INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS)

EC Registration Number:

STANDARD OPERATING PROCEDURE

(Version No.:AH-014, Dated-------)

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INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

TITLE:	**PREAMBLE**		
Version : AH-014	**Issue Date:**	**Revision Date:**	**Validity:** 3 years

	Name	**Designation**	**Sign& Date**
Prepared by			
Reviewed by			
Approved by			

I. PREAMBLE

Apollo Hospitals is committed to bring health care of international standards within the reach of every individual and has thus established hospitals at various places in the country. Apollo Hospitals (hereinafter referred to as "Institution") has undertaken bio-medical research and scientific experimentation on human subjects in the premises of the hospital to discover better medical and therapeutic modalities for the benefit of mankind. In order to see that due care and caution is taken at all stages of research and experimentation (from inception as a research idea, the research design, its conduct and its application) and to ensure that the research subject(s) and those affected by it are put to minimal risk and generally benefit from and by the research or experiment, the institution has constituted an Ethics Committee. It is an independent body governed by the policies and procedures as per the regulatory requirements. It is in accordance with Declaration of Helsinki and also the applicable guidelines formulated by Indian Council of Medical Research (ICMR), New Delhi and Central Drugs Standards Control Organization (CDSCO). It is reconstituted from time to time as per the standard operating procedures.
The IEC SOP is accessible to all on the link mentioned below :
http://apolloari.com/INSTITUTIONAL-E-C-C-STUDIES-WPM.php

Research, in all its forms, is recognized as a complement to the basic functions of hospital. The research activities of Institution shall be overseen by the2 ECs named Institutional Ethics Committee - Clinical Studies ("IEC-CS")and Institutional Ethics Committee-Bio Medical Research ("IEC-BMR").This committee, whichever applicable, shall evaluate, scrutinize and monitor all clinical research activities falling under the purview of the site, or where a site/ entity which doesn't have its own registered ethics committee, provided the site/entity is located within the same city or within a radius of 50 Km. The role of the EC is "to protect and maintain the dignity, rights, safety and well-being of all research participants".

A. Ethics Committee functions are:

1. To provide independent, competent and timely review of the - proposed research studies undertaken by researchers/clinicians from within or outside the Institution, in compliance with the regulations. The newer ways to digitalization and online functioning shall be adhered to facilitate any functional gaps and also to comply with the regulatory need and timelines
2. To review and approve the proposed research before its commencement.
3. To ensure regular monitoring the ethical conduct of ongoing research studies.
4. To review, scrutinize and decide upon any ethical issue(s) relating to the research studies.

The above functions of EC are applicable to any research involving human subjects, i.e., individuals whose physiological or behavioral characteristics and responses are the object of study in a research project. The human subjects are defined as living individual(s) about whom an Investigator conducting research obtains: (1) data through intervention or interaction with the individual; or (2) identifiable private information (biological samples, medical records). The IEC may review different types of research studies, including, but not limited to, the following:

a. Regulatory Trials
b. Clinical Studies
c. Epidemiological research
d. Basic and translational Research
e. Validation Studies
f. Research on medical records or other personal information
g. Research on stored samples
h. Health systems research
i. Ph. D thesis and research by Nursing, Pharmacy, DNB,FNB, Nutritionists, Social workers and other Academic studies,.

B. General Principles and Policies of Institutional Ethics Committee:

The procedures and policies of the Institutional Ethics Committee essentially follow the Statement of General Principles on Research using Human Participants in Biomedical Research, and Statement of Specific Principles on Research using Human Participants in specific areas of Biomedical Research, stipulated in the 'National Ethical Guidelines for Biomedical and Health Research involving Human Participants' issued by Indian Council of Medical Research (ICMR).

C. Applicable Laws/Guidelines

The functions and activities of Institutional Ethics Committee shall be performed in accordance with ICH-GCP guidelines, Indian GCP Guidelines of the CDSCO, the ICMR guidelines, New Drugs and Clinical Trials Rules,2019 and all other recent versions of applicable national and international regulations and guidelines. The terminologies used in this document and all the records of Institutional Ethics Committee shall have the meanings as mentioned in the applicable laws and guidelines. In the event of any conflict between the regulations/guidelines, the requirements specified in Indian regulations/guidelines shall prevail.

D. Authority under which the Institutional Ethics Committee is established

The management of Apollo Hospitals supports the formation and activities of Institutional Ethics Committee. The Institutional Ethics Committee of Apollo Hospitals is named as **Institutional Ethics Committee -Clinical Studies** (IEC-CS) **and Institutional Ethics Committee-Bio Medical Research** (IEC-BMR). The Institutional Ethics Committees are constituted and authorized by the - Head of the Institute of the Site (Apollo Hospitals). The Head of the Institution shall ensure the independent functioning of the ethics committee.

1. All research activities to be conducted at this Institution and other centers falling under the purview require reviewing and approving by the Institutional Ethics Committee. The Chairperson of the Institutional Ethics Committee shall be independent and thus not associated with any other activities of the Institution. The Chairperson of the Institutional Ethics Committee shall be independent and thus not associated with any other activities of the Institution. The chairperson shall enter into an MOU with the head of the institution, stating that necessary support, facilities and independence will be provided to ethics committee. This will ensure adequate finance, human resource allocation, a secretariat for administrative work and record keeping. The committee shall meet at a regular frequency to review and approve studies based on scientific and ethical validity, will continue to monitor approved studies and ensure the records and documentation are maintained in compliance with the SOP and the regulatory guidelines.

2. The Standard Operating Procedure (SOP) constitutes of two sections. **Section 1(IEC-CS)** enumerates the operations that will be followed for the conduct of Clinical Trials or Bioavailability or Bio equivalence studies while abiding by the New Drugs and Clinical Trials Rules , 2019, the Indian GCP , National Ethical Guidelines for Biomedical and Health Research involving Human Participants , ICMR, 2017 and ICH-GCP (R2).
   Section 2(IEC-BMR) will describe the Ethics committee requirements for Bio Medical and Health Research to oversee the conduct of Biomedical and Health Research as detailed in National Ethical Guideline for Biomedical and Health Research involving Human Participants.

   a. Section 1(IEC-CS) has a total of 17chapters which describes the EC processes of the IEC-CS. The attachments with each SOP come alongside. The EC deliberations and responsibilities for all Clinical Trials or Bioavailability /Bio equivalence study taken up

by the organization such as review, approvals, oversight and monitoring as per the regulatory requirement, archival/ retrieval processes and all other aspects of Human Research Protection Program (HRPP) are described in detail. (as per Rule 8)

b. Section 2 (IEC-BMR) has a total of 18 chapters describing the EC processes for conducting Biomedical and Health Research as per the National Ethical Guideline for Biomedical and Health Research involving Human Participants. It details the ethics committee constitution and procedures for determining protocols exempt from review, reviewing and approving the academic studies and Biological Materials and Biobanking projects. The result gathered from this research is usually not for any regulatory submission. (as per Rule 17)

3. In accordance with the Gazette of India Notification GSR 72 (E) of Min. of Health and Family Welfare, the Institutional Ethics Committee – Clinical Studies is registered with the Office of DCGI. As per NDCT rules 2019, the Institutional Ethics Committee – Biomedical research is registered with the DHR. The Ethics committee is also accredited by Association for Accreditation of Human Research Protection Program (AAHRPP) and National Accreditation Board for Hospitals and Health Care Providers (NABH)

II. PROCESS FLOW FOR CLINICAL TRIALS

A. The following sequence of activities outlines the process followed by the research team (Sponsor, CRO, Institution/Investigator and Investigator's team) for the **conduct of Clinical Trials or Bioavailability or Bio equivalence studies**. The IEC-CS shall communicate with the regulatory bodies as per the requirements of the regulatory guidelines and with sponsor/CRO only through the researcher and research team. The IEC does not communicate directly with the sponsor/CRO at any point of time. The Clinical Research Coordinator and the Principal Investigator are the point of contacts for the IEC-CS. The minutes of the meeting, Bi-annual Self- evaluation of the IEC members and yearly update of the IEC is shared with the site-specific Head of the Institute, Human Research Protection Program (HRPP) offices and the Quality team.

1. A pharmaceutical company (Sponsor) or a Contract Research Organization (CRO) shall approach an Investigator or the Research Unit (Apollo Research and Innovation – 'ARI') of Institution with a confidentiality agreement and feasibility questionnaire to gather the information pertaining to feasibility of conducting a clinical trial.

2. The Sponsor/CRO shall send the protocol and Investigator's brochure to the Principal Investigator (P.I.) who will, after studying these documents, sign a protocol acceptance letter.
3. The Sponsor/CRO shall send the required soft copy/number of hard copies of all essential documents to the Investigator for submission to the Institutional Ethics Committee. The Sponsor/CRO shall make payment for review of the clinical trial as per the IEC-CS Fee Structure.
4. The P.I. shall submit an application along with the clinical trial documents for IEC-CS review and also present the study at the IEC meeting.
5. A draft clinical trial agreement and financial agreement sent by the Sponsor/CRO's representative, the Investigator and Institution's Representative shall also be submitted with the documents
6. The IEC-CS members shall review the protocol and the related documents before approving. They shall also review the ongoing research at intervals appropriate to the level of risk to the study subjects.
7. The IEC-CS secretariat shall maintain a list of protocols submitted, approved/disapproved, ongoing and completed.
8. All clinical trials shall start only after the IEC-CS approval, DCGI approval, signed agreement is available and site has been formally initiated by Sponsor/CRO.
9. Study subjects shall be recruited only after the study is explained and informed consent is obtained. Study subjects shall not pay for the investigations or for the drugs, except if mentioned otherwise in the protocol approved by the IEC-CS.
10. Advertisements for recruiting subjects may be released with prior approval from the IEC-CS and Sponsor. Patients and their families visiting the hospital will be given a fair and equitable opportunity, irrespective of their gender, caste, socio-economic or literacy status, to participate in any of the ongoing research activities in the hospital. There shall be awareness programs organized as a part of outreach activities and the content of such programs (if need be) will be finalized after IEC-CSs approval. Such details would be posted on the institute website also.
11. All own-site Serious Adverse Events should be notified to IEC-CS by the PI and then IEC-CS will provide its opinion within the stipulated time period as per the regulatory guidelines.
12. The closure/termination of the study shall be informed in writing to the IEC-CS.

B. The following sequence of activities outlines the process followed by the research team for the **conduct of Biomedical and Health Research as per the National Ethical Guideline for Biomedical and Health Research involving Human Participants.** The Principal Investigator or the coordinator, if in the team, is the point of contact for the IEC-BMR. The minutes of the meeting, Bi-annual Self- evaluation of the IEC members and yearly update of the IEC is shared with the site-specific Head of the Institute, Human Research Protection Program (HRPP) offices and Quality team.

1. The Principal investigator (P.I.) will approach the IEC-BMR with a vetted protocol from the scientific committee or their ethics committee, as and if applicable.
2. The P.I. shall submit an application along with the soft copy/required number of hardcopies of all essential documents to the Institutional Ethics Committee. The payment for review of the clinical study will be done as per the IEC-BMR Fee Structure.
3. The P.I. or designee shall present the study at the IEC-BMR meeting.
4. A draft clinical trial agreement, if applicable and signed financial agreement shall also be submitted with the documents, if applicable.
5. The IEC-BMR members shall review the protocol and the related documents before approving. They shall also review the ongoing research at intervals appropriate to the level of risk to the study subjects.
6. The IEC-BMR secretariat shall maintain a list of protocols submitted, approved/disapproved, ongoing and completed.
7. All clinical studies shall start only after the IEC-BMR approval (or exemption), DCGI approval and CTRI registration, if applicable,
8. Study subjects shall be recruited only after the study is explained and informed consent is obtained, in applicable scenarios. Study subjects shall not pay for the investigations or for the drugs/devices/intervention, except if mentioned otherwise in the protocol approved by the IEC-BMR.
9. For Investigator initiated studies and other academic studies, the investigator/institute acts as the sponsor and the responsibilities should be such mentioned
10. All own-site Serious Adverse Events should be notified to IEC-BMR by the PI and then IEC will provide its opinion within the stipulated time period as per the regulatory guidelines.
11. The closure/termination of the study shall be informed in writing to the IEC-BMR.

III. REFERENCES

The following regulations and guidelines have been referred to prepare the Standard Operating Procedures.

Care has been taken to refer the latest versions of each of the following:

- New Drugs and Clinical Trials Rules, 2019
- ICH-GCP: E6 (R2)Guidelines
- Indian GCP Guidelines of CDSCO
- National Ethical Guidelines for Biomedical and Health Research involving Human Participants issued by Indian Council of Medical Research (ICMR), 2017
- http://www.icmr.nic.in/
- www.fercap-sidcer.org/index.php
- www.aahrpp.org
- https://ethics.ncdirindia.org/asset/pdf/EC_Guidance_COVID19.pdf
  Online submission of SAE

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**1**
TITLE:	**Document Management for Standard Operating Procedure**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign and Date
Prepared By			
Reviewed By			
Approved By			

Document Management for Standard Operating Procedure

1.1Objective: To describe the policies regarding preparation, revision, circulation and use of this Standard Operating Procedure (SOP).

1.2 Scope: Covers the methods and activities to be performed for preparation, revision, circulation and use of this Standard Operating Procedure

1.3 Attachments

1.3.1 Template for Standard Operating Procedure
1.3.2 SOP Review and Revision Tracker
1.3.3 Template for Summary of Changes (Addendums)

1.4 Responsibility: Member Secretary, IEC Member(s), IEC Secretariat

1.5 Procedures:

i. This SOP shall be prepared by the IEC secretariat under the guidance of the Member Secretary and Quality team. The format specified in Attachment 1.3.1 will be followed for preparing the SOP.
ii. The draft SOP will be circulated to all the IEC members for their review and comments.
iii. The SOP shall be reviewed and discussed by the IEC members. Any member may suggest modifications in the SOP and if accepted, the same shall be incorporated in the SOP. All the amendments made will be noted and updated in the tracker specified in Attachment 1.3.2.The SOP shall be reviewed finally by the Member Secretary and approved by the Chairperson.
iv. The Version number for SOP shall be a sequential whole number. Revision would be due every 3 years. The obsolete versions are withdrawn and archived. It might get revised earlier, if deemed necessary. Major changes, if made to the complete set of SOP would require a version change with the next sequential whole number, or for addendums, adding a sequential decimal number.
v. The Original SOP shall be signed and dated by the IEC Chairperson, Member Secretary and an affiliated member. The ARI website shall carry a link to the latest approved SOPs which can be accessed by all. The link shall be shared with sponsors/CROs asking for a copy of the SOPs. The research team should maintain the SOP in a confidential manner and avoid making copies or unauthorized

disclosure, except for its use for operational purpose.

vi. The SOP shall be valid for maximum of 3 years. It will be revised earlier if deemed necessary. Any administrative/regulatory changes needed in the SOP before its next due revision, can be updated as an addendum and can be approved by the member secretary. These Updates/revisions (addendum to the SOP) will be put in the next EC meeting for intimation and ratification. The effective date for the addendum will be captured in the header and the cover page. Once the addendum is effective, the older version of the document becomes redundant. The summary of changes will be captured in the Index page of the SOP addendum. The Master index will capture the addendums with their effective dates with the date/signature of the Member secretary.

vii. The revised SOP shall be effective for all new as well as ongoing research studies.

viii. A copy of revised SOP with the summary of changes will be circulated to the IEC members, PIs, research teams and office of DCGI as an update to the registration/re-registration accorded to the Ethics Committee. SOP will be available at IEC secretariat for reference.

ix. The ongoing version of the SOP shall be reviewed and approved by the new committee members (in case there is a reconstitution)

SOP No:	**1, Attachment 1.3.1**
TITLE :	**Template for Standard Operating Procedure**

Template for Standard Operating Procedure

a. PAGE ORGANISATION

1st Page: COVER PAGE – IEC-CS, Registration Number, Document Title, Version & Date, Address
2ndPage: Index

b. STRUCTURE OF CENTRAL DOCUMENT:

Preamble
Process Flow
References

c. Layout and Design of Standard Operating Procedure

Page 1:
Header: Name of IEC, Version no. & Date

SOP No.:
Title:
Prepared, Reviewed & approved by: Name, Designation, Signature & Date.

