**
Page No.:	**78 to 80**
Review Period:	**3 Years**

7.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe the selection of special groups as research participants.

2.0 SCOPE

The principles of this SOP define the process and selection of special groups as research participants and avoid unnecessary harm (non-maleficence) to these groups and preserve their right to participate or not in the research.

1.0 RESPONSIBILITY

Member Secretary and appointed IEC members are responsible for implementing this SOP. Principal Investigator is the person responsible for observance of the rights, health and welfare of the participants recruited for the study.

4.0 SELECTION OF SPECIAL GROUPS ASRESEARCH PARTICIPANTS

The research protocol should clearly explain the need of involving vulnerable participants like children, pregnant and nursing women, geriatric patients etc. These groups should be excluded from the study unless the protocol justifies it.

4.1 Pregnant or Nursing Women: Pregnant or nursing women should in no circumstances be the participant of any research unless the research carries no more than minimal risk to the fetus or nursing infant and the object of the research is to obtain new knowledge about the foetus, pregnancy and lactation. As a general rule, pregnant or nursing women should not be participants of any clinical trial except such trials as are designed to protect or advance the health of pregnant or nursing women or fetuses or nursing infants, and for which women who are not pregnant or nursing would not be suitable participants.

- The justification of participation of these women in clinical trials would be that they should not be deprived arbitrarily of the opportunity to benefit from investigations, drugs, vaccines or other agents that promise therapeutic or preventive benefits. Example of such trials are, to test the efficacy and safety of a drug for reducing perinatal transmission of HIV infection from mother to child, trials for detecting fetal abnormalities and for conditions associated with or aggravated by pregnancy etc. Women should not been encouraged to discontinue nursing for the sake of participation in research and in case she decides to do so, harm of cessation of breast feeding to the nursing child should be properly assessed except in those studies where breast feeding is harmful to the infant.
- Research related to termination of pregnancy: Pregnant women who desire to undergo Medical Termination of Pregnancy (MTP) could be made participants for such research as per The

Medical Termination of Pregnancy Act, GOI,1971.

- Research related to pre-natal diagnostic techniques: In pregnant women such research should be limited to detect the foetal abnormalities or genetic disorders as per the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, GOI, 1994 and not for sex determination of the foetus.

4.2 Children: Before undertaking trial in children the investigator must ensure that -

- children will not be involved in research that could be carried out equally well with adults;
- the purpose of the research is to obtain knowledge relevant to health needs of children. For clinical evaluation of a new drug the study in children should always be carried out after the phase III clinical trials in adults. It can be studied earlier only if the drug has a therapeutic value in a primary disease of the children;
- a parent or legal guardian of each child has given proxy consent;
- the assent of the child should be obtained to the extent of the child's capabilities such as in the case of mature minors, adolescents etc.;
- research should be conducted in settings in which the child and parent can obtain adequate medical and psychological support;
- interventions intended to provide direct diagnostic, therapeutic or preventive benefit for the individual child participant must be justified in relation to anticipated risks involved in the study and anticipated benefits to society;
- the child's refusal to participate in research must always be respected unless there is no medically acceptable alternative to the therapy provided/ tested, provided the consent has been obtained from parents / guardian;
- interventions that are intended to provide therapeutic benefit are likely to be at least as advantageous to the individual child participant as any available alternative interventions;
- the risk presented by interventions not intended to benefit the individual child participant is low when compared to the importance of the knowledge that is to be gained.

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

- Research on genetics should not lead to racial inequalities;
- Persons who are economically or socially disadvantaged should not be used to benefit those who are better off than them;
- Rights and welfare of mentally challenged and mentally differently able persons who are incapable of giving informed consent or those with behavioral disorders must be protected;
- Adequate justification is required for the involvement of participants such as prisoners, students, subordinates, employees, and service personnel etc. who have reduced autonomy as research participants.

5.0 REFERENCES

1. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf

2. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996. Retrieved from: http://www.ich.org/LOB/media/MEDIA482.pdf
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5. World Health Organization, Operational Guidelines for Ethics Committees that Review Biomedical Research, 2000. (Geneva 2000) Retrieved from: www.who.int/tdr/publications/publications/
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7. International Council for Harmonisation Of Technical Requirements For Pharmaceuticals For Human Use. ICH Harmonised Guideline. Integrated Addendum to ICH E6(R1): Guideline For Good Clinical Practice E6(R2)2016. https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf

SOP No.:	**SOP 21/02**
Title:	**Standard Operating Procedure for training of Institutional Ethics Committee Members/ Secretariat**
Page No.:	**81 to 82**
Review Period:	**3 Years**

1.0 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe the procedure for training IEC members/ Secretariat to ensure optimal review of research protocols submitted to IEC.

2.0 SCOPE

The principles of this SOP are applicable to all members of the IEC and administrative staff of IEC.

8.0. RESPONSIBILITY

Chairperson and Member Secretary will be responsible for ensuring trainings of IEC members/Secretariat.

4.0 SELECTION OF SPECIAL GROUPS ASRESEARCH PARTICIPANTS

- At the time of constitution of the institutional ethics committee, latest approved SOPs will be circulated to all members of the IEC via e-mail. Members will be encouraged to familiarize themselves with the SOPs before attending the IEC meeting.
- At the time of appointment to the IEC, each member should have a valid GCP (Good Clinical Practice) certificate as a pre-requisite to induction in the IEC as GCP certificate is the universal standard in Clinical Research.
- The members will be required to update their GCP certification periodically.
- The Chairperson and/or Member Secretary will conduct a presentation of the IEC SOPs in the first meeting of the newly constituted IEC.
- Regular trainings will be conducted on GCP, regulatory guidelines and various SOPs by the IEC, AIIMS Rajkot.
- The IEC may also request a non-IEC member specialized in a topic of importance to impart training to the IEC members. The training program will be scheduled and spread over the year.
- The topics of training will be selected to help members understand their roles and responsibilities while reviewing the research protocols.
- The topics will also include, but are not limited to regulatory guidelines, advancements in health research that could impact review of research protocols, research ethics, and concept of fairness and equity in research participation, conflict of interest, Informed consent and its significance, privacy and confidentiality matters, IPR etc.
- The IEC Secretariat will also maintain logs of the training and certificates attended by the IEC members.

- Chairperson, Member secretary and members will also be encouraged by the appointing authority to attend training in Research Ethics, Bioethics Conferences, Workshops, Seminars to help in improving the quality of review of research protocols/ethics committee submissions and other related activities.
- The members should submit the certificates of such Ethics Conferences/Workshops/Seminars to the IEC Secretariat for IEC record.

5.0 REFERENCES

8. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva2016. Retrieved from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
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13. European Convention on Human rights and Biomedicine (1997). Retrieved from: http://conventions.coe.int/treaty/en/treaties/html/164.htm
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SOP No.:	**SOP 22/02**
Title:	**Standard Operating Procedure for Protocol for Handling Allegations of Research Misconduct**
Page No.:	**85 to 88**
Review Period:	**3 Years**

Purpose

To establish a comprehensive and transparent process for reporting, investigating, and resolving allegations of research misconduct within any project reviewed or approved by the Institutional Ethics Committee (IEC) at AIIMS Rajkot.

Scope

This protocol applies to all research activities under the purview of the IEC. It covers allegations of misconduct, including but not limited to, fabrication, falsification, plagiarism, ethical violations, and non-compliance with established protocols.

Responsibility

- IEC Chairperson: Overseeing the misconduct investigation process.
- Member Secretary: Coordinating the investigation process.
- IEC Members: Participating in the decision-making process.
- Designated Investigation Committee: Conducting a thorough investigation of the allegations.

Procedure

1. Reporting Misconduct:

- Allegations can be reported by anyone (researchers, participants, staff) directly to the IEC Member Secretary or Chairperson.
- Confidentiality of the whistle-blower will be maintained to the fullest extent possible.

2. Preliminary Assessment:

- Upon receiving an allegation, the Member Secretary, in consultation with the Chairperson, conducts a preliminary assessment to determine if the allegation has sufficient substance to warrant a full investigation.

3. Formation of Investigation Committee:

- If a full investigation is warranted, an Investigation Committee is formed, comprising select IEC members and external experts, if necessary.

4. Investigation Process:

- The Investigation Committee reviews all relevant information, interviews involved parties, and collects necessary evidence.
- The process should be thorough, fair, and completed in a timely manner.

5. Interim Measures:

- If necessary, interim measures such as suspension of the research project may be implemented to prevent any potential harm or further misconduct.

6. Reporting Findings:

- Upon completion of the investigation, the Committee submits a detailed report to the IEC, outlining findings and recommendations.

7. Decision and Action:

- Based on the report, the IEC deliberates and decides on the appropriate action, which may include sanctions against those found guilty of misconduct, corrective actions for the research project, or referral to higher authorities.

8. Documentation and Confidentiality:

- All proceedings related to the investigation will be documented and stored securely.
- Confidentiality will be maintained throughout the process, with information disclosed only to those directly involved.

9. Appeals Process:

- Individuals or groups subject to sanctions can appeal the decision, triggering a review by an independent panel.

Review and Update

This protocol will be reviewed and updated periodically to incorporate best practices and changes in regulations or institutional policies.

SOP No.:	**SOP 23/02**
Title:	**Standard Operating Procedure for waiver of consent**
Page No.:	**89 to 93**
Review Period:	**3 Years**

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 *is* designed to standardize the process of applying for consent waiver.

1. 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 at the Full Board meeting.

2. 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.

3. Flow chart

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

4. 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/V5* 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/SOP 19/V5)*.

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.

5. References:

[1] Ethical Guidelines for Biomedical research on Human Participants, ICMR (2006) - *http://www.icmr.nic.in/ethical_guidelines.pdf* (last accessed 31st July 2017).

[2] 45CFR Title 45 Public Welfare (45 CFR 46) Protection of human subjects, Department of Health and Human Services, revised June 23, 2005. Website *http://www.hhs.gov/ohrp/humansubjects/guidance/45_CFR_46.htm*, paragraph 46.116- 'General Requirements for Informed Consent' (last accessed 31st July 2017).

SOP No.:	**SOP 24/02**
Title:	**Standard Operating Procedure for Review protocol for projects involving AI, ML, DL and LLMs**
Page No.:	**94 to 94**
Review Period:	**3 Years**

Purpose

To establish guidelines for the ethical review of research projects involving Artificial Intelligence (AI), Machine Learning (ML), Deep Learning (DL), and Large Language Models (LLMs) in clinical and biomedical research.

Scope

This protocol applies to all research proposals submitted to the IEC that significantly incorporate AI, ML, DL, or LLM technologies.

Responsibility

- IEC Chairperson: Oversight of reviews for such projects.
- Member Secretary: Coordination of the review process.
- IEC Members: Evaluation of the ethical implications of the proposed research.
- AI Ethics Expert: Consultation on specific AI/ML-related ethical issues.

Procedure

1. Submission of Project Proposal:
   - Researchers must provide detailed information about the AI/ML/DL/LLM technologies used, including algorithms, data sources, and intended applications.
2. Initial Screening:
   - The Member Secretary screens the proposal to identify significant ethical considerations, such as data privacy, algorithmic bias, and patient safety.
3. Expert Review:
   - Proposals with substantial AI/ML/DL/LLM components are reviewed by an AI Ethics Expert or a subcommittee specializing in digital technologies in healthcare.
4. Ethical Considerations:
   - Assess the potential risks and benefits of the technology, focusing on patient privacy, data security, and the transparency of algorithms.
   - Evaluate the measures taken to prevent and address biases in AI/ML models.
5. Consent Process:
   - Ensure that the consent process adequately covers the use of AI/ML technologies, especially regarding data use and potential risks.
6. Ongoing Monitoring:
   - Proposals approved with AI/ML/DL/LLM components require ongoing monitoring to ensure ethical compliance, particularly as algorithms evolve.
7. Documentation and Reporting:
   - Require detailed documentation of all AI/ML/DL/LLM processes used in the research.
   - Regular reporting on the implementation and outcomes of the technology.

SOP No.:	**SOP 25/02**
Title:	**Standard Operating Procedure for Exemption of review protocol document**
Page No.:	**95 to 96**
Review Period:	**3 Years**

Purpose
To establish guidelines for determining when research projects may be exempt from full review by the Institutional Ethics Committee (IEC) due to minimal risk to participants and adherence to ethical standards.

Scope
This protocol applies to all research proposals submitted to the IEC where the researchers seek exemption from full review.

Responsibility
- IEC Chairperson: Final approval of exemptions.
- Member Secretary: Preliminary assessment of exemption requests.
- IEC Members: Provide input on exemption decisions when necessary.

Procedure

1. Criteria for Exemption:
Research involving minimal risk to participants.
Studies using publicly available data or anonymous surveys.
Research not involving vulnerable populations or sensitive topics.
For Case Series/ Case Reports
- The case report/series involves clinical observations without any intervention or deviation from standard care.
- Patient confidentiality is strictly maintained, and any identifiable information is adequately anonymised.
- The case report/series provides significant educational value or clinical insight.

For Systematic Review and Meta-analysis
- If a systematic review/ meta-analysis protocol has followed standard guidelines and procedures including prospective registration in a standard database/ registry

2. Submission of Exemption Request:
Researchers submit a completed Exemption of Review Form, outlining why their study qualifies for exemption.

3. Preliminary Assessment:
The Member Secretary conducts a preliminary assessment to determine if the request meets exemption criteria.

4. Review and Decision:
If the criteria are met, the Member Secretary forwards the request to the Chairperson for final approval.
For borderline cases, a brief review by select IEC members may be conducted.

5. Notification:
The IEC informs the researcher of the decision in writing.

6. Record Keeping:
Documentation of all exemption decisions is maintained for audit purposes.

7. Annual Review:
The IEC conducts an annual review of exemption criteria to ensure continued relevance and compliance with ethical standards.

Databases for protocol registration

5. protocols.io. https://www.protocols.io/
6. Centre for Open Science Preregistration https://www.cos.io/initiatives/prereg
7. Cochrane https://www.cochrane.org/
8. INPLASY https://inplasy.com/
9. PROSPERO International prospective register of systematic reviews. https://www.crd.york.ac.uk/PROSPERO/
10. Research registry https://www.researchregistry.com/

ANNEXURE – 1 (AN 01/01):	MEMBERSHIP CONSENT FORM

MEMBERSHIP CONSENT FORM
INSTITUTIONAL ETHICS COMMITTEE

I…… **(Full Name)** working as …… **(Current Job Profile) at** …… …… **(Office Address)** since last …… **(Time period)** accept the invitation to become a member of Institutional Ethics Committee of All India Institute of Medical Sciences (AIIMS), Rajkot. I agree to be bound by the following:

- I shall regularly participate in the IEC meeting to review and give my unbiased opinion regarding the ethical issues.
- I shall be willing to publicize my full name, profession and affiliation.
- I shall not keep any literature or study related document 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 anyone other than project related personnel.

ACKNOWLEDGMENT

In signing this membership consent form, I acknowledge that I have read and understood the above terms and requirements and hereby agree to be bound by all such terms, conditions and requirements.

I herewith enclose my CV.

Thanking You,
Yours sincerely,
Signature: ……..
Date: ……..
Designation accepted in IEC: ……..
Residential
Address:……
……
……
Contact Number: ……

ANNEXURE – 2 (AN 02/01):	OFFICE ORDER

Date:

OFFICE ORDER

I herewith establish and constitute an Institutional Ethics Committee All India Institute of Medical Sciences (AIIMS), Rajkot to ensure a competent review of all ethical aspects of project proposal received and execute the same free from any bias and influence that could affect the objective.

The following members will constitute the Institutional Ethics Committee (Human studies)

1. Chairman_____

   Designation_____ Affiliation

2. Member secretary(Convener)

   Designation_____ Affiliation

3. Member

   Designation_____ Affiliation

4. Member

   Designation_____ Affiliation

5. Member

   Designation_____ Affiliation

6. Member

   Designation_____ Affiliation

7. Member

   Designation_____ Affiliation

8. Member

   Designation_____ Affiliation

9. Member

Designation_____ Affiliation

10. Member

Designation_____ Affiliation

11. Member

Designation_____ Affiliation

12. Member

Designation_____ Affiliation

13. Member

Designation_____ Affiliation

The tenure of this membership will be for a period of 3 years from the date of appointment.

……..

Signature

Executive Director
AII India Institute of Medical Sciences,
Rajkot

ANNEXURE – 3 (AN 03/01):	CONFIDENTIALITY AND CONFLICT OF INTEREST AGREEMENT FORM FOR IEC MEMBERS

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

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

Whereas, the fundamental duty of an IEC member is to independently review research protocols involving human 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 human subjects;

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

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

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

Conflict of Interest

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

In accordance of the policy of the IEC, I shall not participate in the review, comment or approval of any activity in which I have a conflict of interest, except to provide information as requested by the IEC.

Undersigned Signature_____ **Date** _____

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

If an applicant submitting a protocol believes that an IEC member has a potential conflict, the investigator may request that the member be excluded from the review of the protocol.

The request must be in writing and addressed to the Chairperson. The request must contain evidence that substantiates the claim that a conflict exists with the IEC member(s) in question. The committee may elect to investigate the applicant's claim of the potential conflict.

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

Examples of conflict of interest cases may be any of the following:

- A member is involved in a potentially competing research program.
- Access to funding or intellectual information may provide an unfair competitive advantage.
- A member's personal biases may interfere with his or her impartial judgment.

Agreement on Confidentiality and Conflict of Interest

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

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

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

Undersigned Signature_____ **Date** _____

Chairman of the IEC _____ **Date** _____

ANNEXURE – 4 (AN 04/01):	CONFIDENTIALITY AGREEMENT FORM FOR INDEPENDENT CONSULTANTS

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

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

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

Undersigned Signature_____ **Date** _____

Chairman of the IEC _____ **Date** _____

ANNEXURE – 5 (AN 05/01):	CONFIDENTIALITY AGREEMENT FORM FOR NON-MEMBERS REQUESTING COPIES OF IEC'S DOCUMENTS

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

I have received copies of the following IEC documents:

……
……
……
……

_____ _____

Signature of the recipient **Date**

_____ _____

Chairperson of IEC **Date**

ANNEXURE – 6 (AN 06/01):	STUDY ASSESSMENT FORM FOR INDEPENDENT CONSULTANT

IEC Protocol Number:	
Protocol Title: _____ _____ _____	
Comments on the protocol:	
Comments on the Informed Consent Document:	
Comments on any other issues/ aspects:	
Remarks	☐ **Recommend approval**
	☐ **Recommend approval after incorporation of changes suggested**
	☐ **Recommend disapproval (Please state reasons)** _____ _____ _____
	☐ **Any other (Please specify with reasons)** _____ _____ _____
Name of the Consultant reviewing the project	
Signature with Date	

ANNEXURE – 7 (AN 07/01):	CHECK LIST FOR PROTOCOL SUBMISSION

Checklist of Documents for Protocol Submission to the Institutional Ethics Committee AIIMS, Rajkot (to be filled in by the study team)

Protocol submission for initial review (Tick accordingly)

Sr. No.	Documents	Yes	No	Date by which it will be submitted, if pending	NA
1	Letter to Member Secretary/ Chairperson				
2	Summary of protocol (in not more than 500 words)				
3	Protocol				
4	Amendments to protocol, if applicable				
5	Informed consent document in English				
6	Informed consent documents in Regional languages (Total No:- _____)				
7	Back translations of Informed consent documents				
8	Back translation certificate				
9	Amendments to the informed consent document				
10	Case Record Form				
11	Subject recruitment procedures: advertisement, notices or any other				
12	Patient instruction card, identity card, diary etc.				
13	Patient/Subject Questionnaire/s (No:____)				
14	Investigator Brochure				
15	Insurance policy (Only one copy is needed for submission)				
16	Investigator's undertaking to DCGI (Only one copy is needed for submission)				
17	DCGI approval (Only one copy is needed for submission)				
18	Investigator's agreement with sponsor (Copy ofthe Final Signed Document)				
19	FDA marketing/manufacturing license for herbal formulations/ nutraceutics (Only one copy is needed for submission)				
20	Related approval in case the study involves collaboration with any foreign laboratory/clinic/institution (Only one copy is needed for submission)				
21	Bhabha Atomic Research Centre (BARC) approval in case study involves use of radioisotopes/ ionizing radiations (Only one copy is needed for submission)				
22	Genetic Engineering Advisory Committee (GEAC)				

	approval in case study involves use of gene therapy (Only one copy is needed for submission)				
23	Director General of Foreign Trade (DGFT) approval in case study samples are to be sent abroad for analysis (Only one copy is needed for submission)				
24	Administrative sanction from the Head of the Institution in case of collaborative studies with other institutions (one copy)				
25	Signed and dated brief current curriculum vitae of the study team members (principal investigator, co-investigator, study co-coordinator) (one copy only)				
26	Ethics Committee clearance of other centers (Total No _____) (one copy only)				
27	Log of delegation of responsibility of the study team members				
28	Document Receipt Form (one copy only)				
29	Current Status of Ongoing Studies conducted by principal investigator				
30	Documentation of CTRI registration/ any other WHO platform registry (whenever applicable) (one copy only)				
31	GCP training certificates of principal investigator and co-investigator (one copy only)				
32	Any other Documents submitted				

ANNEXURE – 8 (AN 08/01):	**DOCUMENT RECEIPT FORM**

IEC Protocol Number : _____		**Submitted date: : _____**	
Type of Submission:	☐ **Initial Review** ☐ **Resubmission for re-review** ☐ **Protocol Amendments** ☐ **Other** ☐ **Continuing Review of Approved Protocols**	☐ **Protocol Termination** ☐ **Study completion**	
Protocol Title: _____ **_____** **_____**			
Principal Investigator:		**Department:**	
Communication with the IEC :	**E-mail address:**	**Phone:**	**Fax:**
Documents submitted:	☐ **Complete** ☐ **Incomplete will submit on……..**		
Documents to be submitted later :	☐ **final signed clinical trial agreement** ☐ **informed consent form** ☐ **case report forms (CRF)** ☐ **study budget** ☐ **investigator's brochure** ☐ **insurance document** ☐ **Others……..**	☐ **Check what documents are received later on.** ☐ **final signed clinical trial agreement** ☐ **informed consent form** ☐ **case report forms (CRF)** ☐ **study budget** ☐ **insurance document** ☐ **Others……..**	
Received By:	☐ **Name:_____** ☐ **Signature:_____** ☐ **Date on which documents received :_____**		

Note: Please bring this receipt with you when you visit the office of the Institutional Ethics Committee (IEC) AIIMS, Rajkot.

Contact Details:
Institutional Ethics Committee
Office of the IEC,
All India Institute of medical sciences, Rajkot – 360001

ANNEXURE – 9 (AN 09/01):	GUIDELINES FOR INVESTIGATORS

GUIDELINES FOR INVESTIGATORS

1. All the studies qualifying as 'clinical research' need to be submitted for the Ethics Committees review.
2. Location and Office Address:
   Institutional Ethics Committee
   Office of the IEC,
   AIIMS Temporary Campus,
   Opp. PMSSY Block,
   Civil Hospital, Rajkot – 360001

   The office will remain closed on Sundays and all public holidays

3. The clinical trial (Any investigation in human subjects intended to discover or verify the clinical, pharmacological, and/or other pharmacodynamics effects of an investigational product(s), and/or to identify any adverse reactions to an investigational product(s), and/or to study absorption, distribution, metabolism, and excretion of an investigational product(s) with the object of ascertaining its safety and/or efficacy [ICH-GCP]) should be registered with the Clinical Trial Registry of India or any other WHO platform registry and a copy of the documentation of registration should be provided at the time of submission of a new study proposal for review.

4. The following steps need to be followed by investigators while communicating with the IEC:
   i. Prior to approval of a research study
   a) **Submission of a New Study Proposal:** The clinical trial protocol and documents along with Checklist of Protocol Submission **Annexure 7** to be submitted is available at the IEC office. **Nine** sets of project proposal (one for archiving and eight for IEC members) should be submitted. For some general and administrative documents (specified in the Check List for Protocol Submission **Annexure 7**) only one copy can be submitted. Each set shall contain the documents mentioned in **Annexure 7** on A 4 size paper arranged in a plastic file in the same order. Please use the following form and checklist available in the IEC office for submission of new study.
      - Checklist for protocol submission **Annexure 7**
      - Regulatory permissions to be sought wherever applicable.
   b) The investigator should ensure that there is an 'Ethics Section' in the protocol which includes the following aspects. These points 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) An investigator may be invited (telephonically/ through written communication) tothe IEC meeting to discuss issues related to the study proposal.

d) 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 2006 guidelines.

e) An investigator is expected to submit reply to the letter of recommendations/ queries sent by the IEC within 30 days of date of receipt of the letter. In the absence of any response, the project will be declared closed for the IEC office records.

ii. Once approval for a study is granted

a) An approval will be granted for the entire duration of the study.

b) Submission of Study Related Documents for IEC review Study related documents (protocol amendments, SAE reports, status reports, study completion reports, protocol deviations/ violations) 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 2 days in advance. Hence 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** 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).

c) Submission of Amended Protocol and Protocol Related Documents All amendments to the approved research proposal (only one set) should be submitted to the committee immediately for its review. 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 subject, 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.

d) Submission of Report of Protocol Deviations/ Violations in the study protocol, please use the protocol Deviation / Non-Compliance / Violation Record Annexure 24for submitting report of Protocol Deviations/ Non-Compliance / Violations.

e) Submission of Report of Serious Adverse Events (SAEs) All Serious Adverse Events (SAEs) at our site occurring during the study should be submitted to the IEC within 7 working days of their occurrence. If the SAE is 'death', it should be reported to the IEC within 24 hours of its occurrence via an e-mail. Please use the form *Annexure 26* for reporting SAEs. The SAE report should be accompanied by detailed narrative of the SAE and CIOMS form.

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

g) 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.

h) Submission of continuing review report in case of studies which continues for more than a year.

- For studies which will continue for more than a year, a continuing review report as per the format *Annexure 20* will need to be submitted for review
- If the Principal Investigator fails to submit the continuing review report within one month of the due date (i.e. 13th months from the date of approval, unless specified otherwise), the IEC secretariat will send a reminder as per the format *Annexure 19* 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 letter of reprimanding the Investigator
  - Not reviewing future projects from the PI for a specified period of time
  - A letter asking the Investigator to put recruitment of new participants on hold

iii. Once a study is over

- **Submission of Study Completion Report:** For studies which are completed within the IEC approval period, a study completion report as per the format given in *Annexure 22* should be submitted to the IEC, by the investigator. The study completion report is expected for review within 1 month of completion of the study at the site. A brief study report containing data analysis from all centers should be submitted once available from the sponsor.
- **In case a study is not initiated or terminated,** the same should be communicated to the IEC stating reasons for the same. The format for submission of report of premature termination of the study is as per *Annexure 25* should be used
- The IEC archives all the study related documents for **a period of 3 years after the study is completed / terminated/ reported as not initiated** at our site. In case, an investigator needs a copy of any document submitted to the IEC, a written request can be made for retrieval of the same using the form1- Document Request Form *Annexure 31*

Appendix I: Regulatory permissions

- **DCGI approval:** Studies which plan to use a new drug (as defined in section 122-E of the Drugs and Cosmetics Act, 1945) require DCGI permission. For such studies, a copy of the permission letter issued by the DCGI to the pharmaceutical company/investigator also needs to be submitted to the IEC. If the DCGI 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 DCGI permission is submitted to the IEC. No study should be initiated until the final letter of permission is issued by the IEC.
- Director General of Foreign Trade (DGFT) approval in case study samples are to be sent abroad for analysis
- **FDA marketing/manufacturing license** for Ayurvedic/ herbal formulations/ nutraceutics 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

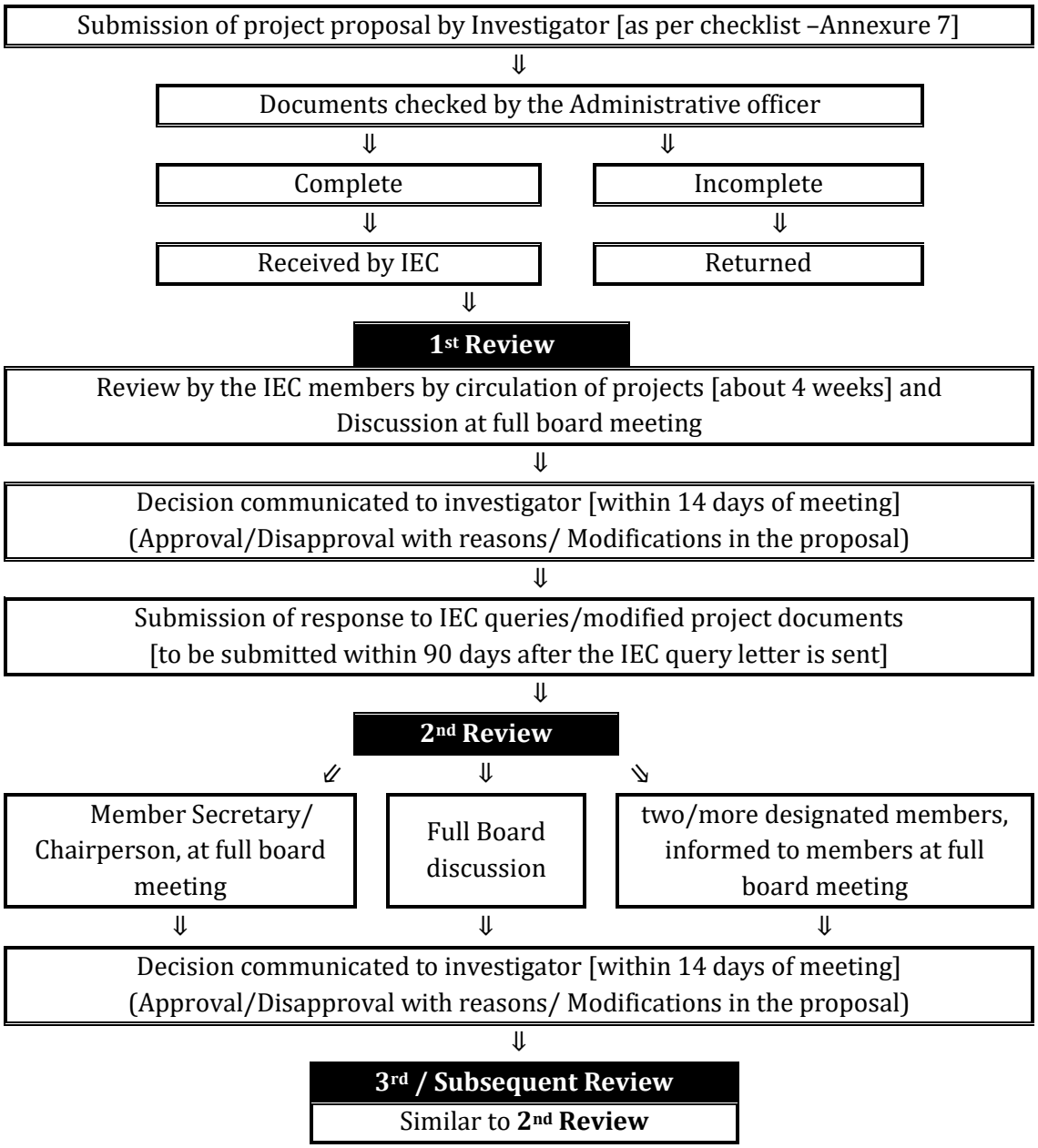
- Genetic Engineering Advisory Committee **(GEAC) approval** in case a study involves use of gene therapy
- **Administrative sanction** from the Executive Director of the Institution should be sought by investigators for studies involving collaboration with other Indian or foreign Laboratory/Clinic/Institution.

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

The following forms are available in the IEC office and should be used for submission of study protocol and other study related documents as per revised SOPs of the IEC:

- Checklist of Protocol submission **Annexure 7**
- Serious Adverse Event Report Assessment Form for SAE at our site Annexure 26
- Deviation / Non-Compliance / Violation Record Annexure 24
- Continuing Review Report Form Annexure 20
- Study Completion Report Annexure 22
- Premature Termination Report Annexure 25
- Document Request Form Annexure 31

Submission of Projects for IEC Review



ANNEXURE – 10 (AN 10/01):	LETTER TO IEC MEMBERS REQUESTING INITIAL REVIEW WITH STUDY ASSESSMENT FORM

Dear member,

The next meeting of the IEC, AIIMS, Rajkot will be held on XXX at XXX in XXXX. Please note that the package of research proposals is to be circulated in the following order. You are requested to review the same preferably within 5 working days of receiving the package. Please review the protocol and related documents as per the guidelines attached with Annexure 13 and provide your comments on the form provided below with the package. Please also confirm your availability for the meeting. Please bring this form at the time of IEC meeting.

Name of Member	Date of Receipt	Signature	Attending meeting Y/N

STUDY ASSESSMENT FORM

Protocol Number: (as per IEC records)	Date of receipt at IEC office after review by member (D/M/Y): _____	
Protocol Title: _____ _____ _____		
Name of the Principal Investigator	**Designation**	**Department**
Name of the Reviewer:		
Comments: _____ _____ _____ _____ _____ _____ _____		
Signature of the IEC member reviewing the project: _____ Date: _____		

ANNEXURE – 11 (AN 11/01):	IEC DECISION FORM

Date of IEC meeting: _____	IEC Protocol number: _____
IEC Title:	
Principal Investigator:	Department:
Final Decision at the meeting:	☐ Approved ☐ To be reviewed as follows after the IEC recommendations have been incorporated ☐ Reviewed by Chairperson/ member secretary only and to inform Members at the Full Board meeting ☐ Reviewed at the Full Board meeting ☐ Review by any 2 / more IEC members ☐ Not Approved, Reasons:_____ _____ _____ _____

Sr. No.	Names of Members Present	AP	SR	DA	Signature

Note: *AP: Approved; SR: Suggested recommendations; DA: Disapproved; or any other* Comments

No. of members voting for the decision: _____
No. of members voting against the decision: _____
No. of members abstaining from voting: _____

Signature of Chairperson _____ **Date**_____

ANNEXURE – 12 (AN 12/01):	FORMAT OF PROJECT APPROVAL LETTER

Date XX/XX/XXXX
To,
Dr. xxxxxxxxxxxx,
Dept. of xxxxxxxxxxxxx.

Ref:
Protocol ID: XXXXXXXXXX
Protocol Title: XXXXXXXXXXXXXXXXXXx
Sub: XXXXXXXXXXXX
Dear Dr. XXXXx,

The meeting of the Institutional Ethics Committee (IEC) AIIMS, Rajkot was held on xxxxx at xxxx, in the\ xxxxxxxxxxxxx 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	Qualification	Position in IEC

It is hereby confirmed that neither you nor any of the study team members have participated in the voting/decision making procedures of the committee.

The IEC has reviewed and approved the following documents submitted for the above – mentioned clinical study.

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 subjects, at Dept. of xxxx, xxxxxxxxxx as per the submitted protocol.

This approval is valid till for the entire duration of the study. It is the policy of IEC that it be informed about any serious adverse event occurring during the course of the study within seven working days of the occurrence of the adverse event. If 'Death' is a SAE, it should be reported to the IEC within 24 hours of its occurrence via an e-mail.

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. 13 months from the date of approval) on or before XXXXXXXXXXX.

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

Sincerely yours

Member Secretary/ Chairperson,
IEC
(Signed and dated by the IEC Chairperson or Member Secretary)
Date of approval of the study: XX/XX/20XX

ANNEXURE – 13 (AN 13/01):	GUIDELINES FOR REVIEWING A 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 wellbeing?
   - Knowledge from the basic research may possibly benefit.
   - A new choice of method, drug or device that benefits the subject during the study and others in the future.
   - Provide safety data or more competitive choices.

2. Will the study design 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.
   - subject 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?
   - there will be secondary participants.

4. 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?
5. 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.

6. 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?

7. 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?

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 if recruitment of study participants includes:

- A consent form
- 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, diagrams 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)

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

☐ Subjects are not exposed to severe or permanent harm by the use of placebo.

☐ Subjects under placebo will benefit from the overall treatment of the disease.

☐ Risks of the use of placebo are minimized.

☐ Risks are adequately disclosed in the consent form.

ANNEXURE – 14 (AN 14/01):	FORM FOR NOMINATION OF IEC MEMBERS IN A SUBCOMMITTEE FOR EXPEDITED REVIEW

Date: XXXX

To,
XXXXXXx,
Member, IEC,

REFERENCE:
Protocol ID:
Protocol Title: "XXXXXXXX".

SUBJECT: Review of XXXXXXX.

Dear Dr. XXXXXX,

The following document/s has/ have been submitted to the IEC for review.

1. _____
2. _____
3. _____

The following members are nominated to review of the above-mentioned documents.

1. _____
2. _____
3. _____

For expedited review, you are requested to fill the study assessment form enclosed and send to the IEC office within 7 working days:

_____
Signature of Chairperson with date

ANNEXURE – 15 (AN 15/01):	STUDY ASSESSMENT FORM FOR EXPEDITED REVIEW

IEC Protocol Number : _____	Date of receipt at IEC office (D/M/Y): _____
Protocol Title: _____ _____ _____	

Principal Investigator	Department	Contact No

Total no. of Participants at the site:	
No. of Study sites:	
Sponsor:	
Duration of the Study:	
Reviewer's name :	

Type of the Study :	☐ **Intervention** ☐ **Epidemiology** ☐ **Observation** ☐ **Document based**	☐ **Genetic** ☐ **Social Survey** ☐ **Others, specify……** ……

Description of the Study in brief: (Mark whatever applied to the study)

☐ **Randomized**	☐ **Parallel**
☐ **Open-labeled**	☐ **Interim Analysis**
☐ **Double blinded**	☐ **Use of Tissue samples**
☐ **Placebo controlled**	☐ **Use of Blood samples**
☐ **Treatment controlled**	☐ **Use of genetic materials**_____
☐ **Cross-over**	

Comments:_____ _____

(Review the protocol and related documents as per the guidelines stated in Annexure 13)

PROVISIONAL DECISION

- ☐ **Approved**
- ☐ **Recommended Suggestions**
- ☐ **Disapproved**
- ☐ **Full Board**
- ☐ **Any other**

Reason for disapproval:_____
_____

Name of the IEC member:_____

Signature _____ **Date** _____

FINAL DECISION

Approved:

- ☐ **YES**
- ☐ **NO**

If disapproved, reasons for disapproval:_____
_____

Further revision or modification required:_____
_____
_____

Any Other: _____

_____ _____
Signature of Chairperson **Date**

ANNEXURE – 16 (AN 16/01):	**ASSESSMENT OF RESUBMITTED PROTOCOL**

Protocol Number Protocol Title:	
Number of review : ☐ 2nd Review ☐ 3rd Review ☐ 4th Review _____	
Principal Investigator:	Department:
Date of Initial Review by IEC:	Date of Last Review:
The IEC Decision recorded in the meeting minutes : (meeting held on _____) _____ _____	
Opinion of the reviewer: Revision or Modification according to the recommendation	☐ Yes ☐ No: Explain: _____ _____ _____
Approved	☐ Yes ☐ No
If disapproved, reasons for disapproval	_____ _____
Further revision or modification required	_____ _____
To be discussed at the forthcoming full board meeting	_____ _____
Any Other	_____ _____
Name of the Reviewer: _____ Signature: _____Date:_____	
Final Decision: Approved YES ☐ If disapproved, reasons for disapproval _____	
☐ Further revision or modification required _____	
☐ Any Other _____	
Signature of the Chairperson: _____ Date: _____	

ANNEXURE – 17 (AN 17/01):	PROTOCOL AMENDMENT REQUEST AND ASSESSMENT FORM

IEC Protocol Number:

Protocol Title: _____
_____
_____

Principal Investigator and Department: _____

Approved date:	**No. of amendment:**

State/describe the amendment:

- Type of document/ part of document amended)
  _____
  _____
- Reasons for the amendment
  _____
  _____
- Any untoward effects with original protocol (if applicable)
  _____
  _____
- State expected untoward effects, if any because of the amendment
  _____
  _____

Have the changes modifications in the amended versions been highlighted/ underlined?
Yes ☐ **No** ☐

Name of Principal Investigator: _____
Signature with Date:_____

Type of review : (Decision by the Chairperson/ Member Secretary)

- Review by Member Secretary/ Chairperson ☐
- Review by designated IEC members ☐
- Full Board discussion and review ☐

Comments of the reviewer : _____ _____ _____ _____	
Decision:	☐ Approved ☐ Suggested Recommendation(s) ☐ Disapproved ☐ Next full board discussion
Name of IEC Member/ Member Secretary / Chairperson reviewing the project:_____ **Signature with Date**:_____	
Final Decision: Approved: ☐ YES ☐ NO If disapproved, reasons for disapproval _____ _____ Further revision or modification required _____ _____ Any Other _____ _____	
Signature of the Chairperson:_____ **Date:** _____	

ANNEXURE – 18 (AN 18/01):	PROTOCOL AMENDMENT/DOCUMENT AMENDMENT APPROVAL LETTER

To
XXXXX (PI)
Department
Ref: -
Protocol ID:
Project title:

Dear Dr. XXXX

We have received from you the following document (s).
1. _____
2. _____

At the meeting of Institutional Ethics Committee, AIIMS Rajkot held on ---- the above mentioned 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. _____

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 IECAIIMS, Rajkot 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

ANNEXURE – 19 (AN 19/01):	REMINDER LETTER BY THE IEC TO INVESTIGATOR

To
XXXXX (PI)
Department

Ref: -
Protocol ID:
Project title:

Dear Dr. XXXX

The above referenced project was approved by the Institutional Ethics Committee, AIIMS, Rajkot on XXXXXXX and was due for Continuing Annual/ Periodic Review by the IEC. You are requested to submit an Annual/ Periodic status report in the prescribed format enclosed along with this application at the earliest, on or before XXXXX.

Signature of Chairperson/ Member Secretary with Date
IEC

ANNEXURE – 20 (AN 20/01):	CONTINUING REVIEW APPLICATION FORM

IEC Protocol Number:

Protocol Title: _____
_____
_____

Principal Investigator and Department: _____

Summary of protocol participants:
_____ Number of participants approved by IEC
_____ New participants recruited so far
_____ Number of active patients
_____ Number of patients who have completed the study

Have any participants withdrawn from this study during the last one year?

☐ No
☐ Yes (state the number and reasons for drop-outs of each participant)

Impaired participants

☐ None
☐ Physically
☐ Cognitively
☐ Both

Have there been any amendments in protocol/ Informed Consent Document since the last review?

☐ NO
☐ YES

Were these protocol/ Informed Consent Document (ICD) amendments approved by IEC?

☐ No, If no mention the amendments not approved
☐ Yes

Which protocol amendment is the site following at this date _____

Has any information appeared in the literature, or evolved from this or similar research that might affect the IEC/IRB's evaluation of the risk/benefit analysis of human subjects involved in this protocol?

☐ No
☐ Yes (Discuss in the attached narrative)

Have any unexpected complications or SAEs been noted since last review at our site?

☐ No
☐ Yes (Discuss in the attached narrative-no. of patients at our site who had SAEs, whether reports of SAEs at our site have been submitted to the IEC, whether reports of SAEs at other sites have been submitted to the IEC, types of adverse events)

Have any participating investigators been added or withdrawn since last review?

☐ No
☐ Yes (Identify all changes in the attached narrative)

Is report of interim data analysis available?

☐ No
☐ Yes (submit as an attachment)

Is report of the data safety and monitoring board available?

☐ No
☐ Yes (submit as an attachment)

Have any investigators developed equity or

Which ICD amendment is the site following at this date _____	**consultative relationship with a source related to this protocol which might be considered a conflict of interest?** ☐ NO ☐ YES (Append a statement of disclosure)

Signature of the Principal Investigator with Date: _____

Assessment of Continuing Review Report by the IEC
To be reviewed by

☐ Chairperson / Member Secretary only and informed to the IEC members at Full Board

☐ Full Board

☐ Any 2 IEC members and informed to the IEC members at Full Board

Names of IEC members: _____
_____

Chairperson's
Signature with date_____

IEC Decision on the Continue Review Report

Decision

☐ Noted and the project can be continued without any modifications

☐ Modifications recommended - requiring protocol resubmission (State the recommendations:)
_____
_____

☐ Protocol should be discontinued (State the reasons for discontinuation:)
_____
_____

☐ Full Board discussion

☐ Any Other _____

Signature of reviewer/s with date: _____
Final Decision on the Continue Review Report: _____
_____
Chairperson's Signature with date_____

ANNEXURE – 21 (AN 21/01):	PROJECT REPORT APPROVAL LETTER

To
XXXXX (PI)
Department

Ref: -
Protocol ID:
Project title:
Subject: _____

Dear Dr. XXXX

This is with reference to the above stated letter regarding the continuing review report of the above mentioned project. The Continuing Review Report was reviewed by the IEC members in the IEC meeting held on xxxxx and was noted.

The above referenced project can be continued without any modifications.

_____

Signature of Chairperson/ Member Secretary with Date
IEC

ANNEXURE – 22 (AN 22/01):	**STUDY COMPLETION REPORT FORM**

(Filled by Principal Investigator)

IEC Protocol Number:	
Protocol Title: _____ _____ _____	
Principal Investigator and Department: _____	
Total no. of study participants recruited	
Total no. of study participants approved by the IEC for recruitment	
Duration of the study	
***Results (Summary) with Conclusion: (use extra blank paper, if more space is required).** _____ _____ *Note: If the final report is not available from sponsor, it may be submitted later to the IEC once it is ready.	
Number of SAEs at our center:	
Whether all SAEs intimated to the IEC	☐ **Yes** ☐ **No**
No. of patients withdrawn and reasons for withdrawal: _____ _____ _____ _____ _____	
Name of Principal Investigator: _____ **Signature with Date:**_____	
Assessment by the IEC member: **To be reviewed by** • Chairperson / Member Secretary only and informed to the IEC members at Full Board ☐ • Full Board ☐ • Any 3IEC members and informed to the IEC members at Full Board ☐ • Names of IEC members: 1. _____ 2. _____ **Signature of the Chairperson:**_____ **Date:** _____	
Reviewer's Name: _____	

Comments of the reviewer :

_____
_____
_____
_____

Action taken:

☐ **Noted**

☐ **Requires more information/ action as follows:**

_____
_____
_____
_____

Signature of the Reviewer with date : _____

Final Decision by the Chairperson:

_____
_____
_____
_____

Signature of the Chairperson:_____ **Date:** _____

ANNEXURE – 23 (AN 23/01):	**STUDY COMPLETION STATEMENT**

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

ANNEXURE – 24 (AN 24/01):	**DEVIATION/NON-COMPLIANCE/VIOLATION RECORD**

IEC Protocol Number:

Protocol Title: _____
_____
_____

Principal Investigator and Department: _____

☐ **Deviation from protocol**	☐ **Non-Compliance**	☐ **Violation**

Description of deviation (s)/violation(s)
_____
_____

Corrective Actions Taken by the Principal Investigator:
_____
_____

Reported by (Name of Principal Investigator/Study Team Member):_____
Signature with date:_____

Provisional Decision by the Reviewer (Member Secretary and/or Chairperson and/or IEC Member)

☐ Noted

☐ Request the Principal Investigator not to perform such deviations/non-compliances/violations in future

☐ Specific recommendations stated below to be followed:_____
_____

☐ Suspend the study till the IEC recommendations are implemented

☐ Suspend the study till information available

☐ Terminate approval of the current study

☐ Reasons for termination

☐ Refuse subsequent applications from an investigator cited for non-compliance.

☐ To discuss at the full Board meeting

☐ Any other _____

Reviewed by:
Name:_____
Signature with date:_____

Discussion of the protocol deviation/violation at the

☐ Special full board meeting on _____

☐ Next Scheduled full board meeting on _____

Final decision at the full board meeting held on _____

_____

Signature with date
Chairperson

ANNEXURE – 25 (AN 25/01):	**PREMATURE TERMINATION REPORT**

IEC Protocol Number:				
Protocol Title: _____				
Principal Investigator and Department: _____				
IEC approval date:		**Date of last Annual/ Periodic status report submitted to IEC:**		
Starting date:		**Termination date:**		
No. of participants enrolled:		**No. of participants completed:**		
No. of ongoing participants:		**No. of drop outs:**_____ **Reason for each drop-out:**_____		
SAEs (total no.):		**Whether SAEs were reported to the IEC?**	☐ **Yes**	☐ **No**
Brief summary of results: (use extra blank paper, if more space is required).				
Reason/s for termination:				
Signature with date of Principal Investigator: _____				

Discussion at the at the IEC meeting held on _____
Action taken:

☐ Approval of the Premature Termination of the project

☐ Requires more information/ action as follows:_____

_____

_____

_____

Signature with date
Chairperson

ANNEXURE – 26 (AN 26/01):	SERIOUS ADVERSE EVENT ASSESSMENT REPORT

IEC Protocol Number:

Protocol Title: _____
_____
_____

Principal Investigator and Department: _____

Report Date:		**Date of Onset of SAE:**	
☐ **Initial**	☐ **Follow-up**	☐ **No. of Follow-up**	

Attach a narrative for details of SAE, history of the case and relevant laboratory findings and treatment given:

Outcome of SAE:	☐ **Resolved**	☐ **On-going**

Seriousness:

- ☐ **Death**
- ☐ **Life threatening**
- ☐ **Hospitalization :**
  - ☐ **Initial**
  - ☐ **prolonged**
- ☐ **Disability / Incapacity**
- ☐ **Congenital Anomaly**
- ☐ **Any Other…**

_____
_____

Relation to ☐ Drug ☐ Device ☐ study procedure:

- ☐ **Not related**
- ☐ **Possibly**
- ☐ **Probably**
- ☐ **Definitely related**
- ☐ **Unknown**

Whether study drug withheld: ☐ Yes ☐ No
If yes, since when:_____

Signature with date of Principal Investigator: _____

VERIFIED BY
Name: _____
(Signature with date of IEC Member Secretary) _____

- Comments of the Member Secretary:

_____
_____
_____

- Signature of Secretary of the SAE Subcommittee with date: _____
- Action taken by the Head of the SAE Subcommittee:
  - ☐ **To be reviewed by the SAE Subcommittee Secretary**
  - ☐ **To be reviewed by the SAE Subcommittee**
  - ☐ **To be discussed in Emergency meeting of SAE Subcommittee**
  - ☐ **To be discussed in next scheduled Full Board IEC meeting**

☐ **To be sent to independent consultant/s for opinion**
Name of the expert/s_____

☐ **Any other**

_____
__
_____
__

Signature with date of the Head of the SAE Subcommittee:_____

Comments of the Subcommittee/ reviewer:

_____
_____
_____

Signature with date of reviewer: _____

RECOMMENDATIONS BY THE SUBCOMMITTEE

- Noted and follow up report requested (if applicable) ☐ Yes ☐ No
  _____
- Changes to the protocol recommended? ☐ Yes ☐ No
  Recommendations:
  _____
  _____
  _____
- Changes to the informed consent form recommended? ☐ Yes ☐ No
  Recommendations:
  _____
  _____
  _____

  ☐ Request for additional information:
  Additional Information needed:
  _____
  _____
  ____(Till additional information is received, new recruitment should be withheld)

  ☐ Terminate the project
  Reasons for termination:
  _____
  _____

- Any other

_____

_____

- Signature with date of Head of the Subcommittee:_____

DECISION AT THE IEC MEETING HELD ON

_____

_____

_____

_____

Signature with date
Chairperson

ANNEXURE – 27 (AN 27/01):	SITE MONITORING VISIT REPORT

IEC Protocol Number:	**Date of the Visit:**
Protocol Title: _____ _____ _____	
Principal Investigators:	**Contact No:**
Site Address : _____ _____ _____	
Sponsor:	
Total number of subjects enrolled:	**Total subjects ongoing:**
No. of subjects completed:	**No. of drop outs:**
Are site facilities appropriate? ☐ **Yes** ☐ **No**	**Comment:**
Are Informed Consents of recent version used? ☐ **Yes** ☐ **No**	**Comment:**
Is it approved by the IEC? ☐ **Yes** ☐ **No**	**Comment:**
Whether consent has been taken from all patients? ☐ **Yes** ☐ **No**	**Comment:**
Whether appropriate vernacular consent has been taken? ☐ **Yes** ☐ **No**	**Comment:**
Are Protocols of recent version used? ☐ **Yes** ☐ **No**	**Comment:**
Is it approved by the IEC? ☐ **Yes** ☐ **No**	**Comment:**
Any adverse events found? ☐ **Yes** ☐ **No**	**Comment:**
Any SAEs found? ☐ **Yes** ☐ **No**	**Comment:**
Were the SAEs informed to IEC within 7 working days? ☐ **Yes** ☐ **No**	**Comment:**
Any protocol non-compliance /violation?	**Comment:**

☐ **Yes** ☐ **No**		
Are all Case Record Forms up to date? ☐ **Yes** ☐ **No**		**Comment:**
Are storage of data and investigating products locked? ☐ **Yes** ☐ **No**		**Comment:**
How well are participants protected? ☐ **Good** ☐ **Fair** ☐ **Not good**		**Comment:**
Any outstanding tasks or results of visit? ☐ **Yes** ☐ **No**		**Give Details**
Duration of visit: **……..hours**	**Starting from:**	**Finish:**
Name of IEC/ representatives and accompanies:		
Completed by:		**Date:**

ANNEXURE – 28 (AN 28/01):	AGENDA FORMAT

Agenda of the IEC Meeting

Meeting No IEC meeting nn/yyyy

- Location of the meeting:
- Meeting Date:
- Meeting time:

The Board meeting will proceed in the following sequences:

- Period 1: Issues to be informed to the members.
- Period 2: Discussion of the points arising from the minutes of the previous meeting and presentation of agenda of the day's meeting
- Period 3: New Protocol Presentation, Review, Discussion and reaching a decision by voting to approve/raise queries,
  - Review the responses forwarded by the PI to the query letter/ resubmitted protocols
  - Approve protocol amendment and related documents.
  - To review the annual report and consider the application for Extension of approval
  - To review trial completion/ premature termination reports.
  - To review Monitoring reports
  - To review SAE/Safety reports.
- Period 4: Issues to be reported for Consideration
- Period 5: Other issues of interest to the members

ANNEXURE – 29 (AN 29/01):	DOCUMENT REQUEST FORM

Name of Document requested:				
Requested by: Name: ----------				
□ Chairperson	□ Member Secretary	□ IEC Member	□ Authority	□ Others:_____
Purpose of the request:				
_____ Signature of person requesting and date		_____ Signature of Member Secretary/ Chairperson and date		

ANNEXURE – 30 (AN 30/01):	**LOG OF REQUESTED IEC DOCUMENTS**

Sr. No.	File number and document	Name and designation of person requesting	Date requested	Date of approval	Retrieved by (name, signature and date)	Returned date	Archived by (name, signature and date)

ANNEXURE – 31 (AN 31/01):	LOG OF REQUESTS FOR COPIES OF IEC DOCUMENTS

Sr. No.	Documents requested	No. of Copies	Name of Recipient	Signature of Recipient	Reason for request	Date

ANNEXURE – 32 (AN 32/01):	LOG COPIES OF ORIGINAL DOCUMENTS

Title of the Document: _____
_____
_____

Sr. No.	Name of the Recipient	No. of Copies	Reason of the request	Signature of Recipient	Secretariat Initials	Date

Note: This log should be attached to the original documents.

Audit Report Template

Institutional Ethics Committee (IEC), AIIMS Rajkot

Audit Details

- Audit Title:
- Audit Date(s):
- Auditor(s) Name and Affiliation:
- Type of Audit (Internal/External):

Executive Summary

- Brief overview of the audit scope, objectives, and key findings.

Audit Objectives

- Detailed description of what the audit aimed to achieve.

Methodology

- Description of the audit methods used (e.g., document review, interviews, observation).

Scope of Audit

- Specific areas, processes, or projects covered in the audit.

Findings

1. Compliance with SOPs:
Assessment of adherence to standard operating procedures.
2. Ethical Review Process:
Evaluation of the effectiveness and thoroughness of the ethical review process.
3. Documentation and Record Keeping:
Review of the adequacy and accessibility of documentation and records.
4. Training and Competence:
Assessment of the training programs and competence of IEC members.
5. Risk Management:

Examination of risk assessment and mitigation strategies in reviewed projects.
6. Stakeholder Engagement:
Analysis of the involvement and feedback of stakeholders in the IEC process.
7. Other Observations:
Any additional findings not covered in the above categories.

Recommendations

- Specific, actionable recommendations for improvement based on the findings.

Conclusion

- Summary of the overall audit outcomes and the IEC's readiness to address the identified issues.

Auditor's Signature
Name:
Signature:
Date:

IEC Response

1. Action Plan:

- Detailed response to each recommendation, including actions to be taken, responsible persons, and timelines.

2. Follow-up Plan:

- Procedures for monitoring the implementation of the recommendations.

Approval

- IEC Chairperson's Name:
- Signature:
- Date:

ANNEXURE – 33 (AN 33/02):	AI/ML/DL/LLM Project submission Form

Principal Investigator (PI) Information

1. Name of PI:
2. Affiliation/Department:
3. Contact Information:
- Phone:
- Email:

Project Information

- Title of Project:
- Brief Description of Research (within 300 words)
    - Include objectives, methodology, and expected outcomes.

AI/ML/DL/LLM Specific Information

1. Type of Technology Used (AI, ML, DL, LLM):
2. Description of AI/ML/DL/LLM Application:
- Detail the role and function of the technology within the research.
3. Data Source and Management:
- Describe the data sources, data handling, storage, and security measures.
4. Algorithmic Transparency:
- Provide information on the algorithms used, including development, training, and validation processes.
5. Bias and Fairness:
- Explain measures taken to identify and mitigate potential biases in the technology.
6. Ethical Considerations:
- Detail the ethical considerations specific to the use of AI/ML/DL/LLM, such as privacy concerns, informed consent, and impact on participants.
7. Consent Process for Participants:
- Describe how the consent process addresses the use of AI/ML/DL/LLM technologies.
8. Risk Assessment and Mitigation Strategies:
- Outline potential risks associated with the use of these technologies and measures for their mitigation.

Declaration

- I affirm that the information provided is accurate and that all necessary ethical considerations and safeguards have been addressed in the project design.

Signature of Principal Investigator: _____
Date: _____

For Office Use Only

- Received By (Name & Signature):

- Date Received:
- Review Decision (Approved/Requires Modifications/Denied):
- Comments:
- Signature of Member Secretary/Chairperson:
- Date of Decision:

ANNEXURE – 34 (AN 34/02):	Case Report IEC Waiver Form

CASE REPORT IEC WAIVER FORM

Ref No: _ **Date:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

To

The Member Secretary, IEC

AIIMS, Rajkot

I request you for an IEC waiver for a case report with the following details:

Title of Manuscript: _

Corresponding Author (Name): _

Email: _ **Mobile:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Purpose for applying: **1- Publication** (Attach manuscript) **2- Conference Presentation** (Attach abstract & conference details)

List of Authors: (Name and Signature)

S. No	Name	Department	Signature

Undertaking

I hereby declare that;

☐ Informed written consent has been taken (Attach consent document).

☐ Confidentiality related issues are/ will be addressed.

☐ Similarity index on plagiarism check is less than 15% (Attach iThenticate report).

Recommended and Forwarded:

Signature of the corresponding author

Signature and seal of the Head of Department

ANNEXURE – 35 (AN 35/02):	Research Misconduct Allegation Form

Confidential

Section 1: Information of the Person Making the Allegation

1. Name:
2. Affiliation/Department:
3. Contact Information:
- Phone:
- Email:

Section 2: Details of the Alleged Misconduct

1. Name of Researcher(s)/Individual(s) Involved:
2. Title of Research Project (if applicable):
3. Description of Alleged Misconduct:
- Please provide a detailed description of the alleged misconduct, including specific actions, dates, and any relevant documentation. Attach additional pages if necessary.
4. Location(s) of Alleged Misconduct:
5. Date(s) of Alleged Misconduct:
6. Evidence Supporting the Allegation:
- Attach any documents, emails, photographs, or other evidence that supports the allegation.

Section 3: Confidentiality and Consent

- I understand that this report will be kept confidential to the extent possible and will be disclosed only to those necessary to conduct the investigation.
- I acknowledge that I have reported this allegation in good faith and to the best of my knowledge.

Signature: _____

Date: _____

For Office Use Only

- Received By (Name & Signature):
- Date Received:
- Preliminary Assessment Decision:
- Date of Assessment Decision:

Instructions:

- Please complete this form and submit it to the IEC Member Secretary or Chairperson.
- You may attach additional sheets if more space is required.
- The information provided will be treated with utmost confidentiality and used solely for the purposes of investigating the allegation.

ANNEXURE – 36 (AN 35/02):	Application form for requesting waiver of consent

AX 01/SOP 19/V5

1. **Principal Investigator's name:** _____
2. **Department:** _____
3. **Title of project:**

_____

_____

_____

4. **Names of other participants, staffs and students:**

_____

_____

_____

1. 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 2006 Guidelines- http://www.icmr.nic.in/ethical_guidelines.pdf)

[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 Chairperson 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 2006 guidelines) 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,* 45CFR 46*)* 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 generalpopulation 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 researchparticipant 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 2006 guidelines)*

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 paticipants as participant 1, participant 2, and participant 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 2006 guidelines)

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 2006 guidelines)

5. In emergency situations when no surrogate consent can be taken. *(ICMR 2006 guidelines)* 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.