PRAVARA INSTITUTE OF MEDICAL SCIENCES
(DEEMED UNIVERSITY)
Loni-413736, Tal: Rahata, Dist: Ahmednagar (Maharashtra)
Phone : +91-2422-273600-Ext.1479/1396/1548, E-mail : researchcell@pmtpims.org

INSTITUTIONAL ETHICS COMMITTEE
(IEC PIMS-DU)

STANDARD OPERATING PROCEDURES

EFFECTIVE DATE: 1ST Nov 2022

NEXT REVIEW DATE: 1ST Nov 2023

The location and business address of the committee:
Institutional Ethics Committee,
Directorate of Research
Pravara Institute of Medical Sciences (Deemed University)
A/p:Loni Tal:Rahata,Dist:Ahmednagar (Maharashtra)

STANDARD OPERATING PROCEDURES FOR INSTITUTIONAL ETHICAL COMMITTEE, PIMS DU (IEC PIMS-DU)

Standard Operating Procedures for Institutional Ethical Committee, PIMS-DU (IEC PIMS-DU) is a content of Compendium on scientific research and publications at PIMS-DU, Loni

1 Introduction: SOP

Standard Operating Procedures (SOPs)

ICH-GCP guideline defines SOPs as "Detailed, written instructions to achieve uniformity of the performance of a specific function". SOPs provide the essential link between the guideline on one hand and the actual practice on the other. It is but natural therefore that, all the individual participants, performing their primarily required duty or a specific job and belonging to each and every category of the stakeholder has not only to have a well defined SOP but also to observe/follow it very carefully. It goes without saying, therefore, that each stakeholder has to have separate SOPs and IEC is no exception to the rule.

SOP is for the methodical functioning of any important work to be undertaken, a proper, stepwise, work procedure is necessary. In general, in any SOP the steps given should be reproducible, e.g. in the case of clinical trials, it will be neither proper nor acceptable to have an SOP that can be applied to just one or specific clinical trial. Broadly speaking SOPs can be in four different areas covering (i) organization of study in general, (ii) prior to study, (iii) Actual or during, and
(iv) End of the study.

The SOP should have the following general outline:

i. Must have a number with title or checklist. A set SOP need not have a checklist, but if included it should be sub-numbered, incorporating the corresponding SOP number.
ii. Reference, if any, to other related procedures.
iii. Person/Personnel i.e. who carried out / who all carry out the procedure.
iv. When and how the procedure is carried out (Note: These are especially required for other stakeholders in clinical trials, as compared to the IEC.)
v. Date of version in use; date of revision/ amendment/ replacement/ automatically replacing the previous version / name of the person or body responsible for the change.
vi. The process of review and revision of SOP should usually be a regularly done exercise, say every few months. A team should preferably do it. The old version should be archived after approval and implementation of the revised version. This is necessary because Regulatory Authorities may want to know some relevant answer to the question that might arise.

Some benefits of SOP are:

i. It provides a written record of the process. Processes used by several individuals are applied (more) consistently. Team member confidence is increased and performance is enhanced. It helps with the training of new staff.
ii. Reduces supervisory time/effort. However, these can also be generally applicable to other stakeholders.
iii. As far as this IEC-PIMS-DU related Work Document is concerned, a properly constituted IEC, functioning regularly and following its own Standard Operating Procedure is a must. Then alone the studies approved by the IEC stand a good chance of the global acceptability of the outcome of their quality results.

2 Objectives

The objective of Standard Operating Procedure (SOP) is to ensure quality and consistency in review of clinical research proposals and to follow the ICMR and national ethical guidelines for biomedical research on human subjects.

3. Institutional Ethical Committee (IEC)

3.1 Composition of Institutional Ethical Committee

Institutional Ethical Committee will be multidisciplinary and multisectional in composition. The number of members will be between 10-15. The chairman of the Institutional Ethical Committee will be from outside the university and will be nominated by the Vice Chancellor, Pravara Institute of Medical Sciences. The Member Secretary (nominated by the Chairman), drawn from Pravara Institute of Medical Sciences, will conduct the business of committee. Others members will be from pool of doctors & non-medical persons of different colleges, legal expert and a non-medical person from society. 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. The Committee cannot consist entirely of men or entirely of women.

The IEC will have 10 to 15 members. It shall have a fair representation of medical, non-medical, scientific and non-scientific persons with appropriate gender representation. There shall be at least one each of lay person and legal expert. (Ref. Schedule Y, CDSCO 2005 Appendix VIII). Considering the overall importance of accepted responsibility, every appointed member/ special invitee is expected to remain present and participate in the discussion / decision making process. The **Chairman / Chairperson** shall be from amongst the members but shall not belong to the Institution. In other words he / she shall not be a staff member appointed in the institution but shall be an outsider in order to be able to function independently, i.e. without any institutional influence. The **Member Secretary** shall belong to the Institution.

Generally, the representation on the IEC shall be:

1. **Chairperson/ Vice Chairperson (optional) Non-affiliated Qualifications - A well-respected person from any background with prior experience of having served/ serving in an EC:**
   - Conduct EC meetings and be accountable for independent and efficient functioning of the committee
   - Ensure active participation of all members (particularly non-affiliated, non-medical/ non- technical) in all discussions and deliberations
   - Ratify minutes of the previous meetings
   - In case of anticipated absence of both Chairperson and Vice Chairperson at a planned meeting, the Chairperson should nominate a committee member as Acting Chairperson or the members present may elect an Acting Chairperson on the day of the meeting. The Acting Chairperson should be a non-affiliated person and will have all the powers of the Chairperson for that meeting.
   - Seek COI declaration from members and ensure quorum and fair decision making.
   - Handle complaints against researchers, EC members, conflict of interest issues and requests for use of EC data, etc.
2. **Member Secretary/ Alternate Member Secretary (optional) Affiliated Qualifications:**
   - Should be a staff member of the institution
   - Should have knowledge and experience in clinical research and ethics, be motivated and have good communication skills

- Organize an effective and efficient procedure forreceiving, preparing, circulating and maintaining each proposal for review
- Schedule EC meetings, prepare the agenda and minutes
- Organize EC documentation, communication and archiving
- Ensure training of EC secretariat and EC members
- Ensure SOPs are updated as and when required
- Ensure adherence of EC functioning to the SOPs
- Prepare for and respond to audits and inspections
- Ensure completeness of documentation at the time of receipt and timely inclusion in agenda for EC review.
- Assess the need for expedited review/ exemption from review or full review.

3. Basic Medical Scientist(s) Affiliated/ non-affiliated Qualifications:

- Non-medical or medical person with qualifications in basic medical sciences
- In case of EC reviewing clinical trials with drugs, the basic medical scientist should preferably be a pharmacologist
- Scientific and ethical review with special emphasis on the intervention, benefit-risk analysis, research design, methodology and statistics, continuing review process, SAE, protocol deviation, progress and completion report
- For clinical trials, pharmacologist to review the drug safety and pharmacodynamics.

4. Clinician(s) Affiliated/ non-affiliated Qualifications:

- Should be individual/s with recognized medical qualification, expertise and training
- Scientific review of protocols including review of the intervention, benefit-risk analysis, research design, methodology, sample size, site of study and statistics
- Ongoing review of the protocol (SAE, protocol deviation or violation, progress and completion report)

- Review medical care, facility and appropriateness of the principal investigator, provision for medical car, management and compensation.
- Thorough review of protocol, investigators brochure (if applicable) and all other protocol details and submitted documents.

5. **Legal expert/s Affiliated/ non-affiliated Qualifications:**
   - Should have a basic degree in Law from a recognized university, with experience
   - Desirable: Training in medical law.
   - Ethical review of the proposal, ICD along with translations, MoU, Clinical Trial Agreement (CTA), regulatory approval, insurance document, other site approvals, researcher's undertaking, protocol specific other permissions, such as, stem cell committee for stem cell research, HMSC for international collaboration, compliance with guidelines etc.
   - Interpret and inform EC members about new regulations if any 30 INDIAN COUNCIL OF MEDICAL RESEARCH Ethical Review Procedures
6. **Social scientist/ philosopher/ ethicist/theologian Affiliated/ non-affiliated Qualifications:**
   - Should be an individual with social/ behavioural science/ philosophy/ religious qualification and training and/or expertise and be sensitive to local cultural and moral values. Can be from an NGO involved in health-related activities
   - Ethical review of the proposal, ICD along with the translations.
   - Assess impact on community involvement, socio–cultural context, religious or philosophical context, if any
   - Serve as a patient/participant/ societal / community representative and bring in ethical and societal concerns.
7. **Lay person(s) Non-affiliated Qualifications:**

- Literate person from the public or community
- Has not pursued a medical science/ health related career in the last 5 years
- May be a representative of the community from which the participants are to be drawn
- Is aware of the local language, cultural and moral values of the community
- Desirable: involved in social and community welfare activities
- Ethical review of the proposal, ICD along with translation(s).
- Evaluate benefits and risks from the participant's perspective and opine whether benefits justify the risks.
- Serve as a patient/participant/ community representative and bring in ethical and societal concerns.

• Assess on societal asp.

3.2 Membership requirements:

Member/s should be sufficiently qualified through the experience and expertise and sensitive to such issues as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects. In addition to possessing the professional competence necessary to review the ~~specific research activities, the member/s should be able to ascertain the~~ acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards or professional conduct and practice. (Ref 21 CFR part 56.107) A member of IEC can be a part of any other IRB/IEC

3.3 Tenure: Membership Duration

i. The tenure for Members of the IEC is for a period of three (3) Years.
ii. There will be no bar on the members serving for more than one term but it is desirable to have approximately one third fresh members.

iii. A member can be replaced in the event of long-term non-availability (three consecutive meetings). Authority to replace the member shall remain with the Chairman

iv. Members should maintain confidentiality of all discussions during the meeting and sign a confidentiality form at the start of their term. Each member of the committee will submit a declaration to maintain the confidentiality of the documents submitted to them during their membership period.

v. **Conflict of interest** if any, shall be declared by members of the Institutional Ethical Committee at the beginning of every meeting.

vi. IEC can reviews academic as well as Sponsor proposal, outside proposal will not be reviewed by IEC.

3.4 Resignation/ Replacement of members

To establish polices for removal or Resignation / Replacement of members chairman and Member Secretary are responsible for implementing this SOP.
Term of appointment Members of IEC will be appointed for period of 2 years initially which could be extended for another term of 2 years. Extension of membership will be based on the recommendation of the Chairman & Member Secretary of IEC.

Policy for removal of member

- A member may be relieved or terminated of his/her membership in case of conduct not suitable for a member of the Ethics Committee.
- Inability to participate in the meetings on any grounds for more than 3 meetings of IEC.
- The membership shall be reviewed by the dean & chairman, if the member is a regular defaulter.
- If deemed necessary, the IEC may decide to terminate the membership and recommend to the Chairman IEC for necessary action.
- In all such situations/circumstances, member secretary will serve a letter of termination to the member.

- Documentation of the termination will be recorded in the meeting minutes of the next duly constituted IEC meeting and IEC membership circular/roster will be revised.

Resignation / Replacement procedure

The members who have resigned may be replaced at the discretion of the appointing authority for the same.

IEC members who decide to resign must provide the Chairman & member secretary of IEC the written notification of their proposed resignation date at least 30 calendar days prior to the next scheduled meeting.

In case of resignation, chairman & member secretary would appoint a new member, falling in the same category of membership ex. NGO representative with NGO representative.

3.5 Training of IEC members

All IEC members are conversant with Guidelines for Research involving Human Subjects

A team of trainers chosen for this purpose by Member Secretary will ensure that new members get trained with in fortnight after being inducted

All IEC members will be made conversant with ICMR Guidelines for Research involving Human Subjects 2006, Schedule Y of Drugs and Cosmetics Act and ICH-GCP guidelines

Record of such training will be maintained in EC office.

4 IEC/IRB Functions:

4.1 Functions of Institutional Ethical Committee (IEC)

a) Maintaining records of its activities, such as Agenda and Minutes of the meetings.

b) Complying with ICH GCP guidelines.
c) Adhering to applicable regulatory requirements.
d) Making its decisions at announced meetings.
e) Including only those members in the voting process, who are independent of the trial process and who are actually present at the meeting called for considering/reviewing the proposal/s.
f) Paying special attention to the considered opinion, of members appointed with a specific purpose, such as, the legal advisor, social scientist, Ethicist, lay-person, especially when different opinions or views are expressed in a meeting.
g) Proposals are evaluated by committee as per the assessment forms attached in Annexure in terms of full/ expedited /exempted review.
h) The Institutional Ethical Committee will ensure that all the cardinal principles of research ethics viz, autonomy, beneficence, non–malfeasance and justice are taken care of in planning, conduct and reporting of a proposed study.
i) The committee will also ensure compliance with all regulatory requirements, applicable guidelines and law

4.2 Roles and Responsibilities of IEC members:

1. To review and arrive at appropriate decision on the submitted clinical Trial/Study/Research Proposal and to intimate it in writing.
2. To take all steps such as enquiring into a particular issue, monitoring the on-going study, seeking progress and reports from the P.I. in the interest of the study as well as the site'/Institution.
3. To recommend all the relevant matters to the Head of the Institution (cf. Medical Director), especially in furtherance of cause of research.
4. In addition to its primary domain, viz. review and concern about ethical issues, the committee is also entitled to consider:
   - How the Patient/subject/client is going to be benefited?
   - How the Society is going to be benefited?
   - What are the benefits to the Hospital?

- How the Investigator and the Hospital are going to be benefited (by way of contribution and credit respectively, in a research paper, etc.)

4.3 Record Keeping and Archiving:

I. Curriculum Vitae (CV) of all members of IEC.
II. Minutes of all meetings duly signed by the Chairperson. Copies of all correspondence with members, researchers and other regulatory bodies.
III. Copy of existing relevant national and international guidelines on research ethics and laws along with amendments.
IV. All study related documents (study protocols with enclosed documents, progress reports, and SAEs.) should be archived for minimum of ten years after the completion of study. A copy of filled **C**linical **R**ecord **F**orm (**CRF**) shall remain with the PI for minimum of fifteen years.
V. Final report of the completed projects.

5 IEC-Operations

5.1 Meeting: Office and Conduct of the Meeting

i. The Chairperson will conduct all meetings of the Institutional Ethical Committee. If for reasons beyond control, the Chairperson is not available, an alternate Chairperson will be elected by the members present from among themselves.
ii. The Member Secretary will be responsible for organizing the meetings, maintaining the records and communicating with all concerned. He/she will prepare minutes of the meetings and get them approved by the Chairperson before communicating to members and Principle Investigator.
iii. Chairman & member secretary are responsible for implementing this SOP.
iv. The Member Secretary in consultation with the chairman may convene the IEC meeting once in every three month.
v. Additional review meeting can also be held with short notice as and when required.
vi. All members will receive notification of meeting schedules in advance.

vii. A minimum of five persons is required to form the quorum without which a decision regarding the research would not be taken. The quorum would have at least one representative from the following group:

1. One basic medical scientist (preferably one Pharmacologist)
2. One Clinician
3. One legal expert or retired Judge
4. 4. One social scientist/ representative of non-governmental organization/ Philosopher/ Ethicist/ Theologian or a similar person
5. One lay person from the community.

viii Minutes of the IEC meetings, all the proceeding and deliberation will be documented.

Applicant investigator may be invited to present the proposal or elaborate on specific issue.

The Chairperson will conduct all meetings of the Institutional Ethical Committee. If for reasons beyond control, the Chairperson is not available, an alternate Chairperson will be elected by the members present from among themselves.

5.2 Quorum Requirements

A minimum of 5 members including at least one member from the related specialty, in which presentation is due, should be present. All decisions will be taken in the meetings and not by circulation of project proposals. As per revised Schedule Y of Drugs & Cosmetics Act, 1940, amended in 2005, the ethics committee approving drug trials will have in the quorum at least one representative from the following groups:

1. One basic medical scientist (preferably one pharmacologist).
2. One clinician
3. One legal expert or
4. One social scientist
5. One lay person from the community

5.3 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 regarding meeting, deliberations, and related matters. These consultants or subject experts cannot vote for a decision. Directors, Head of Institution, Superintendents, Administrative officers who are responsible for business development will not be appointed as independent consultants.

6.Dealing with participants/patients requests and complaints

It is the responsibility of the IEC Member Secretary to provide the required information to the research participants/ research participant's representatives/patient, in the case of queries received.

It is the responsibility of the Member Secretary/Chairperson to initiate a process of giving information to the participants or identifying and addressing any injustice that has occurred, if complaints are received from research participants

6.1 When the IEC member/ administrative staff receive an inquiry or request from a research participant/ research participant's representatives/patient:

The Member Secretary will inform the Chairperson about the query/complaint received. The Chairperson / Members designated by the Chairperson will provide the information required by the research participant.

In case of a complaint received from a research participant, the Chairperson will initiate a process to identify and address any injustice that may have occurred.

The Chairperson will direct the Member Secretary to consider the matter for

discussion at a full board meeting or to call an emergency meeting of 2 or more IEC members for discussion or to appoint a subcommittee of 2 or more IEC members for enquiry in order to resolve the matter.

The Chairperson/ Member Secretary/ designated IEC members will assess the situation and will mediate a dialogue between the research participant and the investigator in an attempt to resolve the matter.