Page 2:
Title:
1.1Objective:
1.2 Scope:
1.3 Attachment:
1.4 Responsibility:
1.5 Procedures:

Footer: SOP No. & Title, Page:

Font: Titles- Times New Roman, Bold, 15; Headings – Times New Roman, Bold, 14; Text sentences – Times New Roman, 14.

SOP No:	**1, Attachment 1.3.2**
TITLE :	**SOP Review and Revision Tracker**

SOP Review and Revision Tracker

Current Version : _____, Dated: _____

Superseded Version: _____, Dated: _____

1. List of Changes :

SOP NO.	Section revised	Brief summary of change

NOTE: Use additional copy of this sheet if more space is required

SOP No:	**1, Attachment 1.3.3**
TITLE :	**Template for Summary of Changes(Addendums)**

Template for Summary of Changes (ADDENDUMS)

Addendum No.	SOP No.	Section to be Changed	Brief Summary Of Change	Date Of Addendum

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES(IEC-CS) APOLLO HOSPITALS

SOP No.:	**2**
TITLE:	**Formation of the IEC-CS and Terms of Reference for Membership**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	**Designation**	**Sign and Date**
Prepared By			
Reviewed By			
Approved By			

Formation of the IEC-CS and Terms of Reference for Membership

2.1Objective: To describe the procedure for Formation of the IEC-CS, Membership requirements, Terms of Reference and allowing a guest/observer

2.2 Scope: This SOP covers the methods and activities to be performed to constitute the IEC-CS, requirements for Members, Terms of Reference, Re-constitution process and Signatory Authority.

2.3 Attachments:
2.3.1 List of Institutional Ethics Committee -Clinical Studies Members
2.3.2 Honorarium Structure
2.3.3 Confidentiality and Conflict of Interest Undertaking (Ethics Committee member)
2.3.3.a Confidentiality and Conflict of Interest Undertaking (Guest/Observer)

2.4 Responsibility: Head of the Institution, IEC-CS Members.

2.5. Procedures

i. The Head of the Institution shall identify the persons who are qualified to become members of IEC-CS as per their education and experience, and send them invitation letters
ii. During the selection of members, the Head of the Institution shall ensure that the selected persons do not have any conflict of interest with the scientific/research activities and/or are not directly or indirectly related to the researchers or sponsors. Senior officers in the institution who are responsible for business development shall not be made members or involved in the daily operation.
iii. The selection of members shall be based on the review of their CV, prior training in GCP, and with the contemplation of including few members with experience in medical research. The non-scientific members should have the relevant qualification and exposure to the field/role that they will represent as per their position in the committee.

iv. The IEC-CS composition shall reflect adequate representation of age, gender (at least one woman member), community/participant representative, and non-affiliated members (at least 50%)

v. **Criteria for selection of members:**
   a. Members shall be selected on their personal capacities, based on their interest, ethical and/or scientific knowledge and expertise, experience in domain and profile.
   b. Conflict of interest shall be avoided when making appointments, but where unavoidable, there will be transparency with regard to such interests with appropriate documentation in constitution records.
   c. New members will be identified according to the requirement as per the composition.

   The following qualities are sought in IEC-CS members:
   1. Interest and motivation
   2. Ability to devote sufficient time and effort
   3. Experience and education
   4. Respect for divergent opinions
   5. Integrity and diplomacy

vi. The policy followed in appointment of IEC-CS members will be such that it allows for continuity, development and maintenance of expertise within the committee, and regular input of fresh ideas and approaches.

vii. The prospective members shall be given a written invitation letter from the Head of the Institute to which they shall provide an acceptance in writing and updated signed and dated CVs (and valid MRCs if applicable) to the IEC-CS Secretariat

viii. The Head of the Institution /designated IEC-CS Secretariat shall organize a formation meeting and ensure that most of the members are present at the meeting, introduce the members to each other; and give an introduction about the objectives and functions of IEC-CS.

ix. A Confidentiality and Conflict of Interest Undertaking signed by the members shall be obtained at the time of formation of (or joining) the committee. A welcome letter with terms of reference (TOR) shall be given to each member as per their role in the committee.

x. During formation meeting, members will select from among themselves a Chairperson and a Member Secretary. The member selected as

Chairperson should NOT be affiliated to the Institution. The elected Chairperson will act as the Chairperson for all future IEC-CS meetings. The Member Secretary shall be affiliated to the institution and will be responsible for all day-to-day operations of IEC-CS.

xi. The Member Secretary, with the help of the secretariat, will prepare the agenda and the minutes of the meetings.

xii. The Member Secretary, with the help of the secretariat, shall maintain all the documents related to IEC-CS membership, such as a copy of invitation letters given to each member and their acceptance, member's latest CV (and valid MRCs if applicable) and their training certificates, resignation letters, leave letters or letters of absence.

xiii. The list of IEC-CS Members shall be prepared as per Attachment 2.3.1 having the 'effective date' which will be the starting date of the Term of the Committee. The PIs of all ongoing research studies shall be updated with the latest membership list. The List of IEC-CS Members will be submitted/uploaded to the office of the HOI and the regulatory authorities within 30 days timeline.

xiv. **Composition:**

The EC is multisectoral and multi-disciplinary with adequate age and gender representation. The IEC-CS shall consist of Institute affiliated and non-affiliated members from medical, non-medical, scientific, and non-scientific fields, lay public from local community/society to reflect different viewpoints and the need of the institution. Non-affiliated members should constitute at least 50% of the composition.

The members shall represent their positions in the committee with common responsibilities as declaring conflict of interest, reviewing and attending IEC-CS meetings, participate in discussions and deliberations, review the progress reports and final reports, review the SAE reports and Noncompliance reports, recommend appropriate actions, carry out monitoring visits at the sites as per plan, maintain confidentiality of the documents, participate in continuing education activities in research and ethics and getting updated on relevant guidelines and regulations.

The defined responsibilities of each member are as follows:

a. Chairperson: (*non affiliated – well respected person from any background with prior experience of having served/serving an EC*)

1. Conduct and preside at the committee meetings and ratify the minutes of the previous meeting
2. Ensure active participation of all members in all discussions and deliberations
3. Seek COI, ensure quorum and fair decision making
4. Communicate with committee members.
5. Review study documents received.
6. Handle complaints against researchers, IEC-CS members, COI issues and requests for use of IEC-CS data.
7. General oversight and perform other duties as deemed necessary.

b. Member Secretary: (*affiliated- staff of the organization, knowledge and experience in clinical research and ethics, motivated and good communication skills, able to devote adequate time to the activity with institutional support)*

1. Organize an effective procedure for receiving, preparing and maintaining proposals for review.
2. Schedule and participate in meetings.
3. Communicate with the committee members.
4. Schedule EC meetings; prepare the agenda and minutes of meeting.
5. Ensure training of EC members and EC secretariat
6. Liaison between the institution and IEC-CS.
7. Ensure SOPs are updated. Ensure EC functioning as per SOPs.
8. Prepare for and respond to audits and inspections.
9. Ensure completeness of documentation at the time of receipt and timely inclusion in the agenda for EC review
10. Assess the need for type of review.
11. Assess the need for obtaining prior scientific review, invite experts, patient or community representatives
12. Record the discussions and decisions during the meeting.
13. Coordinate and manage the subject feedback and Redressal.
14. Signing the MOM and Approval Letters

15. Perform other duties as deemed necessary with the help of EC secretariat.

c. Basic Medical Scientist/Pharmacologist :(Affiliated/Un affiliated- non medical or medical person with qualifications in basic medical sciences.
For clinical trials-basic medical scientist should be a pharmacologist)

1. Review of the scientific aspects of the study proposals with emphasis on intervention, risk-benefit analysis, Design, Methodology, SAE, Protocol Deviation, Progress and Completion Report.
2. Completeness of Primary reviewer form including the safety and pharmacodynamics

d. Clinician:(Affiliated/Unaffiliated- should have a recognized medical qualification, expertise and training)

1. Review of the scientific aspects of the study proposals with emphasis on intervention, risk-benefit analysis, Design, Methodology, SAE, Protocol Deviation, Progress and Completion Report.
2. Review medical care facility appropriateness of the PI, provision for medical care management and compensation.
3. Thorough review of protocol, IB, other study documents and completeness of Primary reviewer form (Assess the need for type of review).

e. Legal expert:(Affiliated/Unaffiliated- basic degree in law from a recognized university and knowledge)

1. Ethical review of the proposal, ICD along with the translations, draft and final clinical trial agreement, regulatory approval, Insurance, Investigators Undertaking, Protocol specific permissions if any.
2. Interpret and inform about new regulations.

f. Social scientist /philosopher/ethicist/theologian :(Unaffiliated-trained and experience in social/behavioral/philosophy/religions and be sensitive to local cultural and moral values. Can be a representative from an NGO involved in health-related activities)

1. Review of Informed consent document along with translations.
2. Assess the ethical and societal impact and concerns.

3. Serve as a patient/participant/societal/community representative and bring in ethical and social concerns

g. **Layperson (as participant's representative): (**Non-Affiliated – literate person who has not pursued a medical science/health related career for last 5 years, maybe a community representative and is aware of local language, cultural and moral values)
   1. Review of Informed consent document along with translations.
   2. Evaluate benefit and risk from participant's perspective and opines if benefits justify risks.
   3. Assess the ethical and societal impact and concerns.

The IEC-CS will have a minimum of seven (7) and a maximum of fifteen (15) members, including Chairperson and Member Secretary as office bearers. The office bearers will not hold dual responsibilities. When a particular specialty or population is not represented in the membership list, an expert opinion is sought. This person may or may not be affiliated to the Organization.

2.6. TERMS OF REFERENCE:

i. Responsibilities of IEC-CS members

a. Membership of the IEC-CS is a position of responsibility and IEC-CS Members are expected to approach this position with the seriousness and professionalism befitting their role in aiding the advancement of science and protection of research participants.
b. Members are expected to show interest and motivation in the science and ethics of research, respect for divergent opinions, ability to work as a team, and ability to maintain confidentiality.
c. Members should submit an updated signed and dated CV at the time of joining the IEC-CS.
d. Members are required to sign a Confidentiality and Conflict of Interest Undertaking on joining
e. Meetings will be conducted at monthly intervals on designated day (site specific) of every month; provided there are applications to be reviewed and approved or there are any of the yearly activities like training or evaluation.

If there are no agenda items, the meeting shall be deferred. Interim meetings may be called for, if required.

f. Member should be keen to attend all the meetings and give prior intimation in writing to IEC-CS Member Secretary if the member is unable to attend the meeting.
g. Member should inform the Chairperson in writing beforehand if he/she anticipates being unavailable for three (or more) consecutive meetings.
h. Member should assess in detail the proposals allotted to them as primary reviewer/ ICD reviewer/CTA reviewer and be there for discussion during the review meeting.
i. Member shall declare competing conflicts of interest in writing, if any, with respect to the agenda items, in the attendance sheet, before commencement of each meeting.
j. If any IEC-CS Member or member of his family is part of study team (in any capacity) in a particular proposal, he/she shall not be present during the decision making of such proposal; they may present proposals, if they are Principal Investigators and answer clarifications; but should leave the room before IEC-CS discusses and decides. The attendance of such an IEC-CS Member will not be counted for fulfillment of quorum.
k. The Member Secretary shall send prior intimation about his/her absence to the IEC-CS Chairperson. An affiliated member present in the meeting can then minute the proceedings. The Chairperson's absence also needs prior intimation. An unaffiliated senior member of the IEC-CS, present for the meeting, can be chosen for chairing the session/s. The same shall be documented in the Minutes of the Meeting.
l. Members should not make copies of any study document/material provided to them for review and IEC-CS will ensure and document its return after the meetings.
m. Members will receive the honorarium for reviewing the documents and attending the meetings as per the honorarium structure in Attachment 2.3.2.

ii. Terms and Conditions of Appointment as IEC-CS Member:

a. Duration (Tenure)

1. The Term of the duly constituted IEC-CS shall be for2 years from the date of constitution/reconstitution. The members shall be appointed for tenure of 2 years.

2. The IEC-CS members will go through regular orientation Programs which will keep them updated and familiar with the contemporary developments in the field. The quality assessments will be on a half-yearly basis on an electronic platform. The assessments will be designed by the quality manager taking the need of the hour and the earlier evaluation report into consideration. The feedback of the evaluation will be shared with each member individually electronically. The plan for improvement shall also be discussed by the quality manager. The composite report will be shared with the Head of the Institution
3. A new member, if needed, may be appointed during the Term of the committee. In such case, the tenure of appointment of the Member will be effective for the remaining period of the existing committee.

b. Conditions of Appointment

1. Name, qualification, age, gender, profession, and affiliation of IEC-CS members shall be available on public domain.
2. Members must provide written acceptance of the appointment.
3. Submit an updated CV, valid Medical Registration Certificates (UG & PG), if applicable, training and GCP certificates at the earliest.
4. Conflict of interest, if any, must be disclosed.
5. Members must apprise themselves of the New Drugs and Clinical Trial Rules, 2019, relevant codes, ICH - GCP guidelines, the ICMR guidelines, Indian GCP &IEC-CS procedures and any new regulatory updates.
6. Members are required to sign the Confidentiality and Conflict of Interest Undertaking at the start of their term. The Confidentiality and Conflict of Interest Undertaking protects the privacy and confidentiality of all documents shared with the members for the meeting.

c. Reconstitution

The IEC-CS membership will be reconstituted before the completion of stated term of 2 years. A defined (minimum 20%) of EC members shall be changed at every reconstitution. Reconstitution shall imply formation of a new committee for the next Term of 2 years (unlike Inclusion or Relieving of members during the current Term). Extension of membership to the reconstituted committee/members will be based on the recommendation of the Chairperson and Member Secretary, and also at the member's discretion

to continue/not. The membership may be reviewed by the HRPP Board/Head of the Institution and changes made, if required.

The process of reconstitution will be as follows:

1. Identification/Selection of members shall be done at least two months in advance.
2. The appointment letters issued by the HOI to all members should specify the TORs including, at the minimum:
    a) Role and responsibility of each member
    b) Duration of appointment
    c) Condition/s of appointment
3. Newly selected members shall read, understand, accept and sign the Confidentiality and Conflict of Interest Undertaking as observers.
4. These members shall attend one or two meetings, if possible, as observers, before starting their tenure. Honorarium shall not be applicable for the observers.
5. If a regular member resigns, or ceases to be a member due to unforeseen circumstances like relocation, sickness or death, a new member may be appointed for the remaining term of the existing constitution.
   Any change in membership or constitution of the registered Ethics committee shall be intimated in writing /online to the HOI and the Central Licensing Authority within thirty working days

iii. Signatory Authority:

a. The MOU between the chairperson and the HOI shall be signed by the designated persons only
b. "EC Membership list" and "Undertaking by the Ethics committee" will be signed by the designated Member Secretary and Chairperson only.
c. The minutes of meeting shall be signed by the office bearers who attended the meeting as the chairperson and the member secretary
d. IEC-CS Chairperson, Member Secretary and an affiliate IEC-CS member will be the signatory authority for the SOP on behalf of all members.
e. IEC-CS member who officiated the meeting as Member Secretary will be primary signatory authority for signing the approval letters,

f. Member secretary/designate will be responsible for correspondence with the office of regulatory authorities and all other correspondence on behalf of IEC-CS.
g. The Secretariat shall be the signatory authority for correspondence to members and Principal Investigators regarding the meeting schedule and any requirements of IEC-CS review

2.7 Allowing a Guest /Observer

i. Any person interested to be a part of the ethics committee meeting as an observer/guest maybe allowed after a written permission is asked for and granted by the secretariat. The permission letter must accompany a short CV.
ii. The permission maybe granted on the basis of reason/s given for attending the meeting.
iii. There should not be any conflict of interest
(Members from the Sponsors/Institute decision makers shall not be allowed)
iv. People seeking such permission will have to sign the confidentiality and conflict of interest form
v. Such permissions will be only for a particular meeting and not a blanket permission throughout
vi. The MOM must capture the same and the documents furnished for the same shall be kept filed.

