RGCB
DISCOVERIES FOR A BETTER TOMORROW

STANDARD OPERATING PROCEDURES OF

RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY

INSTITUTIONAL HUMAN ETHICS COMMITTEE

(RGCB IHEC)

SOP Prepared by:

Name and Position	Signature with date
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Reviewed by:

Name and position	Signature with date
Dr. Devasena Anantharaman Member Secretary, RGCB IHEC	18/08/2020

Reviewed and Approved by:

Name and Position	Signature with date
Dr. M. Narendranathan Chairperson, RGCB IHEC	20/8/20

Accepted by:

Name and Position	Signature with date
Professor M. Radhakrishna Pillai Director Rajiv Gandhi Centre for Biotechnology	20/08/2020

DESCRIPTION OF SOP CHANGES IN CURRENT AND PRECEDING VERSIONS

Previous version with effective date	Present version with effective date	Describe the main change(s) in the present version
Version 2 November 30, 2019	Version 3 August 20, 2020	1. Introduction: changes in the composition of members, inclusion of the RGCB IHEC organogram. 2. SOP 6 (Management of submission of study protocols): revised the section 6.4.2, initial review applications. 3. SOP 7B (Expedited review of research study): revised the section purpose of the SOP (7B 1) and decision and communication to PI and to full committee (7B 4.7), replaced nomination form and assessment form for the expedited review with the full committee review forms. 4. SOP 10 (Continuing review of study proposals): revised the review process in the SOP (10.4.5) 5. SOP 22 (Ethics review of biomedical and health research during any emergency situations): Inclusion of new SOP as per ICMR guidelines during Covid 19 pandemic 6. SOP 6, 7B, 7C, 9, 10, 11, 12, 13, and 14: EC review applications forms are revised in accordance to ICMR requirements. 7. Annexures: All the forms used by the IHEC are attached as annexures.

TABLE OF CONTENTS

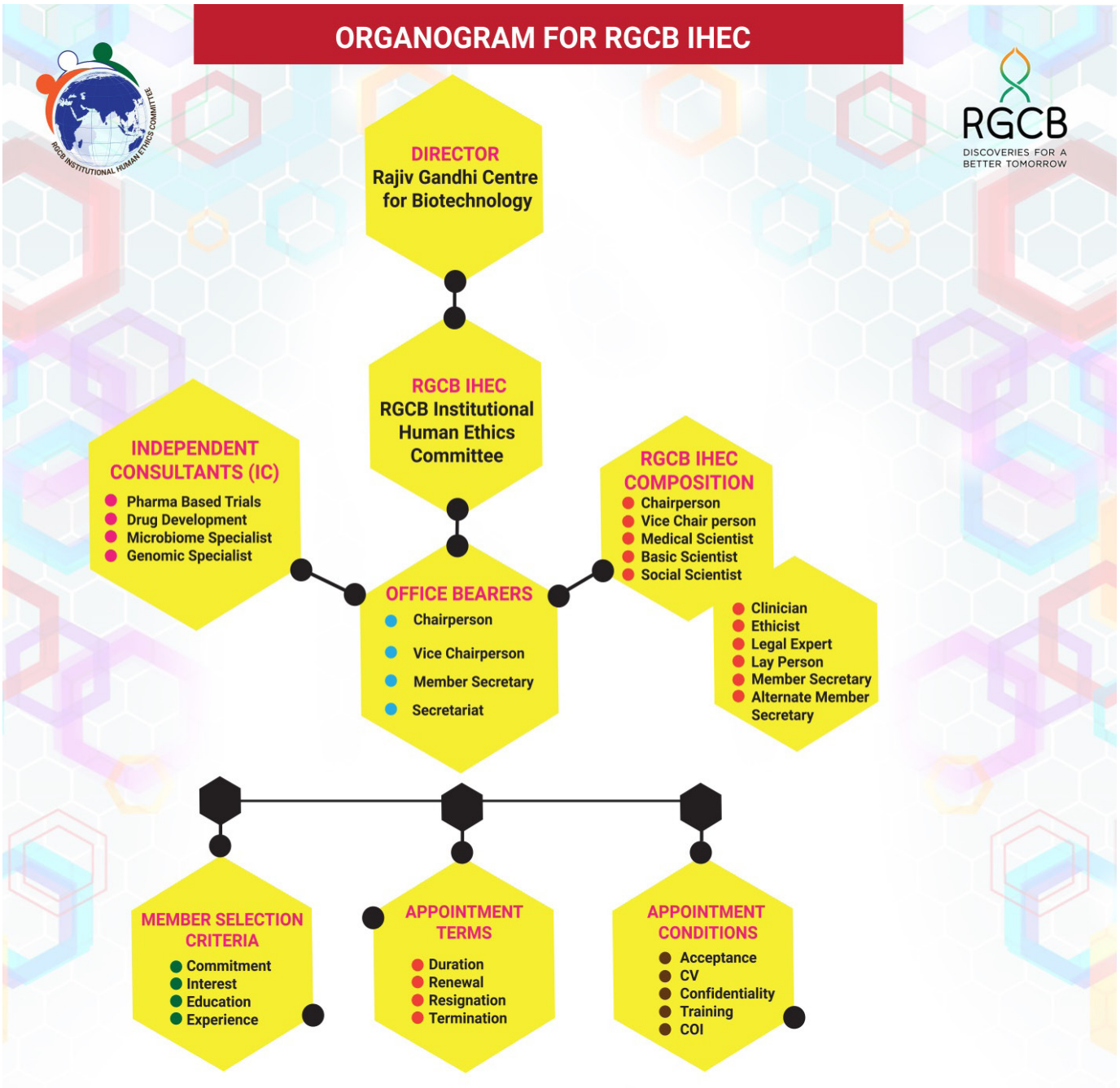
INTRODUCTION

The Rajiv Gandhi Centre for Biotechnology (RGCB) had its humble beginning on July 03, 1990, as Centre for Development of Education, Science and Technology (C-DEST), an autonomous society registered under the Travancore Cochin Literary, Scientific and Charitable Society Registration Act of 1955 (Reg.No.418/90) by a group of well-known professionals and social workers for undertaking and promoting research, field studies, action projects, etc. The Government of Kerala took the landmark decision to restructure the institute into a comprehensive biotechnology centre and thus was established the Rajiv Gandhi Centre for Biotechnology (RGCB) on April 18, 1994. RGCB was the first research institute established for research and development in the field of Biotechnology, in India. On August 2, 2007 the Union Cabinet chaired by Honourable Prime Minister announced the decision on taking over of RGCB as a National Institute under Ministry of Science & Technology (Department of Biotechnology) with effect from April 1, 2007.

Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee (RGCB IHEC) Reg. No: DCGI (ECR/484/Inst/KL/2013), DHR (EC/NEW/INST/2020/477 & SIDCER - FERCAP recognized since November 27, 2019, is constituted by the Director, RGCB under the authority of Department of Biotechnology, Ministry of Science and Technology and registered with Central Drugs Standard Control Organization, and Department of Health Research, Government of India.IHEC will review and approve all types of research proposals involving human participants with a view to safeguard the dignity, rights, safety and wellbeing of all actual and potential research participants. The goals of research, however important, should never be permitted to override the health and wellbeing of the research subjects/participants. The IHEC will take care 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 the proposed research. For this purpose, it will look into the aspects of informed consent process, risk benefit ratio, distribution of burden and benefit and provisions for appropriate compensations wherever required. It will review the proposals before start of the study as well as monitor the research throughout the study until and after completion of the study through appropriate well documented procedures, such as annual reports, final reports and site visits etc. The committee will also examine compliance with all regulatory requirements, applicable guidelines and laws. The mandate of the IHECs will be to review all research projects involving human subjects including human biological materials and human biological data to be conducted at the Institute, irrespective of the funding agency. The RGCB Human Ethics Committee comprises a panel of distinguished luminaries in various professional and social fields.

The complete list of RGCB Human Ethics Committee members are given below:

Sl No	RGCB IHEC Members	Sex	Affiliation	Role
1	**Dr. M. Narendranathan**	M	Senior Consultant in Gastroenterology,GG Hospital & Cosmopolitan Hospital, Thiruvananthapuram	Chairperson
2	**Dr. V. Ramankutty**	M	Research Director, Amala Cancer Centre, Thrissur	Vice Chairperson / Clinician
3	**Professor H.V. Easwer**	M	Neurosurgeon, Sree Chitra Thirunal Institute of Medical Sciences & Technology(SCTIMST), Thiruvananthapuram	Clinician
4	**Professor. S. Sankar**	M	Head, Department of Pathology, Government Medical College, Kottayam.	Medical Scientist
5	**Dr. Bushera Beegom**	F	Assistant Professor, Department of Sociology, University of Kerala.	Social Scientist
6	**Ms. Tigi Philip**	F	Owner, Sarwaa café, Opposite All India Radio, Vazhuthacaud, Thiruvananthapuram	Lay person
7	**Adv. Benoy T George**	M	Advocate, Nizar & George Lawyers & Solicitors, Thiruvananthapuram.	Legal Expert
8	**Dr. Priya Srinivas**	F	Scientist, Cancer Research, RGCB	Basic Scientist
9	**Dr. Rakesh Laishram**	M	Scientist, Cardiovascular Disease Biology, RGCB	Basic Scientist
10	**Dr. Abdul Jaleel**	M	Scientist, Cardiovascular Disease & Diabetes Biology, RGCB	Alternate Member Secretary / Basic Scientist
11	**Dr. Devasena Anantharaman**	F	Scientist, Cancer Research, RGCB	Member Secretary


ORGANOGRAM FOR RGCB IHEC
RGCB INSTITUTIONAL HUMAN ETHICS COMMITTEE
RGCB
DISCOVERIES FOR A BETTER TOMORROW
DIRECTOR
Rajiv Gandhi Centre for Biotechnology
RGCB IHEC
RGCB Institutional Human Ethics Committee
INDEPENDENT CONSULTANTS (IC)
Pharma Based Trials
Drug Development
Microbiome Specialist
Genomic Specialist
OFFICE BEARERS
Chairperson
Vice Chairperson
Member Secretary
Secretariat
RGCB IHEC COMPOSITION
Chairperson
Vice Chair person
Medical Scientist
Basic Scientist
Social Scientist
Clinician
Ethicist
Legal Expert
Lay Person
Member Secretary
Alternate Member Secretary
MEMBER SELECTION CRITERIA
Commitment
Interest
Education
Experience
APPOINTMENT TERMS
Duration
Renewal
Resignation
Termination
APPOINTMENT CONDITIONS
Acceptance
CV
Confidentiality
Training
COI

LIST OF ABBREVIATIONS

Acronym	Full Title/Description
ADR	Adverse Drug Reaction
AE	Adverse Event
BA	Bio-availability
BIS	Bureau of Indian Standards
CDC	Centre for Disease Control and Prevention
CDSCO	Central Drugs Standard Control Organization
CFR	Code of Federal Regulations
CIOMS	Council for International Organizations of Medical Sciences
COI	Conflict of Interest
CONSORT	Consolidated standards of reporting trials
CRF	Case Record Form
CRO	Contract Research Organization
CRS	Clinical Research Secretariat
CTA	Clinical Trial Agreement
DBT	Department of Biotechnology
DCGI	Drug Controller General of India
DCR	Drugs and Cosmetic Rules, 1945
DGFT	Directorate General of Foreign Trade
DHHS	Department of Health and Human Services
DSMB	Data Safety Monitoring Board
DSMSC	Data Safety Monitoring Sub Committee
DTAB	Drugs Technical Advisory Board
ELSI	Ethical, Legal and Social Issues
FDA	Food and Drug Administration
FDC	Fixed Dose Combination
FERCAP	Forum for Ethical Review Committees in Asia and the Western Pacific Region
GCP	Good Clinical Practice
GMP	Good Manufacturing Practices
IHEC	Institutional Human Ethics Committee
IB	Investigator's Brochure
ICF	Informed Consent Form
ICH	International Committee on Harmonization
ICJME	International Committee of Medical Journal Editors
ICMR	Indian Council of Medical Research
IND	Investigational New Drug
IRB	Institutional Review Board

IRC	Institutional Research Committee
ISI	Indian Standards Institute
MOU	Memorandum of Understanding
NDA	New Drug Application
NIH	National Institutes of Health
NOC	No-objection Certificate
OHRP	Office for Human Research Protections
PI	Principal Investigator
RCT	Randomized Controlled Trial
SAE	Serious Adverse Event
SOPs	Standard Operating Procedures
IRC	Institutional Review Committee
WHO	World Health Organization
WMA	World Medical Assembly

GLOSSARY

AUDIT: A systematic and independent examination of trial related activities and documents to determine whether the evaluated trial related activities were conducted, and the data were recorded, analyzed and accurately reported according to the protocol, sponsor's standard operating procedures (SOPs), Good Clinical Practice (GCP), and the applicable regulatory requirement(s).[http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Effica cy/E6/E6_R1_Guideline.pdf accessed on 23rd Nov 2015]

AUDIT OF A TRIAL: A systematic verification of the study, carried out by persons not directly involved, such as:

a. Study related activities to determine consistency with the Protocol

b. Study data to ensure that there are no contradictions on Source Documents. The audit should also compare data on the Source Documents with the interim or final report. It should also aim to find out if practices were employed in the development of data that would impair their validity.

c. Compliance with the adopted Standard Operating Procedures (SOPs). [http://rgcb.res.in/wp-content/uploads/2014/07/Good-Clinical-Practice-Guideline.pdf accessed on 23rd Nov 2015]

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

AMENDMENT PROTOCOL: Amended parts and related documents of the protocol, previously approved by the RGCB IHEC. In the course of the study, the PI may decide to make changes in the protocol

ASSENT: To agree to participate in research by children from 7 - 18 years of age who are old enough to understand the implications of any proposed research but not legally eligible to give consent. For children from 7-12 years it will be oral assent and from >12 – 18 years it will be written assent. Informed consent of parent/LAR is necessary except in certain circumstances, e.g. risky behaviour of adolescents.

BIOMEDICAL AND HEALTH RESEARCH: Research including studies on basic, applied and operational research designed primarily to increase the scientific knowledge about diseases and conditions,

their detection, cause and evolving strategies for health promotion, prevention, or amelioration of disease and rehabilitation including clinical research.

BENEFICENCE: To try to do good or an action which weighs the risks against benefits to prevent, reduce or remove harm for the welfare of the research participant(s) in any type of research.

BIOBANKS: a repository for storing biological samples or data to be used in research. Biobanks usually require investigators or institutions to agree to certain conditions as a condition for sharing samples or data with them.

CLINICAL TRIAL: A clinical trial is any research/study that prospectively assigns human participants or groups of humans to one or more health-related intervention(s) to evaluate the effects on health outcomes. The intervention could be drugs, vaccines, biosimilars, biologics, phytopharmaceuticals, radiopharmaceuticals, diagnostic agents, public health interventions, socio-behavioural interventions, technologies, devices, surgical techniques or interventions involving traditional systems of medicine, etc. As per amended Schedule Y (2005) of the Drugs and Cosmetics Rules, 1945, a clinical trial refers to a systematic study of new drugs in human subjects to generate data for discovering and/or verifying the clinical, pharmacological (including pharmacodynamics and pharmacokinetic) and /or adverse effect with the objectives of determining safety and/or efficacy of a new drug. The academic clinical trial as per GSR 313 (e) dated 16 March 2016 is a clinical trial using intervention falling under the definition of 'New Drug' but intended only for academic purposes and not marketing purposes.

COMPENSATION: Provision of financial payment given to any participant or research participants or their legal heirs when the injury occurs due to participation in research. This is applicable to participants in any of the arms of research, such as intervention, control and standard of care. In biomedical and health research of academic nature it will be as per institutional policy.

CONFIDENTIALITY: Keeping information confidential, which an individual has disclosed in a relationship of trust and with the expectation that it shall not be divulged to others without permission. Also it means prevention of disclosure of information and documents related to RGCB IHEC to other than authorized individuals.

DATASETS: A dataset is an organized collection of data and information maintained in physical and / or electronic /digital form that can be used for biomedical and health research.

DECLARATION OF HELSINKI: A set of recommendations or basic principles that guide medical doctors in the conduct of biomedical research involving human subjects. It was originally adopted by the 18th World Medical Assembly (Helsinki, Finland, 1964) and recently revised (52nd WMA General Assembly, Edinburgh, Scotland, October 2000).

DOCUMENT: Document may be of any form, e.g., paper, electronic mail (e-mail), faxes, audio or video tape, etc.

EXEMPTION FROM REVIEW: A research study is said to be exempt from review when the proposals with less than minimal risk with no linked identifiers are submitted and requires only approval of member-secretary. Such proposals are to reported to the full committee during its meeting.

EXPEDITED REVIEW / MEETING: An expedited review is an accelerated review process for proposals having minimal risk, revised document with minor changes for approval by a sub-committee comprising Chairperson, member secretary and 1 or 2 designated members of RGCB IHEC. The decision is reported to the full board in the subsequent meeting. .

FULL COMMITTEE REVIEW: Review of initial, resubmitted, continuing review, amendments of protocols and or PIDs and any other documents, which are tabled in the meeting of the full RGCB IHEC committee for detailed discussion and decisions. This has to be on regular basis or in emergency/ urgent situations this can be reviewed during unscheduled meeting.

INDEPENDENT CONSULTANT (IC): An independent consultant is a subject expert in a specified field who gives advice, comments and suggestions upon review of the study protocols. He/she has no affiliation to the investigators proposing the research protocols.

INFORMED CONSENT DOCUMENT: Written signed and dated paper confirming a participant's willingness to voluntarily participate in a particular research, after having been informed of all aspects of the research that are relevant for the participant's decision to participate.

INITIAL REVIEW: The first-time review of the protocol done during the meeting of the full committee.

INSPECTION: An official review/ examination conducted by regulatory authority(ies) of the documents, facilities, records and any other resources that are deemed by the authority(ies) to be related to the study. The inspection may be carried out at the site of the trial, at the sponsor's / or CRO's facilities and Ethics Committee in order to verify adherence to Good Clinical Research Practice. [http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E 6/E6_R1_Guideline.pdf accessed on 23rd Nov 2015] [http://rgcb.res.in/wp-content/uploads/2014/07/Good-Clinical-Practice-Guideline.pdf accessed on 23rd Nov 2015]

INVESTIGATIONAL NEW DRUG(S) (IND): IND means a new chemical entity or a product having therapeutic indication but which has never been tested earlier on human beings.

INVESTIGATOR'S BROCHURE: The Investigator's Brochure (IB) is a compilation of the clinical and non-clinical data on the investigational product(s) that are relevant to the study of the product(s) in human subjects.

JUSTICE: Pertains to fairness in the way people are dealt with, indicating fair selection and distribution of benefits and risks to participants who should be fully apprised about them.

LAY PERSON: A literate person who has not pursued a medical science/health related career in the last 5 years and is aware of the local language, cultural and moral values of the community.

LEGAL EXPERT: A person with a basic degree in law from a recognized university (with experience).

LEGALLY ACCEPTABLE/AUTHORIZED REPRESENTATIVE (LAR): A person who will give consent on behalf of prospective participant who, for either legal or medical reasons, is unable to give consent herself/ himself to participate in research or to undergo a diagnostic, therapeutic or preventive procedure as per research protocol, duly approved by RGCB IHEC

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

MALEFICENCE: The act of committing harm or a harmful act.

MASTER SOP FILES: A collection of the Standard Operating Procedures (SOP) of RGCB IHEC, accessible to all staff, RGCB IHEC members, auditors and government inspectors as a paper copy and the approval signatures on first page. When a copy of this is provided to members of RGCB IHEC it is termed controlled copy.

MINIMAL RISK: Minimal Risk: It means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. However, in some cases like surgery, chemotherapy, or radiation therapy, great risk would be inherent in the treatment itself, but this may be within the range of minimal risk for the research participant undergoing these interventions since it would be undertaken as part of current everyday life. Example for minimal risk: A retrospective review of patient case records to determine the incidence of disease/ recurrence of disease]

NON-COMPLIANCE: Failure or refusal to act in accordance with approved study protocol.

PAST SOPS OF RGCB IHEC: A collection of previous official versions of SOPs and relevant information regarding the changes and all pre-planned deviations.

PROTOCOL DEVIATION- A protocol deviation is any change, divergence, or departure from the study design or procedures of a research protocol that is under the investigator's control and that has not been approved by the RGCB IHEC. Upon discovery, the Principal Investigator is responsible for reporting protocol deviations to the RGCB IHEC using the standard reporting form. A protocol deviation is a less serious non-compliance with the approved study protocol.

PROTOCOL VIOLATION: The act of doing something that is not as per the approved study protocol, which violates ethical principles and/or human rights. The RGCB IHEC monitors whether investigators conduct the study in compliance with the approved protocol, national regulations or not and/or fail to respond to the RGCB IHEC request for information/action.

PROTOCOL WAIVER: A protocol waiver is an intentional deviation from the approved protocol, such as the enrolment of a participant in violation of the protocol's inclusion/exclusion criteria. Prior approval from RGCB IHEC has to be obtained before implementing necessary departures from the protocol.

QUORUM: Minimum number and/or kind of EC members required for decision making during a meeting.

RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY INSTITUTIONAL HUMAN ETHICS COMMITTEE (RGCB IHEC): It is an independent body responsible for ensuring the protection of the rights, safety, dignity and well-being of human participants involved in a clinical research under the aegis of Rajiv Gandhi Centre for Biotechnology and to provide public assurance of their protection.

REVISION WITH MAJOR AMENDMENTS: The proposed study/protocol/study related documents, requires significant modifications and will be placed before the full committee for reconsideration to get approval.

REVISION WITH MINOR AMENDMENTS: The proposed study/protocol/study related documents, requires minor modifications and will be placed before the expedited review to get approval.

RGCB IHEC MEMBERS: Individuals serving as regular members of the Rajiv Gandhi Centre Biotechnology Institutional Human Ethics Committee.

SERIOUS ADVERSE EVENT (SAE): An adverse event is serious when the research outcome for the participant is death, life-threatening injury requiring hospitalization, prolongation of hospitalization, significant disability/incapacity, congenital anomaly, or requirement of intervention to prevent permanent impairment or damage.

SOCIAL SCIENTIST: A person who is an expert on societal and social behaviour with specialization/ experience in the area.

SOCIO-BEHAVIOURAL RESEARCH: Refers to the socio-behavioural studies on response of individuals, groups, organizations or societies to external or internal stimuli.

SOP EFFECTIVE DATE: The date of implementation of SOPs after acceptance by the Director, RGCB following signed and dated approval of the Chairperson, RGCB IHEC.

SOP TEAM: A team of members including the Member Secretary and any other member of RGCB IHEC identified by the Chairperson, which prepares or revises SOPs of the designated ethics committee of RGCB.

SOPS (STANDARD OPERATING PROCEDURES): A detailed, written instructions, in a certain format, describing activities and actions undertaken by the RGCB IHEC to achieve uniformity in the performance of a specific function. The aim of the SOPs and their accompanying checklists, and forms is to simplify and standardize the functioning, whilst maintaining high standards of Good Clinical Practice.

STUDY ASSESSMENT FORM: An official record that documents the protocol review process.

STUDY PROTOCOL: A document that describes the objective(s), design, methodology, statistical considerations and organization for all types of trial, biomedical and behavioural research.

VULNERABLE PARTICIPANTS: This category includes children, prisoners, pregnant women, handicapped or mentally disabled persons, refugees, displaced persons and economically or educationally disadvantaged persons, who are likely to be vulnerable to coercion or undue influence.

PREPARING STANDARD OPERATING PROCEDURES (SOPS)

WRITING, REVIEWING, DISTRIBUTING, AMENDING, CONTROL OF SOPS FOR THE RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY INSTITUTIONAL HUMAN ETHICS COMMITTEE

SOP CODE: SOP 01/V3

DATE: AUGUST 20, 2020

1.1 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to define the process for writing, reviewing, distributing and amending SOPs of the Rajiv Gandhi Centre for Biotechnology Institutional Ethics Committee (RGCB IHEC). The SOPs provide clear, unambiguous instructions so that the related activities of the committee are conducted in accordance with Indian regulations and relevant, national, and international ethical guidelines.

1.2. SCOPE

This SOP covers the procedures of writing, reviewing, distributing and amending the SOPs of the RGCB IHEC.

1.3. RESPONSIBILITY

It is the responsibility of the Chairperson of the RGCB IHEC to appoint a SOP team to formulate a new SOP or to revise existing SOP. The SOP team shall do this by following the standard procedures, format and coding system as per the contents in the checklist provided earlier that is used while drafting or editing any SOP of RGCB IHEC. All members of RGCB IHEC will review the SOPs and approval will be given by Chairperson of RGCB IHEC. The SOPs shall then be accepted by the Director, RGCB.

1.3.1 Secretariat of RGCB IHEC will

- Assist Chairperson to formulate a SOP Team
- Co-ordinate activities of writing, reviewing, distributing and amending SOPs
- Ensure that all the RGCB IHEC members and involved administrative staff have access to the SOPs
- Ensure that all the RGCB IHEC members and involved staff are working according to current version of SOPs
- Maintain an up-to-date distribution list for each SOP distributed to the EC members.
- Maintain a register to record the names of investigators to whom SOPs are distributed
- Maintain a file of all current SOPs and the list of SOPs
- Maintain a file of all past Master SOPs of the RGCB IHEC.

1.3.2 SOP team will

- Assess the request(s) for SOPs revision in consultation with the Secretariat, Member Secretary and Chairperson
- Propose new/modified SOPs as needed
- Draft the SOPs giving step by step process details in consultation with the designated RGCB IHEC members and involved administrative staff
- Make a list of SOPs with coding reference
- Review the draft SOPs
- Submit the draft for approval to Chairperson

1.3.3 Chairperson of the RGCB IHEC will

- Appoint one or more SOP Teams
- Approve the SOPs
- Sign and date the approved SOPs

1.3.4 RGCB IHEC members and involved administrative staff (if any) will

- Sign and date the approved SOPs when they receive it
- Maintain a file of all SOPs received

1.4. DETAILED INSTRUCTIONS

1.4.1 Identify the need for new or amendment of current SOP

Any member of the RGCB IHEC or Secretariat who would feel the requirement of a revision or notices an inconsistency/ discrepancy/ has any suggestions on how to improve the existing SOPs or requests to design an entirely new SOP can put forth his request by writing to the RGCB IHEC Chairperson either as an email/letter/verbal request in a meeting. The Chairperson will inform all the RGCB IHEC members about this request at a regular full-board RGCB IHEC meeting. If the RGCB IHEC members agree to the request, an appropriate SOP team(s) will be appointed by the Chairperson to proceed with the revision process of the SOP. If the RGCB IHEC members do not agree, no further action will be taken. The Chairperson will inform the member of the RGCB IHEC or Secretariat who made the request for modification of the SOP.

1.4.2 Appoint the SOP Team(s)

- The Chairperson will constitute a SOP Team consisting of the member-secretary and two or more members of the RGCB IHEC who have a thorough understanding of the ethical review process.
- The SOP writing team will carry out the subsequent steps as described in sections 1.4.3-1.4.7.

1.4.3 List all relevant procedures

- Write down step by step all the procedures of the RGCB IHEC that are to be standardized in the form of a SOP
- Organize, divide and name each process.

Main Text:

1. Purpose: Summarizes and explains the objectives of the procedure.
2. Scope: States the range of activities that the SOP applies to.
3. Responsibility: Refers to person(s) assigned to perform the activities involved in the SOP
4. Detailed instructions: Describes procedures step by step in short and clear sentences
5. Annexure: Forms to capture information pertaining to the SOP instructions
6. Flow chart: Simplifies the procedures in step by step sequence and states clearly the responsible person(s) or position for each activity

1.4.4 Write and review a new SOP

- When the need for a new SOP has been identified and agreed upon, a draft will be written by one or more designated members of the SOP team, appointed by the Chairperson.
- Each SOP should be given a number and a title that is self-explanatory and easily understood. A unique code number with the format SOP xx/Vy will be assigned to each SOP item by the Secretariat. “xx” will be a two-digit number assigned specifically to each activity based SOP. “V” refers to version of the SOP and “y” will be a number identifying the version, e.g. the first SOP of the current version would be SOP01/V1 i.e. it is SOP number 01 with version 1.
- Each SOP may have annexure(s), which are forms to be filled in by various stakeholders [RGCB IHEC or Principal Investigator (PI)]. Each annexure will be given a unique code number.
- Each SOP will be prepared according to the standard template. Each section of the SOP

will have Title name, number of SOP and effective date (aa/bb/cccc) i.e. the date of approval of the SOP by the Chairperson. The header of each page of the SOP will have RGCB and IHEC logo, title name and number of SOP and version number, whereas the footer will bear the page number as page p of q (total) pages.

Institutional Human Ethics Committee	
Title: Title which is self-explanatory and is easily understood	
SOP No:SOPxx/Vy	**Page:** a of b
Code : SOP xx/Vy	
Effective date: DD/MM/YYYY	

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

1.4.5 Write and review a revised SOP

- If a SOP supersedes a previous version, the latter will be indicated in the Document History Form along with description of the main changes.
- The rest of the steps are as described in Section 1.4.4.

1.4.6 Prepare and submit final draft

- The SOP Team will submit the reviewed SOP to the RGCB IHEC Members who will review it at a meeting.
- The suggestions that are agreed upon by the RGCB IHEC members present at the meeting will be discussed and incorporated in the revised draft SOP and it will be finalized.
- The SOP team would stand automatically dissolved once the RGCB IHEC takes final decision regarding the SOP.

1.4.7 Approve the new / revised SOP

- The final version will be presented to the Chairperson for review and approval.
- The authors, reviewers and the Chairperson will sign and date the SOP on the first page

of the SOP document. This date of approval will be declared as the effective date from which the SOP will be implemented. The face page may also contain signature of Head of the Institution as having accepted the document as per the institutional policy.

1.4.8 Implement, distribute and file SOPs

- The approved SOP will be implemented from the effective date.
- The Member Secretary will discuss the approved SOP with the administrative staff and instruct them to implement it accordingly.
- A copy of the approved SOP (termed controlled copy) will be distributed to the RGCB IHEC members and a log will be maintained.

No.	Name of Recipients	Designation	SOP code number	No. of Copies	Signature	Date

- One complete original set of current SOPs will be filed in the SOP Master file by the RGCB IHEC Secretariat in the RGCB IHEC office.
- Photocopies made from the official paper versions of the SOP can be considered current or official as controlled copies, if stamped and signed by Member Secretary or authorized individual for distribution to RGCB IHEC members.
- SOPs are made available to all Investigators on Institute website.
- When the revised version is distributed, all the RGCB IHEC members will be requested to destroy their copy of earlier version.
- Only one copy of the earlier version will be clearly marked 'Superseded' and filed in the file entitled 'Past SOPs of the RGCB IHEC' by the RGCB IHEC Secretariat in the RGCB IHEC office.
- The process of evolution of previous SOPs of the RGCB IHEC will be documented in defined format.
- The RGCB IHEC members and Secretariat will review the SOPs at least once in every 3 years.

1.5. FLOW CHART

No.	Activity	Responsibility
1	Identify the need for new or amendment of current SOP	Any member of RGCB IHEC, secretariat or administrative staff
2	Appoint the SOP Team(s)	Chairperson
3	List all relevant procedures	SOP Team
4	Write a new/ revised SOP	SOP Team
5	Review a revised SOP	SOP Team and/RGCB IHEC members
6	Prepare and submit final draft	SOP Team
7	Approve the new/revised SOP	Chairperson
8	Acceptance of the new/revised SOP	The Director, RGCB
9	Implement, distribute and file SOPs	RGCB IHEC members and Secretariat

CONSTITUTION OF RGCB IHEC- SELECTION, ROLES AND RESPONSIBILITIES OF MEMBERS OF THE IHEC

SOP CODE: SOP 02/V3 DATE: AUGUST 20, 2020

2.1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe the terms of reference (TOR) of members, which provide the framework for constitution, selection, roles and responsibilities of the Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee (RGCB IHEC) and procedures for maintaining confidentiality of all activities and documents.

2.2. SCOPE

This SOP applies to the constitution of the RGCB IHEC, selection, roles and responsibilities of members of the RGCB IHEC and maintenance of confidentiality of all activities and documents.

2.3. RESPONSIBILITY

The selection of Chairperson, Member Secretary and RGCB IHEC members will be done by the Director of Rajiv Gandhi Centre for Biotechnology. It is the responsibility of all the RGCB IHEC members and the Secretariat to read, understand, follow and respect this SOP.

2.4. DETAILED INSTRUCTIONS

2.4.1 Composition of the Institutional Ethics Committee

The RGCB IHEC will be established by the Director, RGCB. The Chairperson and RGCB IHEC members can suggest names of potential members but the final decision will remain with the Director, RGCB.

- Its hierarchical position in the organization and authority under which it is established will be clearly indicated in the organogram.
- The RGCB IHEC will be multidisciplinary and multi-sectorial in composition.
- The RGCB IHEC will be composed of at least 7-15 members as per the requirement of ICMR Guidelines 2017 for National Ethical Guidelines for Biomedical and Health Research Involving Human Participants. A minimum of 6 members should be present to meet the quorum requirements.
- The members will
    - Include a combination of medical and non-medical, scientific and non-scientific persons including lay persons to represent the different points of view to promote adequate review of research.

- Having differing backgrounds to promote complete and adequate review of research.
- Have the required qualifications as prescribed by applicable regulations and guidelines from time to time
- Have the expertise, time and commitment to perform all functions

- The RGCB IHEC will have representation that is varied in terms of gender, age and social background to safeguard the interests and welfare of all sections of the community / society.
- The committee should include at least one member whose primary area of expertise is in a non-scientific area, a clinician, legal expert, layperson and at least one member who is independent of the institution/research -social scientist or representative of NGO/voluntary agency/philosopher/ethicist/theologian.
- The RGCB IHEC may invite member(s) of specific patient groups or other special interest groups for an RGCB IHEC meeting (if required, based on the requirement of research area, e.g. HIV AIDS, genetic disorders, stem cell research etc.) for eliciting their views. Such individuals will have to sign confidentiality agreement (refer to SOP 05/V3) and declare in writing, conflicts of interest, if any prior to attending the meeting. They will attend the meeting in the capacity of 'Guest/ Observer' and will not have right to vote. (refer to SOP 05/V3)

The Composition shall be as follows:

- Chairperson (must not be affiliated to the institution)
- Co-Chairperson (if appointed, must not be affiliated to the institution)
- One Member Secretary (must be affiliated to institution)
- One alternate Member Secretary (if appointed, must be affiliated to institution)
- One or more Basic Medical Scientist having post graduate qualification in medical field (after MBBS) in pharmacology (preferably clinical Pharmacologist for reviewing proposals on drugs, devices, vaccines and others included under the definition of new drug as per D&C Act)/ Pathology/ Microbiology/ Anatomy/ Physiology/ Biochemistry and adequate experience (may or may not be affiliated to institution).
- One or more clinicians from various institutes (may or may not be affiliated to institution)

- One legal expert or retired judge (must not be affiliated to institution)
- One social scientist/ representative of non-governmental agency/ philosopher, ethicist or theologian, intellect, educationist (must not be affiliated to institution)
- One or more lay person (non-scientific person) from the community and should be literate and aware of local, social and cultural norms of the particular area (must not be affiliated to institution).