The IEC will insist on factual details to determine the reality between the truth and individual perception. The final decision will be informed to the research participant by the Secretariat. The information including any action taken or follow-up will be recorded.

The IEC members will be informed about the action taken and the outcome in the forthcoming IEC meeting.

7.Reviewing Research Studies Involving Vulnerable Populations:

7.1Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe procedures to review research protocol involving vulnerable populations. The SOPs provide clear, unambiguous instructions so that the related activities of the Board are conducted in accordance with Indian laws and relevant, National and International Guidelines. It describes the requirements concerning review of research that involves groups that could be potentially vulnerable to coercion in regard to autonomy, and present conditions that may affect risk/benefit determinations or bearing unequal burden in research

7.2 Scope

This SOP applies to all policies and procedures of review and assessment applied to all research dealing with vulnerable population that require additional consideration or protection, submitted and approved by the IEC.

Vulnerable persons are those who are relatively (or absolutely) incapable of protecting their own interests. More formally, they may have insufficient power, intelligence, education, resources, strength, or other needed attributes to protect their owninterests.

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.

a. research on genetics should not lead to racial inequalities;

b. persons who are economically or socially disadvantaged should not be used to benefit those who are better off than them;

c. 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. Appropriate proxy consent from the legal guardian should be taken after the person is well informed about the study, need for participation, risks and benefits involved and the privacy and confidentiality procedures. The entire consent process should be properly documented;

d. adequate justification is required for the involvement of participants such as

prisoners, students, subordinates, employees, service personnel etc. who have

reduced autonomy as research participants, since the consent provided may be under duress or various other compelling reasons.

Individuals whose willingness to volunteer in a research study may be unduly influenced by the expectation, whether justified or not, of benefits associated with participation, or of a retaliatory response from senior members of a hierarchy in case of refusal to participate may also be considered vulnerable.

Examples are members of a group with a hierarchical structure, such as

medical, pharmacy, dental, and nursing students, subordinate hospital and laboratory personnel, employees of the pharmaceutical industry, members of the armed forces, and persons kept in detention.

"Vulnerable" or "special" classes of subjects include as listed below

This list may not be exhaustive as there may be circumstances in which other groups are considered vulnerable, women for example, in an orthodox patriarchic society, or terminally ill cancer patients.

- pregnant women, human fetuses and neonates,
- prisoners,
- children,
- cognitively impaired persons
- students and employees, sub-ordinates
- minorities (as defined by national constitution and / or socio-economically
- backward, refugees and such others.
- economically and/or educationally disadvantaged
- AIDS/HIV+ subjects.
- Terminally ill Subjects
- Geriatic population

Vulnerable populations:

The following is required when children are enrolled in research:

- Children will not be involved in research that can 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.

- For studies prior to phase III the drug has a therapeutic value in a primary disease of the children.
- The settings of the research provide the child and parent adequate medical and psychological support.
- Interventions intended to provide direct diagnostic, therapeutic, or preventive benefit
- for the individual child participants must be justified in relation to potential risks involved in the study and potential benefits to society.
- 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.
- 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.
- 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 or adolescents, unless there is no medically acceptable alternative to the therapy provided or tested, and consent has been obtained from at least one parent or guardian.

The following is required when Pregnant or nursing women are enrolled in research:

7.3 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 foetuses or nursing infants, and for which women who are not pregnant or nursing would not be suitable participants.

a. The justification for 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 ggravated by pregnancy etc. Women should not be 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. Compensation in terms of supplying supplementary food such as milk formula should be considered in such instances.

b. 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.

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

7.4 Categorization of protocols

Vulnerable population will be subjected to full board Initial review

Research involving vulnerable populations is not eligible for expedited review or

Exemption from review.

8.Review of Serious Adverse Events (SAE) Reports

8.1Purpose

The purpose of this SOP is to describe the process on the submission, reporting, review of serious adverse events (SAEs) and unexpected events for any active study approved by the IEC

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

8.2 On site SAEs

Instructions for PI

All SAEs including Deaths should be reported within 24 hours of their occurrence to

1. IEC
2. Sponsor or its representative
3. CDSCO (in case of studies that have required approval of the CDSCO)

The report of the **serious adverse event of Death**, *after due analysis* shall be forwarded by the Investigator to

1. The Sponsor
2. Chairman of the IEC
3. In case of studies that have required approval of the CDSCO, also report to the Chairman of the Expert Committee constituted by the CDSCO, with a copy of the report to the CDSCO and the Head of

the Institution where the trial has been conducted within ten calendar days of the occurrence of the serious adverse event of death.

□ The report of the **serious adverse event other than death** after due analysis shall be forwarded to the

1. Sponsor and
2. Chairman of the IEC and
3. In case of studies that require approval of the CDSCO, a report should be sent to the CDSCO and the Head of the Institution where the trial has been conducted within ten calendar days of the occurrence of the serious adverse event.

In case the event is Death due to progressive disease the event should be notified in the SAE reporting format unless specified in the protocol.

If the patient is out of trial and on survival follow up the event should be notified unless specified in the protocol

SAE reports are received at IEC as one original + 2 photo copies+ soft Copy.

8.3 Actions to be taken by Member Secretary, IEC

The Member Secretary will review the SAE Report

If the outcome of any SAE reported is 'death', the Member Secretary, IEC,

will review the SAE report and forward it to Chairman within 1 working day for immediate action either the hard copy or via email. Any queries raised are emailed to the PI for action

In case of urgency or if a particular significant trend in serious unexpected and related or unrelated events is observed on any trial a meeting may be held based on comments and action suggested by the IEC Secretary

SAE received from every month, scheduled to be discussed in the subsequent IEC meeting are listed in the next month agenda.

8.4 Responsibilities of the IEC in case of studies that have required approval of the CDSCO:

In case of Death occurring to the clinical trial subject, the IEC shall forward it's report on the serious adverse event of death, after due analysis, along with its opinion on the financial compensation, if any, to be paid by the sponsor or his representative to the Chairman of the Expert Committee constituted by the CDSCO, with a copy of the report to the CDSCO within twenty one calendar days of the occurrence of the serious adverse event of death.

In case of serious adverse event other than death occurring to the clinical

trial subject, the IEC shall forward its report on the serious adverse event after due analysis along with its opinion on the financial compensation, if any to be paid by the Sponsor or his representative, to the CDSCO,within twenty one calendar days of the occurrence of the serious adverse event..

Conflict of Interest :

Members are required to sign the Confidentiality / Conflict of Interest Agreement and Financial Disclosure at the start of their term. The confidentiality agreement protects the privacy and confidentiality of all parties whose information may be disclosed to the IEC in the course of its work. All IEC members shall disclose in writing to the IEC all conflicts of interest for Themselves and their spouses/domestic partners and dependent children. For purposes of this policy, a conflict of interest may be identified as either financial in nature (such as when an IEC member holds an economic interest in the research) or non-financial in nature (such as when an IEC member or consultant participates in the research or will be included as a co-author on a publication from the research), either of which could affect or appear to affect the design,conduct, oversight, or reporting of the research project. Financial interests that are require disclosure include but are not limited to: Ownership interest, stock options, or other economic interest related to the research, Board, scientific officer, or executive relationship related to the research, regardless of compensation for that position Non-financial interests that require disclosure may be disclosed as per specified format.

Annual activity report/Self Assesment:

The Member Secretary in Consultation with the Chairperson shall prepare an annual activity report of the IEC for submission to the Head of the institute. This shall include:

- A quantitative evaluation of the activities of the committee in a year.
- List of the research proposals reviewed in a year.

Honorarium

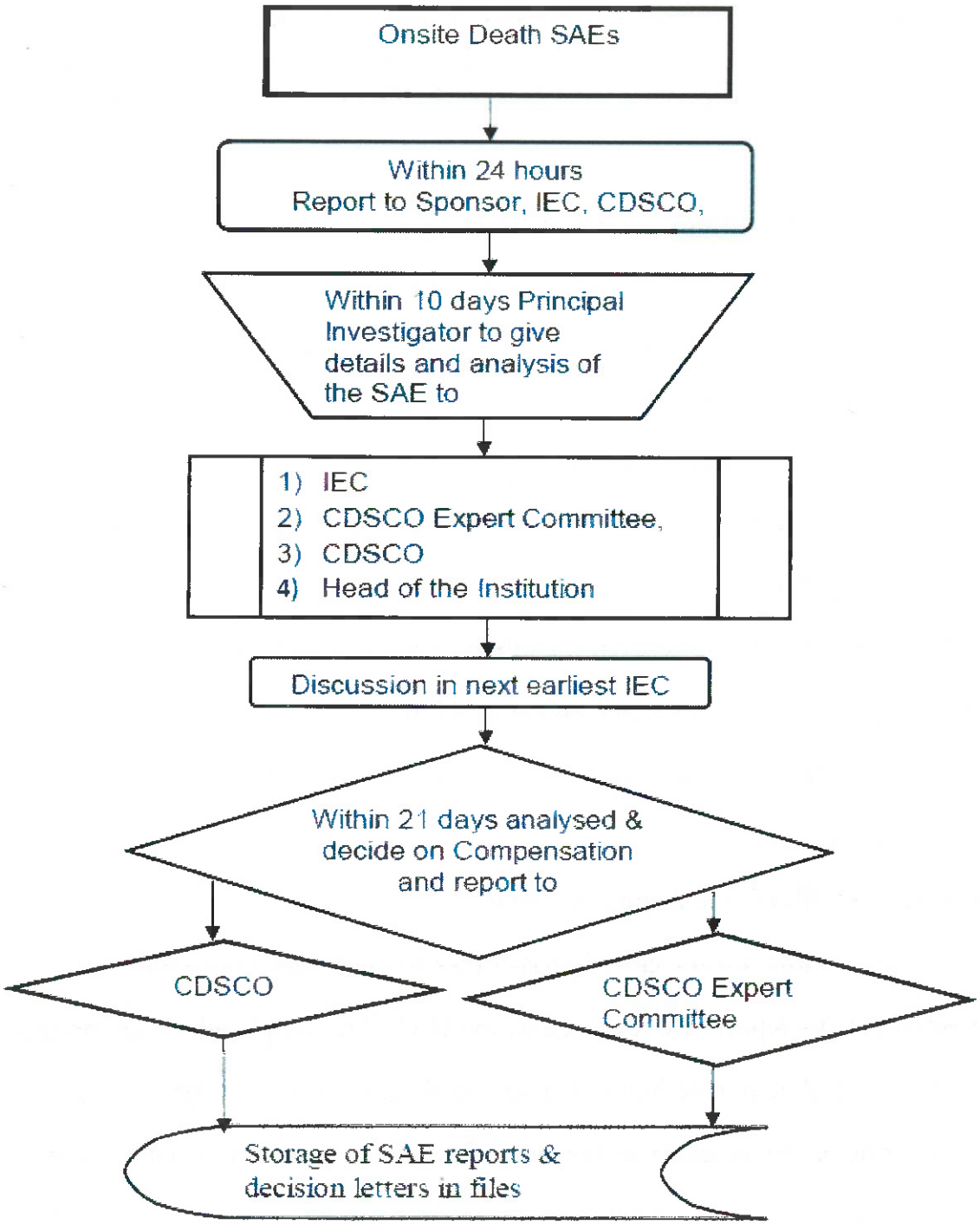
- All external non-PIMS members are given honorarium as per PIMS-DU recommendations.

Annual Evaluation of IEC Chair/Co-Chairperson/Members/ Member Secretary/IEC Staff

- Annual Self Evaluation of Chairperson will be done.

- Annual Evaluation of IEC members/Member Secretary will be done by Chairperson. The individual feedback will be provided by email to the members.
- Annual Evaluation of IEC staff will be done by Member Secretary. The individual feedback will be provided to the staff

Flow Chart


Onsite Death SAEs
Within 24 hours
Report to Sponsor, IEC, CDSCO,
Within 10 days Principal Investigator to give details and analysis of the SAE to
1) IEC
2) CDSCO Expert Committee,
3) CDSCO
4) Head of the Institution
Discussion in next earliest IEC
Within 21 days analysed & decide on Compensation and report to
CDSCO
CDSCO Expert Committee
Storage of SAE reports & decision letters in files

9. Maintenance of Active Project Files, Archival /Disposal of closed files and Retrieval of documents

It is the responsibility of IEC staff to ensure that all study files are prepared, maintained, and kept securely for a period of five years after the closure of the project (under a proper system that ensures confidentiality and facilitates retrieval at any time).

9.1 Active study files maintenance & archival of closed files

A Study Master File is the file comprising all essential documents and correspondence related to the study/protocol. Study master files should be established at the time of initial submission in the IEC office.

The study files are assigned unique identifiers

All documents related to the study file are gathered, classified and combined together appropriately.

All active files are kept in a secured file cabinet with controlled access. Only authorized individuals' i.e. IEC Secretariat, will have access to the files. The study files are maintained in an easily accessible and secure place for at least 5 years after the study closure.

All closed study files are separately archived.

IEC staff will arrange for the closed project files to be archived once the completion/status reports are reviewed by the IEC. The completed/closed project files will be stored in archive boxes that are clearly labeled with the project number and title, Principal Investigator and disposal date. The archive boxes will be sent to

a secure, dry location. The access to the files should be restricted to the IEC and the regulatory authorities.

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

The trial master file will be maintained in the IEC office for a period of five years following closure of the study. After completion of the archival period the closed files will be shredded and disposed off . However, all the copies of the research projects and documents submitted for IEC review will be shredded by the authorized IEC personnel after the IEC meeting without any notification to the Principal Investigator. A log book of disposed documents will be maintained.

9.3 Accessibility / Retrieval

Master files will be made available for inspection and copying by authorized representatives of regulatory authorities after receiving the request in writing.

10. Site Monitoring

The Member Secretary assigns the reviewers /monitors to monitor the investigator initiated trials.In addition to the above routine, the IEC members or Secretariat in consultation with the Chairperson may initiate a for cause on-site evaluation of a any other study site.This includes review of the overall progress of each study to insure the safety of participants, validity of data, that the projected accrual goals are met on a timely basis, that excess accrual is avoided, that eligibility and evaluability rates do not fall below minimum acceptable standards, that risks are not excessive, that adverse events are appropriately monitored and reported to the appropriate agencies. Inherent

in this process is the goal of enhancing the quality of the research by providing the investigator with constructive criticism

10.1 Selection of study sites

Investigator initiated studies will be routinely monitored (at least annually). Sites will be identified for routine monitoring by the degree of intervention, sample size and complexity of the study and risk involved

Pharma sponsored studies are not routinely monitored but for cause monitoring may be conducted.

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
- Too many studies carried out by Principal Investigator
- high number of SAE reports
- high recruitment rate
- non-compliance or suspicious conduct
- any other cause as decided by IEC

10.2 Before the visit

The monitor will also:

o Notify the site about the scheduled visit.

o The monitor will review the study project files and make appropriate notes.

o The monitor may carry copy of documents from the IEC approved project files or verification and Site Monitoring Visit Report Form

10.3 During the visit

The monitor will

- Review the informed consent document to make sure that the site is using the current, approved version
- Review randomly the subject's source files for proper informed consent documentation.(usually about 10%, or maybe higher)
- Observe the informed consent process, if possible,
- Check investigational product accountability is adequately controlled and documented throughout the product flow at the study site (arrival, dispensing, use, return from the subject and return/destruction after the study). Storage times, conditions and expiry dates must also be acceptable and sufficient supplies available wherever applicable.
- Observe laboratory and other facilities necessary for the study at the site, if possible.
- Review the study files to ensure appropriate documentation
- Verifying that the investigator follows the approved protocol and all approved amendment(s), if any.
- Ensuring that the investigator and the investigator's trial staff are adequately informed about the trial
- Verifying that the investigator and the investigator's trial staff are performing the specified study functions, in accordance with the approved protocol and any other written agreement between the sponsor and the investigator/institution, and have not delegated these functions to unauthorized individuals.
- Verifying that the investigator is enrolling only eligible subjects.
- Verifying that source documents and other study records are accurate, complete, kept up-to-date and maintained.
- Checking the accuracy and completeness of the CRF entries, source documents and other study related records against each other.
- Determining whether all Serious Adverse Events (SAEs) are appropriately reported within the time periods required by GCP/ Regulatory agencies, the protocol, the IEC/IEC, the sponsor, and the applicable regulatory requirement(s). Case record forms would be checked to review the safety data i.e

Adverse Events (AEs) and Serious Adverse Events (SAEs) for the volume or severity of adverse events.