SOP No.:	**2, Attachment 2.3.1**
TITLE:	**List of Institutional Ethics Committee Members**

List of Institutional Ethics Committee Members

(Effective from: ----------)

(Effective till: ----------)

Ethics Committee Members

S. No	Name	M/F	Qualification	Affiliation to Institution Y/N	Designation	Position in The Committee

Prepared by: EC Member Secretary
Name:
Sign & Date:

Authorized by: EC Chairperson
Name:
Sign & Date:

SOP No.	**2, Attachment 2.3.2**
TITLE:	**Honorarium Structure**

Honorarium Structure

(Effective from: _____)

*Honorarium for attending full board meeting:
(for approvals <25/year)

POSITION	AMOUNT (in Rs.)	**CONVEYANCE
Chairperson	Rs. 3000	Rs. 3000
Member Secretary	Rs. 2500	Rs. 2500
Members	Rs. 2000	Rs. 2000

(for approvals >25/year)

POSITION	AMOUNT (in Rs.)	**CONVEYANCE
Chairperson	Rs. 3500	Rs. 3500
Member Secretary	Rs. 3000	Rs. 3000
Members	Rs. 2500	Rs. 2500

*This will be reviewed at the end of every year
** Payable only for Offline meetings

EC Member Secretary:
Name:
Sign:
Date:

SOP No.:	**2, Attachment 2.3.3**
TITLE	**Confidentiality and Conflict of Interest Undertaking (Ethics Committee member)**

Confidentiality and Conflict of Interest Undertaking
(Ethics Committee member)

In recognition of the fact that I, _____hereinafter referred to as the "Undersigned", have been appointed as a member of the Ethics Committee (EC), IEC-CS Apollo Hospitals established by Apollo Hospitals,(---), and would be asked to assess research studies involving human subjects in order to ensure that they are conducted in a humane and ethical manner, with the highest standards of care, according to the applicable international, national, local regulations, institutional policies and guidelines;

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

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

Whereas, the EC must meet the highest ethical standards in order to merit the trust and confidence of the communities in the protection of the rights and well-being of human subjects by commenting on the scientific validity of the proposed research projects.

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

a. Confidential or Proprietary Information

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

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

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

b. Conflict of Interest

It has been recognized that the potential for conflict of interest will always exist but has faith in the EC and its Chairperson to manage the conflict issues so that the ultimate outcome is the protection of human subjects.
In accordance of the policy of the EC, the undersigned shall not participate in the review, comment or approval of any activity in which he/she has a conflict of interest, except to provide information as requested by the EC.

The Undersigned will immediately disclose to the Chairperson of the EC any actual or potential conflict of interest that he/she may have in relation to any particular proposal submitted for review by the committee, and to abstain from any participation in discussions or recommendations in respect of such proposals. If an applicant submitting a protocol believes that a EC member has a potential conflict, the applicant may request that the member be excluded from the review of the protocol. The request must be in writing and addressed to the Chairperson. The request must contain evidence that substantiates the claim that a conflict exists with the EC member(s) in question.

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

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

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

c. Undertaking on Confidentiality and Conflict of Interest.

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

Whenever I have a conflict of interest, I shall immediately inform the committeein writing.

I, _____, have read and I accept the aforementioned terms and conditions.

EC Member's Signature: _____

Date: _____

SOP No.:	**2, Attachment 2.3.3a**
TITLE	**Confidentiality and Conflict of Interest Undertaking (Guest/observer)**

Confidentiality and Conflict of Interest Undertaking
(Ethics Committee member)

In recognition of the fact that I, _____hereinafter referred to as the "Undersigned", have come as a guest/observer of the Ethics Committee (EC), IEC-CS Apollo Hospitals established by Apollo Hospitals().

a. Confidential or Proprietary Information

This Agreement thus encompasses any information deemed Confidential or Proprietary provided to the Undersigned in conjunction as a guest/observer of the EC proceedings. Any written information provided to the Undersigned that is of a Confidential, Proprietary, or Privileged nature shall be identified accordingly.

As such, the Undersigned agrees to hold all Confidential or Proprietary trade secrets ("information") in trust or confidence and agrees that it shall not be used for any other purpose or disclosed to any third party.

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

b. Conflict of Interest

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

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

- A member is involved in a potentially competing research program.

- Access to funding or intellectual information may provide an unfair competitive advantage.

c. Undertaking on Confidentiality and Conflict of Interest.

In the course of my activities as a guest/observer of the EC, I agree to take reasonable measures to protect the Confidential Information; subject to applicable legislation, including the access to it, as per the right to Information Act, not to disclose the Confidential Information to any person; not to use the Confidential Information for any purpose outside the Committee's mandate, and in particular, in a manner which would result in a benefit to myself or any third party.

Whenever I have a conflict of interest, I shall immediately inform the committee in writing.

I, _____, have read and I accept the aforementioned terms and conditions.

Guest/observer Signature: _____

Date: _____

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**3**
TITLE:	**Nomination of the Chairperson of Institutional Ethics Committee**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign & Date
Prepared by			
Reviewed by			
Approved by			

Nomination of the Chairperson of Institutional Ethics Committee

3.1 Objective: To describe the procedure for designating, changing or assigning Chairperson's role in the IEC.

3.2 Scope: This SOP deals with the methods and activities to be performed pertaining to nomination of Chairperson, role of the Chairperson and in case of absence of designated Chairperson.

3.3 Attachments: Nil

3.4 Responsibility: IEC Members

3.5 Procedures:

i. An EC member, who is not affiliated to the Institution, is nominated by the members as the Chairperson of IEC-CS. The Chairperson is thus selected unanimously by the members of the proposed committee. The designated chairperson will act as the chairperson of all IEC meetings for which he/she is present.

ii. The Chairperson will play a moderating and eminent role in the meetings and decision-making process, signatory role, as well as have a decisive role in all matters of IEC including inclusion of new members or relieving of members and inviting external experts.

iii. If for any reason the Chairperson is unable to attend any IEC meeting, he/she shall inform the same in writing to the Member Secretary in advance. The Chairperson/member secretary/members shall identify one of the members as stand-in Chairperson until next meeting when he/she will be available. The stand-in Chairperson must also be a non-affiliated member.

iv. The stand-in Chairperson shall conduct the meeting, and take the charge of all the roles of Chairperson including decision making and signatory functions in the absence of the chairperson.

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**4**
TITLE:	**Changes in Membership of Institutional Ethics Committee**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign & Date
Prepared by			
Reviewed by			
Approved by			

Changes in Membership of Institutional Ethics Committee

4.1 Objective: To describe the procedure for adding member(s) to and/or excluding member(s) from Institutional Ethics Committee.

4.2 Scope: This SOP covers the methods and activities to be performed pertaining to any changes in the membership of the Committee, during the continuing of the Term of Institutional Ethics Committee. This SOP does not apply to reconstitution of IEC.

4.3 Attachments:
4.3.1. List of IEC Members (Revised)

4.4 Responsibility: Head of the Institution, EC members

4.5 Procedures:

i. Resignation / Replacement procedure

a. If any member wishes to withdraw from the IEC, he/she should intimate the Chairperson and the Head of the Institution in writing. Such intimation shall be announced at the next IEC meeting and documented in minutes of the meeting.
b. IEC members who decide to withdraw/resign shall preferably provide the IEC Chairperson a written notification of their proposed resignation prior to the next scheduled meeting.
c. A copy of the resignation letter, if received, from the member and relieving letter from the chairperson (with a cc to HOI) shall be filed in the EC records. In case of verbal intimation, a note to file will be kept in the records.
d. The member(s) who have resigned may be replaced by recommendations from other members/ resigning member/HOI.
e. Appointment shall be made by the HOI in consultation with Member Secretary and Chairperson.

ii. Inclusion of a new member into the IEC:

a. Any member of IEC or the Head of the Institution may recommend any person's name to become a member of IEC during the continuity of the Term of the Committee. The recommendation shall be intimated to the Head of the Institution and Chairperson of IEC.

b. An invitation from the Head of the institution shall be sent seeking acceptance. Upon acceptance, he /she will be inducted and included as the member of IEC.
c. The inclusions will be done preferably in accordance with the gender distribution and affiliation Vs non affiliation status of the existing constitution.
d. The new member shall be called for next meeting and introduced to other members of IEC.
e. The new member's name shall be included in the list of IEC members and the updated list will be circulated to the teams of ongoing research studies and the regulatory bodies within 30 days timeline.
f. The IEC Chairperson shall ensure that the new member is made aware of the IEC SOPs, responsibilities and functions.

iii. Exclusion of an existing member from IEC:

a. A member maybe relieved or terminated from the IEC membership in any of the following cases:
   - Inability to continue as a member on any grounds.
   - A regular member failing to attend more than 3 consecutive meetings of IEC without adequate reason or prior intimation.
   - If deemed necessary the IEC Chairperson, in consultation with IEC members may decide to terminate the membership.
b. In all such situations/circumstances, the Chairperson shall serve a letter of termination to the member and keep the Head of the Institution informed of the same.
c. Documentation of the exclusion will be recorded in the minutes of the subsequent meeting.

iv. IEC membership List:

a. For all the above changes in membership, the List of Members shall be revised and updated, keeping the membership regulation in mind.
b. The new membership list will have the 'revision date" mentioned.
c. The new list shall be circulated to all the PI/research team of ongoing studies.
d. The revised List of IEC Members shall be intimated (in writing /online) to the regulatory authorities within thirty working days.

SOP No:	**4, Attachment 4.3.1**
TITLE :	**List of Institutional Ethics Committee Members**

List of Institutional Ethics Committee Members (Revised)

(Effective from: ----------)
(Effective till: ----------)
(1st Revision on: ----------)

PRIMARY MEMBERS

S. No.	NAME	M/F	QUALIFICATION	AFFILIATED Y/N	DESIGNATION	POSITION IN THE COMMITTEE

Prepared by: EC Member Secretary

Name:
Sign & Date:

Authorized by: EC Chairperson

Name:
Sign & Date:

INSTITUTIONAL ETHICS COMMITTEE-CLINICALSTUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**5.**
TITLE:	**Inviting a Subject Expert**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign & Date
Prepared by			
Reviewed by			
Approved by			

Inviting a Subject Expert

5.1 Objective: To describe the procedure for inviting subject expert to give opinion on a particular study/review of documents.

5.2 Scope: This SOP deals with the situations in which the IEC may need to invite a subject expert to give opinion about the review of a new study or on-going study, or for review of Serious Adverse Events occurring at the site. A person can be invited as a subject expert, who is specialized in the particular area which is not represented by the members present in the IEC or even when represented, a more detailed review is needed. The invitee can also be a representative of a vulnerable group, as per the protocol requirement. Such an expert may be a specialist in ethical or legal aspects, specific diseases or methodologies or may be representative of specific community/association, patient group, or special interest group. In absence of such an expert, the review can be deferred to a later date till such expertise is available.

5.3 Attachments:

5.3.1 Confidentiality and conflict of interest undertaking (Subject expert)
5.3.2 Honorarium structure for Subject Expert
5.3.3 List of Subject Expert

5.4 Responsibility: Chairperson, Member Secretary, Secretariat

5.5 Procedures:

i. The need for a subject expert might arise while reviewing a new molecular entity or a new molecular compound, early phase studies, vulnerable population and/or situations as mentioned in the scope. IEC shall invite a subject expert with prior intimation. He/she should be one who has specialization in the area pertaining to a particular study (if there is no representation for that area or when a more detailed review is needed). Such an expert may be a specialist in ethical or legal aspects, specific diseases or methodologies or they may be representative of

specific community/association, vulnerable subjects, patient group, or special interest group.

ii. If the IEC Chairperson/Member Secretary/members express that an expert opinion is required for discussing a particular study (for review of new protocol/amendments/reports of Serious Adverse Events/research on vulnerable subjects), the same will be entertained and an expert in that area shall be identified, invited and opinion sought a acceptance of the invite. The subject expert may or may not be affiliated to the Institution.

The invited Subject Expert shall sign a Confidentiality and Conflict of Interest Undertaking. The expert shall submit his/her updated CV/Valid MRC (if applicable). These shall be filed in the EC as Subject Expert File, with dedicated folders for each protocol where expert opinion was sought

iii. The IEC Secretariat shall send the study-related documents to the subject expert after blinding the name of the Principal Investigator

iv. The Subject Expert shall give his/her opinion about the particular study. The response can be sent in writing, or presented in person at the EC meeting. The opinion of the subject expert shall be recorded in the minutes of the meeting. The Subject Expert will not participate in the decision making process at the meeting.. The PIs responses to his/her queries, if any, will be mailed after the meeting.

v. The honorarium will be paid as per policy

SOP No.:	**5, Attachment 5.3.1**
TITLE	**Confidentiality and Conflict of Interest Undertaking (Subject expert)**

Confidentiality and Conflict of Interest Undertaking
(Subject expert)

In recognition of the fact that I, _____ hereinafter referred to as the "Undersigned", have been appointed as a subject expert for the Ethics Committee (EC), IEC Apollo Hospitals established by Apollo Hospitals, and would be asked to assess research studies involving human subjects in order to ensure that they are conducted in a humane and ethical manner, with the highest standards of care, according to the applied national, local regulations, institutional policies and guidelines;

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

Whereas, the fundamental duty of a subject expert is to independently review research protocols involving human subjects and make a determination and the best possible objective recommendations, based on the merits of the submissions under review;

Whereas, the EC must meet the highest ethical standards in order to merit the trust and confidence of the communities in the protection of the rights and well-being of human subjects by commenting on the scientific validity of the proposed research projects.

The undersigned, as a subject expert for the EC is expected to meet high standards of ethical behavior to carry out its mandate.

a. Confidential or Proprietary Information

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

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

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

b. Conflict of Interest

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

In accordance of the policy of the EC, the undersigned shall not participate in the review, comment or approval of any activity in which he/she has a conflict of interest, except to provide information as requested by the EC.

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

c. Undertaking on Confidentiality and Conflict of Interest.

In the course of my activities as a subject expert for the EC, I may be provided with confidential information and documentation (which we will refer to as the "Confidential Information"). I agree to take reasonable measures to protect the Confidential Information; subject to applicable legislation, including the access to it, as per the right to Information Act, not to disclose the Confidential

Information to any person; not to use the Confidential Information for any purpose outside the Committee's mandate, and in particular, in a manner which would result in a benefit to myself or any third party.

Whenever I have a conflict of interest, I shall immediately inform the committee.

I, _____, have read and I accept the aforementioned terms and conditions.