2.4.2 Composition of SAE subcommittee under IHEC

- The RGCB IHEC Chairperson will delegate SAE review to subcommittee members constituted by some members of IHEC. Primarily clinician, basic medical scientists (preferably pharmacologist), will be part of the sub-committee along with member secretary. Delegation of some responsibility to any other ethics committee member e.g. legal expert (if required) would be done at the discretion of Chairperson or Alternate Chairperson. This subcommittee will review the SAEs submitted by PI (on site) and will report to the IHEC for the purpose of reimbursement and compensation etc. which will further review and forward that information to CLA (Central Licensing Authority).

2.4.3 Agreement regarding Maintenance of Confidentiality

2.4.3.1 It is the responsibility of each RGCB IHEC member to sign the agreement contained in the confidentiality Form (Annexure 18) when accepting to be a member for reviewing research projects.

2.4.3.2 The staff of the secretariat will also sign a confidentiality agreement. (Annexure 20).

2.4.3.3 The Secretariat will obtain the signature of the RGCB IHEC Chairperson / Member Secretary on the Confidentiality form

2.4.3.4 The secretariat will provide RGCB IHEC member a photocopy of the Confidentiality Form for their records (duly signed and dated by them and IHEC Chairperson) and acknowledge the receipt of agreement with their signature and date.

2.4.3.5 The Secretariat will keep the original copies of the signed Agreements in the IHEC office in the file entitled 'Confidentiality Agreement' file for members and photocopies of the agreement in the individual members' files.

2.4.4 Tenure of Membership

- The tenure of RGCB IHEC will be for a term of 3 years from the date of appointment. Chairperson and all members shall serve on the committee for a maximum of two

terms. After serving two terms a member could be re-appointed after a break of a term. Under exceptional circumstances, extension of membership may be considered due to non-availability of members of similar stature, qualification and intent to contribute to ethical human research. This may be decided as two incremental extensions for two years at a time.

2.4.5 Appointment of New Members

2.4.5.1 The RGCB IHEC members will be appointed by the Head of the Institution in consultation with the Chairperson of IHEC of Rajiv Gandhi Centre for Biotechnology.

2.4.5.2 New members will be appointed under the following circumstances:

a. When a regular member completes her/his tenure.

b. If a regular member resigns before the tenure is completed.

c. If a regular member ceases to be a member for any reason including death or disqualification.

2.4.5.3 New members shall be identified by the Chairperson according to the membership requirement as stated in this SOP for fulfilling the conditions of appointment. The RGCB IHEC members may also suggest the names of new members to be appointed. The Chairman, RGCB IHEC will make the final decision regarding the appointment.

2.4.6 Conditions to be fulfilled by a member after appointment

2.4.6.1 Members to be appointed on the RGCB IHEC will need to submit the following:

a. a recent CV signed and dated (Annexure 16)

b. Training certificates in Ethics and/ or GCP and SOP. In case training certificates are not available at the time of induction as member in the RGCB IHEC, the member must submit these within 6 months of appointment.

2.4.7.3 Members must be willing to

a. Publicize her/his full name, profession and affiliation.

b. Sign the Confidentiality Agreement and maintain confidentiality regarding meeting, deliberations, applications, information on research participation and related matters.

c. Read, understand, accept and follow the Conflict of interest policy and sign the Conflict of interest agreement form.

d. Be committed and understanding to the need for research and for imparting protection to research participants in research.

2.4.7 Resignation and Disqualification of Members

2.4.7.1 **Resignation:** RGCB IHEC member may resign from membership by submitting a letter of resignation to the Chairperson. The member may or may not assign reasons for resignation. The resignation will become effective from the day it is accepted by the Chairperson.

2.4.7.2 **Disqualification for conduct unsuitable of an RGCB IHEC member:**

a. RGCB IHEC Chairperson or Member-secretary will initiate the process on receipt of a written communication provided by EC member or a member of the public alleging misconduct by a member.

b. The Chairperson will satisfy herself/himself that a prima facie case exists before initiating action. If, in the opinion of the Chairperson, the matter is of grave significance where integrity of RGCB IHEC could be questioned, the Chairperson may suspend the membership of the concerned EC member till the final decision is taken by RGCB IHEC. During the period of suspension, the concerned individual will not have any rights, privileges or responsibilities of an RGCB IHEC member and will not perform any duties as EC member.

c. The Chairperson may call for a meeting of the RGCB IHEC specifically to discuss this issue or the matter will be taken up for discussion during full committee review meeting. The meeting convened will follow the usual rules of quorum. The allegation will be discussed at the RGCB IHEC meeting and the member alleged of misconduct will be provided adequate opportunity to defend herself/himself.

d. The member would stand disqualified, if members present approve of disqualification by voting (voting by 2/3rd of the majority of members present in the meeting). The Chairperson will convey the disqualification to the concerned member through a written communication.

2.4.7.3 **Disqualification for not attending IEC meetings:**

A member may be disqualified from RGCB IHEC membership if the member fails to attend more than 3 consecutive EC meetings without prior intimation. The process conducted will be as follows:

a. The Member Secretary will inform Chairperson, in writing, if a member has not

attended more than three consecutive regular meetings of the RGCB IHEC without prior intimation.

b. The Chairperson will initiate the process of review of membership of such a member by including the matter in the Agenda of the next RGCB IHEC meeting.

c. A written communication will be sent to the concerned EC member informing her/him that the issue of disqualification would be discussed at the meeting, inviting the member to be present at the meeting to clarify her/his position. Alternately, the concerned EC member will be allowed to explain her/his uninformed absence in a letter addressed to the Chairperson, which will be read and reviewed at the meeting.

d. The Chairperson or Member-Secretary will inform the other EC members about the cessation of membership of the member by written communication or during the next meeting of RGCB IHEC.

2.4.8 Hierarchy

a. Chairperson, Vice Chairperson, Member Secretary and Alternate Member Secretary may be appointed from amongst the members.

b. The Chairperson will head the committee. Vice Chairperson will head the committee in the absence of chairperson.

c. The Member Secretary and the Alternate Member Secretary (whenever applicable) will be in-charge of all documents and funds in the possession of the committee.

d. Other EC members will be regular committee members with equal ranking.

2. 4. 9 Functions of Chairperson

2.4.9.1 The Chairperson will be responsible for conducting committee meetings, leading all discussions and deliberations pertinent to the review of research proposals and be accountable for independent and efficient functioning of the committee

2.4.9.2 Ensure active participation of all members (particularly non-affiliated, non-medical/ non- technical) in all discussions and deliberations.

2.4.9.3 Ratify minutes of the previous meetings

2.4.9.4 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.

2.4.9.5 Seek COI declaration from members and ensure quorum and fair decision-making.

2.4.9.6 Handle complaints against researchers, EC members, conflict of interest issues and requests for use of EC data, etc.

2.4.10 Functions of Vice Chairperson

To act as Chair in the absence of Chairperson and to perform all functions of Chairperson.

2.4.11 Member secretary

2.4.11.1 Signs documents and communications related to RGCB IHEC functioning.

2.4.11.2 Communicates with the RGCB IHEC members and applicants/ investigators.

2.4.11.3 Notifies the Principal Investigator regarding RGCB IHEC decisions related to the submitted research proposal.

2.4.11.4 Provides necessary administrative support for RGCB IHEC related activities to the Chairperson.

2.4.11.5 Provides updates on relevant and contemporary issues on ethics in health research as well as relevant contemporary literature to the committee members.

2.4.11.6 Delegates various responsibilities to appropriate and authorized individuals.

2.4.11.7 Ensures adherence of EC functioning as per SOPs.

2.4.11.8 Prepares and makes available annual reports/annual financial statements of the RGCB IHEC, if any, for scrutiny by auditors/ inspectors.

2.4.12 Functions of the Alternate Member Secretary

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

2.4.13 Functions of RGCB IHEC members

2.4.13.1 Attend RGCB IHEC Meetings and participate in discussions and deliberations so that appropriate decisions can be arrived at.

2.4.13.2 Filling up the review form as primary or secondary reviewer.

2.4.13.3 Submit the review form within the dedicated time.

2.4.13.4 Review, discuss and consider research Proposals submitted for evaluation.

2.4.13.5 Monitor Serious Adverse Event reports and recommend appropriate action(s).

2.4.13.6 Review the progress reports and monitor ongoing studies as appropriate.

2.4.13.7 Should lead the protocol and Informed consent form discussions as primary or secondary reviewers.

2.4.13.8 Do on-site monitoring visits whenever needed.

2.4.13.9 Evaluate final reports and outcomes.

2.4.13.10 Maintain confidentiality of the documents and deliberations of RGCB IHEC meetings.

2.4.13.11 Declare any conflict of interest in writing to the Chairperson, if any, at each meeting.

2.4.13.12 Participate in continuing education activities in bioethics related to biomedical and health research and provide the training certificate to the RGCB IHEC secretariat for filing.

2.4.13.13 Provide an updated CV when requested for by the RGCB IHEC secretariat.

2.4.13.14 Carry out work delegated by Chairperson, Member-secretary / Alternate Member- secretary.

2.4.13.15 Assist Chairperson, Member-secretary / Alternate Member-secretary in carrying out RGCB IHEC work as per SOPs.

2.4.13.16 Be updated on relevant laws and regulations.

2.4.14 Secretariat

2.4.14.1 The Secretariat will be composed of the administrative supporting staff

2.4.14.2 The Secretariat will support the Member Secretary and Alternate Member Secretary (if applicable) in all their functions

2.4.14.3 All the staff of the Secretariat will sign a confidentiality agreement which should be filed in the IHEC office.

2.4.14.4 The IHEC Secretariat/ Administrative Staff: Working Rules

There will be employees in the RGCB IHEC secretariat to assist Member Secretary for smooth functioning of IHEC. Administrative officers/ assistants with support staff of attendants/helpers may be appointed as and when deemed necessary by the RGCB IHEC. This staff will help the IHEC Chairperson and Member-Secretary. The eligibility criteria for new staff to be appointed will be laid down depending on the required job profile. The need for appointment of administrative staff, job profile and qualifications, office timing, salary structure and number of eligible leaves may be recommended by IHEC members and discussed during regular RGCB IHEC meeting and will be recorded in minutes. The administrative staff will report to the Chairperson and/or Member Secretary.

2.4.14.5 Duties of RGCB IHEC Secretariat

1. Correspondence with RGCB IHEC members and external experts
2. Correspondence with the investigators
3. Preparing agenda and minutes of the RGCB IHEC meetings
4. Answering queries of the investigators
5. Filing study related documents
6. Archiving and maintaining the study files, SOPs, all correspondences
7. Maintaining electronic database of the RGCB IHEC records with access limitation.

2.4.14.6 Duties of the attendant/s /helper/s

1. Assisting the secretariat in arranging the RGCB IHEC meetings
2. Dispatching sets of study documents to EC members and external experts
3. Receiving the study related documents from and dispatching the EC letters to the investigators

4. Filing study related documents

5. Archiving and maintaining the study files

6. Assisting the Secretariat during the meetings.

2.4.15 Quorum requirements

Any decision taken in the RGCB IHEC meeting either by the Chairperson/Vice Chairperson will not be valid without fulfilment of the quorum requirements given below:

2.4.15.1 As per ICMR Guidelines

a. Minimum any five members in the meeting room including medical, non-medical or technical and/or non-technical members

b. Presence of one non-affiliate member preferably lay person

2.4.15.2 As per CDSCO specific requirement

a. Medical basic scientist

b. Clinician

c. Legal expert

d. Social scientist or representative of non-governmental voluntary agency/ philosopher/ethicist/theologian/a similar person

e. Lay person.

2.4.16 Types of projects reviewed by IHEC

The RGCB HEC will review scientific and ethical aspects of all types of research studies involving human participants; sponsored by pharmaceutical companies, Government of India/ NGOs, studies in collaborations with international organizations/universities, all dissertation projects (postgraduate students: MD, MS, MCH, DM, DNB, PhD, MSc, MPTh, MOTh, Nursing, dental and any other allied courses run by recognised Institutions as applicable), research projects of undergraduate students carried out under the guidance of faculty (e.g. Central Council for Research in Ayurvedic Sciences, Indian Council for Medical research studentship or any other) and investigator initiated research studies which are self-funded/ funded by Institutional funding bodies.

2.4.17 Honorarium to the Members

Reimbursement of travelling expenses and /or reasonable honorarium for attending the RGCB IHEC meetings may be given to the EC members.

2.4.18 Preparing an annual activity report of the RGCB IHEC for submission to the Head of the Institute

The Member Secretary will make a yearly activity report for submission to the Head of the Institute, which will include the following elements:

a. Number and dates of the RGCB IHEC meetings of full committee

b. Number of SAE subcommittees and any other subcommittee, as applicable

c. Number and type of proposals (Pharma / Government sponsored / Dissertations / investigator initiated) reviewed in a year, status of each study proposal whether completed/ ongoing / terminated/deferred.

d. Number of approvals for full board review/ expedited review with decisions

e. Brief details about workshops, training programs and other activities undertaken by the RGCB IHEC and those attended by EC members

f. Any other matter

2.4.19 Training of the IHEC Members in Research Ethics

- An individual selected as a new member of the RGCB IHEC will be required to attend at least one meeting as an 'Observer' before being inducted as a member of the EC.
- Member Secretary or an RGCB IHEC member may provide introductory training in Research Ethics and GCP to the new member.
- Other alternative for training certificate in ethics and GCP could be by online method or by attending workshops.
- Training in SOP will have to be in-house by member secretary or an RGCB IHEC member.
- A newly inducted member should submit a certificate of training in 6 months.

- All members including Chairperson and Member Secretary will be encouraged to receive continued training by participating in a workshop, conference and/ or re-training program related to research ethics, as a delegate, faculty or facilitator, etc.
- The RGCB IHEC will conduct workshops on ethics in clinical research, GCP and SOPs from time to time to impart training and update or assess the EC Members and Institutional facultymembers.
- The RGCB IHEC may nominate and/or sponsor the expenses of (as applicable) an EC member or prospective members for attending conference, continuing education session workshop and/or training program etc.

2.5 REFERENCE TO OTHER APPLICABLE SOPs

SOP 03/V3 - Conflict of Interest Policy for Institutional Ethics Committee

SOP 08/V3 - Agenda Preparation, Meeting Procedures and Recording of Minutes

2.6 FLOWCHART

Sl. No.	Activity	Responsibility
1.	Composition of the Institutional Ethics Committee	Head of the Institute
2.	Selection and appointment of Chairperson	Head of the Institute
3.	Appointment and conditions of appointment of new members	Head of the Institute
4.	Initiation of the process of appointment	Secretariat
5.	Tenure of Membership	Head of the Institute
6.	Resignation and disqualification of members	Chairperson and IHEC Members
7.	Quorum requirements	Member Secretary and Secretariat

HANDLING CONFIDENTIALITY AND CONFLICT OF INTEREST AMONG ETHICS COMMITTEE MEMBERS

SOP CODE: SOP 03/V3 **DATE: AUGUST 20, 2020**

3. 1. PURPOSE

The purpose of this SOP is to describe the process to maintain confidentiality and to identify and manage conflict of interest among RGCB IHEC members.

3. 2. SCOPE

This SOP covers the policy applicable to all RGCB IHEC members, which is related to maintaining confidentiality and identification, declaration and management of conflict of interest

3.3. RESPONSIBILITY

All RGCB IHEC members (regular and alternate) are responsible for understanding definition of conflict of interest (COI) and for self-identifying and disclosing these documents. The Chairperson would need to ensure that COI are identified, declared and managed by all members during initial and continuing review of research studies.

3.4. DEFINITIONS

- Confidentiality is obligation of the members/stakeholders to prevent disclosure of in formation and documents related to RGCB IHEC to other than authorized individuals.
- Conflict of interest is a set of conditions in which professional judgment concerning a primary interest like patient's welfare or the validity of research tends to be or appears to be unduly influenced by a secondary interest like financial or non-financial (personal, academic or political) gain.
- Types of COI
    - A personal COI is said to exist when -
        - There is immediate family relationship (spouse, parent or parent of spouse, child or child of a spouse, sibling or sibling of a spouse, or a dependent who resides with a RGCB IHEC member or consultant or who receives 50% or more support from a RGCB IHEC member, regardless of age) or other close current personal relationship("step" relationships included) with the investigator, or with co-investigators;
        - RGCB IHEC member or her/his immediate family member serves as a contributor to the research project as a collaborator, consultant, research staff;
        - The proposed research study is submitted by a departmental colleague/senior (may be regarded as a personal conflicting interest, if applicable).
        - A professional COI means the RGCB IHEC member or her/his immediate family member serves as trustee, director, manager, or scientific advisor of the funding agency sponsoring the research.

- A financial COI for RGCB IHEC members and immediate family exists when the RGCB IHEC member or the spouse or dependent of a member receives monetary benefits including, but not limited to, salary or payments for other services (e.g., consulting fees or honoraria), equity interests (e.g., stock, stock options, or any other ownership interests) and intellectual property rights (e.g., patents, copyrights, product or service being evaluated).

3.5. DETAILED INSTRUCTIONS

- Voluntary disclosure regarding COI by RGCB IHEC member - The RGCB IHEC member should determine whether she/he has a COI before reviewing research and declare all certain or potential conflicts of interest prior to engaging in any review process.
- RGCB IHEC members should not participate in discussing, or decision making while reviewing research proposal applications at any level (exempt, expedited, or full-board) if they have conflicts of interest except to provide information requested by the RGCB IHEC.
- At the time of becoming a RGCB IHEC member, she/he should sign a confidentiality (Annexure 18) and COI (Annexure 19) agreement.
- If an RGCB IHEC member has a COI with regard to a proposal, she or he should notify the RGCB IHEC Secretariat and return the documents.

a) If an RGCB IHEC member has a COI for a study for which she or he has been assigned the task of a primary reviewer, she or he should inform the RGCB IHEC secretariat so that the review is reassigned to other members.

b) If an RGCB IHEC member has a COI for review of research study at a meeting, she or he should inform the Chairperson and leave the meeting room while decision about the study is being taken. She/he may stay in the meeting room only to answer questions about the research. This is applicable also for RGCB IHEC meetings at which discussion on serious adverse events, deviations/violations, amendments/ continuing review reports related to studies are discussed.

c) Recusal - RGCB IHEC member who declares COI and leaves the meeting does not count as part of the quorum for the decision making process either by consensus/vote. The member's absence under these circumstances is called a recusal, not an abstention or an absence, which should be recorded in the minutes of the meeting.

d) If a RGCB IHEC member finds that she/he has a COI during the conduct of a research project approved by RGCB IHEC, he/she shall report the conflict to the RGCB IHEC members at the beginning of the meeting or at the next RGCB IHEC meeting.

- At the beginning of each meeting, the RGCB IHEC Chairperson asks the members to disclose any COI concerning any of the items on the agenda. During the meeting, RGCB IHEC member having conflict discloses that just before the review of the relevant item begins.
- If the Chairperson has a conflict of interest for a particular project, this should be so declared and handled like any other member's conflict is handled. An acting Chair/Vice-Chair should be appointed for discussion on such a project.
- When determination regarding existence of COI is uncertain, more information is gathered from the respective member/declared related sources and determination is done by RGCB IHEC member with the help of RGCB IHEC, or by RGCB IHEC Chairperson / Member Secretary (as applicable)
- The RGCB IHEC Chairperson has the final authority to determine whether a COI has been managed or eliminated appropriately for research participant protection.
- The RGCB IHEC shall not approve a research study proposal where a COI is not managed or eliminated
- Management of COI,
    - RGCB IHEC members will disclose the COI as discussed above
    - RGCB IHEC members will not serve as reviewers
    - RGCB IHEC members will not influence the discussion and decision making of the concerned study despite staying away during the RGCB IHEC meeting.
    - Experts/consultants – Proposal will not be sent if COI is declared.
- RGCB IHEC Member Secretary and the Secretariat will record the points related to disclosure and management of COI in the minutes of the meeting of the RGCB IHEC.
- Resolution of COI will be taken up on a case by case basis through detailed discussion among the members.

SELECTION AND RESPONSIBILITIES OF INDEPENDENT CONSULTANTS

SOP CODE: SOP 04/V3 DATE: AUGUST 20, 2020

4.1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe procedures for selecting and engaging expertise of medical professionals as 'Independent Consultants' (IC) to the Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee (RGCB IHEC).

4.2. SCOPE

This SOP covers the procedures for selecting, appointing ICs and getting their expert opinion during the RGCB IHEC review process. It also defines the responsibilities of IC.

4.3. RESPONSIBILITY

It is the responsibility of the Chairperson/ Member Secretary/ RGCB IHEC member(s) to nominate the name of one or more IC(s). The Chairperson is responsible for endorsing the choice of IC nominated by RGCB IHEC Member Secretary/ RGCB IHEC member(s). The administrative procedures regarding selection, confidentiality agreement and maintenance of roster of ICs will be carried out by RGCB IHEC secretariat.

4.4. DETAILED INSTRUCTIONS

4.4.1 Recommendation of names of ICs and making a roster of ICs for the RGCB IHEC

- Chairperson/ Member Secretary/ RGCB IHEC members will nominate the names of ICs from different disciplines of Medicine.
- Member Secretary in consultation with Chairperson will select a panel of IC(s) for the RGCB IHEC.
- Member Secretary will confirm their willingness through telephonic/ electronic communication. Head of the Institute will issue an appointment letter for the IC(s).
- After receiving written confirmation from ICs, a list of speciality wise ICs will be maintained by the secretariat in the RGCB IHEC records. The details of each IC (Name, designation, affiliation, contact details, and updated curriculum vitae) will be maintained in the RGCB IHEC records.

4.4.2 Consulting an IC during RGCB IHEC review process

- An RGCB IHEC member/ Member Secretary/ Chairperson may suggest that the opinion be sought from one or more IC(s) and may suggest the name of a particular IC(s) from the roster of ICs maintained by the RGCB IHEC or from outside the roster, if during the review process of any given research study it is felt that the study involves procedures or information that is not within the area of collective expertise of the RGCB IHEC members.

- The Member Secretary in consultation with Chairperson (or at full board meeting; as deemed necessary) will identify and select the IC(s) outside the roster to be invited based on area of expertise, independence, and availability.
- Member Secretary on behalf of the RGCB IHEC will invite IC(s) in writing to assist in the review of the research study and provide her/his independent opinion in writing. This may be done after seeking concurrence and confirming availability of the IC through telephonic/ electronic communication.

4.3 COMMUNICATION WITH IC(S)

- The Secretariat may request a copy of the updated curriculum vitae of the IC (those outside roster) for RGCB IHEC records and future reference.
- The Member Secretary will request IC to declare conflict of interest, if any, in writing and sign confidentiality and conflict of interest agreements.
- The Secretariat will forward copies of the Confidentiality Agreement and Conflict of Interest Agreement form (Annexure 21) for careful reading, understanding, and signing.
- The Member Secretary will provide explanations/ clarifications (telephonically or in writing) to the IC(s) if any doubts or questions are raised. Any further explanations can be provided by the Chairperson/ Legal expert/ RGCB IHEC members.

4.4 READING, UNDERSTANDING AND SIGNING THE CONFLICT OF INTEREST DOCUMENT AND CONFIDENTIALITY AGREEMENT

- The IC(s) will sign and date the Confidentiality and Conflict of Interest Agreement.
- The Secretariat will obtain the signed Confidentiality Agreement and Conflict of Interest Agreement and forward it to Chairperson.
- The Chairperson will sign and date the Confidentiality and Conflict of Interest Agreements. The original copies of these agreements will be retained by the Secretariat and photocopies will be sent to IC(s).

4.5 REVIEW OF RESEARCH STUDY PROPOSAL

- The Secretariat will provide study protocol documents along with the Primary reviewer form (Annexure 24) to the IC(s). The IC(s) may be provided with a copy of 'Guidelines for Reviewers'.
- The IC(s) will be requested to complete and provide the Assessment Form (duly signed and dated) to the Secretariat within a stipulated period or by a stipulated date.

- The assessment report provided by the IC(s) becomes a permanent part of the study file.
- The assessment report will be reviewed by Member Secretary in the RGCB IHEC meeting when the concerned study is being discussed.
- If deemed necessary, the Chairperson or Member-secretary may seek additional information or clarifications from the IC in writing. Additional Information provided by the IC will be considered as a part of the Assessment Report.
- If deemed necessary, the Chairperson or Member-secretary may invite the IC(s) to attend an RGCB IHEC meeting for providing additional information or clarifications that may be sought by RGCB IHEC members or Chairperson. However, the IC will not participate in the decision making process on the research study.
- IC may be reimbursed for expenses on travel (if invited to attend the meeting), time spent for review or any other incidental expenses, etc.

4.6 TENURE OF SERVICES OF IC

- The roster of ICs maintained at the RGCB IHEC office will be modify as membership changes occur.
- For IC appointed for a particular study, the services of IC get automatically terminated once the protocol receives RGCB IHEC clearance. The need for an IC will be revisited during each progress report discussion. If required, the same IC (as far as possible) will be re-invited to any or all of the progress report discussions. RGCB IHEC will document the invitation, re-appoint and termination of the services of IC.

4.7 RESPONSIBILITIES OF IC

- If IC agrees to review a research proposal, she/he will comply with RGCB IHEC requirements of signing confidentiality and conflict of interest agreements.
- IC will review the research study and complete the Assessment Form (duly signed and dated) within a stipulated period or by a stipulated date.
- IC will attend a RGCB IHEC meeting for providing additional information or clarifications, if invited by Member Secretary in consultation with the Chairperson. However, the IC will not participate in the decision making process on the research study.
- IC will remain available for telephonic and email communication till the review process of the given research proposal is complete.

4.8. FLOW CHART

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

PROCEDURES FOR ALLOWING GUEST/ OBSERVER TO VISIT RGCB IHEC OFFICE OR ATTEND RGCB IHEC MEETING

SOP CODE: SOP 05/V3 DATE: AUGUST 20, 2020

5.1 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe procedures to be followed by Rajiv Gandhi Centre for Biotechnology Institutional Ethics Committee (RGCB IHEC) and the Guest/ Observer whenever he/she visits the RGCB IHEC Office or attends an RGCB IHEC full board meeting. The SOP is needed to ensure adequate protection of confidentiality of information related to research studies.

5.2. SCOPE

This SOP covers the procedures for allowing guest/ observer to visit the RGCB IHEC Office and observe a meeting in progress.

5.3. RESPONSIBILITY

- It is the responsibility of Member Secretary in consultation with Chairperson to decide whether a guest/ observer may be allowed to visit the RGCB IHEC Office or attend an RGCB IHEC meeting.
- It is the responsibility of the guest/observer(s) intending to attend an RGCB IHEC meeting to read, understand, accept and sign the agreement contained in the Confidentiality form prior to visiting RGCB IHEC/attending an RGCB IHEC meeting.
- The Secretariat will ensure that the Confidentiality Form is duly signed and dated by the guest or observer for RGCB IHEC/RGCB IHEC meeting and will file it in RGCB IHEC records.

5.4. DETAILED INSTRUCTIONS

5.4.1 Receiving request from guest/observer to visit RGCB IHEC office or attend RGCB IHEC meeting

- On receiving a written or verbal request the RGCB IHEC Member/Member Secretary/ Secretariat will obtain permission from Chairperson.
- The date and time of the visit will be informed to the guest/ observer in writing/ email.
- The request letter/email will be filed in RGCB IHEC records by the secretariat.

5.4.2 Filling up of Confidentiality Agreement and Conflict of Interest Form

- Confidentiality Agreement and Conflict of Interest Form (Annexure 22) will be provided to the guest attendee/ observer on the day of visit/ at the time of meeting.
- The guest/ observer will read the form carefully before visit/or before commencement of the meeting and fill the details in the form.

5.4.3 Ask questions, if any

- If there are any doubts, the guest/observer will seek clarifications or additional information from the Secretariat. The Member Secretary will provide explanations, additional information and / or clarifications.

5.4.4 Signing of Confidentiality Agreement Form

- The guest /observer will sign and date the document before a member of the Secretariat.
- She/he will return the signed form to the Secretariat.
- The Secretariat will obtain the signature of the RGCB IHEC Chairperson on the Confidentiality / Agreement Form.
- The secretariat will provide guest or observer a photocopy of the Confidentiality Agreement Form for their records (duly signed and dated by them and RGCB IHEC Chairperson) and acknowledge the receipt of agreement by their signature.
- The Secretariat will keep the original copy of the signed Agreements at the RGCB IHEC office in the files entitled 'Confidentiality Agreement file for guests/observers, Independent Consultants (IC)'.
- The Secretariat will store the file in a secure cabinet with controlled access.

5.4.5 Keep the Agreement in mind

The guests/observer must implement the clauses of the signed Confidentiality Agreement Form.

5.5. FLOW CHART

No.	Activity	Responsibility
1.	Receiving request from guest/ observer	RGCB IHEC Secretariat/ Member/Member Secretary
2.	Allowing a guest/ observer	Chairperson
3.	Informing guest/ observer about visit/ meeting date and time	RGCB IHEC Secretariat
4.	Read the text carefully and thoroughly, sign the confidentiality agreement	Guest/observer
5.	Filing of signed confidentiality form in RGCB IHEC records	RGCB IHEC Secretariat

MANAGEMENT OF SUBMISSION OF RESEARCH STUDY PROTOCOL AND STUDY RELATED DOCUMENTS

SOP CODE: SOP 06/V3 DATE: AUGUST 20, 2020

6.1 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how the Secretariat of the Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee (RGCB IHEC) should manage submitted protocol and other documents.

6.2 SCOPE

The scope of this SOP includes submission of research proposal and related documents for Initial Review;

- Resubmission of research Proposal with corrections and amendments
- Submissions of written communications related to continuing Review of approved protocols.

6.3 RESPONSIBILITY

It is the responsibility of the RGCB IHEC Secretariat to receive record and distribute the received protocols and any other documents for review, act on the instructions given by the RGCB IHEC authorities and ensure that the communication reaches the concerned recipient.

6.4 DETAILED INSTRUCTIONS

6.4.1 Receive study protocols/ documents

The Principal Investigator (PI) will submit a research proposal to the RGCB IHEC office for review and decision under any of the following sections within the specified time period:

- New Proposals for Initial Review/ Re-submission of Protocols with Corrections/ Amended Protocols and related documents:

- Documents related to continuing review of approved protocols such as-
  - Protocol progress and final reports
  - Protocol completion/Termination
  - Protocol deviations/violations/non-compliance
  - Serious Adverse Events (SAE) initial/ follow up/ final reports

- All other documents for consideration at the full committee meeting (except those related to participant safety, which may be submitted any time) must be submitted at least 30 days in advance of the meeting to be considered in the next meeting agenda.

6.4.2 Initial Review Application

The Secretariat will check the hard and soft copies to ensure the availability and full compliance of the following items:

1. One original set of hard copy of the proposal have to be submitted at the IHEC office and a soft copy to ihec@rgcb.res.in
2. The Secretariat will verify contents of submitted documents::
    - Covering letter to Member Secretary/ Chairperson duly signed by PI
    - Administrative sanction from the head of the Institution
    - A completely filled RGCB IHEC Project Submission Application Form for Initial Review Annexure 1 or Annexure 1-B (for clinical trial)
    - Protocol summary as per the requirements of the current guidelines and regulations (Annexure 11).
    - Duty Delegation Log of the Study team (Annexure 12)
    - Brief Curriculum Vitae of all the investigators (Annexure 10)
    - Informed consent document (ICD) in English (as per sample format page 50 of ICMR's National Guidelines) (Annexure 13), assent form for children below 18yrs old (Annexure 14) or Waiver of Consent form as per SOP15/V3 (Annexure 15)
    - ICD in Regional languages (if applicable)
    - Translation and Back translation certificates (if applicable)
    - Ethics Committee clearance of other centres (if applicable)
    - Case Record Form
    - Recruitment procedures: advertisement, notices, letters to investigators (if applicable)
    - Patient instruction card, identity card, diary etc. (if applicable)
    - Investigator's Brochure (as applicable for Drug/Device trials)
    - Applicable Regulatory permissions/approvals DCGI (CLA) approval, FDA marketing/manufacturing license for herbal drugs, Health Ministry Screening Committee (HMSC) approval, Bhabha Atomic Research Centre (BARC) approval) (as applicable).
    - Investigator's Undertaking to DCGI
    - Memorandum of Understanding for sending the samples to laboratories outside the Institution. (if applicable)

- GCP training certificate (within 1 year) of principal investigator, co-investigator/s and study coordinator/s. (if applicable)
- Research Methodology training certificate (within 5 years) of principal investigator, co-investigator/s and study coordinator/s (if applicable)
- List of ongoing research studies undertaken by principal investigator
- Undertaking to comply with national and international ethical guidelines, GCP protocols and relevant regulations
- Clinical Trial Agreement between the sponsors, investigators and the head of the institution(s) if applicable
- Insurance policy (if applicable) with the insurance certificate for study participants indicating conditions of coverage, date of commencement and date of expiry of coverage of risk
- Indemnity policy clearly indicating the conditions of coverage, date of commencement and date of expiry of coverage of risk.
- Institutional Stem cell Research Committee approval (if applicable)
- Documentation of clinical trial registration (if available)
- Any additional document(s), as required by RGCB IHEC

- **Complete the submission process:**

  The Secretariat will:

  - Complete the checklist of submission
  - Stamp the receiving date on the first page of the application form.
  - Keep the copies of the submitted documents with original signatures in the protocol "Submission" file.
  - Number the project file as IHEC/ Month (00)/ year (0000)/Number (00)

- **Dispatch and Store the received Documents: The Secretariat will**
  - Prepare the soft copy of the protocol package containing completed application form along with the protocol related documents, ICD and other supporting documents (if any) and send to the IHEC members along with a copy of Study Assessment Form for Initial Review (Annexure 23) for the primary and secondary reviewers after the last day of submission is over, ensuring at least 5 days for review before the next meeting.
  - Store the appropriately labelled original protocol documents in the designated storage area in the RGCB IHEC office.

