ICH Good Clinical Practice (GCP) and Investigator Responsibilities

April 2019

Training Roadmap

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Learning Objectives

By the end of this module, you will be able to…

- Define ICH Good Clinical Practice (GCP).
- Describe compliance expectations and consequences of non-compliance.
- Identify your responsibilities as an investigator per ICH GCP.
- Recognize your responsibility to conform to the essential elements of ICH GCP.

What is ICH GCP?

International Conference on Harmonisation Good Clinical Practice

A unified standard for designing, conducting, recording and reporting trials, to include:

- Responsibilities of investigator, institutional review board (IRB)/independent ethics committee (IEC), and sponsor.
- Content of protocol and amendments.
- Content and format of Investigator's Brochure.
- Essential documents to evaluate study conduct and data quality.

Defines Good Clinical Practice (GCP):

"An international ethical and scientific quality standard for designing, conducting, recording, and reporting trials that involve the participation of human subjects."

Compliance with this standard provides public assurance that:

- Rights, safety and well being of trial subjects are protected.
- Clinical trial data are credible.

Updates to ICH GCP

In the event of any conflict between the E6 (R1) text and the E6 (R2) addendum text, the *E6 (R2) addendum* text should take *priority*.

Updates to ICH GCP

Why?

Scale, complexity, and cost of clinical trials have increased.

Evolutions in technology and risk management processes offer new opportunities to increase efficiency and focus on relevant activities.

Advances in use of electronic data recording and reporting facilitate implementation of other approaches.

Essential Definitions

From ICH GCP

1.24 Good Clinical Practice (GCP)

A standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of trial subjects are protected

1.34 Investigator

A person responsible for the conduct of the clinical trial at a trial site. If a trial is conducted by a team of individuals at a trial site, the investigator is the responsible leader of the team and may be called the principal investigator. See also Subinvestigator.

1.56 Subinvestigator

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

1.53 Sponsor

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

Essential Definitions

From ICH GCP

1.27 Independent Ethics Committee (IEC)

An independent body (a review board or a committee, institutional, regional, national, or supranational), constituted of **medical professionals and non-medical members**, whose responsibility it is **to ensure the protection of the rights, safety and well-being of human subjects** involved in a trial and to provide public assurance of that protection, by, among other things, reviewing and approving/providing favourable opinion on, the trial protocol, the suitability of the investigator(s), facilities, and the methods and material to be used in obtaining and documenting informed consent of the trial subjects.

The legal status, composition, function, operations and regulatory requirements pertaining to Independent Ethics Committees **may differ among countries, but should** allow the Independent Ethics Committee to **act in agreement with GCP** as described in this guideline.

1.31 Institutional Review Board (IRB)

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

The Principles of ICH GCP In Summary

ICH GCP 2.1-2.13

Clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki, and that are consistent with GCP and the applicable regulatory requirement(s).

Anticipated benefits justify the risks.	Protection of the trial subjects over interests of science and society.	Adequate data to support the proposed clinical trial.	Scientifically sound and described in a detailed protocol.
IRB/IEC approval/favourable opinion.	Subject care by a qualified physician.	Staff qualified by education, training, and experience.	Freely given informed consent obtained prior to trial participation.
Accurate reporting, interpretation and verification of trial data.	Protect privacy and confidentiality	Good manufacturing practice (GMP) and used per approved protocol.	Quality systems with focus on subject protection and reliability of trial results.

The Principles of ICH GCP

In detail…

2.1 Clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki, and that are consistent with GCP and the applicable regulatory requirement(s).

2.2 Before a trial is initiated, foreseeable risks and inconveniences should be weighed against the anticipated benefit for the individual trial subject and society. A trial should be initiated and continued only if the anticipated benefits justify the risks.

2.3 The rights, safety, and well-being of the trial subjects are the most important considerations and should prevail over interests of science and society.

2.4 The available nonclinical and clinical information on an investigational product should be adequate to support the proposed clinical trial.

The Principles of ICH GCP

In detail…

2.5 Clinical trials should be scientifically sound, and described in a clear, detailed protocol.

2.6 A trial should be conducted in compliance with the protocol that has received prior institutional review board (IRB)/independent ethics committee (IEC) approval/favourable opinion.