Subject Expert's Signature: _____

Date: _____

SOP No:	**5, Attachment 5.3.2**
TITLE:	**Honorarium Structure for Subject Expert**

Honorarium Structure for Subject Expert

(Effective from: _____)

1. Honorarium for Subject expert:

Per protocol review (Rs)	Per SAE review (Rs.)
Rs 3000/-	Rs. 2000/-

EC Member Secretary:
Name:
Sign:
Date:

SOP No:	**5, Attachment 5.3.3**
TITLE:	**List of Subject Expert**

List of Subject Expert

S. No.	Name of the Expert	Qualification	Specialization	Contact Details Email ID/ Phone No.	Affiliation status

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**6**
TITLE:	**Submission of Documents For Review of New Study**

Version : AH- 014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign & Date
Prepared by			
Reviewed by			
Approved by			

Submission Of Documents For Review Of New Study

6.1 Objective: To describe the procedure and requirements for submission, receipt and circulation of study documents for a new study and categorization to the type of review needed by the members secretary/ secretariat

6.2 Scope: This SOP covers the methods and activities to be followed by PI/study team for submission of documents for review by IEC members and the requirements pertaining to these submissions, to ensure a diligent review of new studies. It also explains a detailed process followed by the Member secretary/secretariat on the categorization of the submitted protocols for the type of review needed including the Fast track review

6.3 Attachments:

6.3.1 Documents Checklist for New Study Review
6.3.2 Institutional Ethics Committee Fees Structure
6.3.3 Checklist for Types of Review

6.4 Responsibility: Principal Investigator, Member Secretary, and IEC Secretariat

6.5 Procedures:

i. The applicant of the protocol, Principal Investigator ("PI"), is required to submit 2 copies of New Protocol Application along with the soft copy/required number of hard copies of the study documents as per the Attachment 6.3.1.

ii. The investigator in his submission letter shall also write the number of trials he is involved in and the phase in which the trials are. This will help the IEC decide on the Investigator's ability to take up a new study.

iii. The IEC fees for review of the study will be as per the Attachment 6.3.2.The fees will be applicable for the first submission and on the submission date annually, till the study close out.

iv. The Principal Investigator shall submit the PI checklist for Protocol review all documents, which are related to the New Study, shall be submitted to IEC Office at least three weeks prior to the meeting. Documents can be submitted for review within 7 calendar days for a Fast track review

v. The submission letter to the IEC shall be signed, dated and acknowledged by the Member Secretary.

vi. The member secretary/secretariat will then categorize the submission based on risk and timeline involved into three types:, Expedited , Scheduled or Fast Track review(Att 6.3.3)

vii. The IEC Secretariat shall ensure that the new study is listed in the Agenda accordingly for the IEC meeting (expedited/full board/Fast Track) and shall circulate the Agenda and study documents to all the IEC members. The applications received (for both new and approved research) shall be categorized for review through full board (as per SOP No. 7)/expedited (as per SOP No. 10) process. If an Investigator submits the documents for an ongoing study after the circulation of agenda and requests for its review at the forthcoming meeting, the Member Secretary includes the same as an Addendum to Agenda, keeping the chairperson informed, the documents and Addendum to agenda is circulated to all IEC members. The process for Fast Track review will be the same as SOP 7, except that the time between submission and review is less than the regulatory requirement of 21 days.

viii. The IEC secretariat shall send the complete set of documents to the members. In addition to that, following documents shall be circulated to the members who are scheduled to attend the meeting:

a. To primary reviewer and scientific members (Basic medical scientist and clinicians):
    1. Primary Review Form

b. To non-scientific members (Lay person and Social Scientist):
    1. ICD Review Form

c. To legal person/s:
    1. CTA
    2. Insurance
    3. DCGI (CDSCO) submission/approval letter
    4. Indemnity
    5. ICD
    6. Any other legal document
    7. CTA review form

ix. The secretariat shall consult the member secretary and chairperson to decide the number of new research proposals that can be accepted for each meeting.

SOP No.:	**6, Attachment 6.3.1**
TITLE:	**Documents Checklist for New Study Review**

Documents Checklist for New Study Review

Protocol No/Title:

PI:

DOCUMENTS	Copies to be Submitted	Received (Y / N)
1. **New Protocol Application**(Application letter from Principal Investigator for Study Approval).	**2 Original copies on the PI's letterhead**	
2. Signed Trial Protocol (including protocol amendments), (with date & version no).		
3. PI's checklist for protocol review		
4. Investigator's Brochure (with date & Version no.)		
5. Patient Information Sheet and Informed Consent Form (including amendments if any) in English and vernacular languages with back translations		
6. Certificate of Translation and Back translation of ICD		
7. Copy of case report forms (if not in protocol)		
8. Any other written information to be provided to the subjects		
9. Current CV (Signed & Dated) of PI and Co-Investigator,		
10. List of team members with Qualification & Role.		
11. Insurance Policy / Compensation for participation and for any serious adverse event/s occurring during the study participation period.		
12. Investigator's Agreement with the Sponsor – Clinical trials Agreement (CTA).		
13. Indemnity from the Sponsor (if not provided in CTA).		
14. Financial aspects of the trial - Budget.		

15. Investigator's Undertaking		
16. Regulatory Approval Status: a.DCGI (CDSCO) approval for the study/Marketing Approval for post-marketing/phase IV Study. b. Notified/Non-Notified list of DCGI gazette no.----- c. CE mark/FK 510 approval/any other regulatory approval d. Registration status in India		
17. DGFT / NOC from DCGI (CDSCO) (if required to send (Biological) samples outside India).		
18. Import License for test drug (if applicable)		
19. ICMR-CTRI registration certificate/number		
20. PI's Declaration regarding Conflict of Interest (if not provided by the sponsor)		
21. GCP training certificates of PI & study team members		
22. HRPP purview determination (photocopy)		

***Please provide soft copies for all the possible documents**

IEC Secretariat:

Sign & Date:

SOP No.:	**6, Attachment 6.3.2**
TITLE:	**Institutional Ethics Committee Fees Structure**

Institutional Ethics Committee Fees Structure

Effective from:

Study Category	A* EC fees (Rs.)	B**. Annual renewal (Rs.)	C Expedited (Rs.)	D Fast Track(Rs.)
Phase 1	1,50,000/-	75,000/-	NA	NA
Phase II, III,IV, PMS/product based registry	1,10,000/-	55,000/-	87,500/-	1,30,000/-
Medical devices (listed or non-listed)	1,10,000/-	55,000/-	87,500/-	1,30,000/-
Observational, retrospective, disease registry study	95,000/-	47,500/-	64,000/-	NA
Bio-equivalence/bio-availability/therapeutic/ equivalence of generic formulations	1,10,000/-	55,000/-	87,500/-	1,30,000/-

Amount will be payable with additional service tax as per government rates applicable.
TDS may be deducted as per Govt. regulations and Form 16 provided.

	Fees (Rs)	Comments
Protocol Amendments	20,000/-	For every approval
Serious Adverse Events	20,000/-	1st SAE onwards

1. This fee structure will be applicable to new protocols as well as the ongoing ones.
2. This EC fee structure shall be revised every financial year

* Applicable for new protocols, valid for 1 year from the date of protocol submission.

** Will be chargeable for subsequent years till study close out.

EC Fees Payment Particulars:

Payee name for EC fees	:	Apollo Hospitals Enterprise Limited
PAN No.	:	
Postal Address	:	

EC Member Secretary Name:

Sign /Date:

SOP No.:	**6, Attachment 6.3.3**
TITLE:	**Checklist for Type of Review**

Checklist for Type of Review

	Scenarios	Type of review
A	Proposal that pose no more than minimal risk like research involving : ➢ Modification or amendment to an approved protocol (admin changes/typo errors/change in researchers) ➢ Minor deviations from approved research posing causing no risk or minimal risk ➢ Progress reports or annual reports-activity limited to data analysis ➢ Research during emergency and disasters And all those as mentioned in SOP 10, 10.5 (iv)	Expedited
B	All proposals presenting more than minimal risk that are not covered under exempt or expedited review should be subjected to full committee review ➢ Research involving vulnerable population ➢ Research with minor increase over minimal risk ➢ Studies involving deception of participants ➢ Research proposals that have been exempt from review/undergone expedited review/sub committee review should be ratified by a full	Scheduled meeting

	board, which has the right to reverse/or modify any decision taken by the subcommittee or expedited committee ➢ Amendments of protocols or related documents ➢ Major deviations or violations from the protocol ➢ Any information that arises during conduct which needs to decide on whether or not to terminate the study in view of the altered benefit-risk assessment ➢ Prior approval of research on predictable emergencies	
C	Protocols in which there is a societal, community or national need to be reviewed in the least possible time, to be able to let research processes be hastened.	Fast Track Review

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**7.**
TITLE:	**Review and Decision-Making Procedures**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign & Date
Prepared by			
Reviewed by			
Approved by			

Review and Decision-Making Procedures

7.1 Objective: To describe the procedures for reviewing and decision making for new studies as well as approved ongoing studies.

7.2 Scope: This SOP deals with the process involved in the review of applications submitted for initial review, continuing review, or review of modifications to approved research; preparing agenda for the meeting; circulating the documents for review; suspension or termination of research; preparation and circulation of the Minutes of the Meeting; and correspondence to the PI/researcher regarding outcome of IEC review. The processes can be now done virtually, F2F or in a hybrid fashion, as the time and situation demands

7.3 Attachments:

7.3.1. Primary Review Form
7.3.2. Format for Conditional Approval Letter
7.3.3. Format for Final Approval Letter
7.3.4. Template for Agenda/Minutes of Meeting
7.3.5. Checklist for Clinical Trial Agreement review
7.3.6. Format for attendance and COI

7.4 Responsibility: IEC Members, and the secretariat

7.5* Procedures:

i. The IEC secretariat shall send the complete set of study documents, either physically or online , along with the agenda to the IEC members. The Primary review form, ICD review form, CTA checklist will be sent to the members identified and delegated for the same. The members shall review the proposal and also complete the review forms and checklist (as per delegation) with a sign and date. If an IEC member is unable to participate in a particular meeting, he/she shall inform the Member Secretary about the same prior to the meeting. Care shall be taken to ensure majority of the EC members are available for the meeting. If the members available for the meeting do not fulfill the quorum requirements, Chairperson shall be consulted and the meeting will be postponed. Quorum is a majority of members consisting of at least one representation from each of the following category:

a. Basic medical scientist
b. Clinician
c. Legal expert
d. Social scientist / social worker/activist/theologian
e. Layperson

If the IEC reviews research that involves categories of participants vulnerable to coercion or undue influence, one or more individuals who are knowledgeable about or experienced in working with such participants are also invited. When the protocol needs a subject expert opinion and that expertise is not found in the members of the Ethics committee, a subject expert is invited and the process is followed as per SOP 5.

ii. The secretariat shall assign an Application number to each new protocol and mention in the minutes of the meeting by filling in the boxes "☐☐☐-☐☐-☐☐☐/☐☐-☐☐" with alphabets/numbers in sequential order - prefix of site, CS (Clinical Studies), the new protocol application no. in the first three boxes, the month of submission after the slash and the current year after the dash sign. The numbers would start with 001with the first submission every new year.

iii. The IEC members may send their queries to the Member Secretary in advance (before the meeting) and this will be informed to the Principal Investigator. The P.I. may send the response to the Member Secretary in advance or discuss the same during the IEC meeting

iv. The PI/Co-I/Researcher will be requested to attend the meeting to provide the outline of the study and discuss/clarify any queries. Decision regarding the new study shall be taken when sufficient time has been allowed for review and discussion on the application by the Quorum.

v. The review by IEC shall be focused on following criteria for approval of research during initial review, continuing review, or review of modifications to previously approved research:

a. **Risks to Participants:**
1. Risks to participants are minimized by using procedures which are consistent with sound research design and do not unnecessarily expose participants to risk.

2. Risks to participants are minimized whenever appropriate, by using procedures already being performed for diagnostic or treatment purposes.
3. Risks to participants are reasonable in relation to anticipated benefits, if any, to participants, and the importance of the knowledge that may reasonably be expected to result.

b. **Access to participants &selection:** Any advertisement material proposed to be used for the trial include name and address of the Researcher or Research facility, purpose of research, eligibility criteria, risk & benefits, study duration & contact details. Such material should not imply any certainty of outcome, exculpatory language or focus on the trial related payment or free treatment. Selection of participants is equitable, taking into account the purpose of the research, the setting in which the research will be conducted, the special concerns in research involving vulnerable populations, the selection criteria, and the recruitment procedures.
c. **Safety and Data Monitoring plan:** When appropriate, the protocol has a provision for an external Data Monitoring Committee and Safety Monitoring Board which periodically reviews the cumulative safety data. The protocol makes adequate provision for periodic and timely assessment of the Safety data, including SAEs (using study documents, CRF, patient visits, telephone calls) to ensure the safety of participants. The above provisions if not met, study approval may get suspended or terminated.
d. **Privacy:** There are adequate provisions to protect the privacy of participants.
e. **Confidentiality:** There are adequate provisions to maintain the confidentiality of data.
f. **Vulnerable populations:** When some or all of the participants are likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, economically or educationally disadvantaged persons or any other condition that compromises the voluntariness or understanding, additional safeguards are included in the study to protect the rights and welfare of these participants.
g. Contract (with legal clearance) specifying the obligations of parties for protection of research participants, safety, rights and wellbeing with adequate provisions for insurance, indemnity, compensation and budget will be reviewed by the legal expert along with the checklist for clinical trial agreement review, right at the draft stage. The final CTA will be taken up for approval later.
h. **Consent:** Consent is sought from each prospective participant or the participant's legally authorized representative/ impartial witness as appropriate. Assent is practiced for children participating as subjects.

vi. The IEC members /external experts shall review the protocols in-depth on scientific aspects. A Primary reviewer, an ICD reviewer and a CTA reviewer shall be designated by the member secretary for each new application. Member with Medical qualification will be considered as Primary reviewer while the nonscientific members (representing the participants) will be considered as ICD reviewer. For the translated versions of the ICD, care shall be taken to ensure the reviewer knows the language, or else, it is reviewed along with an IEC member who is conversant with the language of the ICD being approved. The legal member of the EC will be the CTA reviewer.

vii. During the meeting, the Chairperson shall ascertain availability of the quorum members and the office bearers (with no dual role). The members will also declare their Conflict of Interest in writing. Same will be duly recorded in minutes

The decisions shall be taken with a broad consensus in the presence of the quorum as per the regulatory requirements. If the quorum is lost during the meeting, the decision making shall be kept on hold until quorum is restored and this will be duly mentioned in the minutes. Total agreement and consensus by all the members to the point in the agenda is what constitutes approval. In case of any disagreement on an ethical or scientific issue, an appropriate expert opinion shall be sought and the research project discussed again at a later date for decision making. Recusing or withdrawing by members because of Conflict of Interest would be duly recorded in the minutes. The primary review/ICD review/CTA review shall be discussed in the meeting before a decision is reached. For the draft CTA, comments raised, if any, has to be shared with the central legal team (a copy of the CTA review form must be forwarded after the Meeting). Care shall be taken while reviewing and approving the final CTA

a. The decision shall be made on the research as per following:
    1. Approved – with or without suggestions or comments
    2. Decision pending- more literature/info/discussions needed
    3. Revision with minor modifications/amendments – approval is given after examination by the Member Secretary or expedited review, as the case may be;
    4. Revision with major modifications for resubmission – this will be placed before the full committee for reconsideration for approval; or
    5. Not approved (or termination/revoking of permission if applicable) – clearly defined reasons must be given for not approving/terminating/revoking of Permission.

viii. IEC members attending the meeting shall sign the attendance sheet and declare their COI for agenda item, if any (Att. 7.3.6). The IEC discussions and decisions shall be recorded in the Minutes of the meeting by the Member Secretary / IEC secretariat along with fulfillment of quorum requirement. The procedure for deliberations and maintaining the Minutes of the meeting shall comprise of the following:

a. Attendance at the meeting
b. Decision taken by the IEC
c. Deliberations for each action
d. Consensus
e. Basis for suggestions/query/revision
f. Basis for disapproval
g. Members who leave the meeting because of conflict of interest
h. Determination justifying waivers and research involving vulnerable population
i. Statement on Risk benefit justification
j. While rejecting or asking for a change or notification in the protocol, the EC shall indicate in writing and a copy of such reasons shall be made available to the Central licensing committee

The Minutes of the Meeting duly signed and dated by IEC Chairperson and Member Secretary shall be ready within 7 calendar days and circulated among all members of the committee. A copy of Minutes of the Meeting shall also be provided to Head of the Institution, HRPP and Quality team.