6.4.3 Resubmission of Protocols with corrections and Amendments of protocol/related documents

- For resubmitted protocol, the PI will submit one soft copy and one original hard copy of the amended Protocol and related documents (as per SOP 09/V3) with list of comments and clarifications/changes made at appropriate pages.
- The Secretariat will verify the completeness of the documents and confirm that the copy contains the modifications highlighted with respect to the earlier submitted protocol mentioning the justification for the amendment.
- The protocol related documents which do not require to be changed and are already submitted to the RGCB IHEC office during initial review are not required to be submitted again.
- The Secretariat will present the docket to the Member Secretary
- The Member Secretary (MS) will determine whether all steps of the resubmitted protocol as for Initial review are followed.
- If the resubmitted protocol is based on query response, then it will be handled as decided in the meeting.

6.4.4 Annual Continuing Reviews of Approved Protocols, Amended Protocols and related documents, Progress reports Study completion/termination, SAE report, Protocol deviations

- The RGCB IHEC will receive one soft copy and one hard copy (original) of the Continuing Review Report, Amended Protocols and related documents, Study completion/termination, SAE report, protocol deviations in the prescribed format as given in the applicable SOPs.

6.4.5 Processing Fees for RGCB IHEC Review

- The fees for reviewing various categories of research study proposals are usually provided by the host institute. The RGCB IHEC functions as a non-profitable service entity therefore; no fees are applied to the investigators submitting project proposals for review.

6.5 REFERENCE TO OTHER APPLICABLE SOPs

SOP7A/V3: Full Review of Research Study Protocols

SOP09/V3: Review of Amended Protocol, Protocol-related Documents and Resubmitted protocol

SOP15/V3: Request for Waiver of Written Informed Consent and Waiver of Consent.

6.6 FLOW CHART

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

CATEGORISATION OF NEW RESEARCH STUDY PROTOCOLS RECEIVED FOR INITIAL REVIEW

SOP CODE: SOP 07/V3 DATE: AUGUST 20, 2020

7.1 PURPOSE

The purpose of this SOP is to describe the procedure to categorize new research study protocols submitted by investigators for initial review by full committee/ expedited review committee or for exemption from review process.

7.2. SCOPE

This SOP covers the process of categorization of new research study protocols submitted to Rajiv Gandhi Centre for Biotechnology Institutional Ethics Committee (RGCB IHEC) for initial review. It does not cover subsequent submissions.

7.3. RESPONSIBILITY

It is the responsibility of the Member-Secretary (in consultation with Chairperson if necessary) to categorise the research studies in one of the three types of reviews, depending on the risks involved for prospective research participants: Full board review, expedited review and exemption from review.

7.4. DETAILED INSTRUCTIONS

7.4.1 New proposals received for initial review

- New research study proposals received on or before the date specified will be considered for review in the next RGCB IHEC meeting.
- The Secretariat will ensure that application of the research proposal is complete interms of required documents (if any essential document is not available, anexplanation must be sought in writing for the RGCB IHEC to review). (As per SOP 06/V3).

7. 4. 2 New proposals forwarded to Member Secretary

- The Secretariat will forward the soft copy of the research proposal to the Member Secretary for initial screening within 2 working days of receiving the proposal.
- The Member Secretary will screen the research proposals and categorise the proposals as elaborated in Section 7.4.3 within 2 working days of receipt.

7.4.3 Categorisation of New proposals for review by RGCB IHEC

The Member Secretary in consultation with Chairperson (if required) will categories the proposals into three types of review processes, which along with the criteria to decide the type of review (www.icmr.nic.in)Ethical Guidelines for Biomedical Research on Human Participants, Indian Council of Medical Research, 2017) are explained below:

- **Full Committee Review**: When new research proposals and other related documents are tabled in a formally convened meeting of the Institutional Human Ethics Committee for detailed discussion and decision, this is called Full Committee Review.

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

    - Research involving vulnerable populations, even if the risk is minimal;
    - Research with minor increase over minimal risk (see table 2.1 of ICMR guidelines 2017 for further details);
    - Studies involving deception of participants (see section 5.11 of ICMR guidelines 2017 for further details);
    - Research proposals that have received exemption from review, or have undergone expedited review/undergone subcommittee review should be ratified by the full committee, which has the right to reverse/ or modify any decision taken by the subcommittee or expedited committee;
    - Amendments of proposals/related documents (including but not limited to informed consent documents, investigator's brochure, advertisements, recruitment methods, etc.) involving an altered risk;
    - Major deviations and violations in the protocol; Any new information that emerges during the course of the research for deciding whether or not to terminate the study in view of the altered benefit–risk assessment;
    - Research during emergencies and disasters either through an expedited review/scheduled or unscheduled full committee meetings. This may be decided by member secretary depending on the urgency and need;

      Prior approval of research on predictable emergencies or disasters before the actual crisis occurs for implementation later when the actual emergency or disaster occurs.

- **Expedited Review:** When new research proposals and related documents undergo a speedy review process by only two or three designated (including Chairperson and member secretary) Institutional Human Ethics Committee members it is called Expedited Review.

    - Expedited review may be sufficient if the research study involves not more than minimal risk as defined in the ICMR guidelines.

- For example; Research involving non-identifiable specimen and human tissue from sources like blood banks, tissue banks and left-over clinical samples;
- Research involving clinical documentation materials that are non-identifiable (data, documents, records);
- Modification or amendment to an approved protocol including administrative changes or correction of typographical errors and change in researcher(s);
- Revised proposals previously approved through expedited review, full review or continuing review of approved proposals;
- Minor deviations from originally approved research causing no risk or minimal risk;
- Progress/annual reports where there is no additional risk, for example activity limited to data analysis.
- Expedited review of SAEs/unexpected AEs will be conducted by SAE subcommittee; and
- For multicentre research where a designated main EC among the participating sites has reviewed and approved the study, a local RGCB IHEC may conduct only an expedited review for site specific requirements in addition to the full committee common review.
- Research during emergencies and disasters covered by section 12 of ICMR guidelines 2017 (The following are examples of documents that will undergo expedited review but are NOT in the category of INITIAL review)
- Revised proposal with minor modifications previously approved through full review by the RGCB IHEC.
- Adverse Event (AE) or unexpected Adverse Drug Reaction (ADR) of minor nature is reported.

- **Exemption from review:** When research fulfils the following criteria, the RGCB IHEC may grant an exemption from review:
  - Research does not involve live human participants, is on data in the public domain, or is on anonymised data derived from participants and the research has less than minimal risk to participants, an exemption from RGCB IHEC review may be considered.
  - Examples that may be eligible for exemption from review include:
    - Research conducted on data available in the public domain for systematic

reviews or meta-analysis;

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

7.5 REFERENCE TO OTHER APPLICABLE SOPS:

- SOP 06/V3: Management of Research Study Protocol and Study Related Documents Submitted for Ethics Review
- SOP 7A/V3: Initial Full Board Review of New Research Study Protocols
- SOP 7B/V3: Expedited Review of New Research Study Protocols
- SOP 7C/V3: Exemption from the Ethics Review of Research Study Protocols

7.6. FLOW CHART

No.	Activity	Responsibility
1	Receiving new research study proposal and related documents by a fixed date of the month	Secretariat
2	Verifying completeness of submitted research study documents	Secretariat
3	Forwarding of new proposals to Member Secretary RGCB IHEC	Secretariat
4	Categorization of the Protocols into 3 categories: full board, expedited review and exemption from review process	Member-Secretary/Member Secretary in consultation with Chairperson (if applicable)

INITIAL FULL COMMITTEE REVIEW OF NEW RESEARCH STUDY PROTOCOLS

SOP CODE: SOP 07A/V3 DATE: AUGUST 15, 2020

7A1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how the Rajiv Gandhi Centre for Biotechnology Institutional Ethics Committee (RGCB IHEC) members will perform an Initial full committee review of new research proposals using the Assessment Form.

7A2. SCOPE

This SOP applies to the initial review and assessment of all research study protocols submitted for review and approval from the RGCB IHEC. All research studies presenting with more than minimal risk and which do not qualify for exemption(See SOP7C/V3) or expedited review (See SOP7B/V3), are covered in this SOP.

7A3. RESPONSIBILITY

7A.3.1. The Member Secretary is responsible, after categorisation of the studies (as per SOP07/V3), to forward the studies to the Secretariat.

7A.3.2. The RGCB IHEC Secretariat is responsible for creation of a study specific file, distribution of the packages along with study assessment forms to the RGCB IHEC members for review (If the study is categorised for Full Board review), and communication of the review results to the investigators.

7A.3.3. RGCB IHEC members (including Member Secretary) will be responsible for reviewing the research proposals and related documents within the given time frames.

7A.3.4. It is the responsibility of all the RGCB IHEC members to fill the Assessment form along with comments and recommendation they have after reviewing each study protocol.

7A.3.5. The RGCB IHEC members are responsible for attending and participating actively in the discussion at the full committee meeting

7A.3.6. The Member Secretary is responsible for setting up the full committee meeting (SOP07A/V3)

7A.3.7. The RGCB IHEC Secretariat is responsible for recording and filing the decision, relevant points and deliberation about a specific protocol, including the reasons for that decision.

7A.3.8. The Chairperson/Member Secretary is responsible to sign and date the decision in the RGCB IHEC Decision letter (Annexure 25).

7A4. DETAILED INSTRUCTIONS

7A.4.1. Appointment of primary reviewers

The Member Secretary/Chairperson will appoint two or more primary reviewers for each study

on the basis of expertise in the related field and experience. They may include one clinician and one non-technical person to the extent possible. More than two may be appointed if necessary.

7A.4.2. Distribute the protocol package

a. The Secretariat will fill in the required details in the study assessment form to the RGCB IHEC Members requesting initial review (Annexure 23) and in the study assessment form for primary/ secondary reviewers (Annexure 24).

b. The Secretariat will send a packet (hard or soft copy) to the RGCB IHEC members.

i. Letter to RGCB IHEC Members requesting Initial Review

ii. Study Submission Application Form , protocol and related documents

iii. Study assessment form (Annexure 24) in case it is to the primary/secondary reviewer.

7A.4.3. Receive the distributed protocol package

a. The RGCB IHEC members will receive the protocol package with the Study Submission Application Form, in a CD or pen-drive or as hard copy (if desired so).

b. Designated primary reviewers will also receive the Study Assessment Form for Initial Review (Annexure 24).

7A.4.4. Verify the contents of the package

a. The RGCB IHEC member will verify all the contents.

b. The RGCB IHEC member will check the meeting date to see if it is convenient for most of the members to attend the meeting.

c. The RGCB IHEC member will notify the RGCB IHEC Secretariat if any documents are missing or if the specified date of the RGCB IHEC meeting is not convenient to attend.

7A.4.5 Review by the RGCB IHEC members

7A.4.5.1. Review of the protocol

a. The proposal will be reviewed by each member as per guidelines to review a research proposal described in Annexure 27.

b. The RGCB IHEC member will consider the following criteria when performing the review of the study protocol and the study related documents:

i. Scientific design and conduct of the study

ii. Risks and potential benefits

iii. Selection of study population and recruitment of research participants

iv. Inducements, financial benefits and financial costs

v. Protection of research participants' privacy and confidentiality

vi. Procedures for voluntary, informed consent

vii. Risk to participants

viii. Needs of dependent persons

ix. Community considerations

x. Qualifications of Investigators and assess adequacy of study sites

xi. Disclosure or declaration of potential conflicts of interest

xii. Ensuring that photographs or other information that may reveal the individual's identity are not published. A specific re-consent would be required for publication, if this was not previously obtained.

xiii. Permission for access to participants from other institutions or bodies

The RGCB IHEC member will consider the following criteria when performing the review of the Informed Consent Document (as per *Annexure 27*)

- Voluntary, non-coercive recruitment, participation/ withdrawal
- Procedures for obtaining informed consent
- Contents of the patient information sheet - title, objective, study design and procedures
- Contents and language of the informed consent document.
- Translation of the informed consent document in the local languages
- Language used – plain and easy to understand by general public
- Contact persons with address and phone numbers for questions about the research project, participants' rights and injury
- Privacy and confidentiality
- Risks and discomforts – physical / mental / social
- Alternative treatments

- Benefits – to participants, community, institution and society
- Compensation for participation: (Whether it will act as undue inducement)
- Involvement of vulnerable participants
- Provisions for medical/ psychosocial support
- Treatment and compensation for study related injuries
- Use of biological materials
- Check for provision for signatures with dates of participant, person conducting informed consent process (investigator/investigator designee and witness (if applicable)
- Provision for audio-visual recording of consent process in case of regulatory clinical trials.

7A4.6 Use of study assessment form for reviewers

- The assessment form is designed to standardise the review process.
- All reviewers will fill out the form (Annexure 23 - letter to RGCB IHEC members requesting initial review with study assessment form) and write their comments related to review of the research proposal.
- In addition, primary reviewers will use the study assessment form (Annexure 24) to ensure that all elements of research study are reviewed and are accordingly documented during the discussion / meeting.
- The duly filled, signed and dated assessment forms will be returned along with the research proposals to the Secretariat 7 days prior to the meeting.

7A4.7 Gather the assessment reports

The RGCB IHEC Secretariat will collect soft copy and hard copy of the Assessment Forms, comments from each reviewer and file in the original study file. If the comments come as a soft copy, it will be collated for discussion at the meeting.

7A4.8 RGCB IHEC meeting

- At the commencement of the meeting itself members having conflict of interest, if any, on the proposals coming up for discussion shall disclose the same and be absent at the time when the particular proposal is taken up for consideration. Such absentees shall not be considered for the required quorum for the particular proposal. The minutes of the meeting shall also include details of such abstention.

- During the discussion at the meeting, the primary reviewer shall brief the members about summary of the study proposal and read out the comments and evaluation provided on the assessment form.
- The comments of independent consultant (if applicable) will be discussed by the member secretary.
- The other RGCB IHEC members shall give their comments right after the presentation.
- The investigator/sub-investigator may be called in to provide clarifications on the study protocol that she/he has submitted for review to the RGCB IHEC.
- The RGCB IHEC members will discuss and clarify the comments and suggestions.

The Member secretary (assisted by the Secretarial staff) shall record the discussions

- The final decision on the study will be recorded as: Approved/ Approved with recommendations/ Revision with minor amendments/Revision with major amendments/Disapproved either by broad consensus or by voting (majority considered as 50%+1). Decision in the meeting shall be made by consensus or by majority votes and will be recorded in the RGCB IHEC Decision Form Annexure 25 by the Member Secretary.
- The following will not be eligible to participate in decision making or vote -
  - Absentee members who have declared conflict of interest
  - Member(s) of the committee who is/are listed as investigator(s) on a research proposal
  - An investigator or study team member invited for the meeting
  - An independent consultant invited for the meeting to provide opinion
  - Specific patient groups invited for the meeting will not vote or participate in the decision making procedures of the committee.

- In the case of decision to raise any query as a prelude to further consideration of the proposal, the Committee will specify whether the query responses and (if applicable) revised proposal will go only to the Chairman, Member Secretary, a specified subcommittee, to primary reviewers or to Full Committee before final approval. In case the sanction is granted taking into account the response by the Chairman or Secretary the fact will be reported to the RGCB IHEC at the next meeting.
- The response and changes carried out may be considered for discussion at a future RGCB IHEC meeting.

- If the RGCB IHEC decision is 'Disapproved / deferred' or calling for further details, clarifications or documents, the decision shall be communicated by the Secretariat to the Principal Investigator through appropriate letter within 14 days.
- If the study is approved, the Committee may, in appropriate cases, recommend monitoring of a study depending on the degree of risk involved.
- The Secretary shall prepare the minutes of the meetings of the RGCB IHEC with all relevant details including the list of participating members, and get it approved by the Chairman.
- The Secretary shall implement the decisions taken by the RGCB IHEC and maintain all required registers and records.

7A4.9 Final communication of the RGCB IHEC decision taken on the study to the Principal Investigator

- When the study is approved by the RGCB IHEC, the Secretariat will prepare an approval letter (Annexure 26) in the prescribed format which is to be sent to the Principal Investigator within 14 days of the meeting.
- If the Committee disapproves a study, the Secretariat immediately notifies the investigator in writing about the decision and the reason/s for not approving the study within 14 working days.
- A notifying letter to the investigator should state the following:

  "If you are aggrieved by this decision, you may address the Chairman pointing out specific reasons if any, for concluding that the decision was erroneous or that it requires re-review. This will be done within four (4) weeks of the receipt of the committee's decision. "
- If the Committee has directed modifications to the scheme of research or sought for further documents, the Secretariat will send a written request to the investigator asking for the same. In such cases the Principal Investigator shall provide such additional details within six weeks.

7A4.10 Storage of Documents

- Records can be maintained in hard copies as well as soft copies.
- All records must be archived for a period of at least 3 years after the completion/ termination of the study.
- Documents related to regulatory clinical trials must be archived for 5 years after the completion/termination of the study or as per regulations.

- Records may be archived for a longer period, if required by the sponsors/regulatory bodies or the subject matter is involved in litigation.

7A5. FLOW CHART

No.	Activity	Responsibility
1	Receive package or research proposal and research related documents package	Secretariat
2	Verify contents and distribute	Secretariat
3	Appointment of primary reviewers	Member Secretary/Chairperson
4	Initial review of documents, Fill review assessment form	RGCB IHEC members
5	RGCB IHEC board meeting, discussion and decision	RGCB IHEC members, Member Secretary, Chairperson
6	RGCB IHEC decision communicated to PI	Secretariat
7	Storage of study related documents with relevant correspondence	Secretariat

EXPEDITED REVIEW OF RESEARCH STUDY PROTOCOLS

SOP CODE: SOP 07B/V3 DATE: AUGUST 20, 2020

7B1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how the Rajiv Gandhi Centre for Biotechnology Institutional Ethics Committee (RGCB IHEC) members will perform an expedited review of new research proposal using the assessment form and revised proposals with minor amendments/administrative corrections using a prescribed procedure.

7B2. SCOPE

This SOP applies to the review and approval of research proposals and related documents, which mandatorily qualify for expedited review by the RGCB IHEC as per ICMR's Ethical Guidelines 2017. These can be new study proposals or continuing review of on-going protocols. The proposals that carry minimal risk fulfil the criteria for expedited review.

7B3. RESPONSIBILITY

- The Member Secretary in consultation with the Chairperson if necessary, will determine whether the proposals qualify for expedited review.
- The RGCB IHEC Secretariat is responsible for creation of a study specific file, distribution of the packages along with study assessment forms to the designated RGCB IHEC members for review (if the study is categorized for expedited review) and communicate the review comments and decisions to the investigators.
- At least one designated RGCB IHEC member (in addition to Member Secretary and/or Chairperson) will be responsible for reviewing the research protocols and related documents within the time frame.
- It is the responsibility of the designated RGCB IHEC members to fill the Assessment form with their comments and recommendations after reviewing each study protocol.
- The RGCB IHEC Secretariat is responsible for recording and filing the decision, relevant points and deliberations about a specific protocol, including the reasons for the decision.
- The Chairperson/Member Secretary is the responsible signatory in the decision of the RGCB IHEC.

7B4. DETAILED INSTRUCTIONS

7B4.1 Appointment of reviewers

After determining whether the Proposal/ Project qualify for an expedited review, the Member Secretary (in consultation with Chairperson) will nominate one or more RGCB IHEC members to review the protocol.

7B4.2 Distribution of the protocol package

- The Secretariat will fill in the required details in the nomination form to the RGCB IHEC Members requesting initial review (Annexure 23) and in the study assessment form for reviewer (Annexure 24).
- The Secretariat will send a package (hard or soft copy) to the designated RGCB IHEC members.
    - Nomination letter to RGCB IHEC Members requesting initial review
    - Study assessment form for reviewer
    - Project Submission Application Form, protocol and related documents

7B4.3 Receive the distributed protocol package:

Designated RGCB IHEC members will receive the protocol package with the Project Application Form, in a soft and/or hard copy.

7B4.4 Verify the contents of the package

- The RGCB IHEC member will verify all the contents and will notify the RGCB IHEC Secretariat if any documents are missing.

7B 4.5 Review by the RGCB IHEC members

- RGCB IHEC members will review the protocol within the five days of receiving the package.
- The comments of the RGCB IHEC members will be duly recorded.
- If deemed necessary, the proposal may be sent to an expert/independent consultant for review.

7B 4.6 Gather the assessment reports.

The RGCB IHEC Secretariat will collect the Assessment Forms with the comments from each designated reviewer of RGCB IHEC and file in the original study file.

7B 4.7 Decision and Communication of decision to PI and RGCB IHEC full board

- Any administrative clarifications on the study conduct, if required, will be sought from the PI by the secretariat in consultation with the Member Secretary.
- For protocols that only require routine administrative clearance and pose no ethical concerns or comprise no change in study protocol, the Member Secretary will take the final decision that will be communicated by the Secretariat.

- If there are any non-ethical / scientific clarifications, these will be sent to the PI within seven working days after receipt by the Secretariat in consultation with Member Secretary.
- For other queries, if any, the Member Secretary will discuss the comments and responses from the PI with the Chairperson following which a final decision on the protocol will be taken.
- The final decision will be recorded on the Study Assessment Form.
- The decision will be further ratified at the next full committee meeting of the RGCB IHEC.
- The Secretariat will send the Study decision letter to the PI (Annexure 25).
- If the project is deferred or requires resubmission after certain modifications, this will be communicated to the Principal Investigator in writing.
- All the expedited review process should be completed within 14 working days except ratification and decisions forwarded to full committee.

7B5.FLOW CHART

No.	Activity	Responsibility
1.	Receive the submitted documents	Secretariat
2.	Determine protocols for expedited review	Member Secretary
3.	Approve the Secretary's recommendation regarding the protocols for expedited review	Chairperson
4.	Expedited process	RGCB IHEC Members/Chairperson
5.	Decision of RGCB IHEC	Member Secretary/Chairperson
6.	Communicate with the RGCB IHEC and the Investigator	Member Secretary/ Secretariat

EXEMPTION FROM ETHICS REVIEW OF RESEARCH STUDY PROTOCOLS

SOP CODE: SOP 07C/V3 DATE: AUGUST 20, 2020

7C1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe the process for exemption from ethics review and approval of a research protocol.

7C2. SCOPE

This SOP applies to the review of protocols categorized as suitable for exemption from review by the Member Secretary in consultation with the Chairperson. Any research that carries less than minimal risk and fulfils criteria for exemption from review is covered in this SOP.

7C3. RESPONSIBILITY

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

7C4. DETAILED INSTRUCTIONS

7C4.1 Receive the submitted documents.

- The Secretariat will receive the Exemption from review Application Form, Protocol and other documents submitted by the investigators.
- The Secretariat will check that the package is complete and will forward it to the Member Secretary for review

7C4.2 Determine proposals eligible for exemption from review

- The Member Secretary will screen the research proposal and determine whether the study qualifies for exemption from review based on the criteria laid down in the Ethical Guidelines of Indian Council of Medical Research (ICMR) about the type of research that involve less than minimal risk fall under this category.
- In some circumstances, research that appears to meet low risk criteria may need to be reviewed by the RGCB IHEC. This might be because of requirements of the publisher of the research or the organization which is providing funding resources and/or existing data or as a condition for access to participants.

7C4.3 Exemption Process

- If the protocol and related documents satisfy the above stated criteria, the Member Secretary in consultation with the Chairperson will review the brief summary of the project and the Exemption Form.

- The Member Secretary records the decision on the Exemption Form.
- The Secretariat communicates the decision to the investigator.
- The Member Secretary / Chairperson may place the application for review and decision regarding exemption at the next full committee meeting.

7C4.4 Communication

- The decision regarding request for Exemption from review, signed by the Member Secretary of the RGCB IHEC, will be forwarded by the Secretariat to the Principal Investigator within 14 working days after the decision regarding the exemption is taken.
- The Member Secretary will inform the RGCB IHEC members of the decision at the next regular meeting and minute it.

7C5. FLOW CHART

No.	Activity	Responsibility
1	Receive the submitted documents.	RGCB IHEC Secretariat
2	Review of proposal and Exemption Form	Member Secretary
3	Recording the decision on Exemption Form in consultation with the Chairperson	Member Secretary
4	Communicate the decision to the Investigator	RGCB IHEC Secretariat
5	Informing the decision to the members in the forthcoming meeting	Member Secretary
6	Recording and filing the decision	RGCB IHEC Secretariat

AGENDA PREPARATION, MEETING PROCEDURES, AND RECORDING OF MINUTES

SOP CODE: SOP 08/V3 DATE: AUGUST 20, 2020

8.1 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe the administrative process and provide instructions for the preparation, review, approval and distribution of meeting agenda, and minutes.

8.2 SCOPE

This SOP applies to administrative processes concerning the preparation of the agenda and recording minutes of all RGCB IHEC meetings.

8.3 RESPONSIBILITY

- It is the responsibility of the Member Secretary assisted by the Secretariat to prepare the agenda for the RGCB IHEC meeting
- The Chairperson will review and approve the agenda
- It is the responsibility of the Member Secretary to ensure proper recording and dissemination of the minutes after the meeting is over.
- It is the responsibility of all members to read and approve the minutes sent to her/him.
- The Chairperson will review and finally approve the minutes

8.4 DETAILED INSTRUCTIONS

8.4.1 Committee meeting

- The RGCB IHEC Full Board meeting will be scheduled once in three months or as per requirements whichever is earlier.
- Even if there are no new research proposals for review, the gap between two full committee meetings will not exceed 12 weeks.
- If there is a long gap between two meetings the reason for the gap should be documented

8.4.2 Preparation of meeting agenda of full committee

- The Member Secretary assisted by the Secretariat will prepare the meeting agenda with date, time and venue of the meeting and will include following subtopics as given below:
- The Secretariat will collect and verify all forms/documents for completeness and make them available in the meeting.

- The Secretariat will schedule protocols in the agenda as per date of receipt.
- The agenda for the IHEC meeting is prepared at least 15 days in advance before the date of meeting.
- Answers to the RGCB IHEC queries, amended study related documents (Protocol, ICD, CRF and IB) or matter related to safety of participant received from the investigators in due time (4 days prior to the date of the meeting) and any item in emergent and very exceptional circumstances will be included in the additional agenda. This would be done at the discretion of the Chairperson. Member Secretary in consultation with the Chairperson would prepare this.
- Any study-related document which is not presented in due time will not be considered for the meeting.
- Any exempted protocol approved has to be included for ratification in the agenda.
- In case a meeting is to be rescheduled due to unavoidable circumstances, the date and time will be informed sufficiently in advance to the RGCB IHEC members through telephone, SMS/ Whatsapp / e-mail or any other electronic means.
- The Secretariat will normally send the final agenda along with notice of the meeting 10 days before the scheduled meeting.
- The Secretariat will make sure that the meeting venue, equipment and facilities are available for the meeting.

8.4.3 During the meeting

- Meeting will be held as scheduled provided the required quorum is there.
- The Secretariat will obtain the signatures of all the RGCB IHEC members on the attendance register.
- Experts/independent consultants if invited will sign Confidentiality and COI agreement (Annexure 21) and also if there are guests/observers (Annexure 22)
- The meeting will begin with a welcome note by the Member Secretary and remarks by the Chairperson
- The Chairperson will initiate the meeting after ensuring that the quorum has been met. The Chairperson at her/his discretion will delegate the responsibility of conducting the meeting as per agenda to the Member-Secretary.
- The Chairperson will ask the members whether anyone has any conflict(s) of interest in the projects to be discussed and if so, to declare the conflict.
- If a member has declared conflict of interest, the Chairperson will ask the member

concerned to leave the meeting room when the concerned issue is being discussed and this will be minuted.

- The Member Secretary will ask the members whether any points need to be discussed regarding minutes of the previous meeting. If no points are raised, the minutes of the previous meeting will be considered as confirmed.
- If applicable, the Member Secretary will also ask the members if there is any issue to be raised regarding the list of proposals exempted and approved through expedited process.
- The Member Secretary will present the agenda of the day's meeting for discussion.
- The meeting shall generally proceed in the order as in the agenda. However, the Chairperson may allow adjustments in the order of issues to be discussed if required.
- In case of projects submitted for initial review; the detailed instructions given in this SOP will be followed.
- Investigators who have been asked by the RGCB IHEC secretariat to provide additional information or clarifications related to their project may do so and attend the RGCB IHEC meeting if permitted to do so. The discussion amongst RGCB IHEC members will not be done while the investigator is in the meeting room.
- Any other matter will be presented by the Member Secretary for comments by the members which will be noted.
- The Member-Secretary assisted by the secretarial staff will record the list of discussions and decisions arrived at for each item in the agenda and will read it before the decision is taken by the Chairperson.

8.4.4 Decision making

- The final decision on each proposal/ issue discussed in the meeting shall be by broad consensus. In case there is absence of consensus for any reason the majority view recorded as per vote shall be accepted as the decision of the RGCB IHEC.
- Decisions will include approval, disapproval, revision with minor or major amendments, suspension or termination of an on-going study
- The following persons shall not have the right to vote at the meeting:
    - Member(s) of the committee who is/are listed as investigator(s) on a research proposal that comes up before the discussion in that meeting.
    - An investigator, special invitee (expert) or study team member invited for the meeting.

- RGCB IHEC members attending through telecom/Skype or other media.

8.4.5 After the Committee meeting

- The Secretariat will prepare the minutes of the meeting in a concise and easy-to-read style soon after the meeting.
- The Secretariat will make sure to cover all contents in each particular category to include the following:

  - o Venue of the meeting.
  - o Meeting number, date/duration of the meeting (time of commencement and end)
    - i Name of the Chairperson of the meeting, RGCB IHEC members and invitees attending the meeting.
    - ii Details of the study including name of the Sponsor and Investigator(s).
    - iii Protocol number/date/version of protocol.
    - iv Names of the Primary Reviewers who presented their findings, if any.
    - v Follow-up action, if any.
    - vi Summary of minutes highlighting aspects on science, ethics and informed consent document.
    - vii Reference to the investigator approval letter that lists all changes requested by the RGCB IHEC (Annexure 26).
    - viii Determination of the date for continuing review, if any.

Requirements for each study or activity requesting Expedited Review:

- o Sponsor's name.
- o Protocol number.
- o Investigator's name
- o Lists of expedited approval requests and outcomes.

Requirements for each Continuing Review Report:

- Sponsor's name, if applicable.
- RGCB IHEC Protocol number.
- Investigator's name.
- Indications of the Committee's determination to continue, terminate, or amend the study.
- Lists of recommendations or actions to be taken up with the investigator, if applicable.

Requirements for each Adverse Event notification and Final Report:

- Sponsor's name, if applicable.
- RGCB IHEC Protocol number.
- Investigator's name.
- Report or summary of report provided by the SAE sub-committee.
- Actions deemed appropriate by the RGCB IHEC.

Requirements for Termination of Approval:

- Name of the Sponsor.
- Protocol's EC number.
- Investigator's name and reason for termination.

8.4.6 Approval of the minutes

- The Secretariat will check the correctness and completeness of the minutes and present the minutes to the Chairperson for review and approval within 7 working days of the meeting day.
- The Chairperson indicates approval by signing and dating the minutes.
- On receipt of approval from the Chairman, the Secretariat will email the minutes of the meeting to the RGCB IHEC members.

8.4.7 Filing the minutes

- The Secretariat will place the approved versions of the minutes in the minutes file.

- The Secretariat will file the RGCB IHEC Decision Forms in the project files and place all correspondence in the appropriate files.
- The Secretariat will send a list of the studies approved and rejected by the RGCB IHEC at its IHEC meetings along with the details of the study including name of the Principal Investigator, to the Head of the Institute, within 21 days of the RGCB IHEC meeting.

8.4.8 Calling an Emergency/ Unscheduled Meeting of RGCB IHEC

- The Member Secretary in consultation with Chairperson may decide to call an emergency meeting for any one or more of the following reasons:
  - Urgent issues which, if not decided upon early, could adversely affect or have adverse impact on patient safety, public safety or national significance etc.
  - Occurrence of unexpected serious adverse event(s).
  - Other reasons, as deemed appropriate by the Member Secretary with concurrence of the Chairperson.
- The Secretariat will endeavour to contact each and every RGCB IHEC member and inform about the date, time and venue of the meeting as well as the reason for calling for the meeting.
- The secretariat will prepare packets for distribution to the members containing the information and documents about the matter(s) for which emergency meeting is scheduled or send the relevant details via email.
- During the meeting, the Chairperson will determine if there is a quorum.
- If a quorum is not met, the meeting will be postponed for 15 minutes. However, if there is no quorum at the end of 15 minutes; the meeting would be held without a quorum provided at least four members (including one scientific and one non-scientific member) are present, given the urgency of the matter under consideration. The IHEC members will act according to the relevant IHEC SOPs (Expedited Review, SAE review, Review of Protocol deviations/violations etc.) for discussion and decision-making on the matter under consideration. The minutes of the emergency meeting would be prepared, distributed, approved and filed as described in the steps above for regular full committee meeting.

8.4.9 Releasing IHEC Decision Letters

- IHEC decision letters will be prepared by the secretariat SOP 7A/V3
- Member Secretary will sign the decision letters & it will be released to the investigators within 14 working days after the meeting day.

8.4 REFERENCES TO OTHER APPLICABLE SOPS

SOP05/V3: Procedures for allowing Guest/ Observer to visit Institutional Human Ethics Committee or attend IHEC meeting

SOP06/V3: Management of Research Study Protocol and Study Related Documents Submitted for Ethics Review

SOP07/V3: Categorization of Submitted Protocols for Ethics Review

SOP07A/V3: Initial Full Committee Review of New Research Study Protocols

8.5 FLOWCHART

No.	Activity	Responsibility
1	Preparation of meeting agenda prior to a Committee meeting	Member Secretary in consultation with the Chairperson
2	During the Meeting	Secretariat, Members and Chairperson
3	After the Committee Meeting preparation and submission of the draft Minutes for approval of the Chairman.	Secretariat/ Member Secretary
4	Approval of minutes	IHEC members / Chairperson
5	Communicating the decision to the investigators	Secretariat
6	Filing the minutes	Secretariat
7	Calling an emergency meeting	Member Secretary in consultation with Chairperson

REVIEW OF RESUBMITTED AMENDED PROTOCOLS AND PROTOCOL- RELATED DOCUMENTS

SOP CODE: SOP 09/V3 DATE: AUGUST 20, 2020

9.1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how the Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee (RGCB IHEC) manages resubmitted amended study protocols.

9.2. SCOPE

This SOP applies to the review of research proposals and related documents that have been resubmitted to the RGCB IHEC as amended ones by the Principal Investigator (PI) with clarifications and modifications sought by the RGCB IHEC in initial review.

9.3. RESPONSIBILITY

- It is the responsibility of the RGCB IHEC Secretariat to ensure the completeness of the documents submitted to the RGCB IHEC.
- Research proposal and related documents revised with minor amendments will undergo expedited review and if they are revised with major amendments they will undergo a full committee review. Additionally, primary reviewers who had reviewed the initial submission may be asked to review the resubmitted proposal and related documents, if any.