2.7 The medical care given to, and medical decisions made on behalf of, subjects should always be the responsibility of a qualified physician or, when appropriate, of a qualified dentist.

2.8 Each individual involved in conducting a trial should be qualified by education, training, and experience to perform his or her respective task(s).

2.9 Freely given informed consent should be obtained from every subject prior to clinical trial participation.

The Principles of ICH GCP (Cont.)

In detail…

2.10 All clinical trial information should be recorded, handled, and stored in a way that allows its accurate reporting, interpretation and verification.

New in R2 This principle applies to all records referenced in this guideline, irrespective of the type of media used.

2.11 The confidentiality of records that could identify subjects should be protected, respecting the privacy and confidentiality rules in accordance with the applicable regulatory requirement(s).

2.12 Investigational products should be manufactured, handled, and stored in accordance with applicable good manufacturing practice (GMP). They should be used in accordance with the approved protocol.

2.13 Systems with procedures that assure the quality of every aspect of the trial should be implemented.

New in R2 Aspects of the trial that are essential to ensure human subject protection and reliability of trial results should be the focus of such systems.

Consequences of Non-Compliance with GCP

- Patient safety compromised.
- Regulatory citation e.g. FDA 483.
- Sanctions and fines imposed.
- Regulatory submission delayed.
- Regulatory submission not approved/data rejected
- Increased regulatory scrutiny for investigator and GSK.
- Unable to work on a GSK study.

- Investigator Qualifications & Agreements
- Adequate Resources
- Medical Care of Trial Subjects
- Initial and Ongoing Communication with Institutional Review Board/Independent Ethics Committee
- Compliance with Protocol
- Progress Reports
- Final Reports