ix. The decisions of the IEC shall be communicated to the PI/researcher in writing within 7 working days from the IEC meeting in the form of a letter duly signed by the Member Secretary.

x. The IEC may decide to reverse its decision on a study approval in the event of receiving information that may adversely affect the risk-benefit ratio for the subjects participating in the research. Such a suspension or termination shall be on an urgent basis. The Chairperson of EC, Institute head, regulatory body is authorized to suspend or terminate the study approval and such action shall be reported to the IEC specifying the reasons. Suspensions and terminations of EC approval for US federally funded research are promptly (no longer than within 30 days) reported to OHRP.

xi. If any IEC member has his/her own proposal for review, then the particular member shall not participate in decision making when the proposal is discussed.

xii. Any IEC member having conflict of interest in a study shall voluntarily withdraw from the proceedings of decision making on that study. Any information requested by the IEC though, maybe furnished. The conflict of interest shall be informed to the Chairperson in writing as per the Att. 7.3.6 of the application and the same shall be recorded in the minutes

xiii. **Conflict of interest is defined as:**

a. Financial conflict of interest: This includes a financial interest in the research with value that cannot be readily determined, a financial interest in the research with value that is unreasonably high, receiving compensation with value that may be affected by the outcome of the study, having a proprietary interest in the research, such as a patent, trademark, copyright, or licensing agreement, or holding an executive or director position in the company sponsoring the research.
b. Non-financial conflict of interest: IEC Member (or their spouse/children/parent) is part of study team as Principal Investigator/Co-investigator in a particular proposal, or has an interest that, the member believes, is in conflict with his or her ability to objectively review a protocol.

xiv. Only the IEC members who participate in the review shall participate in the decision making

xv. The final approval shall be given once the needed conditions are met and shall be valid for one calendar year from the date of the approval letter

xvi. If any proposal/protocol has been disapproved, the reasons for the rejection shall be clearly stated in a letter to the PI stating the possible course of action for re-submission.

xvii. The communication of the decision shall include (as applicable):

a. The exact title of the research proposal reviewed
b. IEC application number
c. The clear identification of the protocol of the research or amendment, date and version number on which the decision is based.
d. The name and title of the applicant and site address
e. The names and specific identification numbers (version numbers, dates) of the documents reviewed, including the Subject information sheet or material and informed consent form.

f. The name of the Institutional Ethics Committee-Clinical Studies taking the decision.
g. The list of Institutional Ethics Committee-Clinical Studies' members who have participated in decision-making.
h. The date, time ,venue and mode of the IEC meeting.
i. Clear statement of the decision reached.
j. Any advice by the Institutional Ethics Committee.
k. Period of validity

xviii. The following requirements from the P.I. shall be mentioned:
a. IEC to be kept informed about the date of initiation of the study, the date of first patient participation and the date of last patient recruitment.
b. Submit a report of the clinical trial as directed, and submit the final study report.
c. Submit a complaints and non-compliance form to IEC after each monitoring/inspection. Submit a report of each protocol deviations/violations and serious adverse event with regard to the study. The AEs to be reported before each IEC meeting.
d. IEC to be kept informed of amendments/revisions to any study-related documents as well as patient safety related information.
e. IEC to be informed about study close-out / discontinuation with reasons.

In case, if the above requirements are not met, the IEC might consider the actions like suspension or termination of the research.

xix. For studies approved as: decision pending- more literature/info/discussions needed revision with minor modifications/amendments (e.g. essential documents are pending), such approval will remain effective for one year from the date of initial approval. The documents, once received, shall be reviewed and approval given. A reminder letter to be sent from the EC 3 months prior to expiry of the approval intimating that the study has to be initiated within one year from the date of initial approval. If the study is not initiated within one year, the PI shall submit a fresh application again for approval. This will generate a new application number. The protocol file for the study can be the same as made earlier, with both the application numbers cited and all documents filed. Any and every procedure that needs to be handled virtually or in a hybrid fashion can be done ensuring seamless transition and adequate documentation.

xx. For proposals / protocols which have been disapproved as per # xvi above, if the PI re-submits the study with modifications/clarifications, the same shall be verified by Member Secretary. If found appropriate, it shall be included in the next convened IEC meeting for full board review by the IEC.

xxi. Periodic review of ongoing clinical trials/research will be done based on amended study documents (Protocol, IB, ICF), study progress reports submitted by PI/researcher, protocol non-compliance, or any evidence of safety concerns as per the reported adverse events. The ethics committee will continue its oversight and plan at least one monitoring visit during the recruitment phase of the approved protocol. This will also be a Bi-annual activity of the EC. This will also ensure equitable selection of subjects with special attention to vulnerable and high risk subjects. The PI shall update the EC with the continuing review information (study progress report) at the intervals specified in the approval letter. The IEC will send a reminder (for re-approval) 3 months prior to the expiry and also add it as an agenda item in the subsequent EC meeting to ensure re-approval happens on time

If a PI/researcher does not provide "continuing review information" to the IEC on time or the IEC has not "approved" a protocol on/ before the expiration date, a written notification shall be sent to the Researchers saying:

a. All research activities stop.

b. Interventions and interactions on current participants stop, unless the EC finds an over-riding safety concern or ethical issue involved such that it is in the best interests of individual participants to continue participating.

c. New enrollment of participants may not occur.

xxii. The IEC Secretariat shall store and archive one copy of all the study documents submitted by the PI/researcher after the same has been discussed at the IEC meeting and the additional copies shall be destroyed.

xxiii. **Suspension/termination of approval:**

a. Suspensions and terminations represent an action by the IEC to temporarily or permanently withdraw approval for some or all research procedures.

b. If the IEC finds any continuing safety issues, fraud, misconduct, serious/ continuing non-compliance by the PI/study team, research not conducted in accordance with IEC requirements, research associated with unexpected serious harm to participants, or unanticipated problems involving risk to participants or others, the IEC may suspend or terminate the approval of the study, as decided during convened full-board meeting.
c. While determining such action, IEC shall consider actions to protect the rights and welfare of currently enrolled participants, whether procedures for withdrawal of enrolled participants take into account their rights and welfare (e.g., making arrangements for medical care outside of a research study, transfer to another Researcher, and continuation in the research under independent monitoring), and informing current participants of the termination or suspension. IEC shall also ask for continued recording of any adverse events or outcomes, if in the same facility.
d. Such action shall be recorded in the Minutes with written intimation to PI/researcher, Head of the institution, HRPP office, Quality team, informing appropriate Sponsor/CRO/regulatory authorities. The process of reporting shall be completed within 30 calendar days from the determination of action.

7.6 SAE Review: SAEs will be reviewed by full board or in an expedited meeting of IECmembers satisfying the quorum requirements and an expert if needed. The opinion generated shall be communicated to the stakeholders concerned as per the regulatory guidelines . In case it is an expedited meeting, the opinion generated will be ratified in the next full board meeting

7.7 Guidelines to be followed while reviewing Vaccine trials:

a. Trials should be scientifically and ethically sound.

b. Adequate data from pre-clinical studies should be available to indicate that the intervention is safe for proposed investigations in humans.

c. The sponsor and investigator should be aware of the approval process (es) involved in conducting clinical trials of vaccines. They should familiarize themselves with the guidelines provided by Drug Controller General (India), National Ethical Guidelines for Biomedical and Health Research involving Human Participants, Department of Biotechnology (DBT) and Ministry of Environment and Genetic Engineering Approval Committee (GEAC) in the case of vaccines produced by recombinant DNA technology.

d. Some vaccines that contain active or live-attenuated microorganisms can possibly possess a small risk of producing that particular infection. The subjects to be vaccinated should be informed of the same.

e. The subjects in control groups or when subjected to ineffective vaccines run a risk of contracting the disease.

f. The risks associated with vaccines produced by recombinant DNA techniques are not completely known. However, for all the recombinant vaccines/products the guidelines issued by regulatory authorities should be strictly followed. Trials should be conducted by investigator with the requisite experience and having necessary infrastructure for the laboratory evaluation of seroconversion.

g. Protocols for such trials should include appropriate criteria for selection of subjects, plan of frequency of administration of the test vaccine in comparison with the reference vaccine. It should accompany detailed validation of testing method to detect the antibody titter levels.

h. It should specify methodology to be adopted for prevention of centrifuged serum for the purpose of testing.

i. The investigator should be provided with Quality Control da

j. The sponsor should provide the Independent Ethics Committee approval of the nodal body (ies) to carry out clinical trials with the vaccine.

k. The generic version of new vaccines already introduced in the other markets after step up clinical trials including extensive Phase III trials should be compared with the reference vaccine with regard to seroconversion in a comparative manner in a significant sample size.

l. Post Marketing Surveillance (PMS) should be required following seroconversion studies. PMS data should be generated in a significant sample size sensitive to detect side effects and address other safety issues.

m. Protocols for test of new vaccine should contain a section giving details of steps of manufacture, in-process quality control measures, storage conditions, stability data

and a flow chart of various steps taken into consideration for manufacture of vaccine. It should also contain detailed method of quality control procedure with the relevant references.

7.8 Guidelines for reviewing Clinical trials for Diagnostic Agents and Use of Radio-active Materials and X- Rays

a. The EC must review the pharmacology, toxicology, pharmacokinetics and safety data (preclinical and clinical data as applicable) especially for diagnostic agents which come in contact with skin or mucosal surfaces in the human body (in vivo use).Expert opinion may be sought for review of protocols of such products.
b. The protocol must state clearly the choice of the reference with justification. Likewise, omission of a reference standard as comparator must also be justified.
c. There have to clear justifications in the protocol for the use of a placebo and no irreversible harm should occur to the participant. Post-trial access to the standard of care diagnostic test must be assured.
d. Safety follow-up of patients in these trials should be extended for a longer period if applicable.
e. Long term safety should be assessed.
f. Informed consent should be obtained before any diagnostic procedures.

Guidelines for reviewing Clinical trials with the Use of Radio-active Materials and X-Rays

a. The protocol and ICD should clearly state the potential radiation exposure to which participants are likely to be exposed. This should be within the applicable limits.

b. Information to be gained should be gathered using methods that do not expose subjects to more radiation than exposed normally.

c. Research should be performed on patients undergoing the procedures for diagnostic or therapeutic purposes.

d. Safety measures should be taken to protect research subjects and others who may be exposed to radiation.

e. The protocol should make adequate provisions for detecting pregnancies to avoid risks of exposure to the embryo.

f. Information to subject about possible genetic damage to offspring should be given.

g. Non-radioactive diagnostic agents are considered as drugs and the same guidelines should be followed when using them.

h. Ultrasound to be submitted wherever possible.

7.9 Guidelines to be followed while reviewing clinical trials on Traditional Systems of Medicine:

a. It is important that plants and herbal remedies currently in use or mentioned in literature of recognized Traditional System of Medicine is prepared strictly in the same way as described in the literature while incorporating GMP norms for standardization. It may not be necessary to undertake phase I studies. However, it needs to be emphasized that since the substance to be tested is already in used in Indian Systems of Medicine or has been described in their texts, the need for testing its toxicity in animals has been considerably reduced. Neither would any toxicity study be needed for phase II trial unless there are reports suggesting toxicity or when the herbal preparation is to be used for more than 3 months. It should be necessary to undertake 4-6 weeks toxicity study in 2 species of animals in the circumstances pointed out in the preceding sentence or when a larger multicentric phase III trial is subsequently planned based on results of phase II study.

b. Clinical trials with AYUSH and TM should be carried out in accordance with the ethical principles described in National Ethical Guidelines for Biomedical and Health Research involving Human Participants, AYUSH GCP guidelines and other applicable regulations. The recommendations made earlier regarding informed consent, subject, inducements for participation, information to be provided to the subject, withdrawal from study and research involving children or persons with diminished autonomy, all apply to trials on plant drugs also. These trials have also got to be approved by the appropriate scientific and ethical committees of the concerned Institutes.

However, it is essential that such clinical trials be carried out only when a competent Ayurvedic, Siddha or Unani physician is a co-investigator in such a clinical trial.

References in ancient literature of above-mentioned traditional systems of Medicine, carries out clinical evaluation of the plant without any concept or training in these systems of medicine. Hence, it is necessary to associate a specialist from these systems and the clinical evaluation should be carried out jointly.

c. When a Folklore medicine / Ethno-medicine is ready for commercialisation after it has been scientifically found to be effective, then the legitimate rights/ share of the Tribe or Community from whom the knowledge was gathered should be taken care of appropriately while applying for the Intellectual Property Rights and / Patents for the product.

**Any and every procedure that needs to be handled virtually or in a hybrid fashion can be done ensuring seamless transition and adequate documentation.*

SOP No.:	**7, Attachment 7.3.1**
TITLE:	**Primary Review Form**

Primary Review Form

Protocol No & Title:

Principal Investigator:	**Sponsor:**	**CRO:**

Date of Review:

A. Purpose:

_____
_____
__

B. StudyRationale:

_____
_____

C.

1. Protocol

i) *Research Design:*

a) Scientifically sound:

b) Relevant to contribute to further knowledge :

c) Of national importance:

ii) Principal research question/ objective mentioned? **Yes / No**

iii) Secondary research question/ objective? **Yes / No**

iv) Scientific justification/rationale? **Yes / No**

v) Has similar research been done before? **Yes / No**
If yes:

vi) Statistics:

a. Is the sample size of study as per protocol and synopsis? **Yes / No**

b. Is the sample size statistically justified? **Yes / No**

2. Ethical Issues

i. Placebo **Yes / No**

ii. Vulnerable population **Yes / No** (if yes: complete 5 (ii)

iii. /Continuity of treatment (post-trial access) **Yes / No**

3. Risks to subjects (physical, psychological, social, economic, or legal)

i. Novel Procedures: **Yes / No**

ii. Is the monitoring plan adequate? **Yes / No**

iii. Is there a plan to mitigate the physical/social/psychological risk or discomfort? **Yes / No**

iv. Does the inherent risk still ensure a favorable risk/ benefit balance? **Yes / No**

v. Risk level : (based on checklist on page 4)
a. Less than Minimal
b. Minimal
c. Minor increase over minimal risk or low risk
d. More than minimal risk or High risk

vi. Is the overall risk/benefit ratio: **Acceptable / Unacceptable**

vii. Type of review :
a.Expedited review
b.Fullboard review

4. Benefits (e.g. therapy, education, information, resources, or empowerment)

i. Direct: Reasonable / Undue / None

ii. Indirect: Improvement in knowledge / Benefit to society / any other:

5. Subject selection:

i) Subject selection: Inclusion / exclusion criteria addressed? **Yes** / **No**

ii) Vulnerable subjects: **Yes** / **No** **(if yes, please answer (a-k)**

a) Economically and socially disadvantaged **Yes / No**

b) Unduly influenced either by expectation of benefits or fear of retaliation **Yes / No**

c) Children (up to 18 years of age) **Yes / No**

d) Women in special situations (pregnant/lactating/poor decision making powers/poor access to health care **Yes / No**

e) Tribal's and marginalized communities **Yes / No**

f) Refugees, migrants, homeless, people in conflicting zones **Yes / No**

g) Afflicted with mental illness and cognitively impaired **Yes / No**

h) Terminally ill, and in search of new interventions having exhausted all therapies **Yes / No**

i) Suffering from stigmatizing or rare diseases **Yes / No**

j) Diminished autonomy due to dependency or being in a hierarchical symptom (students, , employees, subordinates, defence services personnel ,health care workers,institutionalized individuals, under trials and prisoners) **Yes / No**

k) Any other condition that compromises the voluntariness or understanding **Yes / No**

If yes for any of the items in 5 ii)

- Is the inclusion justified **Yes / No**
- COI jeopardizing risk/benefit ratio **Yes / No**
- Risk/benefit justified **Yes / No**
- Additional safeguards needed **Yes / No**

6. Privacy & Confidentiality maintained? **Yes / No**

7. i) The available nonclinical and clinical information in the Investigator Brochure on the investigational product is adequate to support the proposed research: **Yes / No**

ii) Patient Information Sheet & Consent form**:** Applicable / NA
(If NA, please skip no. 8)

8. Consent form components addressed adequately? **Yes / No**

9. Compensation, (if applicable) addressed adequately**?**

10. Is there a Conflict of Interest from the PI? **Yes / No**

If yes: **Acceptable / Unacceptable**

Comments:

11. Are the PI and research team members competent and fully equipped with adequate resources to conductthe study and protect the participants?
Yes / No

12. Is the research activity going to be monitored and scrutinized in an impartial and transparent manner?

Yes / No (if yes, answer (i-iii)

i. Does the study require DSMB? **Yes / No**

ii. Will the DSMB report be shared? **Yes / No**

13. Are the findings of the study going to be brought into the public domain so that its results are generally made known through scientific and other publications? **Yes / No**

14. Interval for Periodic Status/Progress Report to be submitted by PI (based on phase of the study, risk involved and continuing review):

Quarterly/ Half-yearly / Yearly

Checklist for Risk analysis* Ref: ICMR		
A	**Less than minimal Risk**	
i	Research on anonymous data/ samples.	
ii	Research on data available in public domain.	
B	**Minimal Risk**	
i	Research involving routine questioning or history taking	
ii	Research involving observation of physical examination/ obtaining body fluids without invasive intervention	
C	**Low Risk/ Minor increase over minimal risk**	
i	Routine research on children or adolescents	
ii	Research on persons incapable of giving consent	
iii	Withholding/delaying a proven intervention in randomized trials	
iv	Research involving use of minimally invasive procedures	
v	Trying new diagnostic technique in pregnant/breastfeeding women	
vi	Use of personally identifiable data imposing indirect risk	
vii	Research involving patients incapable of giving consent	
viii	Research involving social risks and psychological harm or discomfort	
D	**High Risk**	
i	Research involving interventional study using drug/ device/ invasive procedure	

15. Any other remarks/suggestions

Reviewer's name: _____ _____

Signature & Date

SOP No.:	**7, Attachment 7.3.2**
TITLE	**Format for conditional approval letter**

Format for conditional approval letter

Date:

To
Dr. ------

Ref: IEC Application No:

Protocol No:

Title:

Sub: Conditional Approval (Subsequent to your letters dated --------).