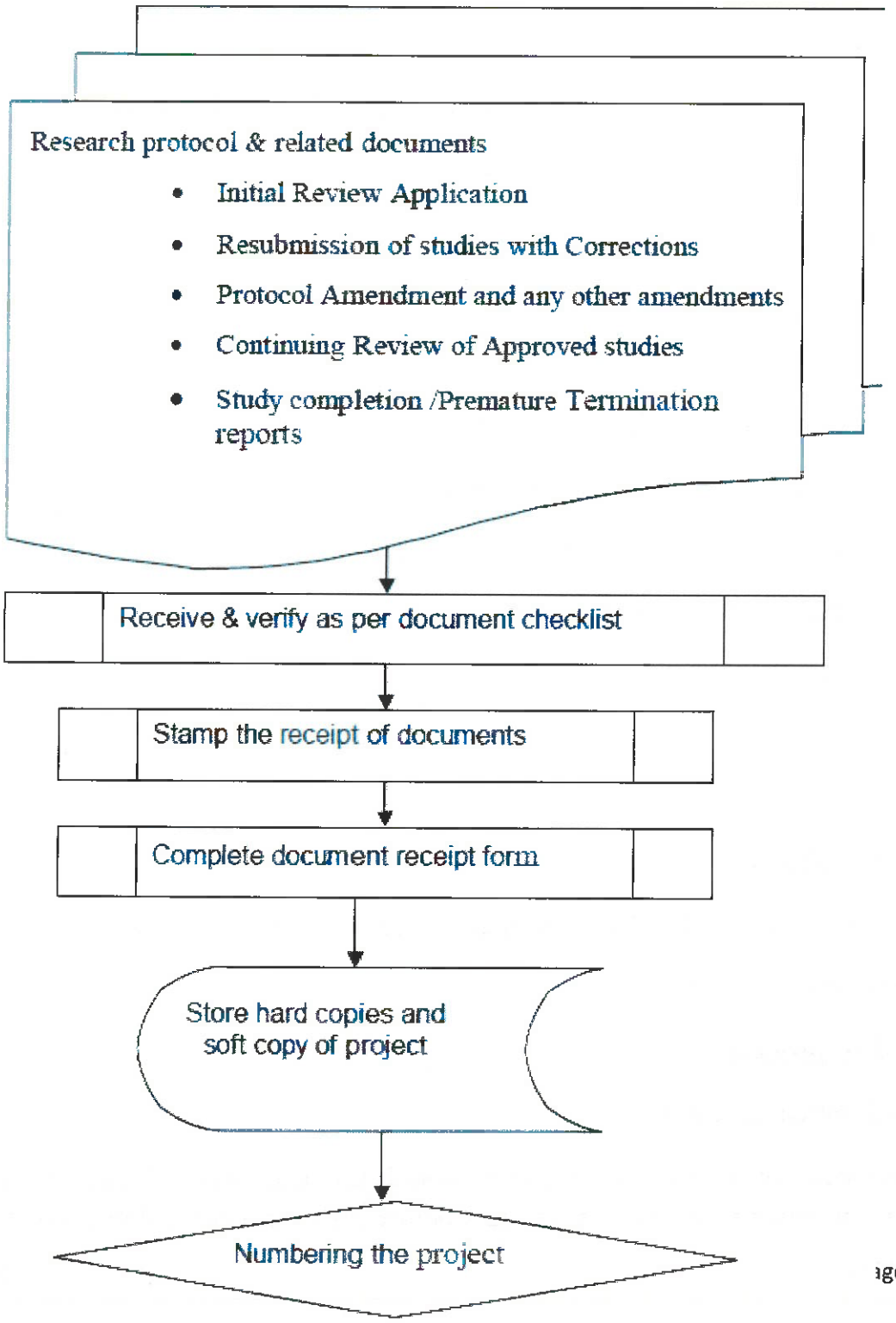
- Collect views of the study participants, if possible.
- Fill the Site Monitoring Visit Report Form and write the comments.

10.4 After the visit

The monitor will complete the report **within *14 days*** describing the findings of the monitoring visit and submit the same to the IEC office. After the form is received at IEC office, it is checked for completeness. queries if any are sent to PI and the form is forwarded to IEC Secretary for action

- The IEC Secretary / member representative/lead discussant for the project can present the monitoring visit findings in the full board meeting.
- The Secretariat will place the report in the correct files.
- Full board recommendations to change the study/ premature termination/ continuation of the project will be informed to the Principal Investigator in writing within ***14*** **days of the meeting**.

Flow Chart


Research protocol & related documents
Initial Review Application
Resubmission of studies with Corrections
Protocol Amendment and any other amendments
Continuing Review of Approved studies
Study completion /Premature Termination reports
Receive & verify as per document checklist
Stamp the receipt of documents
Complete document receipt form
Store hard copies and soft copy of project
Numbering the project

11. Guideline for the IEC Secretariat to manage research study submissions

11.1Purpose

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

11.2 Scope

The scope includes the following -

- Submission for initial review
- Resubmission of study with modifications
- Protocol amendments and any other amendments.
- Annual Status Reports/Continuing review of the study
- Study completion/termination
- Any other documents

11.3 Responsibility

It is the responsibility of the IEC secretariat to receive record and distribute the study documents for IEC review.

11.4 Detailed process

Receive submitted packages

For the initial review of study, investigators should submit all study related documents to the IEC, no fewer than fourteen (15) days before the next scheduled meeting. The PI

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

- Initial Review Application
- Resubmission of Study with Corrections
- Protocol Amendment or any other amendments
- Annual Status Reports /Continuing Review of the study
- Study Completion / Termination

Verification of Submission

On the receipt of the study related documents at IEC Secretariat:

- Check the submissions for initial review as per checklist to ensure that all mandatory forms and documents are submitted.

  Submission should include
- Project submission Form
- Study protocol
- Other related documents necessary for initial review

Check completeness of necessary information with signature at all designated places in the submission form

- Notify the investigators, if the submission is incomplete.
- State clearly the missing documents
- Stamp, sign & date on the cover letter confirming receipt of the documents

11.5 Resubmission of study with corrections as per IEC suggestions

For resubmission- the PI will submit copy of the amended study related documents along with justification for amendment or modification, and clearly highlighted/demarcated sections which have undergone change The IEC Secretariat will

verify the completeness and reconfirm that the copies contains the modification highlighted with respect to the earlier submission.

Research Protocol Amendments and other study related documents

- The PI should submit 10 hard copies or 5 hard copies + soft copy of the amended documents
- The IEC Secretariat will verify the completeness of the submission
- The PI should highlight the modification/s in the amendment, along with a summary of changes. He should also indicate whether these changes would Entail change in the ICF as per the form.
- The Member Secretary in consultation with Chairperson will decide whether to: Carry out an expedited review in case of minor administrative amendment. OR Table for discussion at the full board meeting.

11.6 Annual Continuing Reviews of Approved Research studies

The IEC will receive a copy of Annual Status/ Continuing Review Report in the prescribed format and related documents

11.7 Research study Completion/termination

The IEC will send reminders for annual status report to Individual Principal Investigators,
The IEC will receive a copy of Study Completion Report in the prescribed format
The IEC Secretariat will verify the completeness of the Study Completion Report Form filled by the PI
The study completion/ termination report will be discussed in the full board meeting of IEC

11.8 Initial Review of Submitted Protocol

Categorization of protocols
The Member Secretary, IEC or secretariat shall screen the proposals for their completeness.
Depending on the risk involved in the research proposals, Member Secretary will categorise them into three types, viz.,
i. Initial review
ii. Expedited review
iii. Exemption from review

Initial Review
All research involving more than minimal risk, proposals/ protocols which do not qualify for exempted or expedited review and projects that involve vulnerable population and special groups shall be subjected to a full board review by all the members.
While reviewing the proposals, the following situations may be considered as minimal risk and should be carefully assessed against the existing facilities at the research site for determining risk/benefit analysis

a. Collection of blood samples by finger prick, heel prick, ear prick, or venipuncture:
i. from healthy adults and non-pregnant women who weigh normal for their age and not more than 500 ml blood is drawn in an 8 week period and frequency of collection is not more than 2 times per week;

ii. from other adults and children, where the age, weight, and health of the participants, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected has been considered and not more than 50 ml or 3 ml per kg, whichever is lesser is drawn in an 8 week period and not more than 2 times per week;
iii.from neonates depending on the haemodynamics, body weight of the baby and other purposes not more than 10% of blood is drawn within 48 - 72 hours. If more than this amount is to be drawn it becomes a risky condition requiring infusion/blood transfusion;
iv. prospective collection of biological specimens for research purposes by noninvasive means. For instance:
1. skin appendages like hair and nail clippings in a non-disfiguring manner;
2. dental procedures - deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction of permanent teeth; supraand subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth;
3. excreta and external secretions (including sweat);
4. uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gum or by applying a dilute citric solution to the tongue;
5. placenta removed at delivery;
6. amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
7. mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;
8. sputum collected after saline mist nebulization and bronchial lavages.
b. Collection of data through noninvasive procedures routinely employed in clinical practice. Where medical devices are employed, they must be cleared/ approved for marketing, for instance -
i. physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the participant or an invasion of the participant's privacy;

ii. weighing or testing sensory acuity;
iii.magnetic resonance imaging;
iv. electrocardiography, echocardiography; electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow,
v. moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

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

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

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

11.9 Elements of Review

The primary task of the IEC is to review research proposals and their supporting documents with special attention to the scientific validity, informed consent and submission form for the suitability and feasibility of the study.
The following will be considered as applicable

Scientific Design and Conduct of the Study

Is the project original and innovative? e.g. Does the project challenge existing paradigms or clinical practice; address an innovative hypothesis or critical barrier to progress in the field? Does the project develop or employ novel

concepts, approaches, methodologies, tools or technologies for this area?
Is this an attempt to validate, prove or disapprove the validity of existing knowledge?
Appropriateness of study design, work plan and structure to achieve the stated objectives: Are the conceptual or clinical framework, design, methods and analyses adequately developed, well integrated, well reasoned and appropriate to the aims of the project?
Relevance of the work in the context of contemporary translation or clinical cancer research:
Does this study address an important research question or is it a predominantly service proposal?
If the aims of the application are achieved, how will scientific knowledge or clinical practice be advanced?
What will be effect of these studies on the concepts, methods, technologies, treatments, services, or preventive interventions that drive this field?
Appropriateness of the study design in relation to the objectives of the study;
The statistical methodology (including sample size calculation), and the potential for reaching sound conclusions with the smallest number of research participants;
The justification of predictable risks and inconveniences weighed against the anticipated benefits for the research participants and the concerned communities;
The justification for the use of control arms
Potential of the work that would be conducted to lead into a larger and high impact study;

- Criteria for prematurely withdrawing research participants, and criteria for suspending or terminating the research as a whole;
- The adequacy of provisions made for monitoring and auditing the conduct of the research, including the constitution of a Data Safety Monitoring Board;
- Investigator's capability, availability of infrastructure and scientific environment to conduct the study within the time frame and carry it forward;
- The adequacy of the site, including the support staff, available facilities, and emergency procedures;

- Study Reporting and publication of the research.

Care and Protection of Research Participants

- Required qualifications and experience of the investigators' for the proposed study;
- Any plans to withdraw or withhold standard therapies for the purpose of the research, and the justification for such action;
- Plans to withdraw subjects from the study by the investigator ;
- Medical care to be provided to research participants during and after the course of the research;
- Adequacy of medical supervision and psycho-social support for the research participants;
- Steps to be taken if research participants voluntarily withdraw during the course of the research;
- Criteria for extended access to, the emergency use of, and/or the compassionate use of study products;
- Arrangements, if appropriate, for informing the research participant's general practitioner or family doctor, including procedures for seeking the participant's consent to do so;
- Description of any plans to make the study product available to the research
- participants following the research and description of any financial costs to research participants
- Rewards and compensations for research participants (including money, services, and/or gifts);
- Provisions for compensation/treatment in the case of the injury/disability/death of a research participant attributable to participation in the research (as per institutional policy/ICMR guidelines/existing national legislation(CDSCO, DCGI).
- Insurance and indemnity arrangements.

11.10 Protection of Research Participant Confidentiality

A description of the persons who will have access to personal data of the research

participants, including medical records and biological samples;
Measures taken to ensure the confidentiality and security of personal information concerning research participants

12.Informed Consent/ Consent Process

12.1Essential Elements:

1. Statement that the study involves research and explanation of the purpose of the research
2. Statement that the study is approved by IEC
3. Expected duration of the Subject's participation and total number of subjects that will be accrued on the study.
4. Description of the procedures to be followed, including all invasive procedures
5. Description of any reasonably foreseeable risks or discomforts to the Subject
6. Description of any benefits to the Subject or others reasonably expected from research. If no benefit is expected Subject should be made aware of this.
7. Disclosure of specific appropriate alternative procedures or therapies available to the Subject.
8. Statement describing the extent to which confidentiality of records identifying the Subject will be maintained and who will have access to Subject's medical records
9. Trial treatment schedule(s) and the probability for random assignment to each treatment (for randomized trials)
10. Compensation and/or treatment(s) available to the Subject in the event of a trial-related injury
11. An explanation about whom to contact for trial related queries in the event of any injury and rights of Subjects
12. The anticipated prorated payment, if any, to the Subject for participating in the trial. In particular IEC review payments to determine that:

The amount of payment and the proposed method and timing of disbursement neither is coercive nor presents undue influence.
In case any amount paid as a bonus for completion is reasonable and not so large as to unduly induce participants to stay in the study when they would otherwise have withdrawn.
oA description of acceptable and unacceptable payment arrangements for the sponsor, organization, researcher, and those referring research participants, if applicable:
Address the acceptability of payments in exchange for referrals of prospective participants ("finder's fees" or "referral fees").
Address payments designed to accelerate recruitment that are tied to the rate or timing of enrollment ("bonus payments").
13. Subject's responsibilities on participation in the trial \
14. Statement that participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the Subject is otherwise entitled
15. Any other pertinent information

12.2 Additional elements, which may be required

a. Statement of foreseeable circumstances under which the Subject's participation may be terminated by the Investigator without the Subject's consent.
b. Additional costs to the Subject that may result from participation in the study.
c. The consequences of a Subject's decision to withdraw from the research and procedures for orderly termination of participation by Subject.
d. Statement that the Subject or Subject's representative will be notified in a timely manner if significant new findings develop during the course of the research which may affect the Subject's willingness to continue participation will be provided.
e. A statement that the particular treatment or procedure may involve risks to the Subject (or to the embryo or fetus, if the Subject is or may become

pregnant), which are currently unforeseeable.
f. Approximate number of Subjects enrolled in the study
A full description of the process for obtaining informed consent, including the identification of those responsible for obtaining consent
Adequacy, completeness and comprehension of written and oral information to be given to the research participants, and, when appropriate, their Legally Acceptable Representative(s) (LAR)
Clear justification for the intention to include research participants who cannot consent, and a full account of arrangements made to obtain their consent /authorisation/consent of LAR;
Assurances that research participants will receive information that becomes available during the course of the research relevant to their participation including their rights, safety, and well-being;
Provisions made for receiving and responding to queries and complaints from research participants or their representatives during the course of a research project.

12.3 Community Considerations

- Impact and relevance of the research to the local community and the concerned communities from which the research participants are drawn;
- Steps taken to consult with the concerned communities during the course of designing the research;
- Influence of the community on the consent of individuals;
- Proposed community consultation during the course of the research;
- Extent to which the research contributes to capacity building, such as the enhancement of local healthcare, research, and the ability to respond to public health needs;
- A description of the availability and affordability of any successful study product to the concerned communities following the research;
- The manner in which the results of the research will be made available to the research participants and the concerned communities.

13. Recruitment of Research Participants

- The characteristics of the population from which the research participants will be drawn (including gender, age, literacy, culture, economic status, and ethnicity)
- The means by which initial contact and recruitment is to be conducted;
- The means by which full information is to be conveyed to potential research participants or their representatives;
- Inclusion criteria for research participants;
- Exclusion criteria for research participants;
- Students or staff recruitment in research
- healthy volunteers.
- Information contained in the advertisement and mode of its communication.
- Final copy of printed advertisements.
- Final audio or video taped advertisements.

13.1 Advertisements

The IEC reviews advertising to ensure that advertisements do not:
State or imply a certainty of favorable outcome or other benefits beyond what is outlined in the consent document and the protocol. Include exculpatory language.
Emphasize the payment or the amount to be paid, by such means as larger or bold type.Promise "free treatment" when the intent is only to say participants will not be charged for taking part in the investigation.
Advertisements are limited to the information prospective participants need to determine
their eligibility and interest, such as:

- The name and address of the researcher or research facility.
- The purpose of the research or the condition under study.
- In summary form, the criteria that will be used to determine eligibility for the study.
- A brief list of benefits to participants, if any.
- The time or other commitment required of the participants.
- The location of the research and the person or office to contact for further information.

13.2 Responsibility

The IEC Secretariat is responsible for receiving, verifying, and managing the hard copies of the received submission. In addition, the Secretariat should create a study specific file, distribute the packages to the IEC members for review, and communicate the review results to the investigators.

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

14. Expedited review

Expedited review is a procedure through which certain kinds of research proposals may be reviewed and approved by a subcommittee without convening a meeting of the full Board.

The proposals presenting no more than minimal risk to research participants may be Subjected to expedited review. Minimal risk would be defined as one which may be anticipated as harm or discomfort not greater than that encountered in routine daily life activities of the general population or during the performance of routine physical or psychological examinations or tests. However, in some cases like surgery, chemotherapy or radiation therapy, great risk would be inherent in the treatment itself, but this may be within the range of minimal risk for the research participant undergoing these interventions since it would be undertaken as part of current everyday life (ICMR 2006).

14.1 Communication between the IEC and the investigator

The decision of the IEC subcommittee will be communicated to the Principal Investigator after the minutes of the subcommittee are finalized. The final decision of expedited review is only notified to the full board.

If the project is approved or approved with modifications, this will be informed to the Principal Investigator in writing. If the project is approved with modifications, the modifications submitted by PI will be reviewed by the Member Secretary or reviewer for final approval.