Investigator

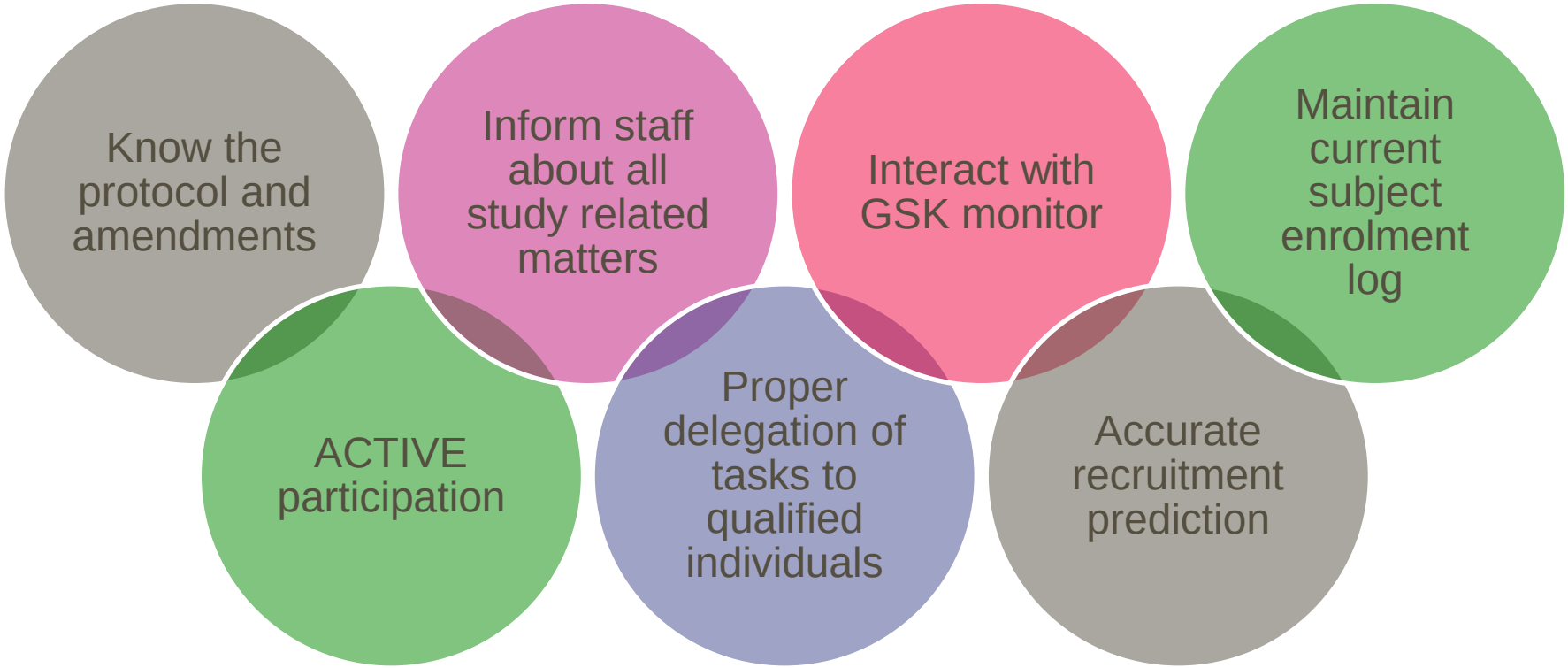
GCP Responsibilities

Ensure Investigator Qualifications & Agreements

ICH GCP 4.1

- Provide evidence of your qualifications (education, training and experience) to assume responsibility for the proper conduct of the trial and demonstrate evidence of adequate training via up to date CV and associated documentation e.g. training completion certificates (4.1.1).
- Ensure investigational product familiarity (4.1.2).
- Awareness of and compliance with GCP and regulatory requirements (4.1.3).
- Allow monitoring, auditing & regulatory inspections (4.1.4).
- Use qualified staff (4.1.5):
  - Maintain record of staff qualifications.
  - Select, train and keep a log of study personnel with associated delegated duties.

Adequate Involvement in the Trial



Ensure Adequate Resources

ICH GCP 4.2

- Potential to recruit suitable subjects (4.2.1).
- Sufficient time to conduct trial (4.2.2).
- Sufficiently qualified staff and adequate facilities to conduct trial (4.2.3).
- Staff are adequately informed about protocol, IP and tasks related to the protocol (4.2.4).

New in R2 Supervise individuals or parties delegated any trial-related duties/functions (4.2.5).

New in R2 Ensure delegates are qualified and implement procedures to ensure integrity of duties/functions and any data generated (4.2.6).

Ensure Medical Care of Trial Subjects

ICH GCP 4.3

A qualified physician or dentist who is an investigator or sub-investigator should be responsible for all trial related medical decisions (4.3.1).

During and following the trial the investigator/institution should ensure appropriate medical care for AEs and clinically significant lab deviations related to trial and inform subjects if medical care is needed for an intercurrent illness (4.3.2).

Inform primary (family) physician of subject's participation in trial (after obtaining permission from the subject) (4.3.3).

Physician to make a reasonable effort to ascertain the reasons for a subject's premature withdrawal from the trial (4.3.4).

Ensure Initial and Ongoing Communication with IRB/IEC

ICH GCP 4.4

- Before the trial, provide all documents required and obtain written, dated approval/favourable opinion from the IRB/IEC (4.4.1):
  - Trial protocol, written informed consent form, consent form updates, subject recruitment procedures (e.g., advertisements), and any other written information to be provided to subjects including any patient-completed materials.
  - Do not start the trial without written, dated approval/favourable opinion.
- Provide a current copy of the Investigator's Brochure and any updates during the trial (4.4.2).
- During the trial, provide all documents subject to review (4.4.3).

- GSK as sponsor must obtain from the investigator a statement from the IRB/IEC that it is "organized and operates according to GCP and the applicable laws and regulations" (5.11.1)

Ensure Full Compliance with the Protocol

ICH GCP 4.5

Conduct trial according to approved protocol, GCP and applicable regulatory requirements (4.5.1).

- Sign the protocol or an alternative contract to confirm agreement

No deviations or changes without sponsor and IRB/IEC approval/favourable opinion, except (4.5.2):

- Where necessary to eliminate immediate hazard to trial subject, or
- When the change involves only logistical or administrative aspects of the trial (e.g. change in monitor(s), change of telephone number(s)).

Deviations must be documented and explained (4.5.3).

Documentation and explanation for deviations without prior approval must be submitted as soon as possible to sponsor, IRB/IEC, and if required, regulatory authorities (4.5.4).

Progress Reports

ICH GCP 4.10

- Submit written summaries of trial status to IRB/IEC at least annually or more frequently if required (4.10.1).
- As the trial progresses, provide IRB/IEC with any significant changes affecting the study or increased risk to subject (4.10.2). For example, but not limited to:
  - Updated Investigator's Brochure and other safety information
  - Protocol amendments
  - Regulatory safety reports (according to local requirements)
  - Any other change in the study (e.g., increase in target number of subjects to be enrolled at your site)
  - Other information that may be required for your site

In the European Union the European Directive states that these communications should be the sponsor responsibility and not the investigator, therefore ensure you check your protocol and with your GSK monitor on the exact procedures to follow.

Premature Termination or Suspension of a Trial

ICH GCP 4.12

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

Where GSK initiates:	Where the investigator initiates:	Where the IRB/IEC initiates:
• Inform the institution where applicable and provide the IRB/IEC with a detailed written explanation.	• Inform the institution where applicable, the sponsor, and provide the IRB/IEC with a detailed written explanation.	• Inform the institution where applicable and the sponsor and provide a detailed written explanation.

Final Reports

ICH GCP 4.13

- Upon completion of the trial, the investigator, where applicable, should inform the institution.
- The investigator/institution should provide the IRB/IEC with a summary of the trial's outcome, and the regulatory authority(ies) with any reports required.

- Investigational Product Oversight, Randomization Procedures and Unblinding
- Investigational Product Record Keeping

Investigational Product

ICH GCP 4.6

Investigational Product (IP) Oversight, Randomization Procedures and Unblinding ICH GCP 4.6 and 4.7

- Investigational product accountability (4.6.1),
- Delegation of activities and supervision of an appropriately qualified person (4.6.2).
- IP documentation: delivery, inventory, dispensation use of each subject, disposal or return to the sponsor and reconciliation of all IP and other study medication (4.6.3).
- Storage as specified by sponsor and in accordance with local regulations (4.6.4).
- Use in accordance with the approved protocol (4.6.5).
- Explanation of correct use of IP to subjects and periodic check for understanding / compliance (4.6.6).
- Follow the trial randomisation procedures - code breaking only according to protocol. Document and report premature unblinding to the sponsor (4.7).

Investigational Product (IP) – Record Keeping

ICH GCP 4.6.3

IP documentation: delivery, inventory, dispensation use of each subject, disposal or return to the sponsor and reconciliation of all IP and other study medication (4.6.3).

- Records should include:
  - Dates
  - Quantities
  - Batch/serial numbers
  - Expiration dates
  - Unique code numbers assigned to the investigational product(s) and trial subjects
- Records must document that subjects were provided the doses specified by the protocol.
- Records must reconcile all investigational product(s) received from sponsor.

- Adherence and Documentation
- Process
- Special Populations

Informed Consent

ICH GCP 4.8

Informed Consent: Adherence and Documentation

Informed consent is **fundamental** to running a trial.

1.28 Informed Consent

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

- Requires meaningful **exchange of study information** between the investigator and subject.
- The informed consent form must be **personally signed and dated** by the subject and/or legal representative and by the person who conducted the consent *before any study procedures begin*.
  - A copy of the signed informed consent form (ICF) and any other written information provided should be given to the subject or the legal representative (4.8.11).
  - The informed consent process should be documented in the medical record/source file.
- Any **changes to the ICF need to be signed and dated** by study participants or the legal representative and documented in the source documentation.

Informed Consent Process

ICH GCP 4.8

- IRB/IEC written approval in advance for consent and other written information for subjects (4.8.1).
- Written ICF updated/approved when new information is available that may be relevant to subject's consent (4.8.2).
- Subject not unduly influenced to participate (4.8.3).
- Subject not asked to waive legal rights or release investigator or sponsor from liability for negligence (4.8.4).
- Subject fully informed prior to participation (4.8.5).
- Language used in oral and written consent understandable to subject or legal representative and impartial witness (where applicable) (4.8.6).
- Subject should have ample time to review the ICF, ask any questions, and receive answers before decision is made (4.8.7).
- ICF must be obtained/signed prior to a subject's participation (before any study procedures are performed) (4.8.8).

Informed Consent Process

ICH GCP 4.8

– The informed consent discussion and form needs to include all relevant explanations as outlined in ICH GCP 4.8.10 (refer to ICH GCP for details).

Trial involves research	Purpose of trial	Treatment with probability	Procedures (+ invasive)	Subject responsibilities
Experimental aspects	Risks/ inconveniences	Expected benefits	Alternative treatment	Compensation for trial related injury
Prorated payment	Expenses	Voluntary, free to withdraw	Direct access to records	Confidentiality
Timely updates provided	Contact person	Reasons for termination	Duration	Number of subjects

Informed Consent: Special Populations

Definition

1.61 Vulnerable Subjects

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

Informed Consent: Special Populations

ICH GCP 4.8

- If the subject/legal representative are unable to read, an impartial witness must be present during the consent discussion and sign and date the consent form (4.8.9).
- When a trial includes subjects who can only be enrolled with the consent of the subject's legally acceptable representative (e.g., minors, or patients with severe dementia), the subject should be informed about the trial to the extent compatible with the subject's understanding and, if capable, the subject should sign and personally date the written informed consent (4.8.12).
- In emergency situations where the subject and legal representative are unable to consent, enrollment requires protective measures to be described in protocol or other IRB/IEC approved documents. Subject or legal representative should be informed as soon as possible and consent to continue and other consent as appropriate should be requested (4.8.15).

- Definitions
- Ensure Reporting of Adverse Events

Safety Reporting

ICH GCP 4.11

1.1 Adverse Drug Reaction (ADR)

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

Regarding marketed medicinal products: a response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of diseases or for modification of physiological function (see the ICH Guideline for Clinical Safety Data Management: Definitions and Standards for Expedited Reporting).

Safety Reporting

Definitions

1.2 Adverse Event (AE)

Any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product and which does not necessarily have a causal relationship with this treatment.

An adverse event (AE) can therefore be any unfavourable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal (investigational) product, whether or not related to the medicinal (investigational) product (see the ICH Guideline for Clinical Safety Data Management: Definitions and Standards for Expedited Reporting).

Safety Reporting

Definitions

1.50 Serious Adverse Event (SAE) or Serious Adverse Drug Reaction (Serious ADR)

Any untoward medical occurrence that at any dose:

- results in death,
- is life-threatening,
- requires inpatient hospitalization or prolongation of existing hospitalization,
- results in persistent or significant disability/incapacity,

or

- is a congenital anomaly/birth defect

1.60 Unexpected Adverse Drug Reaction

An adverse reaction, the **nature or severity** of which **is not consistent with the applicable product information** (e.g., Investigator's Brochure for an unapproved investigational product or package insert/summary of product characteristics for an approved product) (see the ICH Guideline for Clinical Safety Data Management: Definitions and Standards for Expedited Reporting).

Ensure Safety Reporting: Adverse Events

ICH GCP 4.11

- Report all adverse events (AEs) and/or laboratory abnormalities to the sponsor within the time period defined in the protocol.
- Report all serious adverse events (SAEs) immediately (within 24 hours of being aware of event) to the sponsor with prompt follow-up information by detailed written reports
  - Except for those SAEs that the protocol or other document (e.g. Investigator's Brochure) identifies as not needing immediate reporting.

- Records and Reports
- Definitions
- Source Data vs. Source Documents
- Source Document Content

Source Documentation

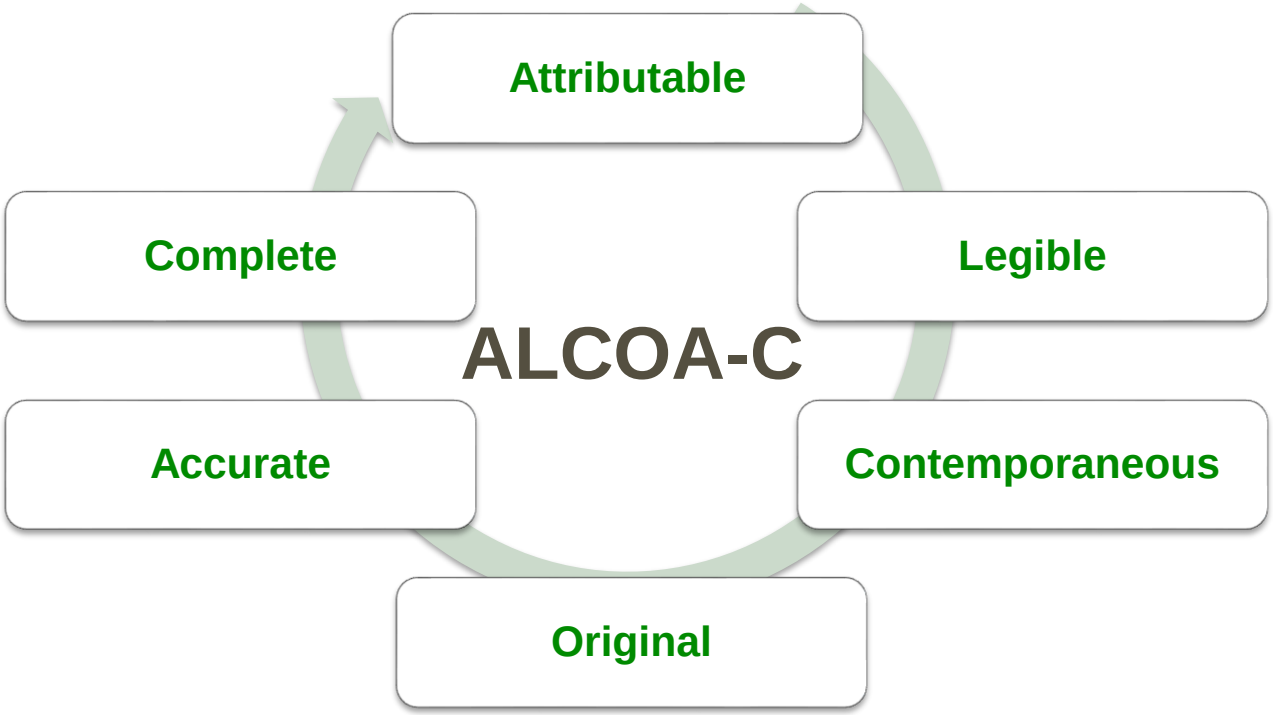
ICH GCP 4.9

Records and Reports: Source Documentation

ICH GCP 4.9

New in R2

Maintain adequate and accurate source documents and trial records that include all pertinent observations on each of the site's trial subjects. Source data should be **attributable, legible, contemporaneous, original, accurate, and complete**. Changes to source data should be traceable, should not obscure the original entry, and should be explained if necessary (e.g., via an audit trail) (4.9.0).



Records and Reports: Source Documentation

ICH GCP 4.9

- The investigator should ensure the accuracy, completeness, legibility, and timeliness of the data reported to the sponsor in the CRFs and in all required reports (4.9.1).
- Data reported on the CRF, that are derived from source documents, should be consistent with the source documents or the discrepancies should be explained (4.9.2).
- Corrections must be dated & initialed, not obscure original entry and explained if necessary (applies to written and electronic changes/updates). Retain records of changes and corrections (4.9.3).
- Financial aspects documented in an agreement between sponsor and investigator/institution (4.9.6).

Source Data vs. Source Documents

Definitions

Source data is…	Source documents are…
All information in **original records** and **certified copies** of original records of clinical findings, observations or other activities in a clinical trial **necessary for the reconstruction and evaluation** of the trial. **Source data are contained in source documents.** (ICH GCP 1.51).	**Original documents, data, and records** (e.g., hospital records, clinical and office charts, laboratory notes, memoranda, subjects' diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate copies, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept at the pharmacy, at the laboratories and at medico-technical departments involved in the clinical trial). (ICH GCP 1.52).

Source Documentation

More definitions…

1.63 Certified Copy

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

1.65 Validation of Computerized Systems

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

Source Documentation Content

Expectations

Subject identifiers

- Name, initials, hospital/clinical identifier.

Medical history

- Must demonstrate that the subject meets study inclusion criteria.

Baseline presentation

- Confirmation of the disease/condition being studied (except for healthy volunteer studies).

Study treatment information

- To include start and stop dates and the quantity administered for each subject.

Source Documentation Content

Expectations

Clear evidence of study participation

- Such as a dated statement that subject entered the study e.g. “subject enrolled in GSK study number 123 involving….”

Clear evidence of study progress and ongoing clinical course/evaluation:

- Results of diagnostic tests.
- Documentation of adequate care for AE/SAEs and review of lab results.
- Notations for each study visit, including:
  - Visit date and any AE/SAEs occurring.
  - Study medication dose changes.
  - Concomitant medication.
  - Intercurrent illness.
  - Subject withdrawals and dropouts

Source Data are Vitally Important

- First place where the clinical observations were recorded.
- Part of the subject's medical records or study participation notes.
- Property of the investigator/hospital (and/or subject).
- Should be written in real time, not weeks or months after an event.
- Upon request of the monitor, auditor, IRB/IEC, or regulatory authority, the investigator/institution should make available for direct access all requested trial-related records (4.9.7).

- Definitions
- Before the Clinical Phase
- During the Clinical Conduct
- After Completion or Termination

Essential Documents

ICH GCP 8.1

Essential Documents

Definition and Introduction to ICH GCP 8

1.23 Essential Documents

Documents which individually and collectively **permit evaluation of the conduct of a study and the quality of the data** produced (see 8. Essential Documents for the Conduct of a Clinical Trial).

8.1 Introduction

- Permit evaluation of trial conduct and data quality.
- Demonstrate compliance of the investigator and the sponsor.
- Assist in trial management.
- Confirm validity of trial conduct and integrity of data during audit/inspection.
- Required to have these documents before the trial commences, during the trial and as an archive after the trial.

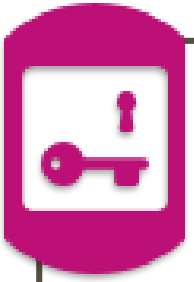
Essential Documents

ICH GCP 8.1 New + in R2

The investigator should maintain a record of the location(s) of their respective essential documents.

The storage system should provide for document identification, search and retrieval during the trial and for archiving - irrespective of the type of media used.

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

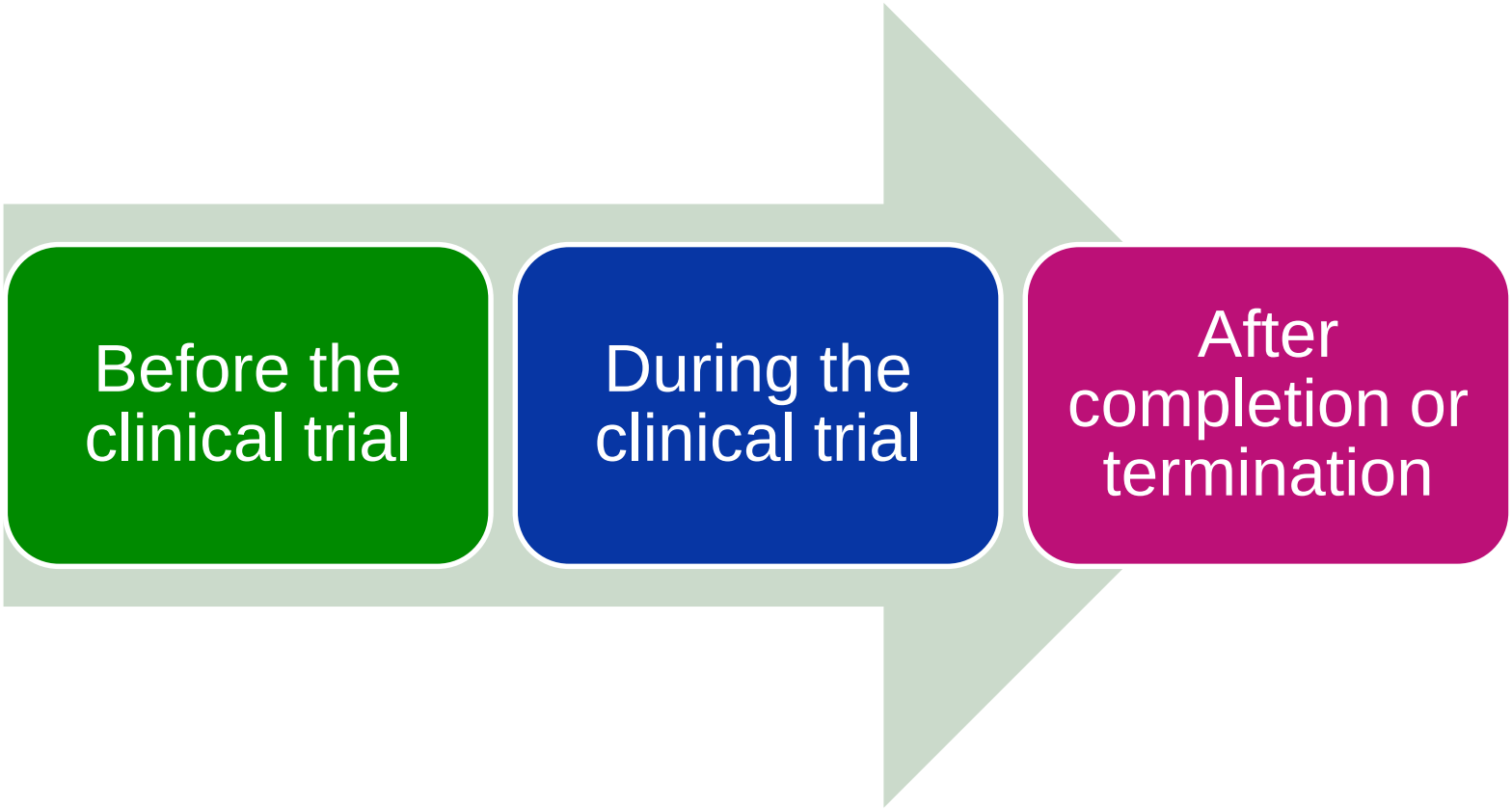


The investigator should have control of and continuous access to the CRF data reported to the sponsor.

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

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

Documents are grouped into three sections



Essential Documents in the Site File

ICH GCP 8.2 – Before the Clinical Phase of the Trial Commences

Document	Document
▪ Investigator's Brochure	▪ Regulatory authority approvals
▪ Signed protocol and amendments	▪ CVs of investigator & sub-investigators
▪ Sample CRF	▪ Lab normal ranges & procedures
▪ Consent form, any other information given to subjects & advertisements	▪ Sample investigational product (IP) label
▪ Financial aspects & insurance statement (if required)	▪ Instructions for handling IP
▪ Signed agreements	▪ Shipping records for IP
▪ Dated IRB/IEC approvals	▪ Decoding procedures for blinded trials
▪ IRB/IEC composition	▪ Trial initiation monitoring report
Refer to ICH GCP E6 (R2) 8.2 for full details	

Essential Documents in the Site File

ICH GCP 8.3 – During the Clinical Conduct of the Trial

In addition to all previous documents…

Document	Document
▪ Investigator's Brochure updates	▪ Source documents
▪ Revisions to protocol, CRF, ICF and advertisements	▪ Copies of CRFs and corrections (if using paper forms)
▪ Dated and documented IRB/IEC approvals and continuing review of trial	▪ Signature sheet of persons authorized for CRF entry
▪ Interim or annual reports to IRB/IEC and regulatory authorities	▪ Notification by sponsor of safety information
▪ CVs of new sub-investigators	▪ Subject screening log
▪ Updates to lab normal ranges and procedures	▪ Notification by sponsor of safety information
▪ Documentation of IP shipment	▪ Subject identification code list
▪ Relevant communications	▪ Subject enrolment log
▪ Signed informed consent forms	▪ IP accountability at the site
	▪ Record of retained samples
Refer to ICH GCP E6 (R2) 8.3 for full details	

Essential Documents in the Site File

ICH GCP 8.4 – After Completion or Termination of the Trial

In addition to all previous documents…

Document	Document
▪ Investigational product accountability at site	▪ Final report to IEC/IRB
▪ Documentation of IP destruction (if done at site)	▪ Completed subject identification code list
Refer to ICH GCP E6 (R2) 8.4 for full details	

You need to retain essential documents until the sponsor tells you that you may dispose of them.

Learning Objectives: Summary

You should now be able to:

- Define ICH Good Clinical Practice (GCP).
- Describe compliance expectations and consequences of non-compliance.
- Identify your responsibilities as an investigator per ICH GCP.
- Recognize your responsibility to conform to the essential elements of ICH GCP.

TO LEARN MORE:

Refer to the ICH GCP E6 (R2) guidelines on the ICH Website.

TransCelerate Informational Program, in particular:

Principal Investigator Oversight training module

IRB/IEC Responsibilities and Informed Consent training module

The End


gsk
do more
feel better
live longer