Dear Dr. _____ ,

The Institutional Ethics Committee – Clinical Studies- Apollo Hospitals reviewed and discussed the documents submitted by you related to the conduct of above-mentioned study at the meeting held on -------.

The following documents were reviewed:
(a) Trial Protocol (including protocol amendments), dated_____ version no (s). _____
(b) Patient Information Sheet and Informed Consent Form -----
(c) Investigator's Brochure, dated_____, Version no._____
(d) Proposed methods for patient accrual including advertisement (s) etc. proposed to be used for the purpose.
(e) Principal Investigator's current CV.

The following members of the ethics committee were present at the meeting held on (date, time, and place)

S. No	Name	M/F	Qualification	Affiliated to institution Y/N	Designation	Position In The Committee

- (Member) cited conflict of interest and didn't participate in the decision making process.

After due ethical and scientific considerations, the Ethics Committee has conveyed/opined/suggested the following changes:

1.
2.
.

The following documents needs to be submitted by you for review and final approval before the study can be initiated.

1.
2.

The Institutional Ethics Committee – Clinical Studies is constituted and works as per ICH-GCP, National Ethical Guidelines for Biomedical and Health Research involving Human Participants (ICMR 2017) and New drugs and Clinical Trial Rules March 2019.

Yours sincerely,

Member Secretary,
Institutional Ethics Committee – Clinical Studies,
Apollo Hospitals,

IEC Application No.:☐☐☐-☐☐-☐☐☐/☐☐-☐☐ (NOTE: Please quote this application no. in all your future communications)

Status:

1. Decision pending – more literature/info/discussions needed
2. Approved with or without suggestions or comments
3. Revision with minor modifications/amendments
4. Revision with major modifications for re-submission
4. Not approved (or termination/revoking of permission, if applicable)

SOP No.:	**7, Attachment 7.3.3**
TITLE:	**Format for Final Approval Letter**

Format for Final Approval Letter

Date:

To
Dr.------

Ref: IEC Application No:
Protocol No:

Title:

Sub: Final Full Board Approval(Subsequent to your letters dated --------).

Dear Dr. ----------,

The Institutional Ethics Committee- Clinical Studies, Apollo Hospitals,……. reviewed and discussed the documents submitted by you related to the conduct of the above referenced study at its meeting held on ----------.

Documents Submitted:

1.
2.
3.

The following members of the ethics committee were present at the meeting held on (date, time, and place, online/offline)

S. No	Name	M/F	Qualification	Affiliation to the institute Y/N	Designation	Position In The Committee

- (Member) cited conflict of interest and didn't participate in the decision making process.

After due ethical and scientific consideration, the Ethics Committee has approved all the documents and the study to be conducted by you in the presented form.

Please note that the date of initiation of the study, the date of first patient and last patient participation and the site close out should be informed to the Ethics Committee. The Ethics Committee should also be informed about the progress of the study on **Quarterly / Half yearly / Annual basis.** Any changes in the protocol and patient information / informed consent, and a copy of the final clinical study report should be submitted Please submit a complaints and non-compliance form to EC after each monitoring/inspection..The AEs are to be reported before each EC meeting. Submit a report of protocol deviations/violations and serious adverse event as per regulatory timeline and mention the reason for delay, if any.

Please note the period of validity of this Approval is for one calendar year and ends on ----------.

The Institutional Ethics Committee – Clinical Studies is constituted and works as per ICH-GCP, National Ethical Guidelines for Biomedical and Health Research involving Human Participants (ICMR 2017) and New drugs and Clinical Trial Rules March 2019

Yours Sincerely,

_____

Member Secretary,

Institutional Ethics Committee – Clinical Studies,
Apollo Hospitals,

IEC Application No.:□□□-□□-□□□/□□-□□ (NOTE: Please quote this application no. in all your future communications)

Status: Approved

SOP No.:	**7, Attachment 7.3.4**
TITLE	**Template for Agenda* / Minutes of Meeting**

Template for Agenda* / Minutes of Meeting
Institutional Ethics Committee – Clinical Studies, Apollo Hospitals, ----------

Minutes of the Ethics Committee Meeting

Date:----------,Day----------: Time: ----------
Venue: ----------

Members Present:

S. No	*Name*	*Position in the committee*
1		*Chairperson (Designation)*
2.		*Member Secretary (Designation)*
3		*Basic Medical Scientist*
4		*Legal Expert*
5		*Social Scientist*
6		*Lay Person*
7		*Clinician*

Absentees:

S.No	*Name*	*Position in the committee*

IEC Secretariat: Name of the person (s)

Name of Chairperson welcomed all the members. The minutes of the previous meeting were reviewed and approved and the meeting was initiated.

I- NEW PROTOCOLS

1. **PRINCIPAL INVESTIGATOR**:
   Protocol No.:
   Title:
   SPONSOR:
   IEC Application No.:
   Documents Submitted: Refer to the Agenda

   Primary Reviewer:
   ICD Reviewer:
   CTA Reviewer:
   Subject Expert: (if any)

   Chairperson confirmed quorum was met and members declared their conflict of interest /Members did not recuse from the meeting due to Conflict of interest.

The PI explained the following:

EC Review:
The below mentioned points were discussed by the members.

Reviewed elements	Comments
Patient recruitment strategy	
Sound Research design	
Subject selection in equitable manner	
Alternate procedure	
Risk-benefit ratio	
Privacy and confidentiality maintained	
Elements of the consent form addressed	
Safeguard for vulnerable subjects	
Protocol specific findings	
CTA requirements and clauses meet the requirement	

EC Discussion:

Expert opinion: (if any)

Justification to the concerns raised by the subject expert: (if any)

The documents (1-….Nos.) submitted was reviewed and approved. Suggestions were made in document no. ------

For -
Against –

Abstained –
Recused –

Risk level:

Quarterly/half yearly/yearly progress report needs to be submitted

EC Decision:

II.PROTOCOLS AWAITING APPROVAL

1. **PRINCIPAL INVESTIGATOR:**
   Protocol No. :
   Title:
   SPONSOR:
   IEC Application No.
   Documents Submitted:

Chairperson confirmed quorum was met and members declared their conflict of interest /Members did not recuse from the meeting due to Conflict of interest.

EC Review and comments:

The documents (1-…Nos.) were reviewed and approved.

For -
Against –
Abstained –
Recused -

EC Decision:

III. APPROVED STUDY CONTINUING REVIEW SUBMISSIONS

1. **PRINCIPAL INVESTIGATOR:**
   PROTOCOL NO. :

Title:

SPONSOR:

IEC Application No.:

Documents submitted:

a. OTHER NOTIFICATIONS:

- Notification of ……..

EC Review and comments:

b. STUDY DOCUMENTS AMENDMENTS

Chairperson confirmed quorum was met and members declared their conflict of interest /Members did not recuse from the meeting due to Conflict of interest.

EC Review and comments:

For
Against
Abstained
Recused

EC Decision:

c. PROGRESS REPORTS / REAPPROVAL OF ONGOING STUDIES:

Chairperson confirmed quorum was met and members declared their conflict of interest /Members did not recuse from the meeting due to Conflict of interest.

EC Review and comments:

For
Against
Abstained
Recused

EC Decision:

d. .OWN-SITE SAE- Nil

EC Review and comments:

e. PROTOCOL DEVIATIONS: Nil

EC Review and comments:

IV. AEs from (date) to (date)

Protocol Name/ Number						
Total number of AE's in the month						

S. No	Protocol Name/ Number	Patient initials/ Rand. No	Event term	Date of onset	Relationship to the study drug	Study drug status	Outcome	If resolved: stop date of the event

EC Review and comments

V. General Discussion:

Prepared by Member Secretary		Approved by Chairperson	
Name	:	Name	:
Signature	:	Signature	:
Date	:	Date	:

SOP No.:	**7, Attachment 7.3.5**
TITLE:	**Checklist for Clinical Trial Agreement review**

Checklist for Clinical Trial Agreement review

Protocol #: _____ Principal Investigator: _____

CRO: _____ Sponsor: _____ Date: _____

S. NO.	DESCRIPTION OF REQUIRED CLAUSES	YES	NO
1.	**PREAMBLE: Name & Address as PARTIES to the Agreement should be mentioned of:** **A. Principal Investigator** **B. Institution** **C. Sponsor / CRO (reference made to both)**	☐ ☐ ☐	☐ ☐ ☐
2.	**The PROTOCOL DESCRIPTION should be mentioned with:** **A. TITLE of protocol** **B. PHASE of the study (preferable)** **C. PROTOCOL NUMBER**	☐ ☐ ☐	☐ ☐ ☐
3.	**Statement for COMPLIANCE with the national and international guidelines, Protocol, Ethics Committee Approval, etc. by:** **A. Principal Investigator.** **B. Sponsor / CRO.** **C. Institution**	☐ ☐ ☐	☐ ☐ ☐
4.	**OBLIGATIONS in the conduct of the study of** **A. Principal Investigator** **B. Institution** **C. Sponsor/CRO (reference made to both)**	☐ ☐ ☐	☐ ☐ ☐

5.	**CONFIDENTIALITY clause for confidential information provided by the Sponsor / CRO to the Site.**	☐	☐
6.	**LIABILITY / INDEMNITY (with Insurance) for any injury caused to the study subjects (or claims) to be undertaken by:** **A. Sponsor - for the study drug or protocol related, with PI/institution providing medical care, and cost (or compensation in case of research-related injury/death) to be reimbursed by the sponsor.(as per GSR 53E and GSR 889E)** **B. Institution –if related to negligence of its staff.** **C. Investigator - for negligence on his part.**	☐ ☐ ☐	☐ ☐ ☐

Reviewed By: _____
Name: _____(Legal Expert)
Sign :_____
Date: _____

SOP No.:	**7, Attachment 7.3.6**
TITLE:	**Format for attendance and COI**

Format for attendance and COI

S. No	Name	M/F	Position in the Committee	*COI in any of the agenda items Y/N	If yes, reason for conflict and action taken	Signature

Signature of the Chairperson

INSTITUTIONAL ETHICS COMMITTEE- CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**8**
TITLE:	**Review of New Medical Devices Studies**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign& Date
Prepared by			
Reviewed by			
Approved by			

Review of Medical Devices Studies

8.1 Objective: To describe the procedure of reviewing the medical devices studies

8.2 Scope: This SOP deals with the ethical review and approval of a medical device which maybe an instrument, apparatus, appliance, implant, material or any other article, whether used alone, or in combination, to be used in human beings for one or more specific purposes.

8.3Attachments:
8.3.1: Classification of medical devices

8.4Responsibility: EC members.

8.5Procedure:

i. The Ethics Committee will review medical devices project submission in accordance with Medical Devices Rules, 2017 or as per amendments and modifications from time to time.
ii. EC should carefully review the safety of the procedure to introduce the device in the body and not only the safety of the device
iii. New Devices meant for clinical study should be provided free of cost, or at feasible reduced rates (if expensive)
iv. Depending on the risk involved, devices are classified into class A-D (Att 8.3.1)
v. Diagnostic devices can be notified or non notified
vi. Consent document should be appropriately worded as per regulatory requirements
vii. All other procedures and processes shall be as followed for clinical trials for drugs.

SOP No. :	**8, Attachment 8.3.1**
TITLE:	**Classification of Medical Devices**

Classification of Medical Devices

Class	Level of risk	Device examples
A	Low	Thermometers/bandages/tongue depressors
B	Low - Moderate	Hypodermic needles/suction equipment
C	Moderate-High	Lung ventilator/bone fixation plate
D	High	Heart valves/implantable defribillator

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**9**
TITLE:	**Continuing Review & Monitoring of Ongoing Studies**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign & Date
Prepared by			
Reviewed by			
Approved by			

Continuing Review & Monitoring of Ongoing Studies

9.1 Objective: To describe the procedures for continuing review, amendments review and EC monitoring of ongoing studies.

9.2 Scope: This SOP deals with the process involved in review of ongoing studies, review of ongoing Adverse events, amendments to the documents, renewal of approval, and conducting monitoring of ongoing studies. This also deals with the management of subject feedback, complaints and Noncompliance and EC's role in continuous quality improvement of all stakeholders involved. This also speaks of Audit of IEC processes and its functioning as an ongoing process.
Conflict of interest, if any, shall also be taken up by the EC and appropriate actions planned.
Processes may be done online or offline with adequate documentation

9.3 Attachments:
9.3.1 Template for PI's report on changes in the Amended Documents
9.3.2 Study Documents Amendments Tracking Log
9.3.3 Format for Study Completion/Close-out report
9.3.4 Format for Study Status/Progress Report format
9.3.5 Checklist for Clinical Trial Monitoring
9.3.6 Template for Adverse Events Reporting Form
9.3.7 Template for PI's intimation letter regarding EC monitoring
9.3.8 List of documents for re-approval
9.3.9 Format for re-approval letter

9.4 Responsibility: IEC-CS Members, HRPP chief coordinator, site in charge

9.5 Procedures:

i. The P.I. of the ongoing trials/approved research shall continue to submit all relevant documents received from the sponsors during the conduct of the study.

ii. For submission of amended documents, the P.I. shall submit duly completed attachment (att. 8.3.1) applicable to the submitted documents and a report of his/her opinion/views regarding the same.

iii. All the amended documents should include a clear summary of changes outlining the previous text and the revised text.

iv. The IEC-CS Secretariat shall ensure that all such submissions are listed in the agenda for discussion in the forthcoming meeting.