If the amendment(s) is/are of administrative nature an expedited review will be undertaken, while if the amendment/s relate to participant safety or data capture full committee review should be recommended. This information would be recorded (during the meeting) on the RGCB IHEC Decision Form.

9.4. DETAILED INSTRUCTIONS

9.4.1. Receipt of resubmitted protocol and its distribution

- The Secretariat will verify if the PI has replied to RGCB IHEC queries within 14 days of receipt of the letter of comments by the RGCB IHEC.
- If PI does not submit the revised proposal and/or clarification called for by the RGCB IHEC as above, a reminder will be sent after 30 working days of sending the letter. This will be repeated twice at 10 days interval. In case of continued non response/failure within 30 days despite the reminders, all further action regarding the proposal will be dropped and the file will be closed.
- The documents for amendments (Annexure 4) (hard and soft copy) forwarded by the PI will be received by the Secretariat and verified.
- The Secretariat will confirm the request for review of amended Protocol/Protocol related documents from the Principal Investigator (PI).

- The Secretariat will check the resubmitted protocol and related documents (hard and soft copy) for the following items
    - List of point wise reply to the RGCB IHEC letter of comments
    - Revised version of protocol and/ or the informed consent document and /or any other related documents such as, case report forms, diary sheets, etc. are submitted with the changes made to the documents either underlined or highlighted.
- The amended proposal and related document will require Full Committee review if any of the following changes:

  The Protocol amendment changes the risk-benefit assessment such as

    i. a change in study design

    ii. additional treatments or the deletion of treatments

    iii. changes in inclusion/exclusion criteria.

    iv. change in method of dosage formulation, such as, oral changed to intravenous

    v. Changes in procedures, number of visits/ follow up period or the number of research participants (if the decrease/increase in the number of research participants alters the fundamental characteristics of the study, it is significant).

    vi. Major changes in the Informed consent document.
- For expedited review, the Chairperson/ Member Secretary will use prescribed form.
- The Secretariat will refer to the RGCB IHEC Decision Form on the given protocol and distribute the documents containing the reply to the query letter, revised protocol and related documents along with Assessment Form for resubmitted protocol to-
    - The Member Secretary for summarizing and including it in the agenda for full committee review in the forthcoming meeting if the decision on the protocol was ‘to be discussed at full committee meeting’
    - The designated RGCB IHEC members if the decision on the proposal was ‘to be reviewed by primary reviewers/two or more RGCB IHEC members.
    - The Chairperson/Member Secretary if the decision on the protocol was ‘Approved with recommendations subject to review by Chairperson/Member Secretary only’ as per RGCB IHEC Decision Form.

9.4.2. Review of revised protocol by RGCB IHEC member/Member Secretary/Chairperson:

- The RGCB IHEC member/ Member Secretary/ Chairperson will refer to the query letter/ comments as guidance for the review and consider whether the recommendations of the RGCB IHEC have been followed or adequately responded to.
- The RGCB IHEC member/ Member Secretary/ Chairperson will make further comments where appropriate, in the Assessment Form for resubmitted protocol.
- The Secretariat will retrieve the Assessment Form for resubmitted protocol from the members/Member Secretary/Chairperson.
- In case the decision is to discuss the revised protocol at the full committee meeting, the Member Secretary will present a brief oral summary of the study design and the comments of the RGCB IHEC members/Chairperson in the RGCB IHEC Full Committee meeting.
- The Chairperson shall invite discussion on the protocol revision from all the RGCB IHEC members.
- The final decision regarding the research project shall be reached by consensus/voting and shall be one of the following:
    a. Approved
    b. Further modifications to items noted at the convened meeting and follow-up by the Chairperson/Member Secretary/RGCB IHEC members after receipt of the requested modifications for placing in the next meeting
    c. Not approved giving reasons for disapproval
    d. Suspend the study, until further information is obtained
- In case the revised protocol is already approved through expedited review, the decision is informed to the members at the full committee meeting.
- The primary reviewer/RGCB IHEC members performing the review must sign and date the form and return this to the Secretariat after the review.

9.4.3 Communication of the Decision to the Principal Investigator

- If the RGCB IHEC approves the protocol/ informed consent documents (ICDs) amendment, the Secretariat staff will send a signed and dated Amendment Approval Letter to the Principal Investigator (PI) within 14 working days of the meeting.
- The decision regarding disapproval (stating reasons) or request for specific modifications shall be communicated in writing to the investigator within 14 working days of the meeting.
- The letter of comments sent to the investigator shall state that the reply to the letter is

expected within stipulated time (within 14 days) and in the absence of any response to the reminders, the project will be declared closed.

- The Member Secretary shall inform other members about the decision taken on the amended document/s at the next full committee meeting.

9.5 FLOWCHART

No.	Activity	Responsibility
1.	Receive the Protocol amendment / Resubmitted protocol	RGCB IHEC Secretariat
2.	Notify the Member Secretary / Chairperson of the RGCB IHEC	RGCB IHEC Secretariat
3.	Determine whether full committee review / review by designated members is needed	RGCB IHEC Member Secretary/ Chairperson
4.	Nomination of Members for review	RGCB IHEC Chairperson
5.	Distribution to RGCB IHEC members	RGCB IHEC Secretariat
6.	Protocol Amendment/ Revised documents Review	RGCB IHEC Members / Member Secretary / Chairperson
7.	RGCB IHEC Decision	RGCB IHEC Member Secretary / Chairperson
8.	Communication of the Decision to the Principal Investigator	RGCB IHEC Secretariat
9.	Store documents	RGCB IHEC Secretariat

CONTINUING REVIEW OF STUDY PROTOCOLS

SOP CODE: SOP 10/V3 DATE: AUGUST 20, 2020

10.1 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how continuing review of previously approved protocols should be managed by the Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee (RGCB IHEC). The purpose of the continuing review is to periodically monitor the progress of the study, to ensure continuous protection of the rights and welfare of research participants.

10.2 SCOPE

This SOP applies to conducting any continuing review of already approved study protocols at pre-specified intervals. All the projects approved by the RGCB IHEC will be reviewed at least once a year. Depending upon the degree of risk to the participants, the nature of the studies, the vulnerability of the study participants and duration of the study, the RGCB IHEC may choose to review or monitor the protocols more frequently.

10.3 RESPONSIBILITY

It is the responsibility of the RGCB IHEC Secretariat to remind the PIs and Member Secretary regarding continued review of protocols at the correct interval. All the approved protocols will be reviewed annually. It is the responsibility of the Member Secretary to ensure during the RGCB IHEC meeting in which the project is finally approved, that a decision is taken whether the project needs to be reviewed more frequently or not. This must be recorded in the minutes. A fresh decision to increase frequency of review may be taken if required based on the SAE reports, monitoring reports, or safety concerns. This is the responsibility of the SAE subcommittee and Member Secretary.

The RGCB IHEC is responsible for reviewing the progress made in the protocol (number of patients recruited, dropped out, reasons for drop-out), the occurrence of unexpected events or problems, and compliance of the investigator regarding RGCB IHEC communication.

10.4. DETAILED INSTRUCTIONS

10.4.1 Determining the date of continuing review

- The date of the continuing review will always be at least once in the year.
- The RGCB IHEC may recommend more reviews during the approval process depending on the level of risk. This will be documented in the minutes.
- The Secretariat will inspect the minutes of meeting to set a timetable for continuing review.
- The Secretariat will identify and record the due dates for each project.

10.4.2 Notifying the PI or the study team

The Secretariat will send a reminder to the PI as per the prescribed format at least one month prior (if an annual review) or less as appropriate (if any special additional reviews are required) to the due date of continuing review.

10.4.3 Managing the continuing review package upon receipt

The Secretariat will receive one soft copy and one hard copy (original) from the PI for continuing review of each approved protocol by the RGCB IHEC.

10.4.4 Verifying the contents of the package

- The Secretariat will ensure that the contents of the package include the following documents:
    - Continuing Review Application in the prescribed Form (Annexure 5)
    - The Continuing Review Application Form duly filled with an explanation for any "yes" (ticked on the Continuing Review Application in the prescribed form), answers on the application form and a discussion of scientific developments, either through the conduct of this study or similar research that may alter risks to research participants. The changes in the selection criteria of participants, protocol/Informed consent Document amendments, changes in the study team, any unexpected complications etc. must be discussed in the attached narrative.

The Secretariat will confirm that complete information is appended and signed by the Principal Investigator in the Continuing Review Application form.

10.4.5 Review process

- The Secretariat will send the Continuing Review Application Form to the designated RGCB IHEC members for review.
- Any administrate clarifications on the study conduct, if required, will be sought from the PI by the secretariat in consultation with the Member Secretary.
- For protocols that only require routine administrative clearance and pose no ethical concern or comprise no change in study protocol, the Secretariat in consultation with the Member Secretary will take the final decision.
- The Member Secretary will discuss the ethics related comments of the members with the Chairperson and a decision about the protocol will be taken.
- If there are queries, these will be sent to the PI within two working days after receipt by the Secretariat in consultation with Member Secretary.

- The response to the ethical concerns from the PI will be discussed by the Member Secretary with the Chairperson and/or the designated RGCB IHEC members and a decision will be reached.
    - The decision can be any one of the following after review and discussion:
        1. Noted - The RGCB IHEC approves the continuation of the project without any modifications.
        2. Modifications recommended: Unless the modifications suggested/ recommended by the RGCB IHEC for the protocol have been met the study cannot continue. The amendments and the required documents should be appended and submitted to the RGCB IHEC within one month for re-review.
        3. The project cannot be continued: The reasons for discontinuation of the project should be mentioned in the letter notifying the decision to the Principal Investigator. Member Secretary shall record this decision.
- The RGCB IHEC Member Secretary will sign and date the final RGCB IHEC decision on Continuing Review Report within 2 working days after a decision has been reached.
- The decision on continuing review taken by the Chairperson/ Member Secretary/ Member/s will be informed to all RGCB IHEC members at the next full committee meeting.
- The continuing review report may be discussed at full committee meeting by Member Secretary/PI.
- The RGCB IHEC Secretariat will maintain and keep the RGCB IHEC Decision forms and minutes of the meeting relevant to the continuing review as part of the official record of the review process in the project file.

10.4.6 Communicating RGCB IHEC Decision to the PI

- The Secretariat will notify the PI of the decision within 14 days of the meeting at which the report was discussed or of the date of review by the Chairperson/ Member Secretary/ RGCB IHEC Member/s.

10.4.7 Non-submission of continuing review report by principal investigator before due date.

- If a PI fails to submit the continuing review report within two months of the due date (i.e. 10 months from the date of approval, or earlier on the dates as specified), the Secretariat will send a telephonic and /or email reminder at least 15days prior to the meeting. If there is no response, the RGCB IHEC secretariat will put up the matter for

discussion at the forthcoming full committee meeting for appropriate action. This may consist of but not limited to sending:

a) A letter asking explanation for non-submission

b) A letter asking the PI to put recruitment of new participants on hold till report is submitted

c) Any other action as deemed appropriate by RGCB IHEC

10.5 FLOW CHART

No.	Activity	Responsibility
1.	Determine the date of continuing review	Administrative officer/ RGCB IHEC Secretariat
2.	Notify the Principal Investigator or study team	RGCB IHEC Secretariat
3.	Manage continuing review package upon receipt and verifying its contents	RGCB IHEC Secretariat
4.	Notify the members of the RGCB IHEC	RGCB IHEC Secretariat
5.	Review of Continuing review report	RGCB IHEC Secretariat, Members and Chairperson
6.	Preparing meeting agenda	RGCB IHEC Secretariat
7.	Communicate the RGCB IHEC decision to the Principal Investigator	RGCB IHEC Secretariat

REVIEW OF PROTOCOL DEVIATIONS / VIOLATIONS/ NON-COMPLIANCE

SOP CODE: SOP 11/V3 DATE: AUGUST 20, 2020

11.1 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe action(s) to be taken by the RGCB IHEC when investigator(s)/ trial site(s) fail(s) to:

- follow the procedures written in the approved protocol,
- comply with national and/ or international guidelines, statutory provisions, institutional guidelines or rules or procedures mandated by the Ethics Committee (RGCB IHEC) for the conduct of human research,
- respond to the RGCB IHEC requests regarding statutory, ethical, scientific or administrative matters.

11.2 SCOPE

This SOP applies to all RGCB IHEC approved research protocols involving human research participants.

11.3 RESPONSIBILITY

The RGCB IHEC Secretariat is responsible for receiving deviation/ violation reports as per request submitted by the Principal Investigator (PI) /others and placing it on the agenda of the meeting. Reporting of deviation/ violation in any other reporting format will not be accepted.

The RGCB IHEC members should review and take action on such reports.

11.4 DEFINITIONS

[National Institute of Health IRB Professional Administrators Committee Regulatory Process Workgroup Version 5.1, 11/18/2005 Available from https://www.genome.gov/Pages/Research/Intramural/IRB/Deviation_Violation_examples8-07.pdfAccessed on 3rd June2015]

Protocol Violation:

A protocol violation is a deviation from the RGCB IHEC approved protocol that may affect the subject's rights, safety, or wellbeing and/or the completeness, accuracy and reliability of the study data. If the deviation meets any of the following criteria, it is considered a protocol violation. Example list is not exhaustive.

I. The deviation has harmed or posed a significant or substantive risk of harm to the research participant. For example,

a. Receiving the wrong treatment or incorrect dose.

b. Withdrawal criteria met during the study but were not withdrawn.

c. Receiving an excluded concomitant medication.

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

a. A research participant who was enrolled does not meet the protocol's eligibility criteria.

b. Failure to treat research participants as per protocol procedures that specifically relate to primary efficacy outcomes. (if it involves patient safety it meets the first category above)

c. Changing the protocol without prior RGCB IHEC approval.

d. Inadvertent loss of samples or data.

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

a. Failure to obtain informed consent prior to initiation of study-related procedures

b. Falsifying research or medical records.

c. Performing tests or procedures beyond the individual's professional scope or privilege status (credentials)

IV. The deviation involves a serious or continuing noncompliance with central, state, local, or institutional human participant protection regulations, policies, or procedures. For example,

a. Working under an expired professional license or certification

b. Failure to follow central and/or local regulations, and intramural research or CC policies

c. Repeated minor deviations.

V. The deviation is inconsistent with the Human Research Protection requirements in research ethics principles. For example,

a. A breach of confidentiality.

b. Inadequate or improper informed consent procedure.

11.5. DETAILED INSTRUCTIONS

11.5.1 Detection of Protocol deviation/ violation

Protocol deviation/ violation may be detected in one the following ways (but not limited to those listed below):

a. Protocol deviation/ violation may be reported by Investigator/ study site/ sponsor/ Contract-Research Organization to the RGCB IHEC (Annexure 6).

b. The RGCB IHEC members performing monitoring of the project at trial site may detect protocol deviation/violation if the project has not been conducted as per protocol/ national/ international regulations.

c. The Secretariat may detect protocol deviation/ violation from failure to comply with statutory requirements/ failure to respond to requests from RGCB IHEC within reasonable time limit/ failure to respond to communication made by RGCB IHEC.

d. The RGCB IHEC members may detect protocol deviation/ violation when scrutinizing annual/ periodic reports/ SAE reports/ any other communication received from the Investigator/ trial site/ sponsor/ study monitor/ contract research organization.

e. The RGCB IHEC Secretariat and/ or RGCB IHEC members may become aware of a protocol deviation/ violation while reviewing study-related documents including reports filed in by the Principal Investigator (PI).

f. Communication/ complaint/ information received from a research participant who has been enrolled or any individual who has been approached for enrolment.

g. Any report/ communication brought to the notice of Member, Secretary/ Chairperson of RGCB IHEC by an independent person.

h. Communication received from the Head of the Institution informing RGCB IHEC about an alleged protocol violation/ protocol deviation.

11.5.2 Receipt of protocol deviation / violation report by the Secretariat

1. The PI will report the protocol deviation/violation in the prescribed form.

2. In case protocol deviation/violation is detected by any other person (See Section 5.1) and reported to the RGCB IHEC (there is no format for this), the Member Secretary will write to the PI to submit a protocol deviation/violation in the prescribed form (Annexure 6).

3. The Secretariat will notify the Member Secretary of any protocol deviation/violation report received from the PI/ from any source within 2 working days of receipt of the notification.

11.5.3 Actions to be taken

1. The action of the RGCB IHEC will be based on:

    - The nature and seriousness of the deviation / violation.

- Frequency of deviation/ violation in the study in the past.
- Frequency of deviation/ violation in previous studies conducted by the same PI/ Co-PI or in the same department.

2. Member Secretary will decide on the impact of the protocol deviation / violation and act accordingly. Depending upon the seriousness, the RGCB IHEC shall do the following (not limited to these actions):

    - Ask PI for written clarification as soon as the deviation is received
    - If the impact is serious, this report will be shared with the Chairperson and two or more RGCB IHEC members designated by the Chairperson.
    - If the impact of the protocol deviation is serious enough, the Member Secretary will instruct the Secretariat to call for and schedule a full-board meeting specifically to discuss the issue within 7 working days of the initial scrutiny
    - The Secretariat will put up the information and communication at the next full committee meeting for discussion.

3. The Member Secretary in consultation with RGCB IHEC members will review the information available and deliberate on it.

4. The Chairperson will take a final decision depending on the seriousness of the violation. The decision will be taken to ensure that the safety and rights of the research participants are safeguarded. The decision will be taken by voting if there is no consensus.

The decision taken by RGCB IHEC 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 RGCB IHEC has noted the violation / deviation, and instruct the PI to ensure that deviations/ violations do not occur in future and to follow RGCB IHEC recommendations.
- Enlist measures that the PI would undertake to ensure that such deviations/ 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.

- Ask for additional training of the investigator and study team
- Reprimand the PI.
- Seek additional information from the PI.
- Conduct audit of trial by the RGCB IHEC.
- Suspend the study till additional information is made available and scrutinized.
- Suspend the study till recommendations made by the RGCB IHEC are implemented by the PI and found to be satisfactory by the RGCB IHEC.
- 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.

This final decision will be recorded by the Member Secretary.

11.5.4 Procedure for notifying the PI and other concerned authorities

The Member Secretary will draft a notification letter.

- The signed letter by Member Secretary will be sent to the PI and Department Head(s) (if required on case to case basis) and Institutional Officials (if required on case to case basis).
- The RGCB IHEC secretariat will send a copy of the notification to the relevant national authorities (if required on case to case basis) and institutes (if required on case to case basis in case of multi-centric trials).

11.5.5 Records and follow up to be kept by RGCB IHEC secretariat

- The Secretariat will keep a copy of the notification letter in the respective project file.

11.6. FLOW CHART

No.	Activity	Responsibility
1	Detection and reporting of Protocol deviation/ violation	RGCB IHEC members/ Secretariat/ principal investigator
2	Receipt of protocol deviation / violation report	Secretariat
3	Review, board discussion, decision and action	RGCB IHEC Members, Member Secretary and Chairperson
4	Notify the Principal Investigator/ concerned authorities of RGCB IHEC action	Secretariat
5	Maintain records	Secretariat

REVIEW OF SERIOUS ADVERSE EVENTS (SAE) REPORTS

SOP CODE: SOP 12/V3 DATE: AUGUST 20, 2020

12.1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe procedures for the review of initial and follow-up reports of serious adverse events (SAE) reported to the RGCB IHEC for any study and as part of the oversight of the Rajiv Gandhi Centre for Biotechnology Institutional Ethics Committee (RGCB IHEC).

12.2. SCOPE

This SOP applies to the review of SAE reports (Adverse events/ SAE onsite as well as SAEs of the multicentre studies occurring at other sites (offsite) submitted to the RGCB IHEC.

12.3. RESPONSIBILITY

The principal investigator is responsible for submitting all the serious adverse event occurring to the clinical trial subjects recruited at the site within 24 hours of occurrence or first information on occurrence of SAE (whichever is earlier) in the format provided by EC. It is the responsibility of the RGCB IHEC to receive all safety reports and get them reviewed by SAE subcommittee and RGCB IHEC in a timely manner.

12.5. DETAILED INSTRUCTIONS

12.5.1 SAE Subcommittee

- The Serious Adverse Event (SAE) Subcommittee of the RGCB IHEC will review all serious adverse events (SAE) at the site / other sites involving human participants approved by RGCB IHEC.
- The committee will consist of members who collectively have the qualifications and experience to review and evaluate the scientific, medical and ethical aspects of adverse event reports involving human participants.

12.5.2 Composition of the SAE Subcommittee

- The SAE Subcommittee will be appointed by the Chairperson of RGCB IHEC
- The SAE Subcommittee will be multidisciplinary and multi-sectoral in composition.
- The SAE Subcommittee will be composed of members of the RGCB IHEC.
- The composition shall be as follows:
    - Chairperson of the SAE Subcommittee
    - One Member Secretary

- At least one member with post graduate qualification in the discipline of Clinician, Clinical Pharmacology
- Any other relevant clinical specialties in the institution.
- One or two members of RGCB IHEC including non-scientist of RGCB IHEC preferably legal person
- RGCB IHEC Secretary will be Ex-Officio member of the SAE Subcommittee.

- The Head of the SAE Subcommittee will be responsible for conducting SAE subcommittee meetings, and will lead all discussions and deliberations pertinent to the review of adverse event reports.
- The Head of the SAE Subcommittee/ Executive Secretary will sign minutes of the SAE Subcommittee meeting.
- In case of anticipated absence, the Head of SAE subcommittee will nominate a SAE subcommittee member as acting head. The acting Head will have all the powers of the Head of SAE subcommittee for that meeting.
- For the SAE Subcommittee meeting, a quorum will consist of at least 4 members as follows- one member (preferably pharmacologist), one member (preferably clinician), member secretary and Head/ Acting head of the SAE subcommittee.
- The SAE subcommittee will meet as often as required.

12.5.3 Membership requirements

- RGCB IHEC Members will be appointed to the SAE Subcommittee if they show willingness and commitment in terms of time to perform the role and responsibility as SAE Subcommittee member.
- The Chairman of the RGCB IHEC is responsible for appointing the SAE Subcommittee members.
- The tenure of SAE Subcommittee will be for a continuous period of two (2) years from the date of appointment.
- The retiring member will be eligible to be appointed for the new tenure consecutively four times.
- SAE Subcommittee member may resign from membership by submitting a letter of resignation to the Member Secretary of the SAE Subcommittee. The member may or may not assign reasons for resignation.
- SAE Subcommittee member may be disqualified from SAE Subcommittee membership

if the member fails to attend consecutively more than 5 SAE Subcommittee meetings without prior intimation. The Head of SAE Subcommittee will inform Chairperson of RGCB IHEC, in writing, if a member has not attended more than five consecutive meetings of the SAE Subcommittee. The Chairperson will discuss the issue of disqualification at the full committee meeting and allow the concerned SAE Subcommittee member to state reasons for unauthorized absence.

12.5.4 Functions of the Executive Secretary of the SAE Subcommittee

- To schedule and organize the SAE Subcommittee meetings.
- To prepare and maintain meeting agenda and minutes.
- To convene SAE subcommittee meetings
- To prepare the communication letters related to the adverse event reports.
- To communicate with the RGCB IHEC members, regulatory authorities and investigators in timely manner.
- To provide necessary administrative support for SAE Subcommittee related activities.
- To ensure adherence of the SAE Subcommittee functioning as per SOPs

12.6 ONSITE SAE

12.6.1 Receipt of SAE report

- The RGCB IHEC Secretariat will receive the following documents within the specified time frame if a SAE is experienced by any research participant:

  i. Initial SAE report to be submitted by the Principal Investigator (PI) within 24 hours of occurrence as per the format specified in Annexure 7

  ii. Due analysis should be submitted by the PI within 14 days from the occurrence of the SAE along with the format specified in Annexure 7B

  iii. Due analysis will also be submitted by the sponsor within 14 days in the format specified in Annexure 7B.

  iv. The follow up reports of all on-site SAE till the event is resolved.

- The RGCB IHEC Secretariat will verify that the report is complete in all respects and that it has been received at the RGCB IHEC office within the specified timelines.
- If the report has been received beyond the specified time, it will be considered as a protocol violation and action should be taken as described in SOP.

- The RGCB IHEC Secretariat will sign and write the date on which the report is received.
- The Secretariat will forward these reports to the RGCB IHEC Member Secretary or Member Secretary of the SAE Subcommittee (if constituted) within two working days.

12.6.2 Review and Decision on SAE Reports and Communication to PI and Regulatory Authority by RGCB IHEC

- Member Secretary of the SAE committee will review the SAE report and present to the SAE subcommittee (as applicable) for review and opinion.
- At the meeting of RGCB IHEC or SAE subcommittee, the SAE reports will be reviewed with a special focus on relatedness to the clinical trial, medical management, and financial compensation to be given to the research participants. The applicable formulae and guidelines as per regulation will be used for discussion.
- If deemed necessary, a decision to hold emergency RGCB IHEC meeting may be taken to discuss about financial compensation. An emergency RGCB IHEC meeting will be scheduled within 7 days for the same.
- The Member Secretary of the SAE subcommittee may refer the SAE report to full committee for review if deemed necessary
- The minutes of the SAE Subcommittee/ RGCB IHEC meeting will include the information on SAE at the site along with the opinion on the above points on the onsite SAE.

Participant ID	Letter no./and date of reporting	Type of Report (I/FU)	Date of onset	whether study drug with held	SAE Outcome	Causality in the opinion of PI	Recommendation(s) by the SAE Sub-committee

I-initial, FU- Follow-Up

The minutes will be circulated to the RGCB IHEC members *via* email and approval/ objection will be sought from the members in a period of 5 working days.

- The RGCB IHEC secretariat will draft a formal letter to the concerned PI and inform him/ her about the RGCB IHEC decision. This letter will be signed and dated by the Member-Secretary or Chairperson (RGCB IHEC) and will be sent to the PI within a period of 7 days

from the date of the SAE subcommittee meeting.

- The PI will be requested to reply to the query letter on the SAE report within 7 working days.
- The opinion regarding relatedness, medical management and compensation for research related injury will be communicated to the Licensing authority (DCGI) within 30 calendar days of the occurrence of the SAE in case of regulatory clinical trials.
- The Secretariat will file a copy of these letters in the study file.

12.6.3 Reports of SAE Occurring at other Sites

The investigator will need to submit the SAEs occurring at other sites (CIOMS and SUSARS) in the form of soft copies only (CD) along with the appropriate covering letter (hard copy) mentioning the total number of reports and its details in the following format:.

Sl. No.	Country	Type of Report (I/FU)	SAE event	Date of onset	Date of report	Out come	Causality	
							Investigator	Sponsor

I-initial, FU- Follow-Up

- For every SAE term, a separate row of the above table is to be used (the SAE terms should not be combined).
- Causality to be stated as related (R) or not related (NR)
- The SAEs occurring at other sites will be reviewed by the Secretary of the SAE Subcommittee, informed to other members and discussed in the forthcoming scheduled meeting. The agenda and minutes of the meeting will include the information on SAEs at other sites.

12.7 ONSITE AE

The RGCB IHEC Secretariat will receive the following documents pertaining to AE occurrence related to research proposals approved by the RGCB IHEC:

1. On site AE reports should be submitted by the PI annually in the continuing review report.

2. In view of the risk assessment of a given research proposal the RGCB IHEC can request adverse events to be reported earlier, if deemed necessary at specified timelines in the project approval letter.

The RGCB IHEC Secretariat will verify that the report is complete in all respects and signed and dated by the PI and that it has been received at the RGCB IHEC office within the specified timelines. If the report has been received beyond the specified time, it will be considered as deviation.

- For all the onsite AE reports received at the RGCB IHEC office, the Administrative Officer of the institution will forward these reports to the Member Secretary of RGCB IHEC for review.
- Member Secretary of RGCB IHEC may put the AE reports for discussion at full board if deemed necessary
- Queries, if any on the report will be communicated to the PI by the Member

Secretary of RGCB IHEC following full board meeting

- The Administrative Officer/PI will file a copy of these letters in the study file.

12.7.1 Review during the Full board RGCB IHEC meeting

- The RGCB IHEC Member Secretary will read out the minutes of all the SAE subcommittee meetings including the recommendations/ decisions of the SAE subcommittee.
- In case of the SAE occurring at the site to be discussed at the full board meeting, the member secretary will also provide the relevant information including updates on SAE that have occurred earlier at the site. The Chairperson will invite members to voice their opinions and ensure free and frank discussion.
- The decision can be arrived at by consensus. If not agreed by consensus, the issue would be put for voting. (a majority vote for a decision is 2/3rd majority of the members present and voting)

12.7.2 Decision of RGCB IHEC on SAE review

The SAE Subcommittee/RGCB IHEC may take one or more of the following decisions on review of the SAE reports.

12.7.3 Type of Actions Taken by RGCB IHEC/ SAE Subcommittee on Review of SAE Report:

Following detailed review of the SAE reports and related documents, the RGCB IHEC/ SAE Subcommittee (if constituted) can suggest one of the following actions:

- Note the information about the SAE in records for future reference.
- Request further follow up information and/ or additional details.
- Ask for periodic follow-up of the research participant till SAE is resolved
- Depending on complexities of issue, RGCB IHEC/ SAE Subcommittee may decide to seek opinion of outside expert consultant who is requested to respond within 14 working days.
- Provide recommendations regarding/ raise queries related to compensation for study related injury and death

12.7.4 Type of Actions Taken by RGCB IHEC following full board review

- Suggest changes/ amendments in protocol, Patient Information Sheet/ informed consent document

12.8 INFORMED CONSENT DOCUMENT/ INVESTIGATORS' BROCHURE/ ANY OTHER STUDY RELATED DOCUMENTS.

- Suspend the study till additional information is available.
- Suspend the study till review is completed (safety monitoring of ongoing patients to be continued).
- Suspend the study till amendments requested for by the RGCB IHEC are carried out.
- Suspend enrolment of new participants.
- Suspend certain activities under the protocol.
- Direct the PI to inform participants already enrolled in the study about the AEs and if required obtain their consent again (re-consent) regarding continuation in the research trial.
- Direct the PI to inform participants already enrolled in the study about the AE and request them to undertake additional visits, additional
- Procedures, additional investigations, etc. as prescribed in the amendment.
- Terminate the study.
- Any other appropriate action.
- The decision shall be recorded in the minutes of the full board RGCB IHEC meeting.

- If the recommendation from the RGCB IHEC includes suspension of the study or suspension of any one or more of the study-related procedures or activities, amendments in the protocol or other study-related documents (excluding

Investigators' brochure), re-consenting of research participants, the decision will be conveyed to the PI through telephone, fax or email within 24 hours. Such a communication will be documented by the RGCB IHEC Member-Secretary in the study file. A formal letter to the PI informing about the RGCB IHEC recommendations in such situations will be sent within 5 working days of the RGCB IHEC meeting having taken place.

12.9 REFERENCES TO OTHER APPLICABLE SOPS

- SOP 07A/V3 - Initial Full-Board Review of Research Study Protocols
- SOP 08/V3 - Agenda Preparation, Meeting Procedures and Recording of Minutes
- SOP 10/V3 - Continuing Review of Study Protocols

12.10 FLOWCHART

No.	Activity	Responsibility
1	Receipt of SAE report	RGCB IHEC Secretariat
2.	Submission of SAE report to the SAE Subcommittee	RGCB IHEC Secretariat
3	Agenda and Minutes of the Subcommittee(if constituted)	Executive Secretary of the SAE Sub-committee (if constituted)
4.	Review and discussion of SAE report at the Subcommittee meeting (if constituted)	SAE Subcommittee members (if constituted)
5.	Review and discussion of SAE report at the full Board meeting	Member Secretary
6.	Communication of the RGCB IHEC decision about SAE review to the Licensing authority	Executive Secretary of the SAE Sub-committee (if constituted)/ Member Secretary
7.	Communication of the RGCB IHEC decision about SAE review to the principal investigator	Executive Secretary of the SAE Sub-committee (if constituted)/Member Secretary, RGCB IHEC Secretariat

REVIEW OF STUDY COMPLETION REPORTS

SOP CODE: SOP 13/V3 DATE: AUGUST 20, 2020

13.1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to provide instructions on the review of Study Completion Report submitted for studies approved by the Rajiv Gandhi Centre for Biotechnology Institutional Ethics Committee (RGCB IHEC).

13.2. SCOPE

This SOP applies to the review of the Study Completion Report which is a written report of every completed study submitted by the Principal Investigator (PI).

13.3. RESPONSIBILITY

It is the responsibility of the RGCB IHEC Chairperson/ Member Secretary/ Member/s to review the study report and act on it.

13.4. DETAILED INSTRUCTIONS

13.4.1. Receipt of Study Completion Report

- The Secretariat will receive 1 copy (soft and hard) of Study Completion/Final Report filled as per the format (Annexure 8) from the PI. The study completion report is expected from the investigator within 1 month of completion of the study at the site.
- In case of multi-centric studies, site specific final report to be submitted along with the completion report.
- The Secretariat will follow instructions (Management of Protocol Submission) for receiving and checking the report package.
- It is the responsibility of the RGCB IHEC Secretariat to review the report for completeness.
- The Secretariat shall verify the submitted Study Completion Report along with Study Completion Report Form and forward it to the Member Secretary within 7 working days of receipt.
- The Member Secretary will review the Study Completion Report, confirm that it is complete and present it at the next full committee meeting.
- If there is a need felt (e.g. a deviation/ violation is noted), the Member Secretary will handle it.
- The Secretariat shall include the Study Completion Report Form in the agenda for RGCB IHEC members for discussion at the full board meeting.

13.4.2. During the Board meeting

The Member Secretary will present the report and members can discuss as needed.

- Following the discussion, the Chairperson may take one of the following decision:

  a) Noted and accepted

  b) Request for additional information / clarification

- The Secretariat will note the decision in the meeting minutes
- The Member Secretary will draft a letter to the PI conveying decision on the study completion report.
- The study shall be considered as closed if the decision by RGCB IHEC is “Noted and accepted”.
- The Secretariat will accept and file the Report and issue the decision letter signed by the Member secretary.
- The final report will be placed in the master file and kept in the archival area.
- The Secretariat will archive the entire study for a period of 5 years from the date of completion of the project if the decision is noted and closed.

13.5. REFERENCE TO OTHER APPLICABLE SOPS

- SOP 06/V3 - Management of Research Study Protocol and Study Related Documents Submitted for Ethics Review
- SOP 08/V3 - Agenda Preparation, Meeting Procedures and Recording of Minutes
- SOP11/V3 - Review of Protocol Deviations / Violations

13.6. FLOW CHART

No.	Activity	Responsibility
1	Receipt of the study completion report	RGCB IHEC Secretariat
2	Checking the contents of the report packages and assess adequacy of contents	RGCB IHEC Secretariat
3	Verification of the study completion report, preparation of the study completion statement and sending them to the Member Secretary	RGCB IHEC Secretariat
4	Review of the Study completion report for completeness and informing members at full-board meeting	Member-Secretary
5	Inclusion of the report/ review at full-board meeting	RGCB IHEC Secretariat
6	Discussion and decision at the full board meeting	Chairperson
7	Noting the decision in the minutes of the Meeting	RGCB IHEC Secretariat
8	Conveying decision to the Principal Investigator	RGCB IHEC Secretariat
9	Archiving all the study-related documents along with the Study completion report	Secretariat

MANAGEMENT OF PREMATURE TERMINATION / SUSPENSION / DISCONTINUATION OF THE STUDY

SOP CODE: SOP 14/V3 DATE: AUGUST 20, 2020

14.1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how the Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee (RGCB IHEC) manages premature termination/suspension/discontinuation of a research study.

14.2. SCOPE

This SOP applies to any study previously approved by the RGCB IHEC that has been recommended for termination/suspension/discontinuation before its scheduled completion.

14.3. RESPONSIBILITY

It is the responsibility of the RGCB IHEC to manage the termination/ suspension/discontinuation of any study recommended for termination by the Data Safety and Monitoring Board, Principal Investigator, Sponsor or other authorized bodies or by the RGCB IHEC that was previously approved by RGCB IHEC. The Secretariat is responsible for management of the process.

14.4. RECOMMENDATION FOR TERMINATION/ SUSPENSION/ DISCONTINUATION

14.4.1 By PI / Sponsor

An investigator/ Sponsor may put on hold a previously approved research when in the judgment of the investigator/ Sponsor this is appropriate to protect the rights or welfare of participants or when new safety information has appeared in the literature, or evolved from this or similar research.

14.4.2 By RGCB IHEC

RGCB IHEC can prematurely terminate/ suspend/ discontinue the study in the following situations:

- Protocol non-compliance/violation following which RGCB IHEC decides in full committee meeting to terminate/ suspend/ discontinue the study.
- SAEs occurring at trial site may require the study to be prematurely terminated for the safety of the patients.
- When research is not conducted in accordance with RGCB IHEC policies, is not in compliance with the local regulations or it has been associated with unexpected serious harm to participants.
- Zero accrual or low accrual for 1-2 years.
- Suspended protocols remain open and require continuing review.

- The RGCB IHEC may revoke approval and terminate previously approved research protocol which will now be considered closed no longer requiring continuing review.

14.5. DETAILED INSTRUCTIONS

14.5.1. Receipt of Recommendation for Study Termination.

The Secretariat will receive the study protocol termination/suspension/discontinuation report (Annexure 9) and verify the contents of the report for completeness and/or other documents like letter from PI/ sponsor.

14.5.2. Review by the RGCB IHEC

- The Secretariat will inform the Chairperson and Member Secretary regarding the recommendation for premature termination/ suspension/ discontinuation of study protocol and submit the report within 3 working days of receipt of the same.
- The Chairperson shall review the report and either call for an emergency meeting or discuss the report at the regular full committee meeting and the Secretariat will make arrangement accordingly.
- The Member Secretary in the meeting will inform members the reasons for the premature termination/ suspension/ discontinuation of the project.
- If the report is unclear or more information is required from the PI, the Chairperson shall instruct the Secretariat to seek clarifications/ additional information from the Principal Investigator.
- The Chairperson/Member Secretary shall acknowledge by signing with date the study termination/ suspension/ discontinuation report.
- If the RGCB IHEC has revoked approval/suspended the study, regulatory authorities and Head of the institution must be informed within 14 working days after the full committee meeting.

14.5.3 Notifying the Principal Investigator

- The Secretariat will prepare a notification letter and send to the PI within 14 working days after the meeting acknowledging the approval of termination/ letter seeking clarifications/information regarding the premature termination.
- In case a letter is sent seeking clarifications/information regarding the premature termination/ suspension/ discontinuation, the PI shall send a written response within 30 days of receiving the letter.

- If the PI does not comply, the matter will be put to the full committee meeting for discussion.
- The investigator may appeal or respond to the convened RGCB IHEC in writing.

14.5.4 Store the Protocol Documents

- The Secretariat will keep the original version of the Premature Termination Report in the Protocol file and send the file for archival.
- The protocol documents will be stored for a period of 3 years for biomedical and health research from the date of project Termination.

14.6. FLOWCHART

No.	Activity	Responsibility
1	Receive recommendation for study termination/ suspension / discontinuation	RGCB IHEC Secretariat
2	Review and Discuss the Termination/ suspension/ discontinuation report	RGCB IHEC members, Member Secretary and Chairperson
3	Notify the Principal Investigator	RGCB IHEC Secretariat
4	Store the Protocol Documents	RGCB IHEC Secretariat

WAIVER OF WRITTEN / VERBAL INFORMED CONSENT

SOP CODE: SOP 15/V3 DATE: AUGUST 20, 2020

15.1 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe the type of research projects for which the Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee (RGCB IHEC) may grant waiver of written or verbal informed consent.

15.2 SCOPE

This SOP applies to the all protocols submitted for review by the RGCB IHEC that ask for consent waiver.

15.3 RESPONSIBILITY

It is the responsibility of the RGCB IHEC to review and approve a request for verbal/written consent waiver. The Member Secretary will record the decision in the minutes and in the Application Form. The Chairperson will sign and date letter conveying the decision.

15.4 DETAILED INSTRUCTIONS

- The Application Form (Annexure 15) is designed to standardize the process of applying for waiver of written/verbal consent.
- When a request for waiver of consent is received from the Principal Investigator (PI) to the RGCB IHEC in the given format, the following steps are taken:
    - The RGCB IHEC Secretariat will check if the concerned documents are filled completely and the required list of documents is enclosed.
    - The RGCB IHEC members will review the request taking into consideration the types of studies for which waiver of consent may be granted.
- The RGCB IHEC will ensure that there are adequate mechanisms described in the protocol for protection of the identity of the research participants and maintaining confidentiality of the study data.
- The final decision whether to grant the waiver is taken at a full committee meeting unless the project is considered under expedited review.
- The decision regarding approval/ disapproval of waiver is informed to the PI in writing. If the waiver is not granted, the RGCB IHEC will provide reasons for the same.

15.5 FLOW CHART

No.	Activity	Responsibility
1	Receive the submitted documents	RGCB IHEC Secretariat
2	Review of protocol and application for waiver of consent	RGCB IHEC Members
3	Decision regarding waiver of consent	RGCB IHEC Members during Full committee meeting
4	Communicate the decision to the Investigator	RGCB IHEC Secretariat
5	Recording and filing the decision	RGCB IHEC Secretariat

SITE MONITORING AND POST-APPROVAL MONITORING ACTIVITIES

SOP CODE: SOP 16/V3 DATE: AUGUST 20, 2020

16.1. PURPOSE

The purpose of this standard operating procedure (SOP) is to describe the procedures for monitoring and oversight of a RGCB IHEC approved protocol.

16.2. SCOPE

This SOP applies to all RGCB IHEC approved studies for which off-site and a routine or for-cause on-site monitoring may be undertaken by the RGCB IHEC.

16.3. RESPONSIBILITY

It is the responsibility of the RGCB IHEC or Chairperson and Member Secretary to decide to conduct off-site and on-site monitoring. If further required it is the responsibility of the designated RGCB IHEC member(s) to perform on-site monitoring of selected study site(s).

16.4. DETAILED INSTRUCTIONS

The monitoring process involves two major oversight activities as given below:

- Off-site monitoring/oversight- Review done by Ethics Committee during full Committee meetings on quarterly, half yearly and annual progress report basis depending on the risk involved and duration of the study.
- On-site monitoring/oversight - Review at random done by member secretary in consultation with the Chairperson and assessed by RGCB IHEC designated members for on-site routine or 'for-cause' monitoring.

16.4.1. Off-sight Monitoring

This will be done on 3 monthly basis for protocols of 6 months duration and on 6 monthly basis for those of longer duration. The selection of files for review will be at random.

- RGCB IHEC requirements
    - Compliance with approved protocol and conditions if any
    - Maintenance and confidentiality of records
    - Progress reports and completion report
    - Publications if any during period of study
    - Whether information is submitted for -
        - Any proposed changes in protocol

- Any unforeseen events that might ethically be unacceptable for continuing the project and would require amendments
- Any new information positive or negative from related studies

- A report will be prepared addressing any shortcomings and non conformities observed by suggesting corrective and preventive action. The report will be sent to PI for clarification and correction, and submitted to RGCB IHEC for review and appropriate course of action as continuation / discontinuation /suspension / termination.
- The report has to be filed for Record.

16.4.2. On site monitoring

16.4.2.1 Selection of study sites

- Routine monitoring for a site may be decided at the time of approval of the project by the Full Committee, which is recorded in the RGCB IHEC decision letter (Annexure 25) and in the RGCB IHEC minutes.
- "For-cause monitoring" will be performed at sites for reasons identified by any member of the RGCB IHEC, after approval by the Chairperson.
- The reasons for identifying a particular site for "for-cause monitoring" could include any one or more of the following:
  - Large number of Protocol deviations,
  - Protocol violations even after initial warning,
  - Large number of studies carried out at the study site or by the investigator,
  - Large number of Serious Adverse Events (SAE) reports,
  - High recruitment rate,
  - Complaints received from participants or any other person,
  - Frequent failure to submit the required documents,
  - Any other cause as decided by RGCB IHEC.

16.4.2.2 Before the visit

- Irrespective of the cause for conducting monitoring the following procedure will be followed :

- The Chairperson will identify and select one or more RGCB IHEC members (henceforth referred to as monitors) to conduct monitoring of a site.
- The selected members will be given an appointment letter in this regard.
- The agenda of monitoring will be decided by the identified monitors in consultation with the Member Secretary and Chairperson.
- The Secretariat will decide the date of the monitoring in consultation with the monitors and the PI.
- The final date will be communicated to the PI and monitors (with a request to be available).
- The monitor will receive from secretariat the relevant reference material and/or project documents, review them and make appropriate notes/ changes.
- Monitors will carry with them Site Monitoring Visit Report Forms (if applicable) collected from the Secretariat.

16.4.2.3 During the visit

- The Monitor will follow the check list and:
  - check the log of delegation of the team, responsibilities of study team,
  - check if the site is using latest RGCB IHEC approved versions of the protocol, informed consent documents, case record forms, diaries, advertisements, etc.
  - observe the informed consent process, if possible,
  - review randomly selected participants' files to ensure that participants are signing the correct informed consent,
  - check if the 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 acceptability of expiry dates and if sufficient supplies are available, wherever applicable,
  - verify that the investigator follows the approved protocol and all approved amendment(s), if any,
  - ensure that for clinical trials the investigator and the investigator's trial staff are adequately informed about the trial,

- verify 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,
- verify that the investigator is enrolling only eligible subjects,
- determine whether all SAEs are appropriately reported within the time as per the applicable regulatory requirement(s). Case record forms would be checked to review the safety data i.e. Adverse Events (AEs) and SAEs for the volume or severity of adverse events,
- review the project files of the study to ensure that documentation is filed appropriately,
- review the source documents for their completeness, and
- collect views of the study participants, if possible,

- The Monitor will fill the Site Monitoring Visit Report Forms (Annexure 31, Annexure 32), sign with date.

16.4.2.3 After the Visit

- The Monitor will submit the completed Site Monitoring Visit Report Forms (if applicable) to the RGCB IHEC secretariat within 7 working days of conducting a site monitoring visit or at the time of full board meeting (whichever is earlier).
- The report should describe the findings of the monitoring visit.
- The Member-Secretary will present the monitoring report at the next full board RGCB IHEC meeting and the concerned Monitor will provide additional details/ clarifications to members, as required.
- The RGCB IHEC will discuss the findings of the monitoring process and take appropriate specific action by voting or combination of actions, some of which are listed below:
  - Continuation of the project with or without changes,
  - Restrictions on enrolment,
  - Recommendations for additional training,
  - Recruiting additional members in the study team,

- Revising/ providing qualifications/ experience criteria for members of the study team,
- Termination of the study,
- Suspension of the study, etc.

- If the Monitor has findings that impact on safety of the participant, the Monitor will inform the Member Secretary on the same day. The Member Secretary will discuss with the Chairperson and any one of the actions described above will be taken.
- The final decision taken at the full board RGCB IHEC meeting will be recorded in the Site Monitoring Visit Report Form.
- The Secretariat will convey the decision to the Principal Investigator in writing within 14 working days of the meeting.
- The Secretariat will place the copy of the report in the protocol file.

16.6. FLOW CHART

No.	Activity	Responsibility
1	Selection of study sites	RGCB IHEC Member Secretary/ Chairperson
2	Identification of RGCB IHEC members for monitoring during meeting	Chairperson
2	Inform Principal Investigator in writing	Secretariat
3	Review of RGCB IHEC protocol file prior to visit and collect Site Monitoring visit report from RGCB IHEC office	RGCB IHEC member
4	Review or monitoring of site	RGCB IHEC member
5.	Complete the monitoring report and present in RGCB IHEC meeting	RGCB IHEC member
6.	Communication of RGCB IHEC decision to PI	Secretariat

DEALING WITH PARTICIPANTS' REQUESTS AND/OR COMPLAINTS COMING TO ETHICS COMMITTEE

SOP CODE: SOP 17/V3 DATE: AUGUST 20, 2020

17.1. PURPOSE

The purpose of this SOP is to describe procedures for dealing with requests for information by research participants regarding their rights as a participant or to resolve their complaint/s that is/are related to their participation in research approved by the Rajiv Gandhi Centre for Biotechnology Institutional Ethics Committee (RGCB IHEC).

17.2. SCOPE

This SOP applies to handling of requests for information/ complaints made by participants concerning the rights and well-being of the research participants participating in research studies by the RGCB IHEC.

17.3. RESPONSIBILITY

It is the responsibility of the RGCB IHEC Secretariat and Chairperson/ Member Secretary to initiate the process of giving information asked by research participants or to address any injustice that has occurred, if any complaints are received.

17.4. DETAILED INSTRUCTIONS

- A request, complaint or query, from a research participant will be accepted by the Secretariat and forwarded to the RGCB IHEC Member Secretary after entering into the request record form.
- The Member Secretary may receive a request, complaint or query directly from the participant. She/he will record it in the request record form (Annexure 33) and notify the Secretariat.
- The Member Secretary will additionally ascertain details of the request/ complaint by examining any relevant documents and by interviewing the participant if necessary. If required, the Member Secretary will call for additional relevant information and documents from the Principal Investigator (PI).
- The Secretariat will inform the Chairperson about the request, query or complaint received from the research participant.
- In case of a request for additional information or clarification, the Member Secretary in consultation with the Chairperson will provide the information herself/himself or will designate one or more RGCB IHEC member(s) to provide such information.
- In case of a complaint received from a research participant:
    - The Member Secretary, in consultation with the Chairperson will initiate a process to address any injustice that may have occurred. Depending on the seriousness of the matter, the Chairperson will direct the Member Secretary to:
        - Appoint a subcommittee of two or more RGCB IHEC members for enquiry

in order to resolve the matter.

- Call an emergency meeting of two or more RGCB IHEC members for discussion or
- Consider the matter for discussion at the next full committee meeting

- The Chairperson/ Member Secretary/ designated RGCB IHEC members will assess the situation and mediate a dialogue between the research participant and PI in an attempt to resolve the matter.
- The RGCB IHEC will insist on factual details to determine gap, if any, between truth and individual perception.
- Opportunity will be given to complainant and the accused to make submissions
- If the matter is serious it will be brought to the attention of the Director who in consultation with the Chairperson will make a decision. For this the Chairperson will provide the following:
  - the complaint;
  - material reviewed in the Chairperson's investigation;
  - the results of the Chairperson's investigation; and
  - any other relevant documentation.
- If the Director feels that the matter needs further investigation she/he could set up a panel for that purpose. The possible procedures include the following:
  - Noting on the file about the occurrence of the matter;
  - Requirement for amendments to the project, including increased monitoring by the RGCB IHEC;
  - Suspension of the project;
  - Termination of the project; or
  - Other action to resolve the complaint.

- If the complainant is not satisfied with the outcome of the Chairperson's investigation, then he/she can refer the complaint to the Dean or his/her nominee, or request that the Chairperson do so. The final decision will be taken based on the recommendation of any one of the above by the Member Secretary in consultation with the Chairperson and it will be informed to the research participant and the PI by the Secretariat.

- The information including any action taken or follow-up and final decision will be recorded in the form and signed with date.
- The RGCB IHEC members will be informed about the action taken and the outcomes in the forthcoming RGCB IHEC meeting and minuted.
- The Secretariat will place all documents in the relevant study file.

17.5. FLOWCHART

No.	Activity	Responsibility
1.	Receiving the request/ query/complaint from research participant	RGCB IHEC Member Secretary/ Member
3.	Initiating process to identify the problem	RGCB IHEC Chairperson/ Member Secretary
4.	Deliberations to arrive at solution	RGCB IHEC Chairperson/ Member Secretary/ Members
5.	Communication with the research participant	RGCB IHEC Secretariat
6.	File the request document	RGCB IHEC Secretariat

MAINTENANCE OF ACTIVE STUDY FILES, ADMINISTRATIVE RECORDS OF THE ETHICS COMMITTEE, ARCHIVAL OF CLOSED FILES AND RETRIEVAL OF DOCUMENTS

SOP CODE: SOP 18/V3 DATE: AUGUST 20, 2020

18.1. PURPOSE

To provide instructions for preparation and maintenance of active study files and other related documents approved by the Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee (RGCB IHEC), RGCB IHEC administrative documents, archival of closed files and retrieval of documents.

18.2. SCOPE

This SOP applies to maintenance, archival and retrieval of all study files and study related documents and RGCB IHEC administrative documents by the RGCB IHEC Secretariat.

18.3. RESPONSIBILITY

It is the responsibility of Member Secretary with assistance of Secretariat to ensure that all active study files and RGCB IHEC records are prepared, maintained during the study period and kept securely for a period of five years after the closure/ termination of the project.

18.4. DETAILED INSTRUCTIONS

18.4.1. Maintenance of the Active Study Files

- A study master file is the file comprising all essential documents and correspondence related to the study. This should be created for all proposals at the time of initial submission to the RGCB IHEC office.
- All related documents of the approved study will be gathered, classified appropriately and placed in the study master file: These could include copies of
    - All original research proposals reviewed and approved
    - Reviewer's assessment forms
    - Study approval letter
    - Reviewed and approved consent documents
    - Amendments and any other correspondence
    - Study progress reports and interim reports
    - Serious adverse event report forms submitted by investigators

* Any other reports
* RGCB IHEC correspondence

- Strict confidentiality will be maintained for the contents of the files
- All active files will be kept secured in a file cabinet with controlled access
- A log book for accessing the files by authorized staff & members will be maintained.

18.4.2. Maintenance of the RGCB IHEC Administrative Records

The RGCB IHEC records will include the following:

1. RGCB IHEC members' records
    i. Appointment and acceptance letters of each member
    ii. Signed and dated confidentiality agreements
    iii. Updated Curriculum vitae (hard copy or soft copy)
    iv. Training records for each RGCB IHEC member (GCP, SOP)
    v. Documentation of resignations / terminations
2. RGCB IHEC membership roster - An RGCB IHEC roster will be maintained which will contain:
    i. Names of RGCB IHEC members
    ii. Age
    iii. Gender
    iv. Evidence of qualifications
    v. Role on the RGCB IHEC
    vi. Status of affiliation to institution (e.g., unaffiliated or affiliated)
    vii. Regular/ Alternate member to the RGCB IHEC (if applicable)

3. RGCB IHEC mandate
4. Correspondence related to changes in RGCB IHEC membership with DCGI, OHRP or any other concerned authority
5. RGCB IHEC attendance roster
6. Agenda and Minutes of RGCB IHEC meetings
7. Standard operating procedures (SOPs)
8. Annual reports
9. Documents related to Workshops & conferences organized by RGCB IHEC (Continuing education for members & staff)
10. SOP training and distribution logs

18.4.3. Maintenance of Closed Study Files

- Once the study file is closed (following completion/ premature termination), the related study files will be shifted to the RGCB IHEC Archival shelf.
- All closed study files will be archived in the RGCB IHEC archival shelf for a period of five years from the date of closure of the study.
- A log book for archival of study documents will be maintained

18.4.4. Accessibility / Retrieval

- Study files and administrative records will be made available for audit, making photocopies (if requested by investigator) or any other purpose (e.g., research on SAEs) on request (Annexure 34) if authorized by Member Secretary/ Chairperson.
- Representatives of regulatory authorities may have access at all times.
- A log book of retrieval of documents will be maintained.

18.4.5. Disposal of Closed Files and Copies of Protocols and Documents Submitted for RGCB IHEC Review

- At the end of the archival period, the closed files will be shredded and disposed by authorized RGCB IHEC personnel.
- Extra copies of protocols and documents submitted for RGCB IHEC review and any other extra copies will be shredded by authorized RGCB IHEC personnel after the RGCB IHEC meeting without any notification to PI.
- A formal disposal log will be maintained, providing details of documents that will be disposed. (Annexure 35)

18.5. FLOW CHART

No.	Activity	Responsibility
1	Organize the contents of the active study files	Secretariat
2	Maintain the active study files and Administrative documents	Secretariat
3	Archival of study files	Secretariat
4	Authorising retrieval of archived documents	Member Secretary
5	Disposing closed study files and maintaining Document disposal log	Secretariat

REVIEWING PROPOSALS INVOLVING VULNERABLE POPULATIONS

SOP CODE: SOP 19/V3 DATE: AUGUST 20, 2020

19.1 PURPOSE

This Standard Operating Procedure (SOP) describes the requirements and process of review of research that involves vulnerable participants.

19.2 SCOPE

This SOP covers the policies and procedures applied to all research dealing with vulnerable participants submitted to the RGCB IHEC.

19.3 RESPONSIBILITY

It is the responsibility of the Member Secretary with Secretariat to maintain up-to-date tools, like checklists, for reviewing research concerning vulnerable groups based on new and evolving applicable regulations and guidelines.

RGCB IHEC Chairperson / Member Secretary are responsible for ensuring that RGCB IHEC members are well-versed in new and evolving regulations and guidelines pertaining to vulnerable populations, through regular training programmes.

The Member Secretary/ Chairperson is responsible for selecting primary reviewers with appropriate expertise to conduct the reviews of such research and for securing consulting expertise as and when required for selected reviews.

RGCB IHEC member is responsible for conducting review of research planned for vulnerable populations, including an assessment of potential for coercion.

19.4 MANDATE

- Gazette notification dated 31st July 2015, [G.S.R. 611(E)] has mandated audio-visual recording of informed consent process in case of vulnerable participants in clinical trials of newchemical entity/ new molecular entity.[http://www.ferci.org/wpcontent/uploads/2014/07/Gazette-Notification-31-July-2015-AV-consent.pdf]
- Regulatory requirements of Central Drugs Standard Control Organization Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India, 2015 for new drugs.
- World Medical Association Declaration of Helsinki- Ethical Principles for Medical Research Involving Human Subjects, 2013.
- National Ethical Guidelines for Biomedical and Health Research involving Human Participants, ICMR 2017

19.5 DETAILED INSTRUCTIONS

19.5.1. Reviewing protocols with vulnerable participants

- The protocol should be reviewed as per SOP 7A/V3. Additionally, the protocol should be reviewed to assess if the following points are addressed:
- Can the research be performed in any other non-vulnerable participants?
- Is there justification to use vulnerable population?
- Do the benefits justify the risks? Are the participants selected equitably?
- Have the measures to protect Autonomy of the vulnerable population been described?
- RGCB IHEC members dealing with such protocols should be well versed with the potential harm or risk of such population participating in the study.
- The review must address all points in the checklists for different vulnerable populations (Annexure 36-39).

19.5.2. Appointing Reviewers

The Member Secretary/Chairperson will appoint two or more members of the RGCB IHEC who have a thorough understanding of the ethical review process and experience in the field of research to review such type of protocols.

19.5.3. Duties of Secretariat

- Provide a suitable checklist to the investigator depending on the type of participants to be recruited for the study.
- Provide appropriate reference material or help reviewer locate the material relevant to vulnerable populations when specifically requested for, by a reviewing member.

19.5.4. Responsibilities of Reviewers

- RGCB IHEC Members will review the protocol and the informed consent document or assent form as per this SOP and SOP 07A/V3.
- The RGCB IHEC members will discuss the comments in the RGCB IHEC meeting and letter regarding approval/modification/ disapproval will be sent to the principal investigator.
- The discussion will be documented in the minutes.
- The Member Secretary will ensure that the RGCB IHEC recommendations have been incorporated in the revised protocol and protocol related documents.

19.5.5 Approval of the protocol

- The final version of the protocol will be approved at a full board meeting.
- Wherever necessary the RGCB IHEC approval should state that if in future the vulnerability status of the participant's changes, for e.g. unconscious patient gaining consciousness or a schizophrenic patient regains insight, the participant will be re-consented.

19.6 FLOWCHART

No.	Activity	Responsibility
1	Appoint reviewers	Chairperson/ Member Secretary
2	Review the protocol	RGCB IHEC members
3	Discussion at RGCB IHEC meeting	RGCB IHEC members
4	Communicating the decisions to principal investigator	RGCB IHEC Secretariat

PREPARING FOR ETHICS COMMITTEE AUDIT/ INSPECTION

SOP CODE: SOP 20/V3 DATE: AUGUST 20, 2020

20.1 PURPOSE

The purpose of this SOP is to guide an Institutional Ethics Committee (RGCB IHEC) to prepare for an audit or inspection of the RGCB IHEC.

20.2 SCOPE

The SOP applies to all the RGCB IHEC members and the Secretariat.

20.3 RESPONSIBILITY

It is the responsibility of the Member Secretary, Chairperson, RGCB IHEC Members and the RGCB IHEC Secretariat to keep RGCB IHEC documents ready for audit and to be available to answer questions during audit or inspection by administrative and regulatory authorities.

20.4 MANDATE

The Drugs Controller General India (DCGI) in its gazette notification GSR 72E, dated 08th February 2013, 122DD states, 'The Ethics Committee shall allow inspectors of officials authorized by the Central Drugs Standard Control Organization to enter its premises to inspect any record, data or any document related to clinical trial and provide adequate replies to any query raised by such inspectors or officials, as the case may be, in relation to the conduct of the trial.'

20.5 DETAILED INSTRUCTIONS

20.5.1 Receipt of notification of an Audit / Inspection

On receipt of written/ mailed communication regarding audit/ inspection visit, the Member Secretary will inform the Chairperson, RGCB IHEC members and the Head of Institution, if applicable about the date and purpose of the audit/inspection.

20.5.2 Preparing for the audit

- On receiving information about the audit /inspection, RGCB IHEC Member Secretary and/ or RGCB IHEC member/s are given the responsibility by the Chairperson to prepare for the visit with assistance of the Secretariat.
- The Member Secretary and / or designated RGCB IHEC member/s will make arrangements in accordance with the steps mentioned in the checklist.(Annexure 40)
- The studies with incomplete / missing documents will be dealt with separately and actions taken will be documented.
- Care should be taken to ensure that all documents are kept in the right order for easy and quick access.

20.5.3 On the day/s of Visit

- Chairperson / Member Secretary / designated RGCB IHEC Member/s should welcome and accompany the auditors/inspectors to the reserved meeting room. Designated team members must be present in the meeting room.
- The conversation would start with the auditor/inspector stating the purpose of the visit and the type of information is needed.
- The RGCB IHEC Chairperson / Member Secretary / RGCB IHEC Members must answer questions of the auditors/inspectors clearly, politely, truthfully and straight to the point.
- The information and files requested by the auditors/inspectors should be made available by the Secretariat.
- The Member Secretary/ designated RGCB IHEC member/ Secretariat will make note of the comments, recommendation of the auditors/inspectors.

20.5.4 Correction of deficiencies observed at audit/ inspection

- Member Secretary/ designated RGCB IHEC member/ Secretariat will review comments and recommendations of the auditor/inspector.
- On receipt of Audit/ Inspection Report the Chairperson should implement corrective and preventive measures and set the timeline for implementation of corrections as stated by the auditor/inspector.
- Action plan should be communicated by the Member Secretary/ designated RGCB IHEC member to the auditor/inspector after seeking approval of the Chairperson.
- A review date for an internal follow-up audit will be decided by the Chairperson (if applicable).
- The Member Secretary/ designated RGCB IHEC member should report the outcome of the internal follow-up audit to the Chairperson.

20.5.5 Recording the Audit/Inspection Visit

- The Member Secretary/ designated RGCB IHEC member/ Secretariat must keep record of the audit/inspection visit reports and action plans in a separate audit/ inspection file.
- The completed checklist and findings from the internal follow-up audit (if applicable) must also be maintained in the internal audit file.

20.6 FLOW CHART

No.	Activity	Responsibility
1	Receipt of Audit/ Inspection notification	RGCB IHEC Member Secretary
2	Preparing for the audit	RGCB IHEC Member Secretary/ designated RGCB IHEC member/ Secretariat
3	Presenting information and files to auditor/ inspector	RGCB IHEC Member Secretary/ designated RGCB IHEC member/ Secretariat
4	Review comments/ recommendation of auditor/ inspector	RGCB IHEC Member Secretary/ designated RGCB IHEC member/ Secretariat
5	Receipt of audit/ inspection report	RGCB IHEC Member Secretary/ designated RGCB IHEC member
6	Planning corrective/preventive actions and setting timeline for their implementation	setting timeline for their implementation RGCB IHEC Chairperson
7	Conducting internal follow-up audit	RGCB IHEC Member Secretary/ designated RGCB IHEC member
8	Recording the Audit/Inspection Visit	RGCB IHEC Member Secretary/ Secretariat

TRAINING AND ASSESSMENT OF ETHICS COMMITTEE MEMBERS

SOP CODE: SOP 21/V3 DATE: AUGUST 20, 2020

21.1 PURPOSE

The purpose of this SOP is to describe requirements and methodology for training and performance assessment of the Institutional Ethics Committee (RGCB IHEC) members and the Secretariat.

21.2 SCOPE

The SOP applies to all the RGCB IHEC members and the Secretariat.

21.3 RESPONSIBILITY

It is the responsibility of the RGCB IHEC Chairperson with the assistance of Member Secretary to ensure that there is adequate initial and continued training of the RGCB IHEC members and the Secretariat. The Chairperson is responsible for assessment of all RGCB IHEC members and completes a self-assessment exercise at prescribed intervals.

21.4 DETAILED INSTRUCTIONS

21.4.1 Topics for training

RGCB IHEC members should have knowledge of the following:

- Relevant research ethics and regulatory guidelines
- Roles and Responsibilities of RGCB IHEC members
- Review of protocol and related documents, including concepts of Risk
- Benefit assessment, Equity in recruitment, Autonomy, Confidentiality and Privacy
- Recent Developments in relevant health science specialties
- SOPs of the RGCB IHEC

Secretariat should have knowledge and relevant skills for conducting the following activities:

- Competency in working on Microsoft word, Excel, RGCB IHEC office software
- Maintenance of RGCB IHEC Database
- Communication skills- written and verbal
- Knowledge about the SOPs

21.4.2 Training of new RGCB IHEC Members

- Every time a new committee is constituted, the members must undergo initial training on ethics in clinical research and good clinical research and SOPs. One training every year at the minimum should be provided.
- An individual selected as a new member of the RGCB IHEC will be required to attend two meetings as an 'Observer' before being inducted as a member of the RGCB IHEC. Member Secretary or an RGCB IHEC member will provide an introductory training to the new member. The new RGCB IHEC members would be encouraged to undergo online EC training programme too.
- The RGCB IHEC Member Secretary, member, Chairperson will be encouraged to receive continued training by participating in a workshop, conference and/ or retraining program related to research ethics, as a delegate, faculty, facilitator, etc. at least once every year.
- The RGCB IHEC will conduct workshops on ethics in clinical research and good clinical research practices from time to time to impart training to the RGCB IHEC Members to the Institutional faculty members.
- The RGCB IHEC may sponsor or reimburse the expenses of an RGCB IHEC member or prospective members for attending conference, continuing education session workshop and/ or training program (if applicable).

21.4.3 Training of the Secretariat

The RGCB IHEC Member Secretary along with other members will train the Secretariat on SOPs. There will be initial training and at least one training session per year on SOPs. The competency of staff in computers and communication skills will be evaluated and ensured initially at the time of appointment by the Member Secretary and Chairperson.

21.4.4 Assessment of RGCB IHEC members

- The RGCB IHEC members' performance should be evaluated once a year using an assessment form (Annexure 41) by the Chairperson.
- The Chairperson should do self-assessment once a year (Annexure 42).

21.4.5 Maintenance of training records of the RGCB IHEC Members and the Administrative Staff

The Secretariat should maintain copies of the certificates of all training workshops and conferences in research ethics attended by the individual RGCB IHEC members.

The copies will be filed in the individual members' files. The records regarding training copies of the Secretariat will also be maintained in their respective files.

21.5 FLOW CHART NO.

No.	Activity	Responsibility
1	Ensuring Training of RGCB IHEC members	RGCB IHEC Member Secretary/ Chairperson
2	Training of Secretariat RGCB IHEC Member Secretary/ Members	RGCB IHEC Member Secretary/ Members
3	Assessment of performance of members	RGCB IHEC Chairperson
4	Assessment of performance of Chairperson	RGCB IHEC Chairperson (self-evaluation)

ETHICS REVIEW OF BIOMEDICAL AND HEALTH RESEARCH DURING ANY EMERGENCY SITUATIONS

SOP CODE: SOP 22/V1 DATE: AUGUST 20, 2020

22.1 PURPOSE

The purpose of this SOP is to describe how the EC will function and conduct ethics review in an emergency situation with restrictions as imposed by social distancing requirements during the Covid – 19 outbreak.

22.2 PROCEDURES & RESPONSIBILITIES

Sl No	Procedure	Responsibility
	Submission and Initial Review	
1	Submit research proposal (by email)	Investigators
2	Receive, record, verify completeness and allot reference number	Secretariat
3	Categorize the proposals to full committee, expedited and exempted review depending on the risk assessment	Member Secretary
4	Identify the primary/ secondary reviewers for each study	Member Secretary
4	Arrange the proposal package with the study assessment forms for the reviewers	Secretariat
5	Perform Initial review of documents using the study assessment form	Primary/ Secondary reviewers
6	Collate the reviewers comment and has to send it to the Investigator for any clarification	Secretariat
7	Collect the PI's response for the reviewer's comments and prepare a summary for the EC members to review.	Secretariat
8	Schedule virtual meeting, prepare agenda, invite members if required (Consultants, PI's)	Secretariat
	Virtual EC meeting	
9	Welcome address	Member Secretary
10	Quorum declaration	Chairperson
11	COI declaration, If any	EC members
12	Brief presentation on the research proposal/ address queries on the research proposal (leave meeting room prior to discussion)	Primary reviewer / PI
13	Present observation on item reviewed	Primary/ Secondary reviewer

14	Discussion on the proposal and reach consensus	EC members
15	Record decision and move on to the next proposal	Member Secretary/ Secretariat
16	Ratify the approved decisions of exempted/ expedited / continuing review proposals	Member Secretary
17	Record minutes of meeting	Member Secretary/ Secretariat

Post meeting activities

18	Meeting minutes preparation and approval from the Chairperson	Member Secretary/ Secretariat
19	Communication of decision to the PI's and maintaining records	Secretariat
20	Follow up/ monitoring/ analysis of SAE/ handling of issues related to non-compliance, violation, complaints	Member Secretary in consultation with Chairperson

22.3 DETAILED INSTRUCTIONS

- The e – copy of the research proposal has to be submitted in ICMR application forms along with the supporting documents such as Proposal summary, Informed consent document, brief CV of the investigators, duty delegation log, (all the forms and templates are available in RGCB IHEC website), CTRI/HMSC/CDSCO/MTA/MOU/Insurance coverage if applicable.
- The Secretariat has to verify the completeness of the proposal and assign the number.
- Member secretary has to categorize the proposal into full committee review, expedited review or exemption from review.
- Member secretary will identify the primary/ secondary reviewers for the initial review among the EC members or by Independent consultants/ subject experts (if required).
- The proposal package has to be sent it to the reviewers along with the study assessment form for initial review.
- Secretariat has to collate the reviewer's comments and has to send it to the Investigators for any clarification.
- Summarize the Investigators response to the reviewer's comments for the EC members to review during the meeting.
- The agenda for the virtual full committee meeting has to be sent to all the EC members at least 48 hrs before the meeting.

- The members have to be informed about the virtual platform used for the conduct of the meeting.
- The quorum requirement has to meet for any full committee meeting.

22.4 REFERENCES:

- ICMR National Guidelines for Ethics Committee Reviewing Biomedical & Health Research during Covid19 Pandemic
- ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participants

For the purpose of these guidelines, "Genetic Materials" are defined as human tissue samples (blood, serum, tumor, etc.) on which genetic related research, such as biochemical studies of inherited human traits or identification of DNA mutations may be performed.

A. PREVIOUSLY ACQUIRED SAMPLES

i. Previously acquired genetic material may be used if identifiers are stripped irrevocably from samples.

ii. If identifiers are present, experiments not described in present protocols must be submitted for IEC review.

B. PROSPECTIVELY ACQUIRED SAMPLES

1. Anonymous samples (further identification made impossible)

i. Ownership of genetic material will generally remain with the institution. This must be stated in the consent form.

ii. The general scope of the investigations must be explained in the consent form, but new avenues of investigation in the future are permissible if this possibility is explained in the consent form.

iii. Whether the genetic material will be shared by other investigators should be explicit in the consent form.

iv. The consent form should make clear that no specific information relative to the individual donor will be forthcoming; however, information that accrues from the study that is valuable to society may be shared with the individual.

2. Identified samples

i. If genetic material is linked to the donor by specific identifiers, ownership of the material will generally remain with the institution. If a commercial use is anticipated for the genetic material, the individual must be notified. The general policy of ownership should be stated in the consent form using the following wording:

> *"I understand that additional or "leftover" (blood, serum, tumor, etc.) tissue may be used for future research which may result in financial gain for RGCB and the researchers. I also understand that my donated tissue will be one of many that are used in the research and it will be virtually impossible to attribute findings to any one sample. I understand, however, that I am not otherwise waiving any of my legal rights by participating in this study."*

ii. If identifiers are present, new experiments must be reviewed by the EC and new consent obtained from the research participant regardless of the details of ownership.

iii. The investigator may include a provision in the consent form for new experiments

not requiring new consent if identifiers are irrevocably removed from the samples. If the investigator anticipates future experiments without identifiers, this possibility should be present in the original consent form. The methods for removal of identifiers must be approved by the EC. Removal of identifiers must not be employed as a method of avoiding ownership issues.

iv. A satisfactory method for sharing or withholding information gained by the research must be in the research protocol and clearly indicated in the consent form.

v. Details for sharing or not sharing the genetic material with other investigators must be present in the protocol and clearly indicated in the consent form.

vi. The length of time the genetic material will be maintained must be indicated in the consent form.

C. DONATION OF GENETIC MATERIAL AS A REQUIREMENT FOR PARTICIPATION IN A RESEARCH PROTOCOL.

i. Donation of genetic material may be required for participation in a protocol only if the presence of the genetic material is necessary to satisfy the central question of the research.

ii. The investigator will be required to make a clear case in the research protocol for the necessity of the genetic material, if donation of genetic material is mandatory.

iii. This policy applies to genetic material with or without identifiers.APP02/V1

As of October 10, 2000 the ICMR formulated Ethical Guidelines for Biomedical Research on Human Subjects. ICMRs goal is to insure that no research participant is enrolled in a human gene therapy/gene transfer research protocol before the local IEC have the benefit of the broad perspective and experience in protocol review and risk assessment.

In November 2001, the Department of Biotechnology also finalized the Ethical Policies on the Human Genome, Genetic Research and Services.

Guidelines are available at the Office of Biotechnology Activities Internet site

http://dbtindia.nic.in/ethical.html

The following items are required to be addressed in the protocol to provide the necessary information for EC review:

A. BACKGROUND AND JUSTIFICATION

i. Why is this disease a good candidate for gene transfer or gene therapy?

ii. What previous work has been done, including studies of animals and cultured cell models?

iii. Does the work demonstrate effective gene delivery? How does the proposed study relate to previous work?

iv. Is the disease course sufficiently predictable to allow for meaningful assessment of the results of the treatment proposed?

v. What level of gene expression is presumed to be required to achieve the desired effect?

vi. Given responses to the above questions, is there a sufficient justification for the investigator to proceed at this point to a clinical trial?

B. RESEARCH DESIGN

i. What are the objectives of the proposed study (e.g., establishing feasibility or relative safety of the gene transfer, determining therapeutic effectiveness, establishing a safe dose range, demonstrating proof of principle, etc.)?

ii. Is the goal of the study to ameliorate or cure disease or to enhance healthy individuals?

iii. What is the target tissue for gene transfer (e.g., bone marrow cells, skeletal muscle cells, respiratory epithelial cells, central nervous system tissue, etc.)?

iv. What method(s) (e.g., direct injection, inhalation, ex vivo genetic modification with injection of modified cells) and reagent(s) (e.g., vectors based on retroviruses, adenoviruses, adeno associated viruses, herpes viruses) will be employed for gene delivery? What is the rationale for their use? Are other methods or reagents known

that are more appropriate with regard to efficacy, safety, and stability?

v. How will the investigator determine the proportion of cells that acquires and expresses the added DNA?

vi. How will the investigator determine if the product is biologically active?

vii. Is the planned statistical treatment appropriate: i.e., is it likely to provide valid answers to the study question?

viii. Is it reasonable to expect that the research design proposed will meet the investigator's objectives?

C. PROCEDURES

i. What research-specific procedures and research-specific investigations are required by the study over and above those that would be required for patients receiving standard clinical care (e.g., physical examinations, venous or arterial blood tests, collection of target cells, imaging procedures, irradiation, chemotherapy, direct injection of vector, re-injection of genetically modified cells, organ or tissue transplantation, surgery, tissue/tumor donation, questionnaires, interviews)?

ii. Is long term follow-up appropriate or essential for this protocol? If long term follow-up is proposed, is there justification for the number of visits and the length of time required? Is such follow-up feasible in the case of this protocol (e.g., have provisions been made for subjects who move? Is adequate funding available for such follow-up?)?

iii. What are the procedures for obtaining or maintaining information in a data/DNA bank (e.g., use of identifiers, limitation on access, need for consent, sharing with other investigators, duration of storage, future subject contact)?

iv. Are all of the research-specific procedures necessary? In combination with data collected in the course of clinical care, is it reasonable to expect that the information produced by this study will be sufficient to answer the research question?

D. CONFIDENTIALITY

i. Are the practical steps for maintaining confidentiality of data/records/database information clearly specified and adequate (e.g., encryption, use of unique identifiers, sequestering of records, security measures)?

E. PARTICIPANT SELECTION

i. How has the study population been defined?

ii. Has an adequate rationale been provided for each eligibility criterion (e.g., safety considerations, definition of disease, avoidance of additional concurrent therapies, administrative considerations)? Do they strike a defensible balance between scientific

validity and generalizability (i.e., is the study population sufficiently, but not unduly, restricted so as to yield interpretable results)?

iii. How will participants be recruited? If a cohort of eligible patients exists, how will selection be made amongst them? If several trials exist for which the same patients are eligible, how will this be presented to prospective subjects?

iv. Does the definition of the research population reflect appropriate scientific, clinical, and ethical norms? In recruiting and negotiating with potential participants, have the norms of non-discrimination been respected?

F. RISKS, DISCOMFORTS, AND BENEFITS

i. What risks and discomforts are associated with the research-specific procedures and investigations (e.g., surgery, chemotherapy, radiation, bone marrow transplantation)? Have they been minimized?

ii. If a virus-mediated gene transfer is proposed, what is the potential for the presence of a replication-competent or pathological virus or other form of contaminants? How sensitive are the tests to detect such viruses or contaminants? What level of viral presence or other form of contamination would be tolerable in this protocol?

iii. Has the possibility of vertical transmission (i.e., gene insertion into germ cells or a fetus) or horizontal transmission (e.g., to family members or health care staff) been considered? What measures have been taken to minimize the risks of transmission? Are other measures possible? If transmission were to occur, what would be the consequences?

iv. What are the risks for the vector to activate an oncogene or inactivate a tumor suppressor gene leading to vector-related malignancy?

v. Are the risks and discomforts of the study justified given the potential benefit to participants and the scientific importance of the research?

G. INFORMATION TO PARTICIPANTS

- Have prospective participants been adequately informed of the following:

    1. What is being studied and why, giving details about study procedures, known or potential risks, discomforts and benefits, and alternatives to participation;

    2. Their rights: (a) to information on an on-going basis, confidentiality with regard to their participation and handling of their data, and the right to consult with others before making a decision whether to participate; and (b) to withdraw from the study without penalty or loss of benefits, as well as of any health consequences of withdrawal for themselves or their immediate contacts, or limitations on withdrawal, if any;

    3. Any special issues related to this gene therapy trial, such as uncertainty associated with short and long term risks and benefits or the possibility of media attention; and

    4. Any commercial or financial interests in the research.

- Have prospective participants been provided this information in simple language, using translation where necessary, with answers to their questions, referral to other sources of information, and adequate time to make up their minds whether to participate?

- If there is no individual benefit from participation in the research, has this been appropriately disclosed?

- Will the general study results be made available to participants?

- Do all of the elements of the consent process combine to allow participants a full opportunity to make an informed choice?

Reference:

- Ethical Guidelines for Biomedical Research on Human Subjects ICMR 2000

- National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, ICMR 2017.

EC Ref. No.*(for office use):*

General Instructions: a) Tick one or more as applicable. Mark NA if not applicable
b) Attach additional sheets if required

SECTION A - BASIC INFORMATION

1. ADMINISTRATIVE DETAILS

(a) Name of Principal Investigator:

(b) Designation: (c) Division:

(d) Date of Submission: Click here to enter a date.

(e) Title of the study:

(f) Acronym/ Short title, (If any):

(g) Details of Investigators:

Name	Designation and Qualification	Department and Institution	Address for communication[1]
Principal Investigator/Guide			
Co-investigator/student/fellow			

(h) Duration of the study:

2. FUNDING DETAILS AND BUDGET

(a) Total estimated budget for site:

(b) Duration of the budget:

(c) Indian Sponsor:

Central government funding State government funding Institutional funding Private

Specify

(d) International Sponsor:

Government Private UN agencies

(e) Industry:

National Multinational

(f) Contact address of the sponsor:

SECTION B - RESEARCH RELATED INFORMATION

3. OVERVIEW OF RESEARCH

(a)

Basic Sciences	☐	Clinical	☐	Epidemiological	☐
Retrospective	☐	Prospective	☐		
Cross Sectional	☐	Case		Cohort	☐
Any others	☐	Control*(Specify)*	☐		

Type of study:

(b) Single center ☐ Multi-centric ☐

4. METHODOLOGY

(a) Is there an external laboratory involved for investigations?[2] Yes ☐ No ☐ NA ☐

SECTION C - PARTICIPANT RELATED INFORMATION

5. RECRUITMENT AND RESEARCH PARTICIPANTS

(a) Type of participants in the study: (If no, skip to 6)

Healthy volunteer	☐	Patient	☐	Vulnerable person/ Special groups	☐	Others *(Specify)*	☐

Who will do the recruitment? ☐

Participant recruitment methods used:

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

Others*(Specify)* ☐

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

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

Children under 18 yrs	☐	Pregnant or lactating women	☐
Differently abled (Mental/ Physical)	☐	Employees/Students/Nurses/ Staff	☐
Elderly	☐	Institutionalized	☐
Economically and socially disadvantaged	☐	Refugees/Migrants/Homeless	☐
Terminally Ill (stigmatized or rare diseases)	☐		
Any other *(Specify)*:	☐		

iii. Provide justification for inclusion/exclusion criteria ☐

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

6. BENEFITS AND RISK

(a) i. Are there any anticipated physical/social/psychological discomforts/ risk to participants?

Yes ☐ No ☐

If yes, categorize the level of risk[3]:

Less than Minimal risk	☐	Minimal risk	☐
Minor increase over minimal risk or Low Risk	☐	More than Minimal Risk or High Risk	☐

(a). ii. Describe the risk management strategy:

(if applicable) ☐

(b) What are the potential benefits from the study?

	Yes	No	If yes,	Direct	Indirect
For the participant	☐	☐	☐	☐	☐
For the society/ community	☐	☐	☐	☐	☐
For improvement in science	☐	☐	☐	☐	☐

Please describe how the benefits justify the risks : (If minimal / high risk) ☐

(c) Are Adverse Events expected in the study[4]? Yes ☐ No ☐ NA ☐

Are reporting procedures and management strategies described in the study? Yes ☐ No ☐

If Yes, Specify

7. INFORMED CONSENT

(a) Are you seeking waiver of consent? If yes, please specify reasons and skip to question 8. Yes ☐ No ☐

(b) Type of consent planned for :

Signed consent ☐	Verbal/ oral consent ☐	Witnessed consent ☐	Audio-Video (A/V) consent ☐
Consent from LAR (If so, specify from whom) ☐	For children<7 yrs parental/LAR consent ☐	Verbal assent from minor (7-12 yrs) along with parental consent ☐	Written Assent from Minor (13-18 yrs) along with parental consent ☐

Other (specify) ☐

(c) Who will obtain the informed consent? ☐

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

Any tools to be used ☐

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

English ☐ Local language ☐ other (specify) ☐

List the languages in which translations were done ☐

(e) Provide details of Consent if the study uses previously stored samples[5] ☐

8. STORAGE AND CONFIDENTIALITY

(a) Identifying Information: Study Involves samples/data. If Yes, Specify Yes ☐ No ☐ NA ☐

Anonymous/ unidentified ☐ Anonymized: reversibly coded ☐ Irreversibly coded ☐ Identifiable ☐

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

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

(c) Where will the data be analyzed[6] and by whom?

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

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

SECTION D: OTHER ISSUES

10. PUBLICATION, BENEFIT SHARING AND IPR ISSUES

(a) Will the results of the study be reported and disseminated? Yes ☐ No ☐ NA ☐

If yes, specify.

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

(c) Is there is any commercial value or a plan to patent/IPR issues. Yes ☐ No ☐ NA ☐

If yes, Please provide details

(d) If commercial product is developed, is there any plan for post research benefit sharing with participants? Yes ☐ No ☐ NA ☐

If yes, specify

(e) Do you have any additional information to add in support of theapplication, which is not included elsewhere in the form? Yes ☐ No ☐

If yes, provide the details.

[5]*Information on re-consent requirements can be found at National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017,Page 54 in Section 5.8*

[6]*For example, a data entry room, a protected computer etc.*

SECTION E: DECLARATION AND CHECKLIST[7]

11. DECLARATION (PLEASE TICK AS APPLICABLE)

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

- ☐ I/We have the following conflict of interest (PI/Co-PI):

  1.

  2.

I/We declare/confirm that all necessary government approvals will be obtained as per requirements wherever applicable.

Name of PI: Signature: Click here to enter a date.

12. CHECKLIST

Sl.No	Items	Yes	No	NA	Enclosure No.	EC Remarks (If applicable)
	ADMINISTRATIVE REQUIREMENTS					
1.	Cover letter	☐	☐	☐		
2.	Brief CV of all Investigators	☐	☐	☐		
3.	EC clearance of other centers*	☐	☐	☐		
4.	Agreement between collaborating partners*	☐	☐	☐		
5.	MTA between collaborating partners* **(OTV reference Number)**	☐	☐	☐		
6.	Insurance policy/certificate	☐	☐	☐		
7.	Evidence of external laboratory credentials in case of an externally outsourced laboratory study QA/ QC certification	☐	☐	☐		
8.	Sanction letter from the Head of the Institution	☐	☐	☐		
9.	Provide all significant previous decisions (e.g. those leading to a negative decision or modified protocol) by other ECs/Regulatory authorities for proposed study (whether in same location or elsewhere) and modification(s) to protocol	☐	☐	☐		

PROPOSAL RELATED

10.	Copy of the detailed protocol[8]	☐	☐	☐
11.	Investigators Brochure (If applicable for drug/biologicals/device trials)	☐	☐	☐
12.	Participant Information Sheet(PIS) and Informed Consent Form (ICF)(English and translated)	☐	☐	☐
13.	Assent form for minors (12-18 years) (English and Translated)	☐	☐	☐
14.	Proforma/Questionnaire / Case Report Forms (CRF)/ Interview guides/ Guides for Focused Group Discussions (FGDs) (English and translated)	☐	☐	☐
15.	Advertisement/material to recruit participants (fliers, posters etc.)	☐	☐	☐

PERMISSION FROM GOVERNING AUTHORITIES

	Other Registration/ permissions	**Required**	**Not required**	**Received**	**Applied dd/mm/yy**	**EC Remarks**
16.	CTRI	☐	☐	☐	Enter date	
17.	DCGI	☐	☐	☐	Enter date	
18.	HMSC	☐	☐	☐	Enter date	
19.	NAC-SCRT	☐	☐	☐	Enter date	
20.	ICSCR	☐	☐	☐	Enter date	
21.	RCGM	☐	☐	☐	Enter date	
22.	GEAC	☐	☐	☐	Enter date	
23.	BARC	☐	☐	☐	Enter date	

24.	Tribal Board	☐	☐	☐	Enter date
25.	Others (Specify)	☐	☐	☐	Enter date

ANY OTHER RELEVANT INFORMATION/DOCUMENTS RELATED TO THE STUDY

	Item	YES	NO	NA	Enclosure no.	EC remarks
26.		☐	☐	☐		
27.		☐	☐	☐		

[7]*These formats are adaptable and can be modified by the Ethics Committee members depending on their needs and requirements Acknowledgement for Receipt of Application (Copy to be provided to PI)*

*****For multicentric research. MTA-Material transfer agreement; CTRI-Clinical Trial Registry-India; DCGI-Drug Controller General of India; HMSC- Health Ministry's Screening Committee; NAC-SCRT- National Apex Committee for Stem Cell Research and Therapy; IC-SCR-Institutional committee for Stem Cell Research; RCGM- Review Committee on Genetic Manipulation; GEAC- Genetic Engineering Approval Committee; BARC- Bhabha Atomic Research Centre*

[8]*Refer to National Ethical Guidelines for Biomedical and Health Research Involving Human Participants 2017, section 4 page no. 35Box 4.4(b)*

(Footnotes)

1. *Include telephone/mobile, fax numbers and email id*
2. *If participant samples are sent outside for investigations, provide details of the same and attach relevant documentation such as an MTA/ MoU etc.*
3. *For categories of risk refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017. Page 6 in Table 2.1*
4. *The term adverse events in this regard encompass both serious and non-serious adverse events.*

EC Ref. No.*(for office use):*

General Instructions: a) Tick one or more as applicable. Mark NA if not applicable
b) Attach additional sheets if required

SECTION A - BASIC INFORMATION

1. ADMINISTRATIVE DETAILS

(a) Name of Principal Investigator:

(b) Designation: (c) Division:

(d) Date of Submission: Click here to enter a date.

(e) Title of the study:

(f) Acronym/ Short title, (If any):

(g) Details of Investigators:

Name	Designation and Qualification	Department and Institution	Address for communication[1]
Principal Investigator/Guide			
Co-investigator/student/fellow			

(h) Duration of the study:

2. FUNDING DETAILS AND BUDGET

(a) Total estimated budget for site:

(b) Duration of the budget:

(c) Indian Sponsor:

Central government funding ☐ State government funding ☐

Institutional funding ☐ Private ☐

Specify

(d) International Sponsor:

Government ☐ Private ☐ UN agencies ☐

(e) Industry:

National ☐ Multinational ☐

(f) Contact address of the sponsor:

Include telephone/mobile, fax numbers and email id

SECTION B - RESEARCH RELATED INFORMATION

a) 1. Type of clinical trial

Regulatory trial ☐ Academic trial ☐

CTRI registration number: ☐ NABH accreditation number ☐ EC registration number: ☐

b)

Single center ☐ Multi-centric ☐

c) If regulatory trial, provide status of CDSCO permission letter

Tick all categories that apply to your trial

Phase - I ☐ Phase II ☐

Phase III ☐ Phase IV or Post Marketing Surveillance ☐

Investigational medicinal products ☐ Investigational New drug ☐

Medical devices ☐ New innovative procedure ☐

Drug/device combination ☐ Bioavailability/Bioequivalence studies ☐

Non-drug intervention ☐ Repurposing an existing intervention ☐

Indian system of medicine (AYUSH) ☐ Stem cells ☐

Phytopharmaceutical drug ☐ Approved drug for any new indication or new route of administration ☐

Others (specify)

d) Trial design of the study (May choose more than one)

Randomized	☐	Factorial	☐
Non randomized	☐	Stratified	☐
Parallel	☐	Adaptive	☐
Cross-over	☐	Comparison trial	☐
Cluster	☐	Superiority trial	☐
Matched-pair	☐	Non-inferiority trial	☐
Others (specify)	☐	Equivalence trial	☐

e) If there is randomization, how will the participants be allocated to the control and study group(s)?

f) Describe the method of allocation concealment (blinding / masking), if applicable

g) List the primary / secondary outcomes of the trial.

h) List the primary / secondary outcomes of the trial.

i) If yes, Name and Contact details:

j) State how the CRO/SMO/agency will be involved in the conduct of the trial (tick all that apply)

Project management	☐	Clinical and medical monitoring	☐
Regulatory affairs	☐	Data management	☐
Statistical support	☐	Medical writing	☐
Site management	☐	Audits, quality control, quality assurance	☐
Finance management	☐	Recruitment and training	☐
Administrative support	☐	Others (specify)	☐

k) Please provide the following details about the intervention being used in the protocol

I. Drug/s, device/s and/or biologics; If yes, provide regulatory approval details

Yes ☐ No ☐ NA ☐

II. Already approved drugs or a combination of two or more drugs with new indications / change in dosage form / route of administration. If yes, provide details

Yes ☐ No ☐ NA ☐

III. Provide contact details of who prepared and /or is manufacturing the drug/s, device/s and biologics

IV. Provide details of patent of the drug/s, device/s and biologics.

l) Describe in brief any preparatory work or site preparedness for the protocol?

Yes ☐ No ☐ NA ☐

If yes, (100words)

m) Is there an initial screening/ use of existing database for participant selection?

Yes ☐ No ☐ NA ☐

If Yes, provide details[1]

n) Are there any anticipated incidence, frequency and duration of adverse events related to the intervention? If yes, provide details of arrangements made to address them.

Yes ☐ No ☐ NA ☐

o) Does the study use a placebo?
If yes, justify the use of the placebo and risks entailed to participants.

Yes ☐ No ☐ NA ☐

p) Will current standard of care be provided to the control arm in the study?

Yes ☐ No ☐ NA ☐

If no, please justify.

q) Are there any plans to withdraw standard therapy during the study ?If yes, please justify.

Yes ☐ No ☐ NA ☐

r) Are there any rules to stop the protocol in case of any adverse events? If yes, please specify.

Yes ☐ No ☐ NA ☐

s) Does the study have a Data and Safety Monitoring Plan? If no, please justify.

Yes ☐ No ☐

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

English ☐ Local language ☐

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

Other(Specify)

[1]In order to select participants for your protocol does the protocol requires you to screen an initial population or refer to an existing database before short listing participants. If yes, provide details on the same

u) Involvement/consultation of statistician in the study design

Yes ☐ No ☐ NA ☐

v) Is there any insurance coverage of the trial? If yes, provide details.

Yes ☐ No ☐

i. Is the PI registered with Medical Council of India (MCI) or the State Medical Council registration? Please provide details.

Yes ☐ No ☐

ii. Is the PI trained in GCP in last 3 years?. If yes, Please enclose certificate

Yes ☐ No ☐

4. METHODOLOGY

a) Is there an external laboratory involved for investigations?[2] Yes ☐ No ☐ NA ☐

SECTION C - PARTICIPANT RELATED INFORMATION

5. RECRUITMENT AND RESEARCH PARTICIPANTS

a) Type of participants in the study: (If no, skip to 6)

Healthy volunteer ☐ Patient ☐ Vulnerable person/ Special groups ☐
Others (Specify)

Who will do the recruitment? ☐

Participant recruitment methods used:

Posters/ leaflets/Letters ☐ TV/Radio ads/Social media/Institution website ☐

Patients / Family/Friends visiting hospitals ☐ Telephone ☐

Others(Specify) ☐

[2] *If participant samples are sent outside for investigations, provide details of the same and attach relevant documentation such as an MTA/ MoU etc.*

b)

i. Will there be vulnerable person/special groups involved? Yes ☐ No ☐ NA ☐

ii. If yes, type of vulnerable person /special groups ☐

Children under 18 yrs ☐ Pregnant or lactating women ☐

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

Elderly ☐ Institutionalized ☐

Economically and socially disadvantaged ☐ Refugees/Migrants/Homeless ☐

Terminally Ill (stigmatized or rare diseases) ☐

Any other (Specify):

i. Will there be vulnerable person/special groups involved? Yes ☐ No ☐ NA ☐

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

iii. Provide justification for inclusion/exclusion criteria

iv. Are there any additional safeguards to protect research participants

6. BENEFITS AND RISKS

a) i. Are there any anticipated physical/social/psychological discomforts/ risk to participants? Yes ☐ No ☐

If yes, categorize the level of risk :

Less than Minimal risk ☐ Minimal risk ☐

Minor increase over minimal risk or Low Risk ☐ More than Minimal Risk or High Risk ☐

ii. Describe the risk management strategy: (if applicable)

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

c) Are Adverse Events expected in the study ? Yes ☐ No ☐ NA ☐

Are reporting procedures and management strategies described in the study? Yes ☐ No ☐
If Yes, Specify

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

7. INFORMED CONSENT

a) Are you seeking waiver of consent? If yes, please specify reasons and skip to question 8.

Yes ☐ No ☐

b) Type of consent planned for :

Signed consent ☐ Verbal/ oral consent ☐ Witnessed consent ☐

Audio-Video (A/V) consent ☐

Consent from LAR (If so, specify from whom) ☐

For children<7 yrs parental/LAR consent ☐

Verbal assent from minor (7-12 yrs) along with parental consent ☐

Written Assent from Minor (13-18 yrs) along with parental consent ☐

Other (specify) ☐

c) Who will obtain the informed consent?

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

Any tools to be used ☐

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

English ☐ Local language ☐ Other (specify) ☐

List the languages in which translations were done ☐

e) Provide details of Consent if the study uses previously stored samples[5]

8. STORAGE AND CONFIDENTIALITY

a) Identifying Information: Study Involves samples/data. If Yes, Specify Yes ☐ No ☐ NA ☐

Anonymous/unidentified ☐ Anonymized: reversibly coded ☐ irreversibly coded ☐
Identifiable ☐

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

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

c) Where will the data be analyzed6 and by whom?

d) For how long will the data be stored?

e) Do you propose to use stored samples/data in future studies?

Yes ☐ No ☐ Maybe ☐

SECTION D: OTHER ISSUES

[5]Information on re-consent requirements can be found at National Ethical Guidelines for Biomedical & Health Research Involving Human Participants

10. PUBLICATION, BENEFIT SHARING AND IPR ISSUES

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

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

c) Is there is any commercial value or a plan to patent/IPR issues. If yes, Please provide details

Yes ☐ No ☐ NA ☐

d) If commercial product is developed, is there any plan for post research benefit sharing with participants? Yes ☐ No ☐ NA ☐ If yes, specify

e Do you have any additional information to add in support of the application, which is not included elsewhere in the form? If yes, provide the details.

Yes ☐ No ☐

2017,Page 54 in Section 5.8

[6]*For example, a data entry room, a protected computer etc.*

SECTION E: DECLARATION AND CHECKLIST[7]

11. DECLARATION (Please tick as applicable)

☐ I/We certify that the information provided in this application is complete and correct.

☐ I/We confirm that all investigators have approved the submitted version of proposal/related documents.

☐ I/We confirm that this study will be conducted in accordance with the latest ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participants and other applicable regulations and guidelines including responsible.

☐ I/We confirm that this study will be conducted in accordance with the Drugs and Cosmetics Act 1940 and its Rules 1945 as amended from time to time, GCP guidelines and other applicable regulations and guidelines.

☐ I/We will comply with all policies and guidelines of the institute and affiliated/collaborating institutions where this study will be conducted.

☐ I/We will ensure that personnel performing this study are qualified, appropriately trained and will adhere to the provisions of the EC approved protocol.

☐ I/We declare that the expenditure in case of injury related to the study will be taken care of.

☐ If applicable, I/We confirm that an undertaking of what will be done with the leftover samples is provided, if applicable.

☐ I/We confirm that we shall submit any protocol amendments, adverse events report, significant deviations from protocols, progress reports (if required) and a final report and also participate in any audit of the study if needed.

☐ I/We confirm that we will maintain accurate and complete records of all aspects of the study.

☐ I/We will protect the privacy of participants and assure safety and confidentiality of study data and biological samples.

☐ I/We hereby declare that I/any of the investigators, researchers and/or close relative(s), have no conflict of interest (Financial/Non-Financial) with the sponsor(s) and outcome of study.

I/We have the following conflict of interest (PI/Co-PI):

☐

1.
2.

☐ I/We declare/confirm that all necessary government approvals will be obtained as per requirements wherever applicable.

Name of PI: Signature: Click here to enter a date.

12. CHECKLIST

Sl.No	Items	Yes	No	NA	Enclosure No.	EC Remarks(If applicable)
ADMINISTRATIVE REQUIREMENTS						
1	Cover letter	☐	☐	☐		
2	Brief CV of all Investigators	☐	☐	☐		
3	EC clearance of other centers*	☐	☐	☐		
4	Agreement between collaborating partners*	☐	☐	☐		
5	MTA between collaborating partners*(OTV reference Number)	☐	☐	☐		
6	Insurance policy/certificate	☐	☐	☐		
7	Evidence of external laboratory credentials in case of an externally outsourced laboratory study QA/QC certification	☐	☐	☐		
8	Sanction letter from the Head of the Institution	☐	☐	☐		
9	Provide all significant previous decisions (e.g. those leading to a negative decision or modified protocol) by other ECs/Regulatory authorities for proposed study (whether in same location or elsewhere) and modification(s) to protocol	☐	☐	☐		
PROPOSAL RELATED						
10	Copy of the detailed protocol8	☐	☐	☐		
11	Investigators Brochure (If applicable for drug/biologicals/ device trials)	☐	☐	☐		
12	Participant Information Sheet(PIS) and Informed Consent Form (ICF)(English and translated)	☐	☐	☐		
13	Assent form for minors (12-18 years) (English and Translated)	☐	☐	☐		

14	Proforma/Questionnaire / Case Report Forms (CRF)/ Interview guides/ Guides for Focused Group Discussions (FGDs) (English and translated)	☐	☐	☐
15	Advertisement/material to recruit participants (fliers, posters etc.)	☐	☐	☐

PERMISSION FROM GOVERNING AUTHORITIES

	Other Registration/ permissions	Required	Not required	Received	Applied date	EC Remarks
16	CTRI	☐	☐	☐		
17	DCGI	☐	☐	☐		
18	HMSC	☐	☐	☐		
19	NAC-SCRT	☐	☐	☐		
20	ICSCR	☐	☐	☐		
21	RCGM	☐	☐	☐		
22	GEAC	☐	☐	☐		
23	BARC	☐	☐	☐		
24	Tribal Board	☐	☐	☐		
25	Others (Specify)	☐	☐	☐		

ANY OTHER RELEVANT INFORMATION/DOCUMENTS RELATED TO THE STUDY

	Item	YES	NO	NA	Enclosure no.	EC remarks
26						
27						

[7]These formats are adaptable and can be modified by the Ethics Committee members depending on their needs and requirements Acknowledgement for Receipt of Application (Copy to be provided to PI)
*For multicentric research. MTA-Material transfer agreement; CTRI-Clinical Trial Registry-India; DCGI-Drug Controller General of India; HMSC- Health Ministry's Screening Committee; NAC-SCRT- National Apex Committee for Stem Cell Research and Therapy; IC-SCR-Institutional committee for Stem Cell Research; RCGM- Review Committee on Genetic Manipulation; GEAC- Genetic Engineering

Approval Committee; BARC- Bhabha Atomic Research Centre
[8]Refer to National Ethical Guidelines for Biomedical and Health Research Involving Human Participants 2017, section 4 page no. 35Box 4.4(b)

ANNEXURE 2

APPLICATION FORM FOR EXPEDITED REVIEW

EC Ref. No. ***(***for office use):*

IHEC Proposal Number: Title of study:

Principal Investigator (Name, Designation and Affiliation):

1. Choose reasons why expedited review from EC is requested[1]?

i. Involve non-identifiable specimen and human tissue from sources like blood banks, tissue banks and left-over clinical samples	☐
ii. Involve clinical documentation materials that are non-identifiable (data, documents, records).	☐
iii. Modification or amendment to approved protocol (administrative changes/correction of typographical errors and change in researcher(s))	☐
iv. Revised proposals previously approved through expedited review, full review or continuing review of approved proposals	☐
v. Minor deviations from originally approved research causing no risk or minimal risk	☐
vi. Progress/annual reports where there is no additional risk, for example activity limited to data analysis. Expedited review of SAEs/unexpected AEs will be conducted by SAE subcommittee.	☐
vii. For multicentre research where a designated EC has approved the proposal, a participating EC may review participating centre specific information and modification in the study proposal through full committee meeting/ expedited review depending on the importance of local consent related issues involved specific to the centre.	☐
viii. Research during emergencies and disasters (See Section 12 of ICMR Ethical Guide lines, 2017).	☐
ix. Any other (please specify)	☐

2. Overview of the research (Lay summary in 300 words)

3. Is waiver of consent being requested ? Yes ☐ No ☐

4. Does the research involve vulnerable person[2]? Yes ☐ No ☐

If Yes give details:

Signature of PI: Click here to enter a date.

[1]*Refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 51 Table 4.2*

[2]*For details, refer to application for initial review, Section-C, 5(b)*

**In case this is first submission, leave it blank*

***SAE – Serious Adverse Events*

ANNEXURE 3

APPLICATION FORM FOR EXEMPTION FROM REVIEW

EC Ref. No.*(for office use):*

Title of study:

Principal Investigator (Name, Designation and Affiliation)

1. Choose reasons why exemption from ethics review is requested [1]?

i.	Research on data in the public domain/ systematic reviews or meta-analyses;	☐
ii.	Observation of public behaviour/ information recorded without linked identifiers and disclosure would not harm the interests of the observed person	☐
iii.	Quality control and quality assurance audits in the institution	☐
iv.	Comparison among instructional techniques, curricula, or classroom management methods	☐
v.	Consumer acceptance studies related to taste and food quality	☐
vi.	Public health programmes by government agencies[2]	☐
vii.	Any other (please specify in 100 words):	☐

2. Overview of the research

(Lay summary in 300words)

Signature of PI: Click here to enter a date.

1Select the category that applies best to your study and justify why you feel it should be exempted from review. For a detailed understanding of the type of studies that are exempt from review, refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 51 Table 4.2.

2Such as programme evaluation where the sole purpose of the exercise is refinement and improvement of the programme or monitoring (where there are no individual identifiers)

ANNEXURE 4

APPLICATION/ NOTIFICATION FORM FOR AMENDMENTS

EC Ref. No.*(for office use):*

IHEC Proposal Number: Title of the study:

Principal Investigator (Name, Designation and Affiliation):

1. Date of EC approval: Date of start of study:
2. Details of amendment(s)

Sl.No	Existing Provision	Proposed Amendment	Reason	Location in the protocol/ICD[1]

3. Impact on benefit-risk analysis Yes No
   If yes, describe in brief:
4. Is any re-consent necessary? Yes No
   If yes, have necessary changes been made in the informed consent? Yes No
5. Type of review requested for amendment:

   Expedited review (No alteration in risk to participants)

   Full review by EC (There is an increased alteration in the risk to participants)
6. Version number of amended Protocol/Investigator's brochure/ICD:

Signature of PI: Click here to enter a date.

[1]Location implies page number in the ICD/protocol where the amendment is proposed.

EC Ref. No.*(for office use):*

IHEC proposal number:

Title of study:

Principal Investigator (Name, Designation and Affiliation)

1.	Date of EC Approval: Click here to enter a date.	Validity of approval: Click here to enter a date.	
2.	Date of Start of study: Click here to enter a date.	Proposed date of Completion: Click here to enter a date.	
3.	Period of Continuing Report Click here to enter a date.	---- to ------	Click here to enter a date.

4. Does the study involve recruitment of participants? Yes ☐ No ☐

(a) If yes, Total number approved by EC No. Enrolled: No. Envisaged:

Planned recruitment timeline: If delayed, state reason: .

(b) Enrolment status – ongoing / completed/ stopped

(c) Any other remark

(d) Have any participants withdrawn from this study since the last approval? Yes ☐ No ☐ NA ☐

If yes, total number withdrawn and reasons:

5. Is the study likely to extend beyond the stated period[1]? Yes ☐ No ☐

If yes, please provide reasons for the extension

6. Have there been any amendments in the research protocol/informed consent document (ICD) during the past approval period?

7. If No, skip to item no.6 Yes ☐ No ☐

(a) If yes, date of approval for protocol and ICD : Click here to enter a date.

(b) In case of amendments in the research protocol/ICD, was re-consent sought from participants?

If yes, when / how: Yes ☐ No ☐

If no, why:

[1]*Problems encountered since the last continuing review application with respect to implementation of the protocol as cleared by the EC*

8. Is any new information available that changes the benefit -risk analysis of human participants involved in this study? Yes ☐ No ☐

If yes, discuss in detail:

9. Have any ethical concerns occurred during this period? Yes ☐ No ☐

If yes, give details

10. Are there any publications or presentations during this period?

If yes give details Yes ☐ No ☐

Any other comments:

11. **For Clinical Trials Only**

(a) Does the study have a DSMB? Yes ☐ No ☐

(b) Is the DSMB report attached? Yes ☐ No ☐

(c) Have any adverse events been noted since the last review? Yes ☐ No ☐

Describe in brief:

(c) Have any SAE's[3] occurred since last review? Yes ☐ No ☐

If yes, number of SAE's : Type of SAE's:

(d) Is the SAE related to the study? Yes ☐ No ☐

Have you reported the SAE to EC? If no, state reasons Yes ☐ No ☐

12. Has there been any protocol deviations/violations that occurred during this period?

If yes, number of deviations

Have you reported the deviations to EC? If no, state reasons Yes ☐ No ☐

13. In case of multicentric trials, whether reports of off-site SAEs have been submitted to the EC

Yes ☐ No ☐ NA ☐

Signature of PI: Click here to enter a date.

[2] *In case there is a Data Safety Monitoring Board (DSMB) for the study; provide a copy of the report from the DSMB. If not write NA.*

[3] *SAE – Serious Adverse Events*

ANNEXURE 6

PROTOCOL VIOLATION/ DEVIATION REPORTING FORM (REPORTING BY CASE)

EC Ref. No.*(for office use):*

IHEC proposal Number: Title of study:

Principal Investigator (Name, Designation and Affiliation):

1. Date of EC approval: Click here to enter a date. Date of start of study: Click here to enter a date.
2. Participant ID: Date of occurrence: Click here to enter a date.
3. Total number of deviations /violations reported till date in the study:
4. Deviation/Violation identified by: Principal Investigator/study team ☐ Sponsor/Monitor ☐ SAE Sub Committee/EC ☐
5. Is the deviation related to (Tick the appropriate box) :

Consenting	☐	Source documentation	☐
Enrollment	☐	Staff	☐
Laboratory assessment	☐	Participant non-compliance	☐
Investigational Product	☐	Others (*specify*)	☐
Safety Reporting			

6. Provide details of Deviation/Violation:
7. Corrective action taken by PI/Co-PI:
8. Impact on (if any): Study participant ☐ Quality of data ☐
9. Are any changes to the study/protocol required? Yes ☐ No ☐

If yes, give details

Signature of PI: Click here to enter a date.

ANNEXURE 7

SERIOUS ADVERSE EVENT REPORTING FORMAT (BIOMEDICAL HEALTH RESEARCH)

EC Ref. No.*(for office use):*

IHEC proposal Number:

Title of study:

Principal Investigator (Name, Designation and Affiliation)

1. Participant details :

Initials and ID	Age at the time of event	Gender	Weight: (Kgs)
		Male ☐ Female ☐	Height: (cms)

2. Suspected SAE diagnosis:

3. Date of onset of SAE: Click here to enter a date.

   Date of reporting SAE: Click here to enter a date.

   Describe the event[1]:

4. Details of suspected intervention causing SAE[2]

5. Report type: Initial ☐ Follow-up ☐ Final ☐

   If Follow-up report, state date of Initial report Click here to enter a date.

6. Have any similar SAE occurred previously in this study? If yes, please provide details. Yes ☐ No ☐

7. In case of a multi-centric study, have any of the other study sites reported similar SAEs (Please list number of cases with details if available).

8. Tick whichever is applicable for the SAE: (Kindly note that this refers to the Intervention being evaluated and NOT disease process)

A. Expected event ☐ Unexpected event ☐

[1]*Duration, setting, site, signs, symptoms, severity, criteria for regarding the event serious*

[2]*Refers to research intervention including basic, applied and operational research or clinical research, except for investigational new drugs. If it is an academic clinical trial, mention name, indications, dosage, form and strength of the drug(s)*

B.

Hopitalization	☐	Increased Hospital Stay	☐	Death	☐	Congenital anomaly/ birth defect	☐
Persistent or significant disability/ incapacity	☐	Event requiring intervention (surgical or medical) to prevent SAE	☐	Event which poses threat to life	☐	Others	☐

In case of death, state probable cause of death:

C. No permanent/significant functional/cosmetic impairment	☐
Permanent/significant functional/cosmetic impairment	☐
Not Applicable	☐

9. Describe the medical management provided for adverse reaction (if any) to the research participants. (include the information on who paid, how much was paid and to whom)

10. Provide details of compensation provided/ to be provided to participants (include the information on who paid, how much was paid and to whom)

11. Outcome of SAE

Fatal	☐	Recovered	☐
Continuing	☐	Unknown	☐
Recovering	☐	others(*specify*)	☐

12. Provide any other relevant information to that can facilitate assessment of the case such as medical history

13. Provide details about PI's final assessment of SAE relatedness to trial.

Signature of PI: Click here to enter a date.

ANNEXURE 7B

SERIOUS ADVERSE EVENT REPORTING FORMAT (CLINICAL TRIALS)

EC Ref. No.(for office use):

Title of study:

Principal Investigator (Name, Designation and Affiliation)

1. Participant details :

Initials and Case No./ Subject ID	Age at the time of event	Gender		Weight:	(Kgs)
		Male ☐	Female ☐	Height:	(cms)

2. Report type: Initial ☐ Follow-up ☐ Final ☐

   If Follow-up report, state date of Initial report Click here to enter a date.

   What was the assessment of relatedness to the trial in the initial report?

By PI- Related ☐	By sponsor - Related ☐	By EC - Related ☐
Unrelated ☐	Unrelated ☐	Unrelated ☐

3. Describe the event and specify suspected SAE diagnosis:

4. Date of onset of SAE: Click here to enter a date. Date of reporting: Click here to enter a date.

5. Onset lag time after administration of intervention: Location of SAE (Clinic/Ward/Home/Other)

6. Details of suspected study drug/device/investigational procedure causing SAE:
   - I. Suspect study drug (include generic name) device/intervention:
   - II. Indication(s) for which suspect study drug was prescribed or tested:
   - III. Route(s) of administration, daily dose and regimen, dosage form and strength:
   - IV. Therapy start date: Stop date:

7. Was study intervention discontinued due to event? Yes ☐ No ☐

8. Did the reaction decline after stopping or reducing the dosage of the study drug / procedure? Yes ☐ No ☐

   If yes, provide details about the reduced dose.

9. Did the reaction reappear after reintroducing the study drug / procedure? Yes ☐ No ☐ NA ☐

   If yes, provide details about the dose.

10. Concomitant study drugs history and lab investigations:

I. Concomitant study drug (s) and date of administration: Click here to enter a date.

II. Relevant test/laboratory data with dates:Click here to enter a date.

III. Patient relevant history including pre-existing medical conditions (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/ renal dysfunction etc)

11. Have any similar SAE occurred previously in this study? If yes, please provide details. Yes ☐ No ☐

12. Seriousness of the SAE:

Death	☐	Congenital anomaly	☐
Life threatening	☐	Required intervention to prevent permanent impairment / damage	☐
Hospitalization-initial or prolonged	☐	Others (specify)	☐
Disability	☐		

13. Describe the medical management provided for adverse reaction (if any) to the research participant. (Include information on who paid, how much was paid and to whom).

14. Outcome of SAE:

Fatal	☐	Recovered	☐
Continuing	☐	Unknown	☐
Recovering	☐	Other (specify)	☐

15. Was the research subject continued on the trial? Yes ☐ No ☐ NA ☐

16. Provide the details about PI final assessment of SAE relatedness to trial.

17. Has this information been communicated to sponsor/CRO/regulatory agencies? Yes ☐ No ☐

Provide details if communicated (including date)

18. Does this report require any alteration in trial protocol? Yes ☐ No ☐

19. Provide details of compensation provided/ to be provided the participants (include information on who pays, how much, and to whom)

Signature of PI: Click here to enter a date.

IHEC proposal number:

Title of study:

Principal Investigator (Name, Designation and Affiliation)

1. Date of EC Approval: Click here to enter a date.

2. Date of Start of Study: Click here to enter a date. Date of study completion: Click here to enter a date.

   Duration of the study:

3. Provide details of:

   a) Total no. of study participants approved by the EC for recruitment:

   b) Total no. of study participants recruited:

   c) Total number of participants withdrawn from the study (if any):

   Provide the reasons for withdrawal of participants[1]:

4. Describe in brief the publication/ presentation/dissemination plans of the study findings. (Also, mention if both positive and negative results will be shared)

5. Describe the main Ethical issues encountered in the study (if any)

6. State the number (if any) of Deviations/Violations/ Amendments made to the study protocol during the study period

   Deviations: Violation: Amendments:

7. Describe in brief Plans for archival of records / Record Retention:

8. Is there a plan for post study follow-up Yes ☐ No ☐

   If yes, describe in brief:

9.	Do you have plans for ensuring that the data from the study can be shared/ accessed easily? If yes, describe in brief:	Yes ☐ No ☐
10.	Is there a plan for post study benefit sharing with the study participants? If yes, describe in brief:	Yes ☐ No ☐
11.	Describe results (summary) with Conclusion[2]:	
12.	Number of SAEs[3] that occurred in the study:	
13.	Have all SAEs been intimated to the EC:	Yes ☐ No ☐
14.	Is medical management or compensation for SAE provided to the participants? If yes, provide details	Yes ☐ No ☐

Signature of PI: Click here to enter a date.

[1] *Explanation for the withdrawal of participants whether by self or by the PI.*

[2] *For sponsored studies, if the final report is not available from sponsor, it may be submitted later to the EC once it is ready.*

[3] *SAE – Serious Adverse Events.*

ANNEXURE 9

PREMATURE TERMINATION/ SUSPENSION/ DISCONTINUATION REPORT FORMAT

EC Ref. No.*(for office use):*

IHEC Proposal Number:

Title of study:

Principal Investigator (Name, Designation and Affiliation)

1. Date of EC Approval: Click here to enter a date. Date of start of study: Click here to enter a date.
2. Date of Last Progress Report Submitted to EC: Click here to enter a date.
3. Date of Termination/suspension/discontinuation: Click here to enter a date.
4. Tick the appropriate

   Premature Termination Suspension Discontinuation

   Reason for Termination/Suspension/Discontinuation:

   Action taken Post Termination/ Suspension/Discontinuation:
5. Plans for post study follow up/withdrawal[1] (if any):
6. Details of study participants:

   Total participants to be recruited: Screened: Screen failures:

   Enrolled: Consent Withdrawn: Reason(Give details):

   Withdrawn by PI: Reason(Give details):

   Active on treatment: Completed treatment : Participants on Follow-up:

   Participants lost to follow up: Any other: No. of drop outs:

   Reasons for each drop-out:

7.	Total Number of SAEs reported till date in the study: Have any unexpected adverse events or outcomes observed in the study been reported to the EC?	Yes ☐ No ☐
8.	Have there been participant complaints or feedback about the study? If yes, provide details	Yes ☐ No ☐
9.	Have there been any suggestions from the SAE Sub Committee? If yes, have you implemented that suggestion?	Yes ☐ No ☐ Yes ☐ No ☐
10.	Do the procedures for withdrawal of enrolled participants take into account their rights and welfare? (e.g., making arrangements for medical care of research participants): If yes, provide details Summary of Results (if any):	Yes ☐ No ☐

Signature of PI: Click here to enter a date.

[1] *Describe post-termination/suspension/ discontinuation follow up plans if any. Also describe any withdrawal plans for the study.*

EC Ref. No.*(for office use):*

Name:

Present affiliation*(Job title, department, and organisation)***:**

Address*(Full work address)***:**

Telephone number: **Email address:**

Qualifications:

Professional registration *(Name of body, registration number and date of registration)***:**

Previous and other affiliations*(Include previous affiliations in the last 5 years and other current affiliations)***:**

Role in the submitted proposal:

Projects undertaken in the last 5 years:

Relevant research training/experience in the area[1]**:**

Relevant publications *(Give references to all relevant publications in the last five years)***:**

Signature **Date:** Click here to enter a date.

[1]*Details of any relevant training in the design or conduct of research, for example in the Ethics Training, Human participants' protection courses, Clinical Trials Regulations, Good Clinical Practice, consent, research ethics training or other training appropriate to non-clinical research. Give the date of the training*

1. Title of proposal:
2. Principal Investigator:
3. Submission Date:
4. Background (Maximum 100 words)
5. Rationale (Maximum 50 words)
6. Hypothesis (Maximum 50 words)
7. Aims/Objectives (in bullet points):
8. Expected outcome (Maximum 15 words):
9. Methods
   a) Study Type:

Basic Sciences	☐	Clinical	☐	Epidemiological	☐
Retrospective	☐	Prospective	☐		
Cross Sectional	☐	Case Control	☐	Cohort	☐

Any others

(Specify)

   b) Single centre ☐ Multi centric ☐

10. Sampling methods
    a) Recruitment sites:
    b) Sample size:
    c) Justification for sample size (Inclusion and Exclusion criteria):
    d) Additional data required (questionnaire, follow up etc.):
    e) Assays / testing methods to be used:
    f) Analysis plan (Maximum 30words):
    g) Biological sampling: Yes ☐ No ☐

       If yes, type of sample:

h) Biological sampling methods (Maximum 50 words):

11. Ethical issues anticipated, if any:

DUTY DELEGATION LOG

Sl No	Investigator	Role	Description
1	Name	Principal Investigator	Recruitment of participants, sample processing, sample testing, storage, data analysis etc.,

Title of the study

Name of the research participant

Date of Birth/Age:

Address of the subject:

You are invited to participate in a research study. It is important that you read this description of the study and understand your role in it including the nature and risks of participation. Please give your consent to participate in this study only if you have completely understood the nature and course of this study and if you are aware of your rights as a participant. Your participation in this study is voluntary.

Purpose of the study:

Briefly state the background and rationale for undertaking this study in layman friendly language.

Expected duration of the study and number of research participants

You will be one of the approximately XXX people who will participate in this study. (If multicentric study – mention that the study is also being carried out at XXX other centres across the country/ state.

Study procedures

Describe the procedures chronologically using simple language, short sentences, and short paragraphs. If there are several procedures or if they are complex, the use of subheadings may help organize this section.

Do not use scientific / technical terms. Use language appropriate to the population.

If applicable, specify the subject's assignment to study groups, length of time for participation in each procedure or study activity, the total length of time for participation, frequency of procedures and location of the procedures to be done.

Describe any invasive procedures or biological sampling.

If you volunteer to participate in this study, you will:

a. Be asked about previous medical problems, your current health and your medications;

b. Have a brief physical examination for XXXX

c. Need to undergo routine investigation such as XXXX

Potential risks and discomforts

In addition to physiological risks/discomforts, describe any reasonably foreseeable psychological, social, legal, or financial risks or harms that might result from participating in the research.

Potential benefits

Describe benefits to subjects expected from the research. If the subject will not benefit directly from participation, clearly state this fact.

State the potential benefits, if any, to science or society expected from the research.

Note: Payment or other compensation for participation (e.g., a gift certificate, extra credit) is not a benefit and is not to be discussed in this section.

Compensation for participation

You will not be compensated for participating in this study. However, in the event of any injury during the study, due care will be taken care of by the investigators.

Confidentiality

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of describe coding procedures and plans to safeguard data, including where data will be kept, who will have access to it, etc..

The results of the study will be published in the journals, however, your identity will not be revealed.

Participation And Withdrawal

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer. Your decision will not affect your further treatment at this institute.

Contact for further information

Thank you for your time to read (or have read to you) the information about this study. We undertake to maintain complete confidentiality regarding the information obtained from you during the study. The information obtained from you will be used for research only. Before you sign this document, you should ask questions about anything that you do not understand. The study staff will answer questions before, during and after the study.

If you have any questions about the study, or wish to report any medical problem related to study, please contact the study investigator XXX, designation, department XX, telephone number.

If you have any questions or concerns about your rights as a research participant, or complaints regarding the research study, you may call Dr. Devasena Anantharaman who is the Member Secretary of the Institutional Human Ethics Committee, Rajiv Gandhi Centre for Biotechnology on telephone 0471 2529590 (Monday to Friday – 9am to 05.30pm)

Informed Consent Form

a. I have read or have had read to me the information given in the informed consent document for the study entitled "XXXX".

b. I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of the information sheet.

c. I understand that my participation in the study is voluntary and that I may withdraw from the study at any time, without any loss of benefits to which otherwise entitled.

d. I understand and accept that my biological samples may be used for future research.

☐ Yes ☐ No

Name of research participant

_____ _____

Signature/ thumb impression of participant Date

_____ _____

Signature of Impartial witness Date

APPLICATION FORM FOR REQUESTING WAIVER OF CONSENT

1. **Principal Investigator's name**:_____

2. **Department**:_____

3. **Title of project:**

_____

_____

_____

4. **Names of co-investigators and Department/s:**

_____

_____

5. **Request for waiver of informed consent:**

Please tick the reason(s) for requesting waiver

a **Research involves 'not more than minimal risk'**

b **There is no direct contact between the researcher and participant**

c **Emergency situations as described in ICMR Guidelines**

d **Any other (please specify)**

_____

Statement assuring that the rights of the participants are not violated

_____

State the measures described in the Protocol for protecting confidentiality of data and privacy of research participant

_____

Principal Investigator's signature with date:_____

Final decision at full committee meeting held on:_____

Waiver granted Yes ☐ **No** ☐ **If not granted, reasons**

_____

_____

Type of research projects which may qualify for consent waiver:

A request to waive written informed consent must be accompanied by a detailed explanation justifying waiver. The investigator is also required to provide assurance regarding protection of identity of research participants and maintenance of confidentiality about the data of the research participants and maintenance of confidentiality about the data of the research participants. The following criteria (ICMR 2006 guidelines) must be met for a research project so that it can qualify for granting a waiver of both written and verbal consent.

1. The proposed research presents no more than minimal risk to participants. e.g. a retrospective review of patient case records to determine the incidence of disease / recurrence of disease. [Minimal risk would be defined as that which may be anticipated as harm or discomfort not greater than that encountered in routine daily life activities of general population or during the performance of routine physical or psychological examinations or tests. However, in some cases like surgery, chemotherapy or radiation therapy, great risk would be inherent in the treatment itself, but this may be within the range of minimal risk for the research participant undergoing these interventions since it would be undertaken as part of current everyday life].

2. When it is impractical to conduct research since confidentiality of personally identifiable information has to be maintained throughout research as maybe required by the sensitivity of the research objective. e.g. conducting interviews with citizens about their religious beliefs / people with HIV and AIDS / conducting phone interviews with homosexuals. The only record linking the participant and the research would be the consent document and when there is a possible legal, social or economic risk to the participant entailed in signing the consent form as they might be identified as such by signing the consent form, the requirement for obtaining consent can be waived of by the IEC.

   [In case of telephonic interviews, waiver of written informed consent may be requested but verbal consent is mandatory].

   a. The following documents need to be submitted for the IHEC review for verbal

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

b. Normally, investigators will be asked to keep a log of those who were approached about the study, and offered verbal consent. A simple chart indicating the participants as participant 1, participant 2, etc and a column indicating that verbal consent was given along with the date. 3.

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

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

5. In emergency situations when no surrogate consent can be taken. When consent of person/ patient/ responsible relative or custodian/ team of designated doctors for such an event is not possible, the IEC can allow waiver of consent for recruiting participant in a research study. However, information about the intervention should be given to the patients whenever he / she gains consciousness or to relative / legal guardian when available later.

ASSENT TO BE A PARTICIPANT IN A RESEARCH STUDY

(For Children between 7-18years old)

1. What do we wish to tell you?

   I am Dr. _____. We want to tell you something we are doing called a research study. A research study is when doctors collect a lot of information to learn more about something related to health and disease. After we tell/explain you about it, we will ask if you would like to be in this study or not.

2. Why are we doing this study?

   We want to find out?

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

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

   Only if you agree, two things will happen:

   (As applicable to research study)

   1. A small amount of your blood will be drawn. That means it will be taken by a needle.
   2. The doctors will do some tests on …….
   3. You will need to answer some questions about……..
   4. You will be given a medicine……(explain as applicable)

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

   The stick from the needle

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

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

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

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

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

   {Mention any reimbursements or small gifts/incentives}

8. Will you tell me the results?

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

9. Do you have any questions?

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

10. Do you have to be in this study?

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

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

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

12. Signature of person conducting Assent Discussion

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

Signature of Person conducting assent discussion Date

Name of the Person Conducting Assent Discussion (print)

Assent Statement

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

I agree to take part in the research.

Name of Child Signature of child: Date

OR

I do not wish to take part in the research and I have not signed the assent below.

(Initialed by child/minor)

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

Name of witness (not a parent)

Signature of witness

Thumb print of participant

Date

Name of the Investigator

Signature Date

Name

Current Affiliation (Job Title, department and organization.)

Address

Telephone No (Landline)	**Mobile No**

Email address

Qualifications

Details of any relevant membership/experience or training in the areas of ethics

Training:

Membership:

Experience:

Signature:	**Date:**

Date:

From:

To:

The Director

RGCB

Re: Request for placing research project entitled: ---------- before the RGCB Institute Human Ethics Committee (IHEC)for approval

I wish to place the above stated project proposal for approval from the RGCB: IHEC

and request your permission for this.

Yours truly

Tick as appropriate

Permitted to place the proposal before the RGCB IHEC	☐
Not Permitted to place the proposal before the RGCB IHEC	☐

Professor M. Radhakrishna Pillai,

FRCPath, PhD, FASc, FNASc, FAMS, FNA

Director

Rajiv Gandhi Centre for Biotechnology

Thiruvananthapuram 695014, India

ANNEXURE 18

CONFIDENTIALITY AGREEMENT FORM FOR RGCB IHEC MEMBERS

I_____ (EC Member's name) have been appointed as a member of the RGCB IHEC based on my individual merit and have been asked to assess research involving human participants in order to ensure that they are conducted in a humane and ethical manner, adhering to the highest standards of care as per the national guidelines/ regulations (international regulations in addition, if applicable) and institutional policies.

I agree to hold all the information deemed Confidential, Proprietary or privileged in trust or confidence. This information provided to me for research review whether explicit or implied, verbal or documentary, incorporated in computer software or held in electronic storage media/device or otherwise shall be used only for contemplated purposes and not for any other purpose. As written confidential information including any copies and notes thereof, provided for review is sole property of the RGCB IHEC it shall not be copied or retained, and promptly returned or properly handled in the manner required by the EC, including destruction of the same.

I agree to take reasonable measures to protect the information from use by third parties including access to it under Right to Information Act; not to use the Confidential Information for any purpose outside the Committee's mandate or which would result in a benefit to me or any third party; and upon termination of my functions as a Committee member to destroy all Confidential Information including any minutes or notes I may make or keep as reference as a IEC member. Furthermore, I confirm that my performance of this agreement is consistent with the Institution's policies and any contractual obligations they may have with third parties.

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

_____

Signature of RGCB IHEC Member **Date**

_____ _____

Signature of Member Secretary **Date**

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

Note:

Legal compulsion to disclose

In the event that the member becomes legally compelled to disclose any Confidential Information the member shall give prompt notice in writing of such facts to the RGCB IHEC so that EC has an opportunity to seek a protective order or other remedy. In the event that such protective order or other appropriate remedy is not sought by the RGCB IHEC or is sought but is not obtained; the member will, nevertheless, disclose only that portion of the Confidential Information as is necessary to comply with its obligations under law and shall use reasonable endeavours to obtain any appropriate court order or other reliable assurance that Confidential treatment will be accorded to Confidential Information so disclosed.

Governing Law

This agreement shall be governed and construed in accordance with the application of Indian laws, and that the local courts in Coimbatore shall have exclusive jurisdiction in respect of disputes over subject matter of this Agreement.

ANNEXURE 19

CONFLICT OF INTEREST DECLARATION FORM FOR RGCB IHEC MEMBERS

All the IHEC members must disclose any circumstances that could represent a potential conflict of interest (i.e. any interest that may affect, or may reasonably be perceived to affect, the expert's objectivity and independence). You must disclose on this Conflict of Interest (COI) form for any financial, professional or other interest relevant to the subject of the work reviewed at the meeting in which you are a part of or contribute towards and any interest that could be affected by the outcome of the meeting or work. You must also declare relevant interests of your immediate family members (see definition below) and, if you are aware of it, relevant interests of other parties with whom you have substantial common interests and which may be perceived as unduly influencing your judgement (e.g. employer, close professional associates, administrative unit or department).

If you are unable or unwilling to disclose the details of an interest that may pose a real or perceived conflict, you must disclose that a conflict of interest may exists to the RGCB IHEC Chairperson. The outcome of which may be to refrain your participation in certain study reviews or discussions or may decide that you be totally recused from the meeting, after consulting with you.

Declaration

In most instances, I am aware that in the event a conflict of interest exists, the reviewer would be required to refrain from participating in the review, comment or participate in decision making of any activity in which he/she has actual/potential conflict of interest.

I have no conflict of interest to report

I have the following conflict of interest to report

I. Personal

II. Professional

III. Financial

Please describe any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you could contribute to a conflict of interest.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

I, _____ (name) have read and accept the aforementioned terms and conditions as explained in this agreement.

Signature of RGCB IHEC Member with date: _____

Signature of Member Secretary with date: _____

CONFIDENTIALITY AGREEMENT FORM FOR SECRETARIAL STAFF OF RGCB IHEC

I, _____ (Name) secretarial staff and a non-member of RGCB IHEC understand that the documents and information related to EC activity assigned to me as staff of RGCB IHEC office are confidential. I shall use the information only for the indicated purpose as required by the EC and shall not duplicate, give or distribute these documents/ information to any person(s) without permission from the RGCB IHEC. Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information confidential.

_____

Signature of staff with date

_____

Signature of Member Secretary with date

CONFIDENTIALITY AGREEMENT AND CONFLICT OF INTEREST FORM FOR A REVIEWER / INDEPENDENT CONSULTANTS AGREEMENT ON CONFIDENTIALITY

I, _____ (Name and Designation) as a non-member of RGCB IHEC understand that the document(s) sent to me by the RGCB IHEC is/are confidential. I shall use the information only for the indicated purpose described by the RGCB IHEC and shall not duplicate, give, convey or distribute these documents to any person(s) without prior permission from the UEC. I agree to take full responsibility to keep the information confidential.

Agreement on Conflict of Interest

In accordance with the policy of the RGCB IHEC regarding conflict of interest that no reviewer may undertake to review, comment or participate in decision making of any activity in which she/he has actual/ potential conflict of interest, I will immediately disclose to the Chairperson of the RGCB IHEC any actual or potential conflict of interest that I may have in relation to any particular proposal submitted for review by the committee.

I, _____ (name) have read and accept the aforementioned terms and conditions as explained in this Agreement.

Signature _____ Date

(Incorporate the capacity of the declarant as Reviewer/Consultant)

Member Secretary's Signature _____ Date

[The original signed and dated Declaration will be kept in file in RGCB IHEC Office. A copy will be given to Reviewer/IC for records]

CONFIDENTIALITY AGREEMENT AND CONFLICT OF INTEREST FORM FOR OBSERVER/ATTENDEES TO RGCB IHEC MEETINGS

I, _____ (name), understand that I am being allowed to visit RGCB IHEC office facility / attend the RGCB IHEC meeting on _____ at _____am/ pm as a Guest/Observer at _____ (Venue).. I understand that I may become aware of some confidential information during my visit to RGCB IHEC office/ during the course of the RGCB IHEC meeting. Upon signing this form, I agree to take full responsibility to keep the information strictly confidential unless I am legally compelled to disclose only that portion of the Confidential Information as may be necessary as part of my duty.

I do not have conflict of interest, personal, professional or financial, but in the event of my having it related to my visit/ during the course of RGCB IHEC meeting I will inform EC of the same for it to take appropriate action in the matter accordingly.

_____

Signature of the Guest/ Observer attendee with date

_____

Signature of Chairperson with date

ANNEXURE 23

LETTER TO RGCB IHEC MEMBERS REQUESTING INITIAL REVIEW WITH STUDY ASSESSMENT FORM

Dear member,

The next meeting of the RGCB IHEC will be held on at in

You are requested to review the proposals preferably within 5 working days of receiving the package. Please review the proposal and related documents as per the guidelines attached and provide your comments below. Kindly confirm your availability for the meeting.

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

Protocol Number & title:

(as per RGCB IHEC records)

Name of the Principal Investigator Designation Department

Comments:

Signature of the reviewer with date

Date of receipt at RGCB IHEC office after review by EC member (DD/MM/YY):

STUDY ASSESSMENT FORM TO BE USED BY THE PRIMARY/ SECONDARY REVIEWER

Dear Member,

The next meeting of the RGCB IHEC will be held on at in

You are requested to review the proposals preferably within 5 working days of receiving the package. Please review the proposal and related documents as per the guidelines attached and provide your comments below. Kindly confirm your availability for the meeting.

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

Protocol Number :	Date (DD/MM/YY):
Protocol Title :	
Principal Investigator:	
Department :	
No. of Participants at the site:	No. of Study site(s):

Mark and comment on whatever items are applicable to the study.

	Items	Comments
1	Objectives of the Study ☐ Clear ☐ Unclear	
2	Need for Human Participants ☐ Yes ☐ No	
3	How many participants? at the site ☐ total including other sites ☐	

4 Study design and methodology:

☐ Appropriate and clear ☐ Need changes

5 Background Information applicable to rationale of objectives

☐ Sufficient ☐ Insufficient

6 Risks and Benefits Assessment *

Level of risk –

- Less than minimal
- Minimal
- Minor increase over minimal risk or low risk
- More than minimal risk or high risk

Benefit to risk ratio

☐ Acceptable ☐ Unacceptable

7 Inclusion Criteria:

☐ Appropriate ☐ Inappropriate

8 Exclusion Criteria

☐ Appropriate ☐ Inappropriate

9 Discontinuation and Withdrawal Criteria

☐ Appropriate ☐ Inappropriate

10 Involvement of Vulnerable Participants *

☐ Yes ☐ No

If yes, mechanism to protect vulnerable participants

11 Sufficient number of participants (sample size)?

☐ Yes ☐ No

12 Control Arms (placebo, if any)

☐ Yes ☐ No

If yes, justification for the use of placebo

13 Are qualification and experience of the Investigators appropriate?

☐ Yes ☐ No

14 Disclosure or Declaration of Potential conflicts of Interest

☐ Yes ☐ No

15 Facilities and infrastructure of Participating Site

☐ Appropriate ☐ Inappropriate

16 Compliance to Regulations

☐ Yes ☐ No

17 Community Consultation if applicable *

☐ Yes ☐ No

18 Contribution to Development of Local Capacity for Research and Treatment

☐ Yes ☐ No

19 Availability of similar studies/Results

☐ Yes ☐ No

20 Benefit to Local Communities

☐ Yes ☐ No

21 Are blood/tissue samples being sent abroad?

☐ Yes ☐ No

22 Need for informed consent/ Assent *

☐ Yes ☐ No

23 Are procedures for obtaining Informed Consent appropriate? *

☐ Yes ☐ No

24 Contents of the Informed Consent Document *

☐ Complete ☐ Incomplete

25 Language of the Informed Consent Document *

☐ Clear ☐ Unclear

26 Details of contact Person(s) for Participants

☐ Yes ☐ No

27 Privacy & Confidentiality *

☐ Yes ☐ No

28 Provision for Medical and or/ Psychosocial Support *

☐ Appropriate ☐ Inappropriate

29 Provision for Treatment of Study-Related Injuries *

☐ Appropriate ☐ Inappropriate

30 Provision for Compensation *

☐ Appropriate ☐ Inappropriate

31 If applicable, mention of storage of biological materials and/or data *

☐ Appropriate ☐ Inappropriate

32 Will biological samples and/or data sent abroad?

☐ Yes ☐ No

If yes, is I being submitted for HMSC?

33 Involvement of Researchers and Institution in Publication of Results

☐ Yes ☐ No

Comments on science, ethics and informed consent documents: _____

_____

_____

Note: * points for comment by non-scientist/bioethicist reviewer

Recommendation: approval/revision/non-approval of project

Reviewer's Signature with date:

_____

ANNEXURE 25

INSTITUTIONAL HUMAN ETHICS COMMITTEE DECISION LETTER

Document No: RGCB/IHEC/250/ **Issue Date**:

RGCB IHEC Protocol No:

Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee reviewed and discussed your application entitled, " "on month date, year.

Principal Investigators:

Review Type:

Full Board review Expedited Review Exempted review

Type of Review:

New Revised Continuing

The following recommendations were made by the RGCB IHEC.

Scientific aspects:

Ethical aspects:

Informed Consent Form(ICF)suggestions:

Upon discussion, the RGCB IHEC arrived at the following decision

Approved Revision with minor amendments Revision with major amendments Deferred

Remarks:

1. For proposals with conditional approval: please address the recommendations of RGCB IHEC within 14days.
2. For revision with major amendments: please address the recommendations of RGCB IHEC and provide documents for re-revision within 180days.
3. For revision with minor amendments: please address the recommendations of RGCB IHEC and provide documents for expedited review for approval.
4. Kindly note that this is not an approval letter. The validity of this document is only for 180days.
5. Approval letter will be issued upon submission of the documents recommended by the RGCB IHEC.

Yours Sincerely,

Member Secretary, RGCB IHEC.

Date:

PI Name,

Designation and department.

Document no:

This is to certify that the Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee has reviewed and approved the proposal entitled " " (Proposal Number), on date, year.

The approval is valid for 3 years until month, date and year.

The list of members who attended the meeting was as follows:

Name of Members	Expertise	Affiliation

General conditions:

1. Inform IHEC immediately in case of any serious adverse events.
2. Prior written approval has to be taken from IHEC, in case of any change in study procedures, site and investigator.
3. For annual review, continuing review report needs to be submitted within 1 month before the due date i.e., 11 months from the date of approval.
4. Upon study completion, a copy of the final report should be submitted to the RGCB IHEC for review.

Dr. Devasena Anantharaman

Member Secretary, RGCB IHEC

Reviewers should make use of the following points while reviewing research studies which relate to scientific validity, informed consent documents, placebo justification, suitability and feasibility of the study, advertisements review.

1. How will the knowledge, result or outcome of the study contribute to human well-being?

Knowledge from the basic research may possibly benefit.

- ☐ A new choice of method, drug or device that benefits the research participants during the study and others in the future.
- ☐ Provide safety data or more competitive choices.
- ☐ Will the study design be able to give answers to the objectives? Whether The endpoints are appropriately selected.
- ☐ The participating duration of a study participant is adequate to allow sufficient change in the endpoints.
- ☐ The control arm is appropriately selected for best comparison.
- ☐ The placebo is justified.
- ☐ The number of study participants in non-treatment (or placebo) arm is minimized.
- ☐ Unbiased assignment (e.g. randomization, etc.) is in practice.
- ☐ Inclusion and exclusion criteria are carefully selected to eliminate confounding factors as much as possible.
- ☐ The sample group size appropriate with the given statistical assumptions.
- ☐ Predictable risks are minimized.
- ☐ The tests and procedures that are more than minimal risk are cautiously used or could be replaced by those, which have lesser risk without compromising the scientific logic.
- ☐ Deception of Research participants is avoided.
- ☐ Instruction and support systems such as counselling for study participants are included (if needed) when deception is integral to the study design.
- ☐ The study participants are adequately assessed and provided follow-up care, if needed.

- Who will be the participants in the study? Whether

  - ☐ The described population is appropriate for the study.
  - ☐ Predictable vulnerabilities are considered.
  - ☐ It is completely necessary to conduct the study in a vulnerable population. If not, is there any other way to get the study answers?
  - ☐ There will be secondary participants.

- Do the inclusion and exclusion criteria

  - ☐ Selectively include participants most likely to serve the objective of the study?
  - ☐ Equitably include participants?
  - ☐ Properly exclude participants who can predictably confound the results?
  - ☐ Properly exclude participants who may predictably be at increased risk in the study due to coexisting conditions or circumstances?

- Does the study design have adequate built-in safeguards for risks?

  - ☐ Appropriate screening of potential participants?
  - ☐ Does the frequency of visits and biological samplings reasonably monitor the expected effects?
  - ☐ Are there defined stopping (discontinuation) / withdrawal criteria for participants with worsening condition?
  - ☐ Is there minimized use of medication withdrawal and placebo whenever possible?
  - ☐ Will rescue medications and procedures be allowed when appropriate?
  - ☐ Is there a defined safety committee to perform interim assessments, when appropriate?
  - ☐ Is appropriate follow-up designed into the study? For instance, gene transfer research may require following the participants for years or for their entire lifetime after they receive the gene transfer agent.

- Is pre-clinical and/or early clinical studies sufficiently performed before this study?

  - ☐ The animal study and in vitro testing results?
  - ☐ Previous clinical results, if done?

- ☐ Whether the proposed study is appropriately built on the pre-clinical and/or early clinical results.
- ☐ The selected dose based on adequate prior results?
- ☐ Monitoring tests designed to detect expected possible risks and side effects?

- Do the study and the informed consent process include issues of special concern, such as:
  - ☐ Waiver or alteration of consent?
  - ☐ Delayed consent (e.g., emergency treatment, etc.)?
  - ☐ Deception?
  - ☐ Sensitive information of participants that may require a confidentiality statement?

Guidelines to review Informed Consent Document/Patient Information Sheet The actual process of informed consent should:

- ☐ Give the participants significant information about the study.
- ☐ Make sure the participants have enough time to carefully read and consider all options.
- ☐ Answer all questions of the participants before making decision to participate.
- ☐ Explain risks or concerns to the participants.
- ☐ Make sure that all information about the research and consent process is understood to the satisfaction of the participants.
- ☐ Make sure the participants understand the study and the consent process.
- ☐ Obtain voluntary informed consent to participate.
- ☐ Make sure the participants can freely consent without coercion, pressure or other undue influences.
- ☐ Consent should be verified on a continuing basis especially when changes in design of the research or new information are available.
- ☐ If participant is illiterate than her/his legally authorized/acceptable representative should sign consent on her/his behalf in the presence of impartial witness.
- ☐ Permission for access to participants from other institutions or bodies

Guidelines to Placebo Justification

Background conditions, such as benefits of standard treatment, risk of using placebo, risk management and disclosure should be considered.

I. Benefits of standard treatment

1) Is there a standard treatment?
2) Is the standard treatment widely accepted?
3) Has efficacy of the treatment been consistently proven?
4) Are all newly diagnosed patients with this condition put in standard treatment (versus observed or other)?
5) Does the treatment act on the basic mechanism of the disease (vs. symptoms)?
6) Are most (³85%) of the patients with this condition responsive to standard treatment alternatives (vs. resistant or refractory)?

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

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

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

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

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

II. Risks of placebo

1) Is the risk of using placebo instead of treatment life threatening?

   If yes, placebo is not acceptable.

2) Is the use of placebo instead of treatment likely to lead to permanent damage?

If yes, placebo is not acceptable.

3) Is the risk of using placebo instead of treatment likely to cause irreversible disease progression?

If yes, placebo is not acceptable.

4) Can the use of placebo instead of treatment lead to an acute emergency?

5) Is the risk of using placebo instead of treatment the persistence of distressing symptoms?

6) Is the risk of using placebo instead of treatment severe physical discomfort or pain?

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

III. Risk management

1) Is there benefit in the overall management of the research participants?

☐ *Yes, consider placebo*

☐ *No, placebo not recommended.*

2) Will the discontinuation of previous treatment put the participant in danger of acute relapse when transferred to placebo?

☐ *No, consider placebo*

☐ *Yes, placebo not recommended.*

3) Are research participants at high risk for the use of placebo excluded?

☐ *Yes, consider placebo*

☐ *No, placebo not recommended.*

4) Is the duration of the study at minimum necessary level in relation to the action of the drug?

☐ *Yes, consider placebo*

☐ *No, placebo not recommended.*

5) Are there clearly defined stopping rules to withdraw the research participants in case he/she does not improve?

☐ *Yes, consider placebo*

☐ *No, placebo not recommended.*

6) Is risk monitoring adequate to identify progression of the disease before the research participants experience severe consequences?

☐ *Not applicable.*

☐ *Yes, consider placebo*

☐ *No, placebo not recommended.*

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

☐ *Yes, consider placebo*

☐ *No, placebo not recommended.*

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

☐ *Not applicable.*

☐ *Yes, consider placebo*

☐ *No, placebo not recommended.*

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

☐ *Not applicable.*

☐ *Yes, consider placebo.*

☐ *No, placebo not recommended.*

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

☐ Not applicable.

☐ *Yes, consider placebo.*

☐ *No, placebo not recommended.*

IV. Risk disclosure in the consent form

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

☐ *Yes, consider placebo.*

2) Are the risks of the test drug disclosed?

☐ *Yes, consider placebo.*

3) Are the advantages of alternative treatments explained?

☐ *Yes, consider placebo.*

Conclusions:

The use of placebo is ethically acceptable when

- Research participants are not exposed to severe or permanent harm by the use of placebo.
- Research participants under placebo will benefit from the overall treatment of the disease.
- Risks of the use of placebo are minimized.
- Risks are adequately disclosed in the consent form.
- If it is used for a self-limited disease likely to be of a short duration

ANNEXURE 28

AGENDA FOR RGCB INSTITUTIONAL HUMAN ETHICS COMMITTEE- MONTH/YEAR

Meeting No: Date : Time:

Venue : Faculty Seminar Room, RGCB

Members list

Sl No	Members	Role
1	Dr. M. Narendranathan	Chairperson
2	Dr. V. Ramankutty	Vice Chairperson/Clinician
3	Professor H. V. Easwer	Clinician
4	Professor S. Sankar	Medical Scientist
5	Dr. Bushra Beegom	Social scientist
6	Adv. Benoy George	Legal expert
7	Ms. Tiji Philip	Lay person
8	Dr. Priya Srinivas	Basic Scientist
9	Dr. Rakesh Laishram	Basic Scientist
10	Dr. Abdul Jaleel	Alternate Member Secretary/Basic Scientist
11	Dr. Devasena Anantharaman	Member Secretary

Independent consultants list

Sl No	Name	Specialisation
1	**Dr. Saji George**	**Pharma based clinical trials (affiliated)**
2	**Dr. E V Soniya**	**Genomics specialist (affiliated)**
3	**Dr. T.R. Santhosh Kumar**	**Drug Development (affiliated)**
4	**Dr. Praveen Murlidharan**	**Clinician, Nephrology (non-affiliated)**

- Welcome Address- Member Secretary 10.30 am-10.35 am
- Introductory remarks by the Chairman, RGCB-IHEC 10.35am-10.40 am
- COI declaration by members, if any 10.40am-10.45am
- Initial Review of Project Presentations by PI/Co-PI and Discussions 10.45am-01.30pm
- Lunch break 01.30pm- 02.00pm
- Re-submission 02.00pm- 03.00pm
- Special Requests/Protocol amendments 03.00pm-03.30 pm
- Exempted protocol details 03.30pm-04.00pm

- Progress reports/ completion report 04.30pm- 05.00pm
- Protocol Violation/Deviation/SAE/Site visit report 05.00pm-05.30pm
- Summarising the Proceedings of the Meeting and Closing Remarks 05.30pm-06.00pm

Order of presentations for Initial Review

Sl No	IHEC Protocol No	PI of the pro-posal	Primary reviewer	Initial comments of EC	PI comments	EC Comments

Order of presentations for Re-submission

Sl.No	IHEC Protocol No	PI of the proposal	Title	Sponsor	Primary Reviewer

ASSESSMENT OF RESUBMITTED PROTOCOL

RGCB IHEC Protocol Number Protocol Title:

Number of review : ☐ 2nd Review ☐ 3rd Review ☐ 4th Review

Principal Investigator: Department:

Date of Initial Review by RGCB IHEC: Date of Last Review:

Opinion of the reviewer:

Approved ☐ Yes ☐ No

If not approved, reasons for that

Further revision or modification required Yes ☐ No ☐ Explain

To be discussed at the forthcoming full committee meeting

Any Other

Name of the Reviewer: 1) _____

Signature: _____ Date:_____

Name of the Reviewer: 2) _____

Signature:_____ Date:_____

Final Decision: Approved YES ☐ NO ☐ _____

If not approved, reasons for that

_____

Further revision or modification required for Resubmission

Signature of the Member Secretary:_____ Date: _____

Any Other

(Re-Reg.No. ECR/484/Inst/KL/2013/RR-16)

Document No: **RGCB/IHEC/250/2019/00** **Issue Date:**

RGCB IHEC Protocol No: IHEC/1/

Title of the proposal:

Principal Investigators:

Reviewed by:

Full Board review Expedited Review Exempted review

Typeof Review:

New Revised Continuing

Reason for continuing review:

Progress report Addition of collaborator Change in Collaborator Title change

Completion report Others, specify _____

Rajiv Gandhi Centre for Biotechnology Institutional Human Ethics Committee reviewed your application and your protocol IHEC/1/ will henceforth be referred to as "".

RGCB IHEC made the following recommendations:

- The protocol can be continued as presented.

RGCB IHEC decision

Approved Modification recommended Deferred

Reason for deferral

Remarks:

1. If approved: please retain a copy for reference and project can be continued as presented to the RGCB IHEC.
2. Inform IHEC in case of any change of study procedures, site and investigator.
3. Inform IHEC immediately in case of any serious adverse events.

Yours Sincerely,

Member Secretary, RGCB IHEC.

ANNEXURE 31

SITE MONITORING VISIT REPORT

(PLEASE TICK THE BOX CORRESPONDING TO THE ANSWER)

RGCB IHEC Project no. Date of Visit:

Study Title:

Principal Investigator and Department:

Type of study: Investigator initiated Pharma Thesis

Government agency ☐

Others ☐

Date of RGCB IHEC approval:

Date of Initiation of the study:

Duration of study:

Reason for monitoring: Routine For-cause (State reason/s)

Protocol Violations/Deviations SAE reporting Recruitment rate

Other

Last monitoring done, if any,

Yes ☐

Date of last monitoring

No ☐

Project Status:

1. Ongoing ☐
2. Completed ☐
3. Recruitment Completed ☐
4. Follow-up, extension study ☐
5. Suspended ☐
6. Terminated ☐

In case of the response to the above question is option 5 or 6, kindly provide reason/s:

Recruitment Status: Total patients to be recruited:

Screened: Screen failures Enrolled:

Withdrawn:

Reason:

Discontinued: Reason:

Completed:

Active:

Are the present study team members as per the list approved by the RGCB IHEC Comment:

☐ Yes ☐ No

Are site facilities appropriate? Comment:

☐ Yes ☐ No

Is the recent version of Informed Consent Document (ICD), after RGCB IHEC approval, used? ☐ Yes ☐ No	Comment:
Whether appropriate vernacular consent has been taken from all patients? ☐ Yes ☐ No	Comment:
Any other findings noted about the ICDs? ☐ Yes ☐ No	Comment:
Is recent RGCB IHEC approved version of protocol used? ☐ Yes ☐ No	Comment:
Have the eligibility, inclusion exclusion criteria been adhered to? ☐ Yes ☐ No	Comment:
Was informed consent process witnessed?	Comment
Were participants interviewed?	Comment
Any adverse events found? ☐ Yes ☐ No	Comment:
Any SAEs found? ☐ Yes ☐ No	Comment:
Were the SAEs informed to RGCB IHEC within timelines specified by CDSCO? ☐ Yes ☐ No	Comment:

No. of deaths reported: _____

Deaths unreleated to participation in the trial: _____

Deaths unreleated to participation in the trial: _____

Deaths possibly releated to participation in the trial: _____

Deaths releated to participation in the trial: ☐ Yes ☐ No ☐ NA

Any other non-death study related injury

Comments (If Any)

_____

_____

Compensation paid for study related injury or death ☐ Yes ☐ No ☐ NA

Comments (If Any)

Are there any protocol non-compliance deviations/violations? Comment:

☐ Yes ☐ No

Have the protocol non-compliance deviations/violations been informed to RGCB IHEC? Comment:

☐ Yes ☐ No

Are all Case Record Forms up to date? Comment:

☐ Yes ☐ No

Are storage of data and investigating products locked? Comment:

☐ Yes ☐ No

How well are the participants protected? Comment:

☐ Good ☐ Fair ☐ Not good

Any other remarks Give details:

☐ Yes ☐ No

Duration of visit:_____ hours Starting from: Finish:

Name of the study team member/s present: Date:

Signature _____

Name of RGCB IHEC members and representatives who attended monitoring visit:

Completed by: Date:

Signature:_____

Final Decision at the RGCB IHEC meeting held on _____

_____

_____

_____

Signature of Chairperson/member Secretary, RGCB IHEC with date

1. Facility where informed consent process should be carried out - (well lit, free from noise, privacy ensured):
   - Yes ☐ No ☐
   - Remarks:_____
2. The consent is taken in language the participant/LAR understands best and is literate in.
   - Yes ☐ No ☐
   - Remarks:_____
3. Introduction of each person (person conducting the informed consent discussion participant/ legally acceptable representative (LAR) / impartial witness) involved during informed consent process and information about necessity for audiovisual recording
   - Yes ☐ No ☐
   - Remarks:_____
4. Information to the participant/ LAR and impartial witness (as applicable) that the process of taking the consent is being recorded for the purpose of documentation as required by the government rules.
   - Yes ☐ No ☐
   - Remarks:_____
5. Information to the participant/ LAR and impartial witness (as applicable) that the confidentiality of information and privacy of participants is assured.
   - Yes ☐ No ☐
   - Remarks:_____
6. Information to the participant/ LAR and impartial witness (as applicable) that the recording may be shown to government agencies or members from the RGCB IHEC.
   - Yes ☐ No ☐

- Remarks:_____

7. Explanation or narration by the person conducting the informed consent discussion.
   - Yes ☐ No ☐
   - Remarks:_____
8. Questions asked by the potential participant/LAR are answered satisfactorily.
   - Yes ☐ No ☐
   - Remarks:_____
9. Allowing ample time and opportunity to read/understand the information in the informed consent document or discuss the same with family members.
   - Yes ☐ No ☐
   - Remarks:_____
10. Reading out by the participant/LAR (or having read out by impartial witness) the statements mentioned in Informed Consent and stating whether participant agrees or not for each statement.
    - Yes ☐ No ☐
    - Remarks:_____
11. Documentation of signatures of all those involved in the Informed Consent Process.
    - Yes ☐ No ☐
    - Remarks:_____
12. Clarity and completeness of AV recording
    - Yes ☐ No ☐
    - Remarks:_____
13. Storage of recording in password protected laptop/ desktop computer and/ or hard drive and labelled CD with access allowed only to the principal investigator and designated members of the study team.
    - Yes ☐ No ☐

Date:		
Received by :		
Request/ Complaint received through:	☐	Telephone No.
	☐	Fax No.
	☐	Letter / Date
	☐	E-mail / Date
	☐	Walk-in / Date / Time
	☐	Other, specify
Participant's Name:		
Contact details **Address & Phone:**		
RGCB IHEC Project no.		
Title of the Project		
Starting date of participation :		
Information requested/ complaint/query		

Action taken:

Reviewed by

Final Decision

Date of RGCB IHEC meeting (if applicable)

Name & Signature of Member Secretary **Date**

DOCUMENT REQUEST FORM

Project No.:

Project Title:

Name of Principal Investigator (PI) :

Requested by:

Documents requested:

Purpose of the Request:

Signature of Requesting person:

Signature of PI:

Signature of Member Secretary with date:

LOG FOR DISPOSAL OF STUDY DOCUMENT

Project No.	Title	Name of Principal Investigator	No. of files	Date of EC Approval	Date of Study Initiation	Date of Study Closure	Disposed by (Name & Sign) of Authorized Individual

CHECKLIST: REQUIREMENTS FOR RESEARCH INVOLVING CHILDREN

Name of Principal Investigator:

Study Title:

For the principal investigator		RGCB IHEC Office
RISK DETERMINATION	BENEFIT ASSESSMENT	RGCB IHEC ACTION
¬Minimal*	☐ Direct benefit Approvable ☐ No direct benefit	Approvable
¬Greater than minimal risk	☐ Potential benefit to child	Approvable
☐ Greater than minimal risk	☐ No direct benefit, offer knowledge about child's condition/ disorder	Approvable on case –by-case basis**

* Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or occurring during the performance of routine physical or psychological examinations or tests

** Consent of both parents may be needed as applicable.

	YES	NO	NA
Does the research pose greater than minimal risk to children?	☐	☐	☐
If yes: Are convincing scientific and ethical justifications given?	☐	☐	☐
If yes: Are adequate safeguards in place to minimize these risks?	☐	☐	☐
Does the study involve healthy children?	☐	☐	☐
a) If yes: Is the inclusion of healthy children justified?	☐	☐	☐
Are the studies conducted on animals and adults appropriate and justified?	☐	☐	☐
a) If No: Is the lack of studies conducted on animals and adults justified?	☐	☐	☐
Will older children be enrolled before younger ones?	☐	☐	☐
Is permission of both parents necessary?	☐	☐	☐

a) If Yes: Are conditions under which one of the parents may be considered: "not reasonably available" described?	☐	☐	☐
b) If Yes: Are the conditions acceptable?	☐	☐	☐
Will efforts be made to ensure that parents' permission to involve their children in research studies is free from coercion, exploitation, and/or unrealistic promises?	☐	☐	☐
Are provisions made to obtain the assent of children over 7 and, where appropriate, honoring their dissent?	☐	☐	☐
Are provisions made to protect participants' privacy and the confidentiality of information regarding procedures?	☐	☐	☐
Are there special problems that call for the presence of a monitor or RGCB IHEC member during consent procedures?	☐	☐	☐
Are special needs of adolescents such as counseling and confidentiality accounted for in the research design?	☐	☐	☐
Are there any special problems such as confidentiality and reporting that might arise in sensitive research about child abuse or sexual practices of teenagers?	☐	☐	☐
Does the research involve possibility of findings which may have implications for other family members?(for eg. genetic risk, HIV infection, Hepatitis C)	☐	☐	☐
If Yes: Are there adequate mechanisms in place to deal with other members of the family?	☐	☐	☐
Are parents required to be present during the conduct of the research? (Are proposed participants' very young?)	☐	☐	☐

Signature of Principal Investigator with date _____

RGCB IHEC Office use only

Comments of Primary Reviewer:

Primary Reviewer's Signature and Date

CHECKLIST: REQUIREMENTS FOR RESEARCH INVOLVING PREGNANT WOMEN AND FETUSES

Name of Principal Investigator:

Study Title: When Research involves pregnant women and fetuses

	YES	NO	NA
Where scientifically appropriate preclinical studies, including studies on pregnant animals, and clinical studies, including studies on non-pregnant women, have been conducted and provide data for assessing potential risks to pregnant women and fetuses?	☐	☐	☐
Is the risk to the foetus not greater than minimal, or any risk to the fetus which is greater than minimal caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or the fetus?	☐	☐	☐
Any risk that is the least possible for achieving the objectives of the research.	☐	☐	☐
Is the woman's consent or the consent of her legally authorized representative obtained in accordance with the informed consent provisions, unless altered or waived?	☐	☐	☐
Is the woman or her legally authorized representative, as appropriate, fully informed regarding the reasonably foreseeable impact of the research on the fetus or resultant child?	☐	☐	☐
Will any inducements, monetary or otherwise, be offered to terminate a pregnancy?	☐	☐	☐
Do individuals engaged in the research have a part in any decisions as to the timing, method, or procedures used to terminate a pregnancy?	☐	☐	☐
Do individuals engaged in the research have a part in determining the viability of a fetus?			

If the response to any of the above is NO, the research should not be approved by the IHEC.

<u>When research involves neonate after delivery</u>

	YES	NO	NA
1. Are scientifically appropriate, preclinical and clinical studies, conducted and provide data for assessing potential risks to neonates?	☐	☐	☐
2. Is the individual providing consent, fully informed regarding the reasonably foreseeable impact of the research on neonate?	☐	☐	☐
3. Will any inducements, monetary or otherwise, be offered to terminate a pregnancy?	☐	☐	☐

4. Do individuals engaged in the research have a part in any decisions as to the timing, method or procedures used to terminate pregnancy?	☐	☐	☐
5. Do individuals engaged in the research have a part in determining the viability of a fetus?	☐	☐	☐
A. Fetuses of uncertain viability	☐	☐	☐
1. Does the research hold out the prospect of enhancing the probability of survival of the particular fetus to the point of viability, and is any risk least possible for achieving the objectives of the research?	☐	☐	☐
OR			
The purpose of the research is development of important biomedical knowledge which cannot be obtained by other means. Will there be a risk to the fetus from the research?	☐	☐	☐
2. Is the legally effective informed consent of either parent of the neonate or, if neither parent is able to consent because of unavailability, incompetence or temporary incapacity, the legally effective informed consent of either parent's legally authorized representative obtained?	☐	☐	☐
B. Nonviable fetuses	☐	☐	☐
1. Will vital functions of the neonate be artificially maintained?	☐	☐	☐
2. Is there any risk to the neonate resulting from the research?	☐	☐	☐
3. The purpose of the research is the development of important biomedical knowledge that cannot be obtained by other means; and	☐	☐	☐
4. The legally effective informed consent of both parents of the neonate will be obtained except that the waiver and alteration provisions do not apply. However, if either parent is unable to consent because of unavailability, incompetence, or temporary incapacity, the informed consent of one parent of a nonviable fetus will suffice to meet the requirements of this paragraph. (The consent of a legally authorized representative of either or both of the parents of a nonviable fetus will not suffice to meet the requirements of this paragraph.)	☐	☐	☐

If the response to any of above is NO, the research should not be approved by the IHEC.

This type of research can be conducted only after the IHEC finds that

(a) The research presents a reasonable opportunity to further the understanding, prevention or all eviationof a serious problem affecting the health or welfare of pregnant women and/or fetuses.

(b) The research will be conducted in accordance with applicable regulatory and ethical guidelines.

Signature of Principal Investigator: _____ Date _____

RGCB IHEC Office use only

Comments of Primary Reviewer	

Primary Reviewer Signature and Date

Name of Principal Investigator:

Study Title:

1. Research Involving Cognitively Impaired Adults in which there is Anticipated Direct Benefit to the participant (All items must be "Yes")

☐ Yes	☐ No	Is the recruitment of participants justified considering the rationale and objectives of the study?
☐ Yes	☐ No	The risk is justified by the anticipated benefit to the participants
☐ Yes	☐ No	The relation of anticipated benefit to the risk is at least as favorable to the participants as that presented by available alternative approaches.
☐ Yes	☐ No	Will the participants be withdrawn if they appear to be unduly distressed?
☐ Yes	☐ No	The proposed plan for the assessment of the capacity to consent is adequate
☐ Yes	☐ No	Consent will be taken from participants capable of being consulted.
☐ Yes	☐ No	Does the consent document include provision for a legally authorized representative in case participants are not capable of being consulted?

2. Research Involving Cognitively Impaired Adults in which there is No Anticipated Direct Benefit to the participant (All items must be "Yes")

☐ Yes	☐ No	Is the recruitment of participants justified considering the rationale and objectives of the study?
☐ Yes	☐ No	Are the foreseeable risks to the participants low?
☐ Yes	☐ No	Is the negative impact on the participant's well-being minimized and low?
☐ Yes	☐ No	Will the participants be particularly closely monitored?
☐ Yes	☐ No	Will the participants be withdrawn if they appear to be unduly distressed?

☐ Yes	☐ No	The proposed plan for the assessment of the capacity to consent is adequate
☐ Yes	☐ No	Consent will be taken from participants capable of being consulted.
☐ Yes	☐ No	Does the consent document include provision for a legally authorized representative in case participants are not capable of being consulted?

Signature of Principal Investigator: _____ Date _____

RGCB IHEC Office use only

Comments of Primary Reviewer	

Primary Reviewer Signature and Date

CHECKLIST: RESEARCH INVOLVING STUDENTS, EMPLOYEES OR RESIDENTS

Name of Principal Investigator:

Study Title:

Participants who are students, employees or residents require special considerations.

Have the participants been assured that their status (education, employment and/or promotion) will not be affected by any decision to participate or not?	☐ No	☐ Yes
Have the risks to participants been minimized?	☐ No	☐ Yes
Have participants been assured that participation is voluntary (no signs of coercion)?	☐ No	☐ Yes
Have participants been assured that privacy and confidentiality will be protected?	☐ No	☐ Yes

Answers to all the above points should be YES for approval

Signature of Principal Investigator: _____ Date _____

RGCB IHEC Office use only

Comments of Primary Reviewer	

Primary Reviewer Signature and Date

1. Date of letter of communication regarding audit/inspection:

2. Date(s) on which the audit/inspection has been agreed on:

3. To ensure the RGCB IHEC members and staff have been informed about the date/s and time.

4. To ensure availability of RGCB IHEC related information – mandate, terms of reference, organization chart (in the print form) in the RGCB IHEC office.

5. To make sure of availability of latest copy /copies of signed SOPs in print form in the office and/ or in electronic form on the RGCB IHEC computer/s.

6. To review the SOPs and note details of any omissions or deviations, with reasons.

7. To ascertain availability of all national and international ethics guidelines and regulations in print form and / or in electronic form in the RGCB IHEC office. FERCI MODEL SOPs Preparing for Ethics Committee Audit/ Inspection SOP 20/V2: Effective Date: aa/bb/cccc Page 6 of 7

8. To check the files of ongoing and complete research study files for the presence of all signed documents as stated below and to note any missing/ incomplete documentation and actions taken.

    a. Records regarding applications of research studies for review including protocols and related documents

    b. Protocol Assessment Records – Comments of RGCB IHEC members, Meeting Agenda, Minutes (documented in individual study file or separately in meeting records file)

    c. Communication records with investigator (documented in individual study file)

    d. Amendment Approvals (documented in individual study file) o SAE reports and SAE related communications with investigator and regulators

    e. Protocol deviation/violation/exception reports(documented in individual study file)

    f. Continuing and final completion/termination reports (documented in individual study file)

9. To ensure availability of documents regarding list of members, tenure, appointment details, CVs, baseline and periodic training of RGCB IHEC members.

10. To ensure availability of documents regarding appointment, CVs and training of staff of secretariat.

11. To ensure measures for maintaining security of electronic database and office records.

12. To make sure that maintenance, retrieval, storage, archival and tracking of the study files are done as per the respective SOPs.

13. To ascertain proper labelling and indexing of study files and storage cabinets.

14. To decide which members will communicate with auditors/ inspectors, be available for audit/ inspection, prepare action plan and conduct follow-up audit(if applicable)

15. To report about findings and report received regarding audit/inspection to RGCB IHEC members at the full board RGCB IHEC meeting.

16. To make other arrangements (meeting venue for review of documents, catering, accommodation, travel) for the visit, as applicable.

1. Current tenure
2. Terms served
3. Training received
4. Type of training received
5. No of meetings attended
6. No of projects reviewed per meeting as primary reviewer
7. No of projects reviewed per meeting as secondary reviewer
8. Participation in SAE report review process- yes/no
9. Participation in site monitoring visits - yes/no
10. Number and type of continuing training workshops organized for RGCB IHEC members (applicable to Member Secretary)
11. Number and type of continuing training workshops organized for staff of the RGCB IHEC secretariat (applicable to Member Secretary)
12. Any other significant contribution to the field of research ethics
13. Remarks by the Chairperson on the self-assessment

SELF ASSESSMENT FORM FOR RGCB IHEC CHAIRPERSON

1. Current tenure
2. Terms served –
3. Training received –
4. Type of training received –
5. No. of meetings held in current year –
6. No of meetings attended
7. Whether quorum requirement fulfillment ensured as per schedule Y in RGCB IHEC meetings
8. Whether considerations related to conflict of interest considered
9. Any significant contribution to the field of research ethics
10. Any other comments _____

EXPEDITED / EXEMPTION REVIEW FORM FOR IHEC OFFICE USE ONLY

IHEC Proposal Number:

Title of the project:

Name of the PI:

Type of Review: Expedited Exemption

Reviewed by: Reviewed by the Member Secretary

Reviewed by Member Secretary / Chairperson

Reviewed by designated IHEC members

Comments of the reviewer:

Recommendations: Approved Suggested Recommendations Cannot be exempted Deferred

Name and signature of the reviewer:

Final decision: Approved Revision with Minor amendment Deferred

Recommendations:

Signature of the Member Secretary Date

ANNEXURE 44

CONTINUING/AMENDMENT REVIEW FORM FOR IHEC OFFICE USE ONLY

IHEC Proposal Number:

Title of the project:

Name of the PI:

Type of Review: Expedited Full committee Review

Reviewed by: Review by Member Secretary / Chairperson

Review by designated IHEC members'

Full committee discussion and review

Comments of the reviewer:

Recommendations: Approved Suggested Recommendations Next Full committee discussion

Name and signature of the reviewer:

Final decision: Approved Revision with Minor amendment Revision with major amendment

Recommendations:

Signature of the Member Secretary Date

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