Expedited reviewers may not disapprove the research. If that is the case, it will be Referred for full board review. This will be communicated to Principal Investigator.

15. Exemption from review

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

The exemption from review may be seen in the following situations:
1 Research on educational practices such as instructional strategies or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods

2. Research proposals which do not involve living human participants or data derived from them are exempt from IEC review. For example,

a) Audits of educational practices
b) Research on microbes cultured in the laboratory
c) Research on immortalized cell lines
d) Research on cadavers or death certificates provided such research reveals no identifying personal data

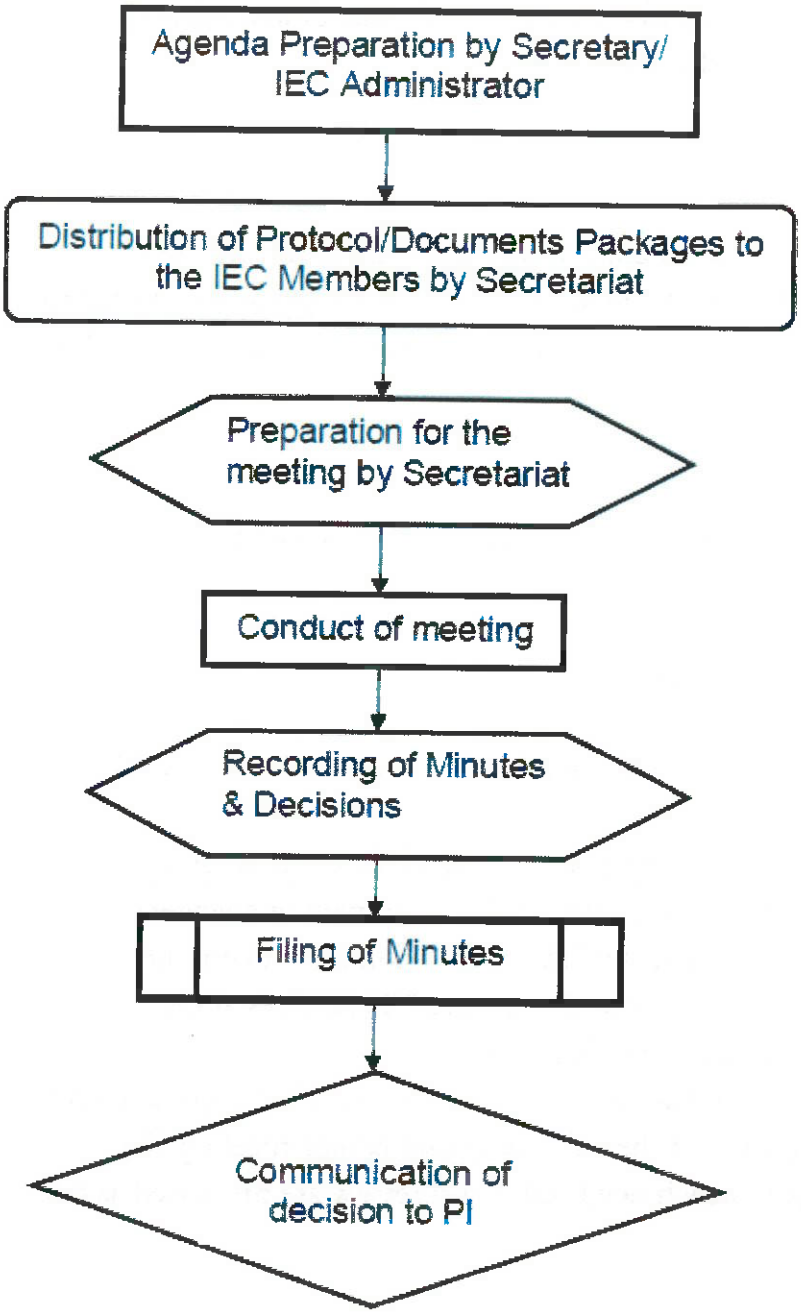
e) Analysis of data freely available in the public domain

3 . In circumstances where research appears to meet minimal risk criteria may need to be reviewed by the IEC. This might be because of requirements of:

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

16. Agenda Preparation, Meeting Procedures and Recording of Minutes

Flow Chart


Agenda Preparation by Secretary/ IEC Administrator
Distribution of Protocol/Documents Packages to the IEC Members by Secretariat
Preparation for the meeting by Secretariat
Conduct of meeting
Recording of Minutes & Decisions
Filing of Minutes
Communication of decision to PI

17. Review of Amended protocol/ Protocol related Documents

17.1 Purpose:

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

17.2 Scope:

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

17.3 Responsibility:

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

17.4 Receipt of the Amendment Package

The amendment /documents along with the covering letter forwarded by the PI is received by the secretariat

The secretariat will confirm that the: changes or modifications in the amended version are underlined or highlighted along with detailed summary of changes

The Secretariat will check for completeness of the submission and inform the Principal Investigator telephonically to submit the required documents at the earliest, if any of the documents are missing/ incomplete.

The Member Secretary, IEC, classifies the amendments into minor or major and tables the major amendments on the agenda of the subsequent scheduled meeting The amendments and other documents which need full board review are processed as per the SOP

17.5 Decision

If the IEC approves the amendments, the decision is communicated to the PI
If the IEC does not approve the amendments, the secretary should immediately notify the investigator in writing of the decision and the reason for not approving the amendment
If the IEC recommends or suggests modifications to any of the documents, or the amendments, the secretariat sends a written communication to the investigator about the specific changes asking him or her to make the necessary changes and resubmit the documents to IEC
Storage of Documents:
File the amendments in the corresponding research protocol file on documentation and archival.

Minor amendments and notifications:

Minor amendments (those that do not increase the risk or decrease the potential benefit to subjects) and minor changes in previously approved research during the period covered by the original approval: Where the research is permanently closed to the enrolment of new subjects; all subjects have completed all research-related interventions may be reviewed in the expedited review subcommittee meeting
Minor notifications may be noted by the Member Secretary, IEC and not tabled in IEC meeting
This may include but may not restrict to:

- Renewed insurance policy
- DCGI and DGFT approvals
- Administrative notes
- Documents of administrative nature

18.Review of Protocol Deviation/Non-Compliance / Violation / Waiver

18.1Purpose

To provide instructions for taking action and maintaining records when investigators/ trial sites fail to -
Follow the procedures written in the approved protocol;
Comply with national / international guidelines / 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.

18.2 Responsibility

1.The IEC secretariat is responsible for receiving deviations /violations and waiver reports submitted by the Principal Investigator/others and placing it on the agenda of the meeting. The IEC secretariat is responsible for receiving noncompliance reports and taking the appropriate action.
2.IEC members should review and take action on such reports

18.3 Detailed instruction

a) Protocol violation/s

Definition: Divergence or departure from the expected conduct of an approved study not consistent with the current Institutional Ethics Committee approved version of the research protocol, consent document or addenda
This usually
constitutes a change in the conduct of the research that should have received prospective IEC review and approval prior to implementing the change; or has harmed or posed a significant risk of harm to a research subject or others; or has damaged the scientific integrity of the data collected or confounded the scientific analysis of the study results; or has resulted from willful or voluntary misconduct on the part of a Principal Investigator or a member of the research team

b) Protocol deviation/s

Definition: Divergence or departure from the expected conduct of an approved study not consistent with the current Institutional Ethics Committee approved version of the research protocol, consent document or addenda is a protocol deviation if it:
has no substantive effect on the risk posed to a research subject or others;
will not affect the subjects' willingness to participate in the study;
has no substantive effect on the value of the data collected;
does not confound the scientific analysis of the study results; and
did not result from willful or voluntary misconduct on the part of an Investigator or a member of the Investigator's study team.

c) Protocol Waiver

It is a prospective deliberate decision to deviate from the protocol that has been approved by the sponsor. Such waivers must be notified to and approved by IEC Member Secretary/Chairperson.
e.g. Protocol Waiver means a prospective decision by a sponsor or investigator to permit accrual of a subject who does not satisfy the approved inclusion/exclusion

criteria for enrollment (age, concurrent medication).
When a deviation occurs it should be reported to the sponsor as well as the IEC.
In some instances a sponsor will issue a waiver related to a specific subject, to continue the subject in the study
Examples of sponsor waivers are:
- it is in the subject's best medical interest to remain on study
- exception to inclusion/exclusion criteria (age, concurrent medication)

d) Non-compliance

Noncompliance is defined as failure to comply with national regulations, IEC policy or the determinations or requirements of the IEC.
i. Nonserious and Noncontinuing noncompliance involves isolated incidents, e.g. an unintentional mistake, an oversight, or a misunderstanding. The issue is not serious or continuing in nature.
ii. Serious non-compliance: An action or omission, non-compliant with National regulations or IEC policy, taken by an investigator that any other reasonable investigator would have foreseen as increasing risks or compromising the rights and welfare of a participant or other persons.
iii. Continuing non-compliance: A pattern of repeated actions or omissions taken by an investigator that indicates a deficiency in the ability or willingness of an investigator to comply with National regulations, IEC policy or determinations or requirements of the IEC.
iv. Research Misconduct noncompliance that involves callous disregard for the protection of human participants or for the integrity of research may meet the definition of research misconduct. Any fabrication, falsification, or plagiarism in proposing, performing, or reviewing research or reporting research results.

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

The IEC/DSMSC members performing monitoring of the project at trial site can detect a protocol deviation/non-compliance/violation

- if the project is not conducted as per protocol/ national/international regulations;
- while scrutinizing annual/ periodic reports/ SAE reports
- based on any other communication received from the Investigator/ trial site/ sponsor/ study monitor/ CRO.
  Additionally, information regarding noncompliance in studies that enroll human participants may come to the attention of the IEC through:
- continuing reviews
- For cause monitoring
- audit reports
- SAE reports
- DSMSC minutes
- Any other sources

18.4 Noting protocol deviation / non-compliance / violation/waiver by the Secretariat

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

18.5 Procedures for Handling Suspected Noncompliance

1. Upon receipt of an allegation, Member Secretary IEC in consultation with Chairperson, IEC will review the allegation and determine if it is valid. If the allegation is valid, then will undertake an inquiry. Chairperson, IEC may temporarily suspend the study, pending review in IEC.
2. Member Secretary IEC in consultation with Chairperson, IEC undertakes an inquiry of the allegations within 7 week days of the suspected noncompliance. The purpose of the inquiry is fact-finding, and may involve examination of study records and discussion with the research team, other personnel, research, participants, witnesses, the complainant (if not anonymous), and others as appropriate.

After the IEC has completed the investigation, the IEC will determine the appropriate course of actions, such as:

- Modification of the research protocol;
- Modification of the informed consent form or process;
- Additional information provided to past participants;
- Notification of current participants (required when such information may related to participants' willingness to continue to take part in the research;
- Requirement that the current participants re-consent to participation;
- Modification of the continuing review schedule;
- Monitoring of research;
- Monitoring of the consent process;
- Suspension of the research;
- Termination of the research;
- Obtaining more information pending a final decision;
- Referral to other organizational entities (e.g., legal counsel, risk management, institutional official, etc.);
- Requirement of additional training or re-training;
- Other appropriate actions

A copy of IEC report is sent to the principal investigator(s) involved in the

noncompliance activities, associated research staff and others as deemed appropriate within 21working days

18.6 Board discussion, Decision and Action

 If a protocol deviation / non-compliance / violation is detected by an IEC member during a monitoring visit, he/she will present the monitoring report which will be discussed at the full board meeting.
 If detected by the Secretariat/forwarded by Principal Investigator, the Secretary will present the protocol deviation / non-compliance / violation/waiver information.
 Each allegation is taken seriously and reviewed in a consistent, prompt, and professional manner. Additionally, care is taken to maintain confidentiality.
 The Chairperson/IEC members will review the information available and take a decision depending on the seriousness of the violation.
 The decision will be taken to ensure that the safety and rights of the research participants are safeguarded. The decision will be taken by consensus and if no consensus is arrived at, voting will be conducted

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

 Determine that no further action is required, or take other actions as appropriate.
 Inform the PI that the IEC has noted the violation/ noncompliance/ deviation, and instruct the PI to ensure that deviations/noncompliance/ violations do not occur in future and to follow IEC recommendations.
 Enlist measures that the PI would undertake to ensure that such deviations/noncompliance/violations do not occur in future.
 Observe the research or consent process,(depending on the nature and frequency of the deviation)
 Suggest modifications to the protocol
 Alter the interval for submission of the continuing review/annual project status
 Require additional training of the investigator and study team
 Reprimand the PI.
 Seeking additional information from the Principal Investigator.
 Audit of trial by the IEC.
 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.
- Suspension or termination of the study
- 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.

18.7 Procedure for notifying the investigator and other concerned authorities

The IEC secretariat records the IEC decision.

- The Member Secretary drafts a notification letter.
- The signed letter by Member Secretary is sent to the Principal Investigator and Department Head(s) and Institutional Officials (if required)
- The IEC secretariat sends a copy of the notification to the relevant national authorities and institutes if applicable, as in the case of a multi-centric trial

.

18.8 Records and follow up to be kept by IEC secretariat

The IEC secretariat:

- Keeps a copy of the notification letter in the respective project file.
- Stores the file on the shelf with an appropriate label.
- Follows up the action after a reasonable time

19.Financial Matters for IEC

19.1 Fees:

The committee may, after discussion with the Medical Director, decide upon/ announce/ change/
amend/ alter, from time to time, announce and implement the fees for Clinical Trial / Study /

Protocol / Research Proposal. The said fees are payable by the Sponsors. The fees chargeable
may be classified variously under heads such as: protocol processing fees, per amendment/
follow-up study fees, and expedited review fees.
The processing fees are to be paid before approval of the protocol/amendment. An IEC approval
letter will not be issued until copy of the receipt of processing fee is submitted to the Department of
Research.
There will no addition fee charged for the review and approval of amended protocol and consent version.

Fees charged for various types of documents.

Sr.No	Documents Type	Fees (Rs)
01	Review of New research proposal	50000/-
02	Major amendment to a Sponsor based and IEC approved project (initiated by Sponsor)	7500/-
02	Minor amendment to a sponsor-based and IEC approved project (administrative charges only)	5000/-

Above mentioned fees excluding Service tax.

19.2 Mode of Payments

Fees/Payments shall be paid by Cheque/DD drawn in favor of **Pravara Institute of Medical Sciences (Deemed University) payable at Loni, Rahata, Maharashtra.**

Pan ID: AAATPO9759K

Roles & responsibilities of the Trial Subject :

- Respect investigators, research staff and other participants.
- Read the consent form and other documents. Ask questions if they do not understand something about the study, or their rights and responsibilities as a research participant, or need more information.
- Carefully weigh the risks and benefits when deciding whether to participate in the study.
- Refrain from signing the consent document until they believe that they understand its content and feel comfortable with their decision to participate.
- Follow directions for proper use, dosing and storage of self-administered study medications, providing biological samples, and preparing for tests, procedures or examinations.
- Follow directions for abstaining from non-study-related medications, or other contraindicated medications or procedures.
- Know when the study begins and ends. This is particularly important for an intervention trial that has a follow-up period after the intervention is completed.
- Show up at scheduled appointments on time, and inform the staff within a reasonable time if they need to reschedule an appointment.
- Provide truthful answers to questions asked during screening/enrolment and during the study.
- Inform staff if other medical care is needed while on the study.
- Inform the staff if there are questions they would rather not answer.
- Report pain, discomfort, nausea, dizziness and other problems and symptoms they experience during the study.
- Keep information about the study confidential, if asked to do so.
- Keep staff informed when contact information (eg, phone number, address) changes.
- If they decide to withdraw from the study, inform the staff and follow the procedures for withdrawal.

Appendix I: Format for approval of Institutional Ethics Committee

Dr.----------
Principal Investigator
Dear, Dr. ----------

Ref: your letter dated- ----------
The Institutional Ethics Committee reviewed and discussed your application to review the Protocol/amendment/ ICF entitled." ----------

IEC has reviewed and **approved in principle** the above mentioned Protocol/ amendment/ ICF

The following below study-related documents have been reviewed in the meeting:

Sr.No	Submission Documents(For investigational site EC)	Version(s)/Date of document

The following members of the Institutional Ethics Committee were present at the meeting held on date---------- at **time----------** at Pravara Institute of Medical Sciences.

Names	Qualification	Affiliations	IEC Designation & Role	Gender

Please note that the Principal Investigator was invited to explain the protocol. He/She and/ or other study staff members did not participate in the decision making / voting procedures.
Please note that this is "Approval in Principle "The study can not be initiated unless final approval is issued. The Final approval will be issued after completing all the pending items/ documents as per regulatory requirements and IEC SOPs-

The Institutional Ethics Committee Pravara Institute of Medical Sciences follows procedures that are in compliance with the requirements of ICH (international Conference on Harmonization) guidance related to GCP (Good Clinical Practice), schedule Y and all applicable Indian regulations.
The Institutional Ethics Committee Pravara Institute of Medical Sciences expects to be informed about the progress of the study mention frequency as per EC SOP, any SAE occurring in the course of the study, any changes in the protocol and patient information/informed consent and asks to be provided a copy of the final report.

Yours sincerely,
Member Secretary IEC PIMS-DU

Date of Issue-

Appendix II: Request letter by Member Secretary / Chairperson to the members

From,
Member Secretary / Chairperson
IEC PIMS-DU

To,

Sub: Constitution of Institute Ethics Committee (Human studies)
Dear Sir
I am pleased to inform you that your name has been selected for the post of Chairman / Member Secretary / Member of IEC. Kindly send your written acceptance in enclosed format. On recipient of your acceptance, I shall send you the formal appointment letter.

Yours sincerely

Signature

Appendix III : Consent letter by members of IEC

To
The Principal **Member Secretary / Chairperson**
IEC PIMS-DU

Sub: Consent to be a member of Institute Ethics Committee (Human Studies)

Reg. Ref: You're Letter No:

Dear Sir,

In response to your letter stated above, I give my consent to become a Chairman / Member Secretary / Member of IEC of PIMS, Loni. I shall regularly participate in the IEC meeting to review and give my unbiased opinion regarding the ethical issues. I shall not keep any literature or study related documents with me after the discussion and final review. I shall maintain all the research project related information confidential and shall not reveal the same to anybody other than project related personnel.

Thanking you

Yours Sincerely
Signature

Name of the member
Department & designation

Date:

Appendix IV: Proposal format for submission:

To,
Chairperson,
Institutional Ethics committee Pravara Institute of Medical Sciences

Dear Sir,

Subject: Research Proposal titled (Title with protocol identifier)

I am enclosing the subject research proposal for your review. If you need any clarification on the same, I shall be available at the meeting convened by your committee to discuss the same .A cheque from the sponsor for your fees as per the SOPs enclosed herewith.

The proposal submitted herewith comprises of the following documents 10 sets of the following documents should be submitted.

Each binder / file is required to be submitted with following documents (Please separate each section by a separator.)

- Study synopsis full version-Protocol
- Case Report form
- Subject information documents/brochure-Marathi, Hindi and English (Or other local version of the same)
- Informed consent form (ICF)- Marathi, Hindi, English(local version of the same) and translation/Back translation certificates
- Investigator brochure (IB)
- Subject recruiting materials- Marathi, Hindi, English and translation/Back translation certificates (local version of the same)
- Detail of payments to subject

- CTA (Draft/Final)
- PI undertaking
- CV of Principle investigator and Co-Investigator or any other staff
- Permission of DCGI
- EC fee receipt
- Previous review by any other IRB/IEC-Copies of decision letter
- Study insurance (initial/Renewed)

DIRECTORATE OF RESEARCH
LONI 413736
Pravara Institute of Medical Sciences-DU

MEMBER SECRETARY
Institutional Ethical Committee
Pravara Institute of Medical Sciences-DU
Loni Tal.Rahata,Dist.Ahmednagar

PRAVARA INSTITUTE OF MEDICAL SCIENCES
(DEEMED UNIVERSITY)
Loni-413736, Tal: Rahata, Dist: Ahmednagar (Maharashtra)
Phone : +91-2422-273600-Ext.1479/1396/1548, E-mail : researchcell@pmtpims.org

INSTITUTIONAL ETHICS COMMITTEE
(IEC PIMS-DU)

STANDARD OPERATING PROCEDURES

EFFECTIVE DATE: 1ST OCT 2020

NEXT REVIEW DATE: 1ST OCT 2021

The location and business address of the committee:
Institutional Ethics Committee,
Directorate of Research
Pravara Institute of Medical Sciences (Deemed University)
A/p:Loni Tal:Rahata,Dist:Ahmednagar (Maharashtra)

STANDARD OPERATING PROCEDURES FOR INSTITUTIONAL ETHICAL COMMITTEE, PIMS DU (IEC PIMS-DU)

Standard Operating Procedures for Institutional Ethical Committee, PIMS-DU (IEC PIMS-DU) is a content of Compendium on scientific research and publications at PIMS-DU, Loni

1 Introduction: SOP

Standard Operating Procedures (SOPs)

ICH-GCP guideline defines SOPs as "Detailed, written instructions to achieve uniformity of the performance of a specific function". SOPs provide the essential link between the guideline on one hand and the actual practice on the other. It is but natural therefore that, all the individual participants, performing their primarily required duty or a specific job and belonging to each and every category of the stakeholder has not only to have a well defined SOP but also to observe/follow it very carefully. It goes without saying, therefore, that each stakeholder has to have separate SOPs and IEC is no exception to the rule.

SOP is for the methodical functioning of any important work to be undertaken, a proper, stepwise, work procedure is necessary. In general, in any SOP the steps given should be reproducible, e.g. in the case of clinical trials, it will be neither proper nor acceptable to have an SOP that can be applied to just one or specific clinical trial. Broadly speaking SOPs can be in four different areas covering (i) organization of study in general, (ii) prior to study, (iii) Actual or during, and
(iv) End of the study.

The SOP should have the following general outline:

i. Must have a number with title or checklist. A set SOP need not have a checklist, but if included it should be sub-numbered, incorporating the corresponding SOP number.
ii. Reference, if any, to other related procedures.
iii. Person/Personnel i.e. who carried out / who all carry out the procedure.
iv. When and how the procedure is carried out (Note: These are especially required for other stakeholders in clinical trials, as compared to the IEC.)
v. Date of version in use; date of revision/ amendment/ replacement/ automatically replacing the previous version / name of the person or body responsible for the change.
vi. The process of review and revision of SOP should usually be a regularly done exercise, say every few months. A team should preferably do it. The old version should be archived after approval and implementation of the revised version. This is necessary because Regulatory Authorities may want to know some relevant answer to the question that might arise.

Some benefits of SOP are:

i. It provides a written record of the process. Processes used by several individuals are applied (more) consistently. Team member confidence is increased and performance is enhanced. It helps with the training of new staff.
ii. Reduces supervisory time/effort. However, these can also be generally applicable to other stakeholders.
iii. As far as this IEC-PIMS-DU related Work Document is concerned, a properly constituted IEC, functioning regularly and following its own Standard Operating Procedure is a must. Then alone the studies approved by the IEC stand a good chance of the global acceptability of the outcome of their quality results.

2 Objectives

The objective of Standard Operating Procedure (SOP) is to ensure quality and consistency in review of clinical research proposals and to follow the ICMR and national ethical guidelines for biomedical research on human subjects.

3. Institutional Ethical Committee (IEC)

3.1 Composition of Institutional Ethical Committee

Institutional Ethical Committee will be multidisciplinary and multisectional in composition. The number of members will be between 10-15. The chairman of the Institutional Ethical Committee will be from outside the university and will be nominated by the Vice Chancellor, Pravara Institute of Medical Sciences. The Member Secretary (nominated by the Chairman), drawn from Pravara Institute of Medical Sciences, will conduct the business of committee. Others members will be from pool of doctors & non-medical persons of different colleges, legal expert and a non-medical person from society. 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. The Committee cannot consist entirely of men or entirely of women.

The IEC will have 10 to 15 members. It shall have a fair representation of medical, non-medical, scientific and non-scientific persons with appropriate gender representation. There shall be at least one each of lay person and legal expert. (Ref. Schedule Y, CDSCO 2005 Appendix VIII). Considering the overall importance of accepted responsibility, every appointed member/ special invitee is expected to remain present and participate in the discussion / decision making process. The **Chairman / Chairperson** shall be from amongst the members but shall not belong to the Institution. In other words he / she shall not be a staff member appointed in the institution but shall be an outsider in order to be able to function independently, i.e. without any institutional influence. The **Member Secretary** shall belong to the Institution.

Generally, the representation on the IEC shall be:

i. Chairperson (outside institution-Nominated by VC)
ii. Member Secretary from Institute
iii. Five to ten members from different specialties as specified above.
iv. Representative members from all constituent colleges under PIMS.
v. Legal expert.
vi. Non-medical person from society.

3.2 Membership requirements:

Member/s should be sufficiently qualified through the experience and expertise and sensitive to such issues as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects. In addition to possessing the professional competence necessary to review the specific research activities, the member/s should be able to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards or professional conduct and practice. (Ref 21 CFR part 56.107) A member of IEC can be a part of any other IRB/IEC

3.3 Tenure: Membership Duration

i. The tenure for Members of the IEC is for a period of three (3) Years.
ii. There will be no bar on the members serving for more than one term but it is desirable to have approximately one third fresh members.
iii. A member can be replaced in the event of long-term non-availability (three consecutive meetings). Authority to replace the member shall remain with the Chairman
iv. Members should maintain confidentiality of all discussions during the meeting and sign a confidentiality form at the start of their term. Each member of the committee will submit a declaration to maintain the confidentiality of the documents submitted to them during their membership period.

v. **Conflict of interest** if any, shall be declared by members of the Institutional Ethical Committee at the beginning of every meeting.

3.4 Resignation/ Replacement of members

To establish polices for removal or Resignation / Replacement of members chairman and Member Secretary are responsible for implementing this SOP.
Term of appointment Members of IEC will be appointed for period of 2 years initially which could be extended for another term of 2 years. Extension of membership will be based on the recommendation of the Chairman & Member Secretary of IEC.

Policy for removal of member

- A member may be relieved or terminated of his/her membership in case of conduct not suitable for a member of the Ethics Committee.
- Inability to participate in the meetings on any grounds for more than 3 meetings of IEC.
- The membership shall be reviewed by the dean & chairman, if the member is a regular defaulter.
- If deemed necessary, the IEC may decide to terminate the membership and recommend to the Chairman IEC for necessary action.
- In all such situations/circumstances, member secretary will serve a letter of termination to the member.
- Documentation of the termination will be recorded in the meeting minutes of the next duly constituted IEC meeting and IEC membership circular/roster will be revised.

Resignation / Replacement procedure

The members who have resigned may be replaced at the discretion of the appointing authority for the same.

IEC members who decide to resign must provide the Chairman & member secretary of IEC the written notification of their proposed resignation date at least 30 calendar days prior to the next scheduled meeting.
In case of resignation, chairman & member secretary would appoint a new member, falling in the same category of membership ex. NGO representative with NGO representative.

3.5 Training of IEC members

All IEC members are conversant with Guidelines for Research involving Human Subjects
A team of trainers chosen for this purpose by Member Secretary will ensure that new members get trained with in fortnight after being inducted

All IEC members will be made conversant with ICMR Guidelines for Research involving Human Subjects 2006, Schedule Y of Drugs and Cosmetics Act and ICH-GCP guidelines

Record of such training will be maintained in EC office.

4 IEC/IRB Functions:

4.1 Functions of Institutional Ethical Committee (IEC)

a) Maintaining records of its activities, such as Agenda and Minutes of the meetings.
b) Complying with ICH GCP guidelines.
c) Adhering to applicable regulatory requirements.
d) Making its decisions at announced meetings.
e) Including only those members in the voting process, who are independent of the trial process and who are actually present at the meeting called for considering/reviewing the proposal/s.
f) Paying special attention to the considered opinion, of members appointed with a specific purpose, such as, the legal advisor, social scientist, Ethicist, lay-

person, especially when different opinions or views are expressed in a meeting.

g) Proposals are evaluated by committee as per the assessment forms attached in Annexure in terms of full/ expedited /exempted review.
h) The Institutional Ethical Committee will ensure that all the cardinal principles of research ethics viz, autonomy, beneficence, non–malfeasance and justice are taken care of in planning, conduct and reporting of a proposed study.
i) The committee will also ensure compliance with all regulatory requirements, applicable guidelines and law

4.2 Roles and Responsibilities of IEC members:

1. To review and arrive at appropriate decision on the submitted clinical Trial/Study/Research Proposal and to intimate it in writing.
2. To take all steps such as enquiring into a particular issue, monitoring the on-going study, seeking progress and reports from the P.I. in the interest of the study as well as the site'/Institution.
3. To recommend all the relevant matters to the Head of the Institution (cf. Medical Director), especially in furtherance of cause of research.
4. In addition to its primary domain, viz. review and concern about ethical issues, the committee is also entitled to consider:
   - How the Patient/subject/client is going to be benefited?
   - How the Society is going to be benefited?
   - What are the benefits to the Hospital?
   - How the Investigator and the Hospital are going to be benefited (by way of contribution and credit respectively, in a research paper, etc.)

4.3 Record Keeping and Archiving:

I. Curriculum Vitae (CV) of all members of IEC.
II. Minutes of all meetings duly signed by the Chairperson. Copies of all correspondence with members, researchers and other regulatory bodies.

III. Copy of existing relevant national and international guidelines on research ethics and laws along with amendments.
IV. All study related documents (study protocols with enclosed documents, progress reports, and SAEs.) should be archived for minimum of ten years after the completion of study. A copy of filled **C**linical **R**ecord **F**orm (**CRF**) shall remain with the PI for minimum of fifteen years.
V. Final report of the completed projects.

5 IEC-Operations

5.1 Meeting: Office and Conduct of the Meeting

i. The Chairperson will conduct all meetings of the Institutional Ethical Committee. If for reasons beyond control, the Chairperson is not available, an alternate Chairperson will be elected by the members present from among themselves.
ii. The Member Secretary will be responsible for organizing the meetings, maintaining the records and communicating with all concerned. He/she will prepare minutes of the meetings and get them approved by the Chairperson before communicating to members and Principle Investigator.
iii. Chairman & member secretary are responsible for implementing this SOP.
iv. The Member Secretary in consultation with the chairman may convene the IEC meeting once in every three month.
v. Additional review meeting can also be held with short notice as and when required.
vi. All members will receive notification of meeting schedules in advance.
vii. A minimum of five persons is required to form the quorum without which a decision regarding the research would not be taken. The quorum would have at least one representative from the following group:
    1. One basic medical scientist (preferably one Pharmacologist)
    2. One Clinician
    3. One legal expert or retired Judge
    4. 4. One social scientist/ representative of non-governmental organization/ Philosopher/ Ethicist/ Theologian or a similar person

5. One lay person from the community.

viii Minutes of the IEC meetings, all the proceeding and deliberation will be documented.

Applicant investigator may be invited to present the proposal or elaborate on specific issue.

The Chairperson will conduct all meetings of the Institutional Ethical Committee. If for reasons beyond control, the Chairperson is not available, an alternate Chairperson will be elected by the members present from among themselves.

5.2 Quorum Requirements

A minimum of 5 members including at least one member from the related specialty, in which presentation is due, should be present. All decisions will be taken in the meetings and not by circulation of project proposals. As per revised Schedule Y of Drugs & Cosmetics Act, 1940, amended in 2005, the ethics committee approving drug trials will have in the quorum at least one representative from the following groups:

1. One basic medical scientist (preferably one pharmacologist).
2. One clinician
3. One legal expert or
4. One social scientist
5. One lay person from the community

5.3 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 regarding meeting, deliberations, and related matters. These consultants or subject experts cannot vote for a decision.

Directors, Head of Institution, Superintendents, Administrative officers who are responsible for business development will not be appointed as independent consultants.

6.Dealing with participants/patients requests and complaints

It is the responsibility of the IEC Member Secretary to provide the required information to the research participants/ research participant's representatives/patient, in the case of queries received.

It is the responsibility of the Member Secretary/Chairperson to initiate a process of giving information to the participants or identifying and addressing any injustice that has occurred, if complaints are received from research participants

6.1 When the IEC member/ administrative staff receive an inquiry or request from a research participant/ research participant's representatives/patient:

The Member Secretary will inform the Chairperson about the query/complaint received. The Chairperson / Members designated by the Chairperson will provide the information required by the research participant.

In case of a complaint received from a research participant, the Chairperson will initiate a process to identify and address any injustice that may have occurred.

The Chairperson will direct the Member Secretary to consider the matter for discussion at a full board meeting or to call an emergency meeting of 2 or more IEC members for discussion or to appoint a subcommittee of 2 or more IEC members for enquiry in order to resolve the matter.

The Chairperson/ Member Secretary/ designated IEC members will assess the situation and will mediate a dialogue between the research participant and the

investigator in an attempt to resolve the matter.

The IEC will insist on factual details to determine the reality between the truth and individual perception. The final decision will be informed to the research participant by the Secretariat. The information including any action taken or follow-up will be recorded.

The IEC members will be informed about the action taken and the outcome in the forthcoming IEC meeting.

7.Reviewing Research Studies Involving Vulnerable Populations:

7.1Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe procedures to review research protocol involving vulnerable populations. The SOPs provide clear, unambiguous instructions so that the related activities of the Board are conducted in accordance with Indian laws and relevant, National and International Guidelines. It describes the requirements concerning review of research that involves groups that could be potentially vulnerable to coercion in regard to autonomy, and present conditions that may affect risk/benefit determinations or bearing unequal burden in research

7.2 Scope

This SOP applies to all policies and procedures of review and assessment applied to all research dealing with vulnerable population that require additional consideration or protection, submitted and approved by the IEC.

Vulnerable persons are those who are relatively (or absolutely) incapable of protecting their own interests. More formally, they may have insufficient power, intelligence, education, resources, strength, or other needed attributes to protect their owninterests.

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.

a. research on genetics should not lead to racial inequalities;

b. persons who are economically or socially disadvantaged should not be used to benefit those who are better off than them;

c. 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. Appropriate proxy consent from the legal guardian should be taken after the person is well informed about the study, need for participation, risks and benefits involved and the privacy and confidentiality procedures. The entire consent process should be properly documented;

d. adequate justification is required for the involvement of participants such as

prisoners, students, subordinates, employees, service personnel etc. who have

reduced autonomy as research participants, since the consent provided may be under duress or various other compelling reasons.

Individuals whose willingness to volunteer in a research study may be unduly influenced by the expectation, whether justified or not, of benefits associated with participation, or of a retaliatory response from senior members of a hierarchy in case of refusal to participate may also be considered vulnerable.

Examples are members of a group with a hierarchical structure, such as

medical, pharmacy, dental, and nursing students, subordinate hospital and

laboratory personnel, employees of the pharmaceutical industry, members of

the armed forces, and persons kept in detention.

"Vulnerable" or "special" classes of subjects include as listed below

This list may not be exhaustive as there may be circumstances in which other groups

are considered vulnerable, women for example, in an orthodox patriarchic society, or terminally ill cancer patients.

- pregnant women, human fetuses and neonates,
- prisoners,
- children,
- cognitively impaired persons
- students and employees, sub-ordinates
- minorities (as defined by national constitution and / or socio-economically
- backward, refugees and such others.
- economically and/or educationally disadvantaged
- AIDS/HIV+ subjects.
- Terminally ill Subjects
- Geriatic population

Vulnerable populations:

The following is required when children are enrolled in research:

- Children will not be involved in research that can 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.
- For studies prior to phase III the drug has a therapeutic value in a primary disease of the children.
- The settings of the research provide the child and parent adequate medical and psychological support.
- Interventions intended to provide direct diagnostic, therapeutic, or preventive benefit

- for the individual child participants must be justified in relation to potential risks involved in the study and potential benefits to society.
- 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.
- 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.
- 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 or adolescents, unless there is no medically acceptable alternative to the therapy provided or tested, and consent has been obtained from at least one parent or guardian.

The following is required when Pregnant or nursing women are enrolled in research:

7.3 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 foetuses or nursing infants, and for which women who are not pregnant or nursing would not be suitable participants.

a. The justification for 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 ggravated by pregnancy etc. Women should not be 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. Compensation in terms of supplying supplementary food such as milk formula should be considered in such instances.

b. 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.

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

7.4 Categorization of protocols

Vulnerable population will be subjected to full board Initial review

Research involving vulnerable populations is not eligible for expedited review or

Exemption from review.

8.Review of Serious Adverse Events (SAE) Reports

8.1Purpose

The purpose of this SOP is to describe the process on the submission, reporting, review of serious adverse events (SAEs) and unexpected events for any active study approved by the IEC

Unanticipated risks are sometimes discovered during the course of studies. Information that may impact on the risk/benefit ratio should be promptly reported to and reviewed by the IEC to ensure adequate protection of the welfare of the study participants. The

unanticipated risks may as well include any event that in the investigator's opinion, may adversely affect the rights, welfare or safety of subjects in the study.

8.2 On site SAEs

Instructions for PI

All SAEs including Deaths should be reported within 24 hours of their occurrence to

1. IEC
2. Sponsor or its representative
3. CDSCO (in case of studies that have required approval of the CDSCO)

The report of the **serious adverse event of Death,** *after due analysis* shall be forwarded by the Investigator to

1. The Sponsor
2. Chairman of the IEC
3. In case of studies that have required approval of the CDSCO, also report to the Chairman of the Expert Committee constituted by the CDSCO, with a copy of the report to the CDSCO and the Head of the Institution where the trial has been conducted within ten calendar days of the occurrence of the serious adverse event of death.

- The report of the**serious adverse event other than death** after due

analysis shall be forwarded to the

1. Sponsor and

2. Chairman of the IEC and

3. In case of studies that require approval of the CDSCO, a report should be sent to the CDSCO and the Head of the Institution where the trial has been conducted within ten calendar days of the occurrence of the serious adverse event.

In case the event is Death due to progressive disease the event should be notified in the SAE reporting format unless specified in the protocol.

If the patient is out of trial and on survival follow up the event should be notified unless specified in the protocol

SAE reports are received at IEC as one original + 2 photo copies+ soft Copy.

8.3 Actions to be taken by Member Secretary, IEC

The Member Secretary will review the SAE Report

If the outcome of any SAE reported is 'death', the Member Secretary, IEC, will review the SAE report and forward it to Chairman within 1 working day for immediate action either the hard copy or via email. Any queries raised are emailed to the PI for action

In case of urgency or if a particular significant trend in serious unexpected

and related or unrelated events is observed on any trial a meeting may be held based on comments and action suggested by the IEC Secretary

SAE received from 1st – 31st of every month, scheduled to be discussed in the subsequent IEC meeting are listed in the next month agenda.

8.4 Responsibilities of the IEC in case of studies that have required approval of the CDSCO:

In case of Death occurring to the clinical trial subject, the IEC shall forward it's report on the serious adverse event of death, after due analysis, along with its opinion on the financial compensation, if any, to be paid by the sponsor or his representative to the Chairman of the Expert Committee constituted by the CDSCO, with a copy of the report to the CDSCO within twenty one calendar days of the occurrence of the serious adverse event of death.

In case of serious adverse event other than death occurring to the clinical trial subject, the IEC shall forward its report on the serious adverse event after due analysis along with its opinion on the financial compensation, if any to be paid by the Sponsor or his representative, to the CDSCO,within twenty one calendar days of the occurrence of the serious adverse event..

Conflict of Interest :

Members are required to sign the Confidentiality / Conflict of Interest Agreement and Financial Disclosure at the start of their term. The confidentiality agreement protects the privacy and confidentiality of all parties whose information may be disclosed to the IEC in the course of its work. All IEC members shall disclose in writing to the IEC all conflicts of interest for Themselves and their spouses/domestic partners and dependent children. For purposes of this policy, a conflict of interest may be identified as either financial in nature (such as when an IEC member holds an economic interest in the research) or non-financial in nature (such as when an IEC member or consultant participates in the research or will be included as a co-author on a publication from the research), either of which could affect or appear to affect the design,conduct, oversight, or reporting of the research project. Financial interests that are require disclosure include but are not limited to: Ownership interest, stock options, or other economic interest related to the research, Board, scientific officer, or executive relationship related to the research, regardless of compensation for that position Non-financial interests that require disclosure may be disclosed as per specified format.

Annual activity report/Self Assesment:

The Member Secretary in Consultation with the Chairperson shall prepare an annual activity report of the IEC for submission to the Head of the institute. This shall include:

- A quantitative evaluation of the activities of the committee in a year.
- List of the research proposals reviewed in a year.

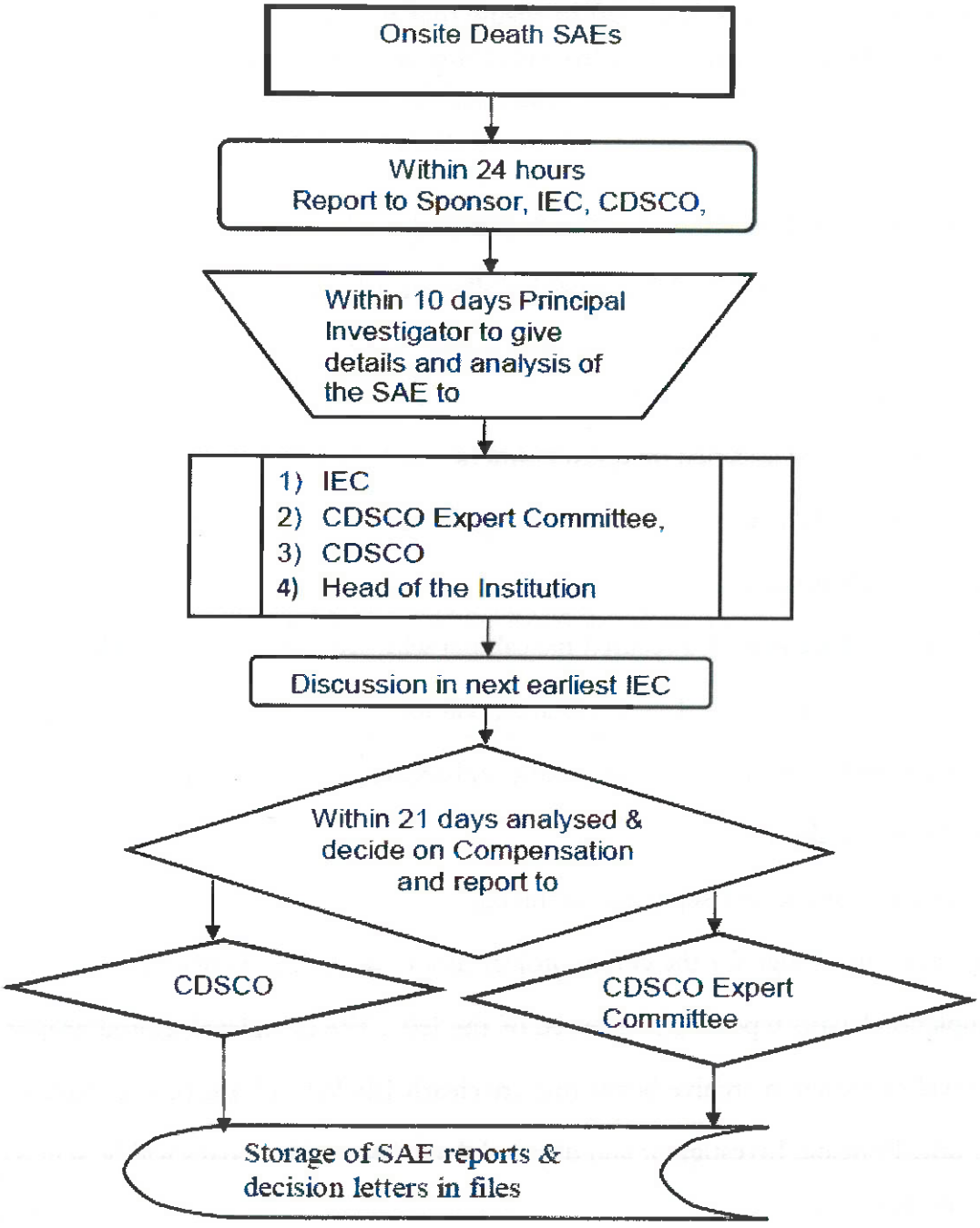
Honorarium

- All external non-PIMS members are given honorarium as per PIMS-DU recommendations.

Annual Evaluation of IEC Chair/Co-Chairperson/Members/ Member Secretary/IEC Staff

- Annual Self Evaluation of Chairperson will be done.
- Annual Evaluation of IEC members/Member Secretary will be done by Chairperson. The individual feedback will be provided by email to the members.
- Annual Evaluation of IEC staff will be done by Member Secretary. The individual feedback will be provided to the staff

Flow Chart


Onsite Death SAEs
Within 24 hours
Report to Sponsor, IEC, CDSCO,
Within 10 days Principal Investigator to give details and analysis of the SAE to
1) IEC
2) CDSCO Expert Committee,
3) CDSCO
4) Head of the Institution
Discussion in next earliest IEC
Within 21 days analysed & decide on Compensation and report to
CDSCO
CDSCO Expert Committee
Storage of SAE reports & decision letters in files

9. Maintenance of Active Project Files, Archival /Disposal of closed files and Retrieval of documents

It is the responsibility of IEC staff to ensure that all study files are prepared, maintained, and kept securely for a period of five years after the closure of the project (under a proper system that ensures confidentiality and facilitates retrieval at any time).

9.1 Active study files maintenance & archival of closed files

A Study Master File is the file comprising all essential documents and correspondence related to the study/protocol. Study master files should be established at the time of initial submission in the IEC office.

The study files are assigned unique identifiers

All documents related to the study file are gathered, classified and combined together appropriately.

All active files are kept in a secured file cabinet with controlled access. Only authorized individuals' i.e. IEC Secretariat, will have access to the files. The study files are maintained in an easily accessible and secure place for at least 5 years after the study closure.

All closed study files are separately archived.

IEC staff will arrange for the closed project files to be archived once the completion/status reports are reviewed by the IEC. The completed/closed project files will be stored in archive boxes that are clearly labeled with the project number and title, Principal Investigator and disposal date. The archive boxes will be sent to

a secure, dry location. The access to the files should be restricted to the IEC and the regulatory authorities.

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

The trial master file will be maintained in the IEC office for a period of five years following closure of the study. After completion of the archival period the closed files will be shredded and disposed off . However, all the copies of the research projects and documents submitted for IEC review will be shredded by the authorized IEC personnel after the IEC meeting without any notification to the Principal Investigator. A log book of disposed documents will be maintained.

9.3 Accessibility / Retrieval

Master files will be made available for inspection and copying by authorized representatives of regulatory authorities after receiving the request in writing.

10. Site Monitoring

The Member Secretary assigns the reviewers /monitors to monitor the investigator initiated trials.In addition to the above routine, the IEC members or Secretariat in consultation with the Chairperson may initiate a for cause on-site evaluation of a any other study site.This includes review of the overall progress of each study to insure the safety of participants, validity of data, that the projected accrual goals are met on a timely basis, that excess accrual is avoided, that eligibility and evaluability rates do not fall below minimum acceptable standards, that risks are not excessive, that adverse events are appropriately monitored and reported to the appropriate agencies. Inherent

in this process is the goal of enhancing the quality of the research by providing the investigator with constructive criticism

10.1 Selection of study sites

Investigator initiated studies will be routinely monitored (at least annually). Sites will be identified for routine monitoring by the degree of intervention, sample size and complexity of the study and risk involved

Pharma sponsored studies are not routinely monitored but for cause monitoring may be conducted.

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
- Too many studies carried out by Principal Investigator
- high number of SAE reports
- high recruitment rate
- non-compliance or suspicious conduct
- any other cause as decided by IEC

10.2 Before the visit

The monitor will also:

o Notify the site about the scheduled visit.

o The monitor will review the study project files and make appropriate notes.

o The monitor may carry copy of documents from the IEC approved project files or verification and Site Monitoring Visit Report Form

10.3 During the visit

The monitor will

- Review the informed consent document to make sure that the site is using the current, approved version
- Review randomly the subject's source files for proper informed consent documentation.(usually about 10%, or maybe higher)
- Observe the informed consent process, if possible,
- Check investigational product accountability is adequately controlled and documented throughout the product flow at the study site (arrival, dispensing, use, return from the subject and return/destruction after the study). Storage times, conditions and expiry dates must also be acceptable and sufficient supplies available wherever applicable.
- Observe laboratory and other facilities necessary for the study at the site, if possible.
- Review the study files to ensure appropriate documentation
- Verifying that the investigator follows the approved protocol and all approved amendment(s), if any.
- Ensuring that the investigator and the investigator's trial staff are adequately informed about the trial
- Verifying that the investigator and the investigator's trial staff are performing the specified study functions, in accordance with the approved protocol and any other written agreement between the sponsor and the investigator/institution, and have not delegated these functions to unauthorized individuals.
- Verifying that the investigator is enrolling only eligible subjects.
- Verifying that source documents and other study records are accurate, complete, kept up-to-date and maintained.
- Checking the accuracy and completeness of the CRF entries, source documents and other study related records against each other.
- Determining whether all Serious Adverse Events (SAEs) are appropriately reported within the time periods required by GCP/ Regulatory agencies, the protocol, the IEC/IEC, the sponsor, and the applicable regulatory requirement(s). Case record forms would be checked to review the safety data i.e

Adverse Events (AEs) and Serious Adverse Events (SAEs) for the volume or severity of adverse events.

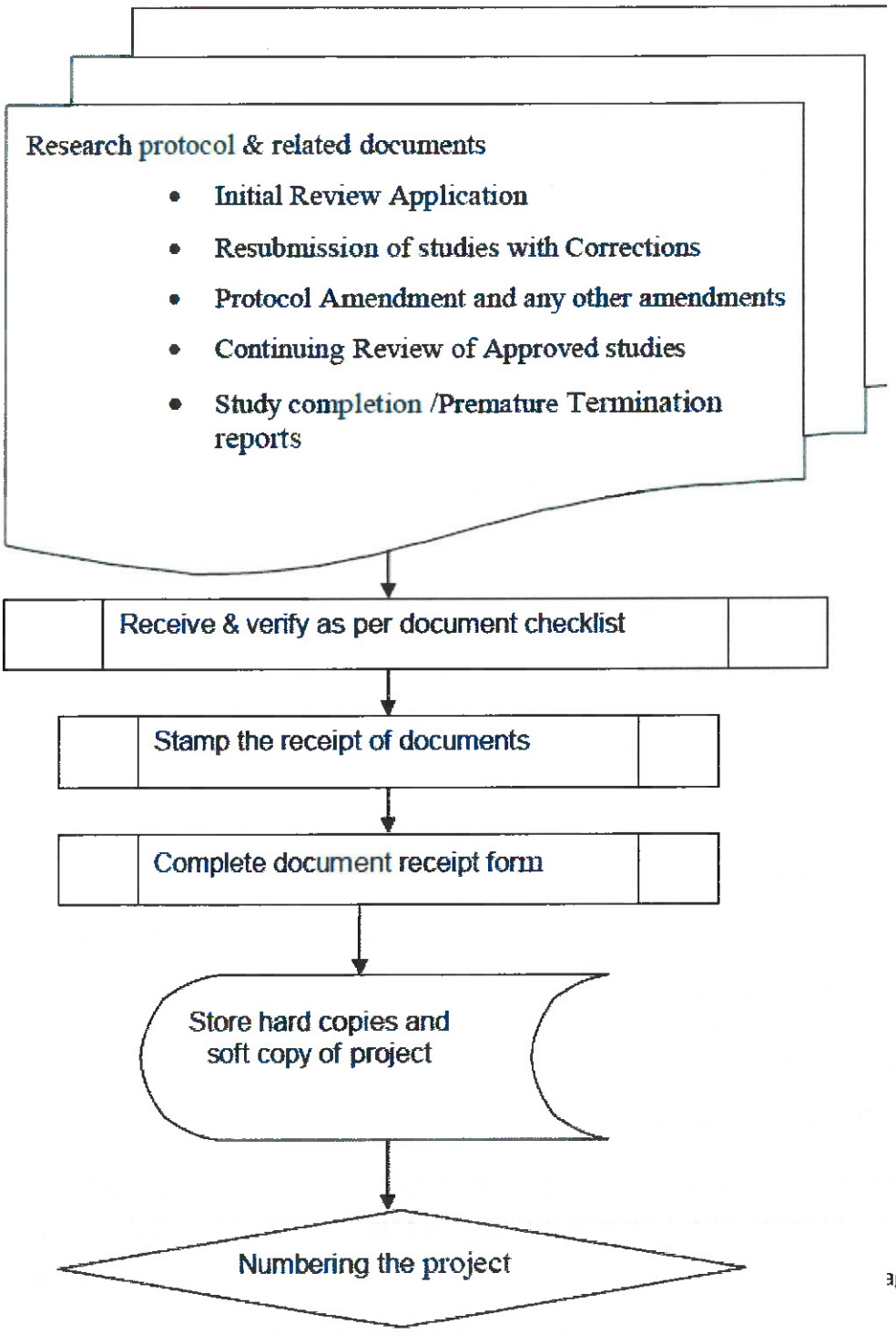
- Collect views of the study participants, if possible.
- Fill the Site Monitoring Visit Report Formand write the comments.

10.4 After the visit

The monitor will complete the report **within *14 days*** describing the findings of the monitoring visit and submit the same to the IEC office. After the form is received at IEC office, it is checked for completeness. queries if any are sent to PI and the form is forwarded to IEC Secretary for action

- The IEC Secretary / member representative/lead discussant for the project can present the monitoring visit findings in the full board meeting.
- The Secretariat will place the report in the correct files.
- Full board recommendations to change the study/ premature termination/ continuation of the project will be informed to the Principal Investigator in writing within ***14*** **days of the meeting**.

Flow Chart


Research protocol & related documents
Initial Review Application
Resubmission of studies with Corrections
Protocol Amendment and any other amendments
Continuing Review of Approved studies
Study completion /Premature Termination reports
Receive & verify as per document checklist
Stamp the receipt of documents
Complete document receipt form
Store hard copies and soft copy of project
Numbering the project

11. Guideline for the IEC Secretariat to manage research study submissions

11.1Purpose

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

11.2 Scope

The scope includes the following -

- Submission for initial review
- Resubmission of study with modifications
- Protocol amendments and anyother amendments.
- Annual Status Reports/Continuing review of the study
- Study completion/termination
- Any other documents

11.3 Responsibility

It is the responsibility of the IEC secretariat to receive record and distribute the study documents for IEC review.

11.4 Detailed process

Receive submitted packages

For the initial review of study, investigators should submit all study related documents to the IEC, no fewer than fourteen (15) days before the next scheduled meeting. The PI

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

- Initial Review Application
- Resubmission of Study with Corrections
- Protocol Amendment or any other amendments
- Annual Status Reports /Continuing Review of the study
- Study Completion / Termination

Verification of Submission

On the receipt of the study related documents at IEC Secretariat:

- Check the submissions for initial review as per checklist to ensure that all mandatory forms and documents are submitted.

  Submission should include
- Project submission Form
- Study protocol
- Other related documents necessary for initial review

Check completeness of necessary information with signature at all designated places in the submission form

- Notify the investigators, if the submission is incomplete.
- State clearly the missing documents
- Stamp, sign & date on the cover letter confirming receipt of the documents

11.5 Resubmission of study with corrections as per IEC suggestions

For resubmission- the PI will submit copy of the amended study related documents along with justification for amendment or modification, and clearly highlighted/demarcated sections which have undergone change The IEC Secretariat will

verify the completeness and reconfirm that the copies contains the modification highlighted with respect to the earlier submission.

Research Protocol Amendments and other study related documents

- The PI should submit 10 hard copies or 5 hard copies + soft copy of the amended documents
- The IEC Secretariat will verify the completeness of the submission
- The PI should highlight the modification/s in the amendment, along with a summary of changes. He should also indicate whether these changes would Entail change in the ICF as per the form.
- The Member Secretary in consultation with Chairperson will decide whether to: Carry out an expedited review in case of minor administrative amendment. OR Table for discussion at the full board meeting.

11.6 Annual Continuing Reviews of Approved Research studies

The IEC will receive a copy of Annual Status/ Continuing Review Report in the prescribed format and related documents

~~11.7 Research study Completion/termination~~

The IEC will send reminders for annual status report to Individual Principal Investigators,
The IEC will receive a copy of Study Completion Report in the prescribed format
The IEC Secretariat will verify the completeness of the Study Completion Report Form filled by the PI
The study completion/ termination report will be discussed in the full board meeting of IEC

11.8 Initial Review of Submitted Protocol

Categorization of protocols
The Member Secretary, IEC or secretariat shall screen the proposals for their completeness.
Depending on the risk involved in the research proposals, Member Secretary will categorise them into three types, viz.,
i. Initial review
ii. Expedited review
iii. Exemption from review

Initial Review
All research involving more than minimal risk, proposals/ protocols which do not qualify for exempted or expedited review and projects that involve vulnerable population and special groups shall be subjected to a full board review by all the members.
While reviewing the proposals, the following situations may be considered as minimal risk and should be carefully assessed against the existing facilities at the research site for determining risk/benefit analysis

a. Collection of blood samples by finger prick, heel prick, ear prick, or venipuncture:
i. from healthy adults and non-pregnant women who weigh normal for their age and not more than 500 ml blood is drawn in an 8 week period and frequency of collection is not more than 2 times per week;

ii. from other adults and children, where the age, weight, and health of the participants, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected has been considered and not more than 50 ml or 3 ml per kg, whichever is lesser is drawn in an 8 week period and not more than 2 times per week;
iii.from neonates depending on the haemodynamics, body weight of the baby and other purposes not more than 10% of blood is drawn within 48 - 72 hours. If more than this amount is to be drawn it becomes a risky condition requiring infusion/blood transfusion;
iv. prospective collection of biological specimens for research purposes by noninvasive means. For instance:
1. skin appendages like hair and nail clippings in a non-disfiguring manner;
2. dental procedures - deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction of permanent teeth; supraand subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth;
3. excreta and external secretions (including sweat);
4. uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gum or by applying a dilute citric solution to the tongue;
5. placenta removed at delivery;
6. amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
7. mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;
8. sputum collected after saline mist nebulization and bronchial lavages.
b. Collection of data through noninvasive procedures routinely employed in clinical practice. Where medical devices are employed, they must be cleared/ approved for marketing, for instance -
i. physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the participant or an invasion of the participant's privacy;

ii. weighing or testing sensory acuity;
iii.magnetic resonance imaging;
iv. electrocardiography, echocardiography; electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow,
v. moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

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

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

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

11.9 Elements of Review

The primary task of the IEC is to review research proposals and their supporting documents with special attention to the scientific validity, informed consent and submission form for the suitability and feasibility of the study.
The following will be considered as applicable

Scientific Design and Conduct of the Study

Is the project original and innovative? e.g. Does the project challenge existing paradigms or clinical practice; address an innovative hypothesis or critical barrier to progress in the field? Does the project develop or employ novel

concepts, approaches, methodologies, tools or technologies for this area?
Is this an attempt to validate, prove or disapprove the validity of existing knowledge?
Appropriateness of study design, work plan and structure to achieve the stated objectives: Are the conceptual or clinical framework, design, methods and analyses adequately developed, well integrated, well reasoned and appropriate to the aims of the project?
Relevance of the work in the context of contemporary translation or clinical cancer research:
Does this study address an important research question or is it a predominantly service proposal?
If the aims of the application are achieved, how will scientific knowledge or clinical practice be advanced?
What will be effect of these studies on the concepts, methods, technologies, treatments, services, or preventive interventions that drive this field?
Appropriateness of the study design in relation to the objectives of the study;
The statistical methodology (including sample size calculation), and the potential for reaching sound conclusions with the smallest number of research participants;
The justification of predictable risks and inconveniences weighed against the anticipated benefits for the research participants and the concerned communities;
The justification for the use of control arms
Potential of the work that would be conducted to lead into a larger and high impact study;

- Criteria for prematurely withdrawing research participants, and criteria for suspending or terminating the research as a whole;
- The adequacy of provisions made for monitoring and auditing the conduct of the research, including the constitution of a Data Safety Monitoring Board;
- Investigator's capability, availability of infrastructure and scientific environment to conduct the study within the time frame and carry it forward;
- The adequacy of the site, including the support staff, available facilities, and emergency procedures;

- Study Reporting and publication of the research.

Care and Protection of Research Participants

- Required qualifications and experience of the investigators' for the proposed study;
- Any plans to withdraw or withhold standard therapies for the purpose of the research, and the justification for such action;
- Plans to withdraw subjects from the study by the investigator ;
- Medical care to be provided to research participants during and after the course of the research;
- Adequacy of medical supervision and psycho-social support for the research participants;
- Steps to be taken if research participants voluntarily withdraw during the course of the research;
- Criteria for extended access to, the emergency use of, and/or the compassionate use of study products;
- Arrangements, if appropriate, for informing the research participant's general practitioner or family doctor, including procedures for seeking the participant's consent to do so;
- Description of any plans to make the study product available to the research
- participants following the research and description of any financial costs to research participants
- Rewards and compensations for research participants (including money, services, and/or gifts);
- Provisions for compensation/treatment in the case of the injury/disability/death of a research participant attributable to participation in the research (as per institutional policy/ICMR guidelines/existing national legislation(CDSCO, DCGI).
- Insurance and indemnity arrangements.

11.10 Protection of Research Participant Confidentiality

A description of the persons who will have access to personal data of the research

participants, including medical records and biological samples;
Measures taken to ensure the confidentiality and security of personal information concerning research participants

12.Informed Consent/ Consent Process

12.1Essential Elements:

1. Statement that the study involves research and explanation of the purpose of the research
2. Statement that the study is approved by IEC
3. Expected duration of the Subject's participation and total number of subjects that will be accrued on the study.
4. Description of the procedures to be followed, including all invasive procedures
5. Description of any reasonably foreseeable risks or discomforts to the Subject
6. Description of any benefits to the Subject or others reasonably expected from research. If no benefit is expected Subject should be made aware of this.
7. Disclosure of specific appropriate alternative procedures or therapies available to the Subject.
8. Statement describing the extent to which confidentiality of records identifying the Subject will be maintained and who will have access to Subject's medical records
9. Trial treatment schedule(s) and the probability for random assignment to each treatment (for randomized trials)
10. Compensation and/or treatment(s) available to the Subject in the event of a trial-related injury
11. An explanation about whom to contact for trial related queries in the event of any injury and rights of Subjects
12. The anticipated prorated payment, if any, to the Subject for participating in the trial. In particular IEC review payments to determine that:

The amount of payment and the proposed method and timing of disbursement neither is coercive nor presents undue influence.
In case any amount paid as a bonus for completion is reasonable and not so large as to unduly induce participants to stay in the study when they would otherwise have withdrawn.
oA description of acceptable and unacceptable payment arrangements for the sponsor, organization, researcher, and those referring research participants, if applicable:
Address the acceptability of payments in exchange for referrals of prospective participants ("finder's fees" or "referral fees").
Address payments designed to accelerate recruitment that are tied to the rate or timing of enrollment ("bonus payments").
13. Subject's responsibilities on participation in the trial \
14. Statement that participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the Subject is otherwise entitled
15. Any other pertinent information

12.2 Additional elements, which may be required

a. Statement of foreseeable circumstances under which the Subject's participation may be terminated by the Investigator without the Subject's consent.
b. Additional costs to the Subject that may result from participation in the study.
c. The consequences of a Subject's decision to withdraw from the research and procedures for orderly termination of participation by Subject.
d. Statement that the Subject or Subject's representative will be notified in a timely manner if significant new findings develop during the course of the research which may affect the Subject's willingness to continue participation will be provided.
e. A statement that the particular treatment or procedure may involve risks to the Subject (or to the embryo or fetus, if the Subject is or may become

pregnant), which are currently unforeseeable.
f. Approximate number of Subjects enrolled in the study
A full description of the process for obtaining informed consent, including the identification of those responsible for obtaining consent
Adequacy, completeness and comprehension of written and oral information to be given to the research participants, and, when appropriate, their Legally Acceptable Representative(s) (LAR)
Clear justification for the intention to include research participants who cannot consent, and a full account of arrangements made to obtain their consent /authorisation/consent of LAR;
Assurances that research participants will receive information that becomes available during the course of the research relevant to their participation including their rights, safety, and well-being;
Provisions made for receiving and responding to queries and complaints from research participants or their representatives during the course of a research project.

12.3 Community Considerations

- Impact and relevance of the research to the local community and the concerned communities from which the research participants are drawn;
- Steps taken to consult with the concerned communities during the course of designing the research;
- Influence of the community on the consent of individuals;
- Proposed community consultation during the course of the research;
- Extent to which the research contributes to capacity building, such as the enhancement of local healthcare, research, and the ability to respond to public health needs;
- A description of the availability and affordability of any successful study product to the concerned communities following the research;
- The manner in which the results of the research will be made available to the research participants and the concerned communities.

13. Recruitment of Research Participants

- The characteristics of the population from which the research participants will be drawn (including gender, age, literacy, culture, economic status, and ethnicity)
- The means by which initial contact and recruitment is to be conducted;
- The means by which full information is to be conveyed to potential research participants or their representatives;
- Inclusion criteria for research participants;
- Exclusion criteria for research participants;
- Students or staff recruitment in research
- healthy volunteers.
- Information contained in the advertisement and mode of its communication.
- Final copy of printed advertisements.
- Final audio or video taped advertisements.

13.1 Advertisements

The IEC reviews advertising to ensure that advertisements do not:
State or imply a certainty of favorable outcome or other benefits beyond what is outlined in the consent document and the protocol. Include exculpatory language.
Emphasize the payment or the amount to be paid, by such means as larger or bold type.Promise "free treatment" when the intent is only to say participants will not be charged for taking part in the investigation.
Advertisements are limited to the information prospective participants need to determine
their eligibility and interest, such as:

- The name and address of the researcher or research facility.
- The purpose of the research or the condition under study.
- In summary form, the criteria that will be used to determine eligibility for the study.
- A brief list of benefits to participants, if any.
- The time or other commitment required of the participants.
- The location of the research and the person or office to contact for further information.

13.2 Responsibility

The IEC Secretariat is responsible for receiving, verifying, and managing the hard copies of the received submission. In addition, the Secretariat should create a study specific file, distribute the packages
to the IEC members for review, and communicate the review results to the investigators.
IEC members are responsible for receiving, verifying, and reviewing the research protocols

14. Expedited review

Expedited review is a procedure through which certain kinds of research proposals may be reviewed and approved by a subcommittee without convening a meeting of the full Board.
The proposals presenting no more than minimal risk to research participants may be Subjected to expedited review. Minimal risk would be defined as one which may be anticipated as harm or discomfort not greater than that encountered in routine daily life activities of the general population or during the performance of routine physical or psychological examinations or tests. However, in some cases like surgery, chemotherapy or radiation therapy, great risk would be inherent in the treatment itself, but this may be within the range of minimal risk for the research participant undergoing these interventions since it would be undertaken as part of current everyday life (ICMR 2006).

14.1 Communication between the IEC and the investigator

The decision of the IEC subcommittee will be communicated to the Principal Investigator after the minutes of the subcommittee are finalized. The final decision of expedited review is only notified to the full board.
If the project is approved or approved with modifications, this will be informed to the Principal Investigator in writing. If the project is approved with modifications, the modifications submitted by PI will be reviewed by the Member Secretary or reviewer for final approval.

Expedited reviewers may not disapprove the research. If that is the case, it will be Referred for full board review. This will be communicated to Principal Investigator.

15. Exemption from review

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

The exemption from review may be seen in the following situations:
1 Research on educational practices such as instructional strategies or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods

2. Research proposals which do not involve living human participants or data derived from them are exempt from IEC review. For example,

a) Audits of educational practices
b) Research on microbes cultured in the laboratory
c) Research on immortalized cell lines
d) Research on cadavers or death certificates provided such research reveals no identifying personal data

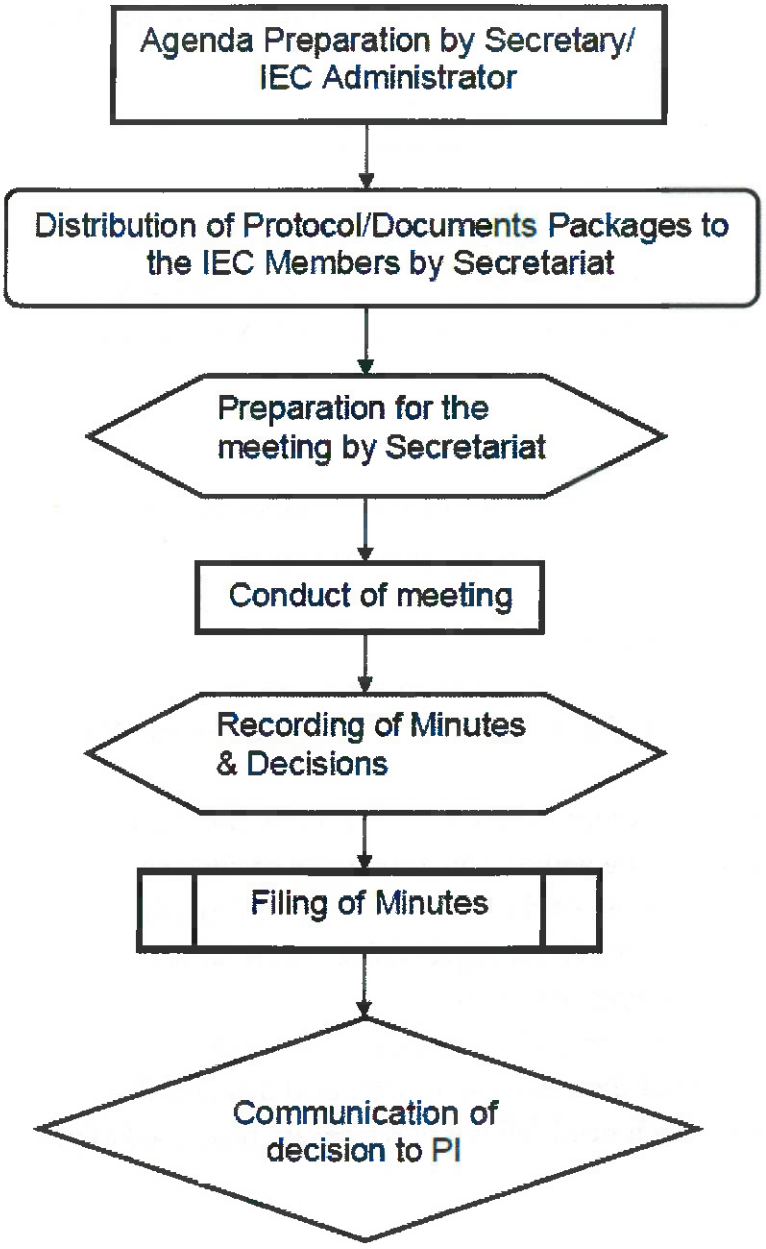
e) Analysis of data freely available in the public domain

3 . In circumstances where research appears to meet minimal risk criteria may need to be reviewed by the IEC. This might be because of requirements of:

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

16. Agenda Preparation, Meeting Procedures and Recording of Minutes

Flow Chart


Agenda Preparation by Secretary/ IEC Administrator
Distribution of Protocol/Documents Packages to the IEC Members by Secretariat
Preparation for the meeting by Secretariat
Conduct of meeting
Recording of Minutes & Decisions
Filing of Minutes
Communication of decision to PI

17. Review of Amended protocol/ Protocol related Documents

17.1 Purpose:

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

17.2 Scope:

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

17.3 Responsibility:

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

17.4 Receipt of the Amendment Package

The amendment /documents along with the covering letter forwarded by the PI is received by the secretariat

The secretariat will confirm that the: changes or modifications in the amended version are underlined or highlighted along with detailed summary of changes

The Secretariat will check for completeness of the submission and inform the Principal Investigator telephonically to submit the required documents at the earliest, if any of the documents are missing/ incomplete.

The Member Secretary, IEC, classifies the amendments into minor or major and tables the major amendments on the agenda of the subsequent scheduled meeting The amendments and other documents which need full board review are processed as per the SOP

17.5 Decision

If the IEC approves the amendments, the decision is communicated to the PI
If the IEC does not approve the amendments, the secretary should immediately notify the investigator in writing of the decision and the reason for not approving the amendment
If the IEC recommends or suggests modifications to any of the documents, or the amendments, the secretariat sends a written communication to the investigator about the specific changes asking him or her to make the necessary changes and resubmit the documents to IEC
Storage of Documents:
File the amendments in the corresponding research protocol file on documentation and archival.

Minor amendments and notifications:

Minor amendments (those that do not increase the risk or decrease the potential benefit to subjects) and minor changes in previously approved research during the period covered by the original approval: Where the research is permanently closed to the enrolment of new subjects; all subjects have completed all research-related interventions may be reviewed in the expedited review subcommittee meeting
Minor notifications may be noted by the Member Secretary, IEC and not tabled in IEC meeting
This may include but may not restrict to:

- Renewed insurance policy
- DCGI and DGFT approvals
- Administrative notes
- Documents of administrative nature

18.Review of Protocol Deviation/Non-Compliance / Violation / Waiver

18.1Purpose

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

Follow the procedures written in the approved protocol;

Comply with national / international guidelines / 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.

18.2 Responsibility

1.The IEC secretariat is responsible for receiving deviations /violations and waiver reports submitted by the Principal Investigator/others and placing it on the agenda of the meeting. The IEC secretariat is responsible for receiving noncompliance reports and taking the appropriate action.

2.IEC members should review and take action on such reports

18.3 Detailed instruction

a) Protocol violation/s

Definition: Divergence or departure from the expected conduct of an approved study not consistent with the current Institutional Ethics Committee approved version of the research protocol, consent document or addenda
This usually
constitutes a change in the conduct of the research that should have received prospective IEC review and approval prior to implementing the change; or has harmed or posed a significant risk of harm to a research subject or others; or has damaged the scientific integrity of the data collected or confounded the scientific analysis of the study results; or has resulted from willful or voluntary misconduct on the part of a Principal Investigator or a member of the research team

b) Protocol deviation/s

Definition: Divergence or departure from the expected conduct of an approved study not consistent with the current Institutional Ethics Committee approved version of the research protocol, consent document or addenda is a protocol deviation if it:
has no substantive effect on the risk posed to a research subject or others;
will not affect the subjects' willingness to participate in the study;
has no substantive effect on the value of the data collected;
does not confound the scientific analysis of the study results; and
did not result from willful or voluntary misconduct on the part of an Investigator or a member of the Investigator's study team.

c) Protocol Waiver

It is a prospective deliberate decision to deviate from the protocol that has been approved by the sponsor. Such waivers must be notified to and approved by IEC Member Secretary/Chairperson.
e.g. Protocol Waiver means a prospective decision by a sponsor or investigator to permit accrual of a subject who does not satisfy the approved inclusion/exclusion

criteria for enrollment (age, concurrent medication).
When a deviation occurs it should be reported to the sponsor as well as the IEC.
In some instances a sponsor will issue a waiver related to a specific subject, to continue the subject in the study
Examples of sponsor waivers are:
- it is in the subject's best medical interest to remain on study
- exception to inclusion/exclusion criteria (age, concurrent medication)

d) Non-compliance

Noncompliance is defined as failure to comply with national regulations, IEC policy or the determinations or requirements of the IEC.

i. Nonserious and Noncontinuing noncompliance involves isolated incidents, e.g. an unintentional mistake, an oversight, or a misunderstanding. The issue is not serious or continuing in nature.

ii. Serious non-compliance: An action or omission, non-compliant with National regulations or IEC policy, taken by an investigator that any other reasonable investigator would have foreseen as increasing risks or compromising the rights and welfare of a participant or other persons.

iii. Continuing non-compliance: A pattern of repeated actions or omissions taken by an investigator that indicates a deficiency in the ability or willingness of an investigator to comply with National regulations, IEC policy or determinations or requirements of the IEC.

iv. Research Misconduct noncompliance that involves callous disregard for the protection of human participants or for the integrity of research may meet the definition of research misconduct. Any fabrication, falsification, or plagiarism in proposing, performing, or reviewing research or reporting research results.

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

The IEC/DSMSC members performing monitoring of the project at trial site can detect a protocol deviation/non-compliance/violation

- if the project is not conducted as per protocol/ national/international regulations;
- while scrutinizing annual/ periodic reports/ SAE reports
- based on any other communication received from the Investigator/ trial site/ sponsor/ study monitor/ CRO.
  Additionally, information regarding noncompliance in studies that enroll human participants may come to the attention of the IEC through:
- continuing reviews
- For cause monitoring
- audit reports
- SAE reports
- DSMSC minutes
- Any other sources

18.4 Noting protocol deviation / non-compliance / violation/waiver by the Secretariat

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

18.5 Procedures for Handling Suspected Noncompliance

1. Upon receipt of an allegation, Member Secretary IEC in consultation with Chairperson, IEC will review the allegation and determine if it is valid. If the allegation is valid, then will undertake an inquiry. Chairperson, IEC may temporarily suspend the study, pending review in IEC.
2. Member Secretary IEC in consultation with Chairperson, IEC undertakes an inquiry of the allegations within 7 week days of the suspected noncompliance. The purpose of the inquiry is fact-finding, and may involve examination of study records and discussion with the research team, other personnel, research, participants, witnesses, the complainant (if not anonymous), and others as appropriate.

After the IEC has completed the investigation, the IEC will determine the appropriate course of actions, such as:

- Modification of the research protocol;
- Modification of the informed consent form or process;
- Additional information provided to past participants;
- Notification of current participants (required when such information may related to participants' willingness to continue to take part in the research;
- Requirement that the current participants re-consent to participation;
- Modification of the continuing review schedule;
- Monitoring of research;
- Monitoring of the consent process;
- Suspension of the research;
- Termination of the research;
- Obtaining more information pending a final decision;
- Referral to other organizational entities (e.g., legal counsel, risk management, institutional official, etc.);
- Requirement of additional training or re-training;
- Other appropriate actions

A copy of IEC report is sent to the principal investigator(s) involved in the

noncompliance activities, associated research staff and others as deemed appropriate within 21working days

18.6 Board discussion, Decision and Action

 If a protocol deviation / non-compliance / violation is detected by an IEC member during a monitoring visit, he/she will present the monitoring report which will be discussed at the full board meeting.
 If detected by the Secretariat/forwarded by Principal Investigator, the Secretary will present the protocol deviation / non-compliance / violation/waiver information.
 Each allegation is taken seriously and reviewed in a consistent, prompt, and professional manner. Additionally, care is taken to maintain confidentiality.
 The Chairperson/IEC members will review the information available and take a decision depending on the seriousness of the violation.
 The decision will be taken to ensure that the safety and rights of the research participants are safeguarded. The decision will be taken by consensus and if no consensus is arrived at, voting will be conducted

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

 Determine that no further action is required, or take other actions as appropriate.
 Inform the PI that the IEC has noted the violation/ noncompliance/ deviation, and instruct the PI to ensure that deviations/noncompliance/ violations do not occur in future and to follow IEC recommendations.
 Enlist measures that the PI would undertake to ensure that such deviations/noncompliance/violations do not occur in future.
 Observe the research or consent process,(depending on the nature and frequency of the deviation)
 Suggest modifications to the protocol
 Alter the interval for submission of the continuing review/annual project status
 Require additional training of the investigator and study team
 Reprimand the PI.
 Seeking additional information from the Principal Investigator.
 Audit of trial by the IEC.
 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.
- Suspension or termination of the study
- 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.

18.7 Procedure for notifying the investigator and other concerned authorities

The IEC secretariat records the IEC decision.

- The Member Secretary drafts a notification letter.
- The signed letter by Member Secretary is sent to the Principal Investigator and Department Head(s) and Institutional Officials (if required)
- The IEC secretariat sends a copy of the notification to the relevant national authorities and institutes if applicable, as in the case of a multi-centric trial

.

18.8 Records and follow up to be kept by IEC secretariat

The IEC secretariat:
- Keeps a copy of the notification letter in the respective project file.
- Stores the file on the shelf with an appropriate label.
- Follows up the action after a reasonable time

19.Financial Matters for IEC

19.1 Fees:

The committee may, after discussion with the Medical Director, decide upon/ announce/ change/
amend/ alter, from time to time, announce and implement the fees for Clinical Trial / Study /

Protocol / Research Proposal. The said fees are payable by the Sponsors. The fees chargeable
may be classified variously under heads such as: protocol processing fees, per amendment/
follow-up study fees, and expedited review fees.
The processing fees are to be paid before approval of the protocol/amendment. An IEC approval
letter will not be issued until copy of the receipt of processing fee is submitted to the Department of
Research.
There will no addition fee charged for the review and approval of amended protocol and consent version.

Fees charged for various types of documents.

Sr.No	Documents Type	Fees (Rs)
01	Review of New research proposal	50000/-
02	Major amendment to a Sponsor based and IEC approved project (initiated by Sponsor)	7500/-
02	Minor amendment to a sponsor-based and IEC approved project (administrative charges only)	5000/-

Above mentioned fees excluding Service tax.

19.2 Mode of Payments

Fees/Payments shall be paid by Cheque/DD drawn in favor of **Pravara Institute of Medical Sciences (Deemed University) payable at Loni, Rahata, Maharashtra.**

Pan ID: AAATPO9759K

Appendix I: Format for approval of Institutional Ethics Committee

Dr.----------
Principal Investigator
Dear, Dr. ----------

Ref: your letter dated- ----------
The Institutional Ethics Committee reviewed and discussed your application to review the Protocol/amendment/ ICF entitled." ----------

IEC has reviewed and **approved in principle** the above mentioned Protocol/ amendment/ ICF

The following below study-related documents have been reviewed in the meeting:

Sr.No	Submission Documents(For investigational site EC)	Version(s)/Date of document

The following members of the Institutional Ethics Committee were present at the meeting held on date---------- at **time----------** at Pravara Institute of Medical Sciences.

Names	Qualification	Affiliations	IEC Designation & Role	Gender

Please note that the Principal Investigator was invited to explain the protocol. He/She and/ or other study staff members did not participate in the decision making / voting procedures.
Please note that this is "Approval in Principle "The study can not be initiated unless final approval is issued. The Final approval will be issued after completing all the pending items/ documents as per regulatory requirements and IEC SOPs-

The Institutional Ethics Committee Pravara Institute of Medical Sciences follows procedures that are in compliance with the requirements of ICH (international Conference on Harmonization) guidance related to GCP (Good Clinical Practice), schedule Y and all applicable Indian regulations.
The Institutional Ethics Committee Pravara Institute of Medical Sciences expects to be informed about the progress of the study mention frequency as per EC SOP, any SAE occurring in the course of the study, any changes in the protocol and patient information/informed consent and asks to be provided a copy of the final report.

Yours sincerely,
Member Secretary IEC PIMS-DU

Date of Issue-

Appendix II: Request letter by Member Secretary / Chairperson to the members

From,
Member Secretary / Chairperson
IEC PIMS-DU

To,

Sub: Constitution of Institute Ethics Committee (Human studies)
Dear Sir
I am pleased to inform you that your name has been selected for the post of Chairman / Member Secretary / Member of IEC. Kindly send your written acceptance in enclosed format. On recipient of your acceptance, I shall send you the formal appointment letter.

Yours sincerely

Signature

Appendix III : Consent letter by members of IEC

To
The Principal **Member Secretary / Chairperson**
IEC PIMS-DU

Sub: Consent to be a member of Institute Ethics Committee (Human Studies)

Reg. Ref: You're Letter No:

Dear Sir,

In response to your letter stated above, I give my consent to become a Chairman / Member Secretary / Member of IEC of PIMS, Loni. I shall regularly participate in the IEC meeting to review and give my unbiased opinion regarding the ethical issues. I shall not keep any literature or study related documents with me after the discussion and final review. I shall maintain all the research project related information confidential and shall not reveal the same to anybody other than project related personnel.

Thanking you

Yours Sincerely
Signature

Name of the member
Department & designation

Date:

Appendix IV: Proposal format for submission:

To,
Chairperson,
Institutional Ethics committee Pravara Institute of Medical Sciences

Dear Sir,

Subject: Research Proposal titled (Title with protocol identifier)

I am enclosing the subject research proposal for your review. If you need any clarification on the same, I shall be available at the meeting convened by your committee to discuss the same .A cheque from the sponsor for your fees as per the SOPs enclosed herewith.

The proposal submitted herewith comprises of the following documents 10 sets of the following documents should be submitted.

Each binder / file is required to be submitted with following documents (Please separate each section by a separator.)

- Study synopsis full version-Protocol
- Case Report form
- Subject information documents/brochure-Marathi, Hindi and English (Or other local version of the same)
- Informed consent form (ICF)- Marathi, Hindi, English(local version of the same) and translation/Back translation certificates
- Investigator brochure (IB)
- Subject recruiting materials- Marathi, Hindi, English and translation/Back translation certificates (local version of the same)
- Detail of payments to subject

- CTA (Draft/Final)
- PI undertaking
- CV of Principle investigator and Co-Investigator or any other staff
- Permission of DCGI
- EC fee receipt
- Previous review by any other IRB/IEC-Copies of decision letter
- Study insurance (initial/Renewed)

DIRECTORATE OF RESEARCH
LONI 413736
Pravara Institute of Medical Sciences-DU

MEMBER SECRETARY
Institutional Ethical Committee
Pravara Institute of Medical Sciences-DU
Loni Tal.Rahata,Dist.Ahmednagar

Arun Kumar Shrikrishna Vyas

Digitally signed by Arun Kumar Shrikrishna Vyas
Date: 2024.04.11 16:05:05 +05'30'