v. The review of amended documents shall be done after ascertaining the conflict of interest. The committee will review the submitted documents and the comments will be recorded in the minutes of the meeting

vi. The Adverse Events Report/Study Status/Progress Report and Final Study Report should be submitted by PI spontaneously as per the requirement mentioned in final approval.

vii. The discussion and decisions about the submitted documents with the suggestions will be recorded in the minutes of the meeting and communicated to the PI in writing by the Member Secretary.

viii. **Continuing Review:**

a. The validity of any approved study shall be for one year from the date of final approval and expires one day prior to the approval date next year (eg., if a protocol is approved on 01 Dec 2015, the validity shall remain till 30 Nov 2016). A reminder letter for re-approval shall be sent by the EC 3 months prior to expiry. The EC shall put the re-approval for the protocol as an agenda item for the next EC Meeting.

b. The P.I. shall submit an application for renewal of approval well before the expiry of validity period. Previously approved essential documents and notifications (as per the checklist) shall be listed out in the covering letter along in the progress report. Fresh documents requiring approval needs to be submitted as per IEC SOP.

ix. IEC-CS shall use the approval criteria described in SOP No. 7 for continuing review or reviewing modifications to previously approved research (amendments) when the modifications affect one or more criteria. When the Researcher is the lead Researcher of a multi-site study, the EC evaluates whether the PI manages the relevant information from all sites for the protection of participants.

a. Changes in approved research that is initiated without IEC-CS approval to eliminate apparent immediate hazards to the participant:
   - Are promptly reported to the IEC-CS.
   - Are reviewed by the IEC-CS to determine whether each change was consistent with ensuring the participants' continued welfare.

b. PI/researcher reports to the IEC-CS proposed changes in a research study.

c. PI/researcher reports to the IEC-CS the premature completion of a study.

x. IEC shall determine whether:

a. The protocol needs verification that no changes have occurred since previous IRB or EC review.

b. The current consent document is still valid.

c. Any significant new findings that arise from the review process and that might relate to participants' willingness to continue participation will be provided to participants.

xi. **Monitoring of Clinical Trials**

a. Members of IEC-CS may conduct the site visits (or use third party) to inspect the conduct of the study, verify information in the study records or scrutinize any interim or continuing review submissions. The monitoring may be done with prior intimation or have surprise visit. Such monitoring shall be done at least once during the recruitment phase of the study or on a priority basis, as determined by the IEC-CS. A checklist for clinical trials monitoring (att 9.3.5) shall be used. A half yearly calendar will be followed for monitoring, which can be pre empted as per need

b. The IEC-CS has the authority to review the informed consent process SOP, source documentation monitor a live informed consent process, if need be, on a case to case basis, to ensure it meets the regulatory requirements. Members of IEC-CS

may conduct interviews with research participants as deemed necessary during its Inspection Visit.

c. A "for cause assessments" shall be planned by the EC when there are issues which come to the notice of the ethics committee after an EC monitoring and/or on receiving a complaint /grievance or any untoward event. An increased number of deviations, protocol violation or SAEs shall trigger a "for cause assessment"

d. EC inspections and EC self-evaluation will identify areas of improvement of the site and/or EC processes. The corrective and preventive action will be planned based on the root cause analysis of the event/situation. An annual update of the same will be captured and shared in annual status report the EC minutes of the meeting at the end of the year

.

The corrective and preventive action will be planned based on the root cause analysis of the event/situation. A yearly update of the same will be captured and shared in the EC Minutes of the Meeting. EC inspections and EC self evaluations will identify areas for improvement of the site and/or EC processes

xii. Any non-compliance by PI/researcher in obtaining IEC-CS approval for continuing review, or amendments to the study conduct, or monitoring requirements may lead to the possible or optional actions as per xiv A and B.

xiii**: Subject feedback and redressal:**

IEC-CS has a robust feedback and Redressal system. There are predesigned self addressed (Member Secretary, IEC-CS) postage paid feedback and redressal forms/e-forms whenever needed and if feasible. The subject is oriented to the feedback process at screening visit and handed over 2 feedback forms. The completed feedback form can be either dropped in a dedicated box in ARI/ quality dept of the hospital or posted in a letter box by the subject anytime during his/her participation. This will be reviewed on receipt (from ARI/quality dept or post) by the Feedback committee which comprises of the EC member secretary, an unaffiliated EC member, the site in charge and the HRPP coordinator within 7 working days of its receipt. If it shows any concern/complaint by the participant which compromises the safety and wellbeing, the Feedback committee, will plan a remedial action and the same will be shared with the EC and the PI. Redressal with the subject will be taken up within a

maximum of thirty days from the receipt and will be the responsibility of the Member Secretary. Care shall be taken to keep the subjects' safety and well being at the helm. The discussion of the same will be captured in the agenda/MOM of the next EC meeting.

xiv**: Management of Complaints and Non Compliance:**

a. Complaints, concerns and appeals from investigators, and others will be received by the social worker or HRPP coordinator.
b. These will be reviewed by Feedback committee (the EC member secretary, an unaffiliated EC member, the site in charge and the HRPP coordinator) and reported to the organizational head, if need be. The process followed shall be the same as in xiii
c. The assessment will categorize the event as :

1. **Non-compliance**: an act of not following laws or regulations that govern research involving human participants, the Organization's SOPs, Protocol or the requirements of the IECCS.

2. **Continuing non-compliance**: repeated failure by the same researcher to adhere to laws or regulations that govern research involving human participants, the Organization's SOPs, Protocol or the requirements of the IEC-CS.

3. **Serious non-compliance**: an act of failure to adhere to laws or regulations that govern research involving human participants, the Organization's SOPs, Protocol or the requirements of the IEC-CS, having the potential to compromise the rights, safety and welfare of participants, research staff and others.

d. When the noncompliance is serious or continuing, EC shall prompt in writing to the party concerned, asking for a corrective and preventive action plan to prevent future noncompliance.
e. Reports of non-compliance must be submitted to the EC within 10 working days of discovery of the noncompliance. The report must include a complete description of the noncompliance and the personnel involved. Complainants may choose to remain anonymous.

f. The Organization will also report instances of non compliance, possible non compliance to the ethics committee if identified during the institutional audit.

g. When the noncompliance is serious or continuing, EC shall review the report of non compliance and related documents and determine the range of actions as follows:

1. Possible Actions:

- Suspension of EC approval the research.
- Termination of EC approval the research.
- Notification of current participants when such information might relate to participants' willingness to continue to take part in the research.

EC may also recommend the actions as follows:

2. Optional actions:

- Modification of the protocol.
- Providing additional information to past participants.
- Modification of the continuing review schedule.
- Modification of the information disclosed during the consent process.
- Requiring current participants to re-consent to participation.
- EC Monitoring of the required process.
- Referral to other organizational entities.

The maximum time allowed between the recognition of a reportable event and fulfilling reporting requirements shall not be more than 30 days and the same shall be notified.

xv. **Continuous Quality Improvement Plan:**

a. The continuous quality improvement plan periodically assesses the quality, efficiency and effectiveness of the HRPP program.
b. The CQIP team plans periodic audits.
c. The final audit report, from the CQI committee shall be sent to the PI
d. PI will write the corrective measures and that will be submitted to EC.

e. EC shall consider the report and recommend measures to ensure that participant(s) are protected when non-compliance occurs.
f. The actions taken by EC might be:
    1. Re Training
    2. Increased frequency of monitoring
    3. Suspension of the research
    4. Termination of the research
    5. Notification to current participants

g. Such action by IEC-CS shall be intimated to PI/researcher to be reported to Sponsor/CRO.

xvi. **Management of conflict of interest**

a. 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 non-financial (personal, academic or political) or financial gain is termed as Conflict of Interest (COI).

b. All the stakeholders associated with research activities and the senior administrative members of the organization will declare their COI on a set format on an annual basis before the EC yearly update is shared. The HRPP board shall monitor the activities, do prospective and retrospective review, and if any conflict found, the following actions, in consultation with Ethics Committee, shall be taken:

1. **Organizational COI**
    - Divestment of significant financial interests; and/or
    - Severance of relationships that create actual or potential conflicts.

2. **Researcher/research staff COI**
    - Retraining on conflict of interest and researchers' responsibilities
    - Disqualification from participation in all or a portion of the research
    - Divestment of significant financial interests; and/or
    - Severance of relationships that create actual or potential conflicts.

SOP No.:	**9, Attachment 9.3.1**
TITLE:	**Template for PI's Report on Changes in Amended documents**

Template for PI's Report on Changes in Amended documents

(To be mentioned in the submission letter from the PI)

I. << PROTOCOL AMENDMENT / INVESTIGATOR'S BROCHURE AMENDMENT / ICF AMENDMENT___ *(Remove what is not applicable)*>>

EXISTING VERSION	AMENDED VERSION
Version No. ….. Dated …….	Version No. ….. Dated …….

A. Changes Related to study design with justification
1.
2.
3.

B. Changes Related to Risk-Benefit aspects with justification
1.
2.
3.

II. Reasons for the Changes:

III. Implications of the Changes:

IV. No. of Patients ongoing at own site:

Note: Please note that the above changes do not affect the basic study design or the patient safety aspects vis-à-vis the previous version. **<<THIS SENTENCE CAN BE MODIFIED BY PI>>**

Dr. _____

SOP No.:	**9, Attachment 9.3.2**
TITLE:	**Study Documents Amendments Tracking Log**

Study Documents Amendments Tracking Log

Protocol No. : _____
Protocol Title: _____

PI: _____
Sponsor: _____
CRO: _____

PROTOCOL	**INVESTIGATOR'S BROCHURE**	**INFORMED CONSENT FORM**
1. Prot. Version No: _____ Version Date: _____ Date of EC Submission: _____ EC approval date: 2. Prot. Version No: _____ Version Date: _____ Date of EC Submission: _____ EC approval date: 3. Prot. Version No: _____ Version Date: _____ Date of EC Submission: _____ EC approval date:	1. IB. Version No: _____ Version Date: _____ Date of EC Submission: _____ EC approval date: 2. IB. Version No: _____ Version Date: _____ Date of EC Submission: _____ EC approval date: 3. IB. Version No: _____ Version Date: _____ Date of EC Submission: _____ EC approval date:	1. ICF Version No: _____ Version Date: _____ Date of EC Submission: _____ EC approval date: 2. ICF Version No: _____ Version Date: _____ Date of EC Submission: _____ EC approval date: 3. ICF Version No: _____ Version Date: _____ Date of EC Submission: _____ EC approval date:

SOP No.:	**9, Attachment 9.3.3**
TITLE:	**Format for Study Completion / Close Out Report**

Format for Study Completion / Close Out Report

Protocol No:
Title:
Sponsor & CRO:
IEC Application number:

1. Date of Approval by EC: _____
2. Date of Study Initiation: _____
3. Date of Study Close-out: _____ (In case of early termination, please provide the following information)
   i. Reason for termination: _____
   ii. Procedure for subject withdrawal & follow up: _____
4. i. Archival location: _____;
   ii. Duration: From _____ to _____
5. Investigational product: Reconciliation / Destruction.
6. Study Subjects:

Total no screened	Total no randomised	Total nos of screen failures	Total No.		Total No.		Total no completed
			Withdrawn Consent	Reason	Lost to follow up	Reason	

7. Details of Own site SAEs – Patient wise:

Pt. Initial & Randzn. No.	SAE term	Date of Onset	Relationship to study drug	Study drug status	Outcome

8. Details of Protocol Deviations/Violations – Patient wise:

Pt. Initials & Rnd. No.	Protocol Deviations/Violations Nar	Reason	Action Taken

9. Total No. of Monitoring/Audit visits: _____

10. Special issues/concerns: _____

Principal Investigator: _____ (Name & Signature) **Date:** _____

SOP NO.:	**SOP No. 9, Attachment 9.3.4**
TITLE:	**Format for Study Status/Progress Report format**

Format for Study Status/Progress Report format

(To be submitted periodically, as specified in initial review, or within 1 year of study initiation)

Protocol No:
Title:
Sponsor & CRO:
IEC Application no.:

1. Date of Approval by EC: _____
2. Date of Study Initiation: _____
3. Subjects Details: _____

Total no screened	Total no randomised	Total nos of screen failures	Total No.		Total No.		Total no completed
			Withdrawn Consent	Reason	Lost to follow up	Reason	

4. Details of Own site SAEs – Patient wise:

Pt. Initial & Rand. No.	Event term	Date of Onset	Relationship to study drug	Study drug status	Outcome

5. Details of Protocol Deviations/Violations – Patient wise:

Pt. Initial & Rand. No.	Protocol Deviations/Violations	Reason	Action Taken

	Narrative		

6. Details of the protocol :

i. Any relevant recent literature: _____

ii. Any interim findings: _____

7. Total No. of Monitoring/Audit visits and major findings: _____

8. Special issues/concerns/unanticipated problems (affecting subject safety/conduct or risk to others): _____

9. The researcher's assessment on change in risk-potential benefit based on study results, if any

_____

10. Any complaints about the research: _____

11. Expected date of study completion: _____

Principal Investigator: _____ (Name & Signature) **Date:** _____

SOP No.:	**9, Attachment 9.3.5**
TITLE:	**Checklist for Clinical Study Monitoring**

Checklist for Clinical Study Monitoring

MONITORING DATE & TIME	PROTOCOL NO.	PI's Name & Qualification

Study status: Enrolling/Follow up/Data cleaning

1	Subject Details:	
a	Total Enrolled :	_____
b	Nos. ongoing:	_____
c	Nos. completed:	_____
d	Nos. dropout:	_____
e	Equitable selection of subjects with special attention to vulnerable and high risk subjects	Y/N
2	Subject Interview (if planned):	Y/N
a	Awareness of the study:	Y/N
b	Awareness of the rights:	Y/N
c	Satisfied with the process	Y/N
d	Informed consent in (language)	_____

e	Any reconsenting done	Y/N
3	Appropriate site facilities (as required by the protocol and regulations) :	Y/N
4	Study protocol and related documents:	
a	Use of recent (EC approved) version of protocol	Y/N
b	Use of recent (EC approved) version of informed consent document	Y/N
c	ICF process complete(including source documentation: i) Adequate time given ii)Subject/LAR provided adequate information iii)Impartial witness used (if applicable)	Y/N Y/N Y/N Y/N
d	Is the delegation proper (as respect to qualification and experience)	Y/N
e	SAE reporting timely and complete (if any)	Y/N

5	Investigational product:	
a	Logs upto date	Y/N
b	Safekeeping with controlled access and temperature maintenance	Y/N
c	Clear delegation	Y/N
6	Ethical concerns:	
a	Feedback form for grievance handling explained, shared and the same documented	Y/N
b	Subject/s remuneration done as due	Y/N
7	Comments (if any):	

Documents Reviewed:

☐ Investigator's Undertaking : _____
☐ Signed Informed Consents : _____
☐ Source Documents : _____
☐ Monitoring/ Auditing reports : _____
☐ Investigational Product use, storage & reconciliation records :
_____
☐ Delegation of Responsibilities Log :
_____
☐ Subject Enrolment Log (equitable distribution) :
_____
☐ Clinical trial Agreement, Indemnity &Insurance:
_____
☐ Payments to Subjects:
_____

☐ Investigator's File & Communications file:
_____

☐ EC Protocol File :
_____

REPORT ON MONITORING OF CLINICAL TRIALS BY EC MEMBERS

I. SUMMARY:

Key Dates	Subject Enrollment Status	Latest Versions & Date	Key Team Members Name & Qualification, GCP Trng etc.
EC Approval: _____ Study Initiation: _____ First-Subject Screened On: _____	Screened: _____ Randomized: _____ Withdrawn /Dropout: _____ Ongoing: _____	Protocol: _____ ICF: _____ IB: _____	Co-Investigator: _____ _____ Sub-Investigator: _____ _____ Coordinator: _____

II. FINDINGS :

III. SUGGESTIONS :

EC MEMBERS SIGNATURES:

NAME		
SIGN & DATE		

SOP No. :	**9, Attachment 9.3.6**
TITLE	**Template for Adverse event reporting**

Template for Adverse event reporting

Protocol Name/ Number						
Total number of AE's in the month						

S. No	Protocol Name/ Number	Patient initials/ Rand. No	Event term	Date of onset	Relationship to the study drug	Study drug status	Outcome	If resolved: stop date of the event

SOP No. :	**9, Attachment 9.3.7**
TITLE	**Template for PI's intimation letter regarding monitoring**

Template for PI's intimation letter regarding monitoring

Date:

To
Dr. ----------
Principal Investigator,
Apollo Hospitals,

Ref: Protocol No:

IEC Application No:

Title:

Sub: Monitoring by EC Members.
Dear Dr.----------

In accordance with EC SOP, the members of Ethics Committee-Apollo Hospitals, ----have planned to conduct an monitoring of the above-referenced study, which is being conducted by you.

Accordingly, the Ethics Committee members have planned to visit your site on ----------(Date) at ---------- (Time) and I request you to confirm your availability or suggest an alternate schedule.

Kindly note that the monitoring will involve, but not limited to, the interactions with study team and review of study documents including source documents, Site Master file, and verification of investigational products.

You are requested to kindly sign the 'Acknowledgement and Confirmation Receipt' given below and return a copy of this letter to the undersigned.

Thanking you.

Yours truly,

Member Secretary

Acknowledgement and Confirmation Receipt

I, Dr.---------,hereby acknowledge receiving the above letter from Ethics Committee and confirm that I along with my team will be available on ---------- (Date) at ------- (Time) and provide the necessary documents to the EC member/s for monitoring of the study.
PI's Name: _____

Sign & Date: _____

SOP No. :	**9, Attachment 9.3.8**
TITLE	**List of documents for re-approval**

List of documents for re-approval

1. **Latest approved versions of the following:**

S.No	Documents (latest EC approved)	Version and date	Latest Approved/ Re-approved by EC on
1	Protocol		
2	IB		
3	ICF (English)		
4	ICF (Hindi)		
5	ICF (Telugu)		
6	DSMB report, if any		

2. **Progress report as per att9.3.4**

SOP No. :	**9, Attachment 9.3.9**
TITLE	**Format for Re- Approval Letter**

Format for Re- Approval Letter

Date:

To
Dr.------

Ref: IEC Application No:
Protocol No:

Title:

Sub: Re-approval (Subsequent to your letters dated --------).

Dear Dr. ----------,

The Institutional Ethics Committee- Clinical Studies, Apollo Hospitals,……. reviewed the study Status/Progress report and the list of latest approved version of the essential documents submitted by you related to the above referenced study at its meeting held on ----------.

The following Institutional Ethics Committee – Clinical Studies members were present at the meeting held on ------at ------ at Board Room – Clinical Trials Unit, Apollo Hospitals, ----------.

S. No	Name	M/F	Qualification	Affiliation to the institute Y/N	Designation	Position In The Committee

- (Member) cited conflict of interest and didn't participate in the decision making process.

After due ethical and scientific consideration, the Ethics Committee has approved the continuation of the study.

Please note that:

1. The date of first patient participation ☐
2. The date of last patient participation ☐
3. The site close out ☐

Should be informed to the Ethics Committee. The Ethics Committee should be informed about the progress of the study on **Quarterly / Half yearly / Annual basis.** Any changes in the protocol and patient information / informed consent, and a copy of the final clinical study report should be provided. Please submit a complaints and non compliance form to EC after each monitoring/inspection. Submit a report of each protocol deviations/violations and serious adverse event with regard to the study. The AEs are to be reported before each EC meeting.

Please note the period of validity of this Approval is for one calendar year and ends on ----------.

The Institutional Ethics Committee – Clinical Studies is constituted and works as per ICH-GCP, National Ethical Guidelines for Biomedical and Health Research involving Human Participants (ICMR 2017) and New drugs and Clinical Trial Rules March 2019.

.

Yours Sincerely,

_____

Member Secretary,
Institutional Ethics Committee – Clinical Studies,
Apollo Hospitals, _____.

Status: Re-approved

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**10**
TITLE:	**Expedited Review Procedure**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign& Date
Prepared by			
Reviewed by			
Approved by			

Expedited Review Procedure

10.1 Objective: To describe the categories and procedures for expedited review

10.2 Scope: This SOP deals with the categories of submissions which can be reviewed in expedited manner and the procedures applicable for such review.

10.3 Attachment:
10.3.1 Format for Expedited Approval Letter

10.4 Responsibility: Member Secretary, an unaffiliated EC member, and other scientific/non scientific, IEC members, as needed

10.5 Procedures:

i. For submissions of certain categories mentioned hereunder, the review and approval by IEC shall be done in expedited manner.

ii. The IEC Member Secretary shall make determination regarding suitability of application to undergo expedited review. If the application qualifies for expedited review, the Chairperson and the member Secretary with the help of the secretariat will inform the quorum and the documents shall be sent to them. The procedures (as relevant) and criteria for approval specified in SOP No. 7 and 9 shall apply to expedited review.

iii. The expedited review shall be performed in adherence to the policies on declaration of conflict of interest as per SOP No. 7

iv. The categories of research submissions that can be reviewed by the IEC through an expedited review procedure include initial review of research activities that present no more than minimal risk to human subjects and applications for approved studies as listed below:

   a. Minor changes (i.e. which do not affect the rights and welfare of study subjects, or do not involve increased risk or significant changes in study procedures) from originally approved research during conduct of study.

b. Revised proposal previously approved by IEC or continuing review of approved proposals where there is no additional risk or revision is limited to data analysis.
c. Conditional approval pending minor revisions, clarification, or administrative documents, minor changes to consent documents or other administrative documents, or clarifications submitted subsequent to full IEC approval.
d. Revisions to informed consent documents that involve minor administrative changes
e. Documents submitted are of administrative nature and do not affect the study design, ethical and safety considerations.
f. Final CTA for EC (legal) review and approval, unless it falls under #vii)

v. The PI/researcher shall be informed in writing by Member Secretary about the decision of expedited review.
vi. The expedited review and the decision shall be mentioned in the Agenda for the next full-board meeting and ratified.
vii. The expedited review process shall not be used to review any substantive modifications required by a previous full-board review.
viii. No research activity may be disapproved under expedited review method

SOP No.:	**10, Attachment 10.3.1**
TITLE:	**Format for Expedited Approval Letter**

Format for Expedited Approval Letter

To
Date:

Dr. ------

Ref: IEC Application No:

Protocol No:

Title:

Sub: Expedited Approval (Subsequent to your letters dated --------).

Dear Dr. ----------,

The Institutional Ethics Committee- Clinical Studies, Apollo Hospitals, ... reviewed and discussed the documents submitted by you related to the conduct of the above referenced study at its expedited meeting held on ----------.

Documents Submitted:

1.
2.
3.

The following Institutional Ethics Committee – Clinical Studies members were present at the expedited meeting held on ------at ------ at Board Room – Clinical Trials Unit, Apollo Hospitals, ----------.

S. No	Name	M/F	QUALIFICATION	AFFLIATED Y/N	DESIGNATION	POSITION IN THE COMMIITTEE

After due ethical and scientific consideration, the Ethics Committee has approved all the documents and the study to be conducted by you in the presented form.

Please note that the date of initiation of the study, the date of first patient participation and the date of last patient participation should be informed to the Ethics Committee. The Ethics Committee should be informed about the progress of the study on **Quarterly / Half yearly / Annual basis.** Any changes in the protocol and patient information / informed consent, and a copy of the final clinical study report should be provided. Please submit a complaints and non compliance form to IEC after each monitoring/inspection. Submit a report of each protocol deviations/violations and serious adverse event with regard to the study. The AEs to be submitted before the monthly IEC meeting.

Please note the period of validity of this Approval is for one calendar year and ends on ----------.

The Institutional Ethics Committee – Clinical Studies is constituted and works as per ICH-GCP, National Ethical Guidelines for Biomedical and Health Research involving Human Participants (ICMR 2017) and New drugs and Clinical Trial Rules March 2019

Yours Sincerely,

_____

Member Secretary,
Institutional Ethics Committee – Clinical Studies,
Apollo Hospitals, --------

IEC Application No.: □□□ - □□-□□□□/ □□ - □□ (NOTE: Please quote this application no. in all your future communications)

Status: Expedited Approval

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**11.**
TITLE:	**Informed Consent**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign& Date
Prepared by			
Reviewed by			
Approved by			

Informed Consent

11.1 Objective: To describe the IEC requisites and policies regarding the review and approval of the Informed Consent document and the process to be practiced by Principal Investigators/site.

11.2 Scope: This SOP ensures the IEC review for completeness of the ICD, and the process to be followed by the site in obtaining the consent. The role of the individuals involved in consent process is also reviewed by the IEC members.

11.3 Attachment:
11.3.1 Sample Consent Document in English
11.3.2 ICD review form

11.4 Responsibility: The PI and Members of IEC.

11.5 Procedure:

i. This essential document is submitted to the ethics committee for approval. It might comprise of an informed consent form and the patient information sheet or both as a single document called the informed consent document

ii. It should be submitted in English and other vernaculars as per the need of the site and the protocol. The vernaculars should have the translation and back translation certificates attached.

iii. The ICD reviewer (social worker /lay person/EC member) for each new proposal will be chosen by the secretariat in consultation with the member secretary

iv. The IEC secretariat shall send the ICD and the study documents along with the agenda to all members and the ICD review form to the chosen IEC members.

v. The required elements of Informed Consent must be present as per National Ethical Guidelines for Biomedical and Health Research involving Human Participants (ICMR 2017) and New drugs and Clinical Trial Rules March 2019, ICH-GCP and any other regulatory guidelines. Consent documents and changes to consent documents, must be approved by the licensing authority in addition to the ethics committee prior to implementation.

a. Consent document shall include the following additional disclosures where applicable:

1. Participants have a right to prevent use of his or her biological sample (DNA, cell-line, etc.) at any time during the conduct of the research. The foreseeable extent of information on possible current and future uses of the biological material and of the data to be generated from the research and if the material is likely to be used for secondary purposes or would be shared with others.

2. The risk of discovery of biologically sensitive information.

3. The plans for publication, if any, including photographs and pedigree charts.

4. That research participants who suffer physical injury as a result of their participation in the clinical trial are entitled to financial or other compensations.

vi. IEC also determines that the following disclosures are included in the document:

a. That the monitor, the auditor, the IEC, and the regulatory authority (including FDA for trials under FDA oversight) will be granted direct

access to the participant's original medical records for verification of clinical trial procedures or data, without violating the confidentiality of the participant, to the extent permitted by the applicable laws and regulations and that, by signing a written consent form, the participant or the participant's legally acceptable representative is authorizing such access.

1. The IEC member/s must review and verify the contents, language and understandability of the Participant Information Sheet and Informed Consent Form in English and Vernacular language if applicable, prior to approval.
2. Informed Consent Documents should not contain any language through which the participant is made to waive or appear to waive legal rights or releases or appears to release the Investigator, the Sponsor, or the Institution from liability for negligence.
3. The information provided in the informed consent documents must be in language understandable to the participant and with simple wordings and terminologies.
4. The language of the consent document should be in the "second person" style so that the consent form conveys a dialogue with information being provided and that there is a choice to be made by the participant, rather than presumption of the participant's consent with the use of the "first person" style.
5. The IEC contact details for the Chairperson / Member Secretary should be mentioned in the ICF. Any change in the Contact details, should be updated

b. The IEC approves the document when all the above is found satisfactory. The completed ICD reviewer form is handed over to the IEC secretariat at the time of the EC meeting.

vii. The IEC approved version of the document only shall be used for consenting process.

viii. No Investigator may involve a human being as a research participant unless he or she has obtained legally effective informed consent from the participant or the participant's legally authorized representative/impartial witness, except when approved otherwise by IEC.

ix. Consent shall be sought only under circumstances that provide the prospective participant or the representative sufficient time to consider whether or not to participate and that minimizes the possibility of coercion or undue influence.

x. Documentation of informed consent shall be done as per site SOP and required regulatory guidelines.

xi. Investigator should ensure that the complete process of consenting is documented and archived in a confidential manner for duration of the study and archival period in accordance with the study specific regulatory requirement.

xii. Vulnerable subjects in clinical trials of new chemical entity or molecular entity will have Audio video recording as a must and only audio recording required in trials for anti- HIV and anti- leprosy drugs (rule no GSR 611E dated 31July2015).

xiii. Participants should be provided an Informed Consent Document in a language understandable to them and approved by the IEC.
   a. Each participant must sign and date the most recent EC approved consent form the same , prior to enrolment or participation in any study related procedures (unless the requirement is waived by the IEC)
   b. If the participant is illiterate, thumb impression of the non-dominant hand should be placed in the space for signature.
   c. An Independent witness (IW) has to sign on the behalf of the illiterate participant.
   d. The participant must be given a copy of the informed consent document after the Principal investigator's signatures.

e. The consenting process can be entrusted to participant's family members (Legally Acceptable Representatives) when the participant is not in a position to comprehend and consent for himself. In such cases, Reconsenting with subject's signatures need to be done, if the subject's condition improves during the course of the trial participation.

xiv. If an impartial witness or Legally acceptable representative participates in the consenting process, source notes must include a description of situations in which their signature was obtained. For example, the description may include, who was the LAR/IW, questions asked, if any, by them and what did they witness.

xv. **Exemption/Waiver to Informed Consent**

a. The EC may grant consent waiver in the following situations:
   1. Research cannot practically be carried out without the waiver and the waiver is scientifically justified;
   2. Retrospective studies, where the participants are de-identified or cannot be contacted;
   3. Research on anonymized biological samples/data;
   4. Certain types of public health studies/surveillance programmes/programme evaluation studies;
   5. Research on data available in the public domain; or
   6. Research during humanitarian emergencies and disasters, when the participant may not be in a position to give consent. Attempt should be made to obtain the participant's consent at the earliest.

Waiver of informed consent: In certain circumstances, the IEC may waive the requirement to obtain informed consent if the IEC finds that the research meets specific criteria that is in accordance with provisions of ICMR guidelines and GCP guidelines. The permission also shall be taken from the Head of the Institute to collect and share the institute data.

Scenario 1: It is justified that the research involves not more than minimal risk or when the participant and the researcher do not come into contact. Eg., Research on publicly available information, documents, records, works,

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.

Scenario 2: Research on ***anonymized*** biological samples from deceased individuals, left over samples after clinical investigation, cell lines or cell free derivatives like viral isolates, DNA or RNA from recognised institutions or qualified investigators, samples or data from repositories or registries *etc.*

b. When proven prophylactic, diagnostic, and therapeutic methods do not exist or have been ineffective, physicians may use new intervention as investigational drug (IND) / devices/ vaccine to provide emergency medical care to their patients in life threatening conditions. Research in such instance of medical care could be allowed in patients:
    1. When consent of person/ patient/ responsible relative or custodian/ team of designated doctors for such an event is not possible. However, information about the intervention should be given to the relative/ legal guardian when available later;

    2. When the intervention has undergone testing for safety prior to its use in emergency situations and sponsor has obtained prior approval of DCGI;

    3. Only if the local IEC reviews the protocol since institutional responsibility is of paramount importance in such instances.

    4. If Data Safety Monitoring Board (DSMB) is constituted to review the data.

xvi. The IEC recognizes that there may be exemptions to requirements for informed consent and/or documentation as written above.

xvii. The Physicians wanting to prescribe an unlicensed product shall fill the corresponding application form as per the regulatory requirement. Upon approval, IEC shall be approached with the relevant documents seeking

approval before any intervention. The Hospital management shall be kept informed about such situation.

xviii. **ASSENT:** In the case of minor(s) (aged above 7 &below 18 years) or cognitively incompetent adult(s), consent of either the parent or legally authorized representative is required. Additionally, any individual capable of some degree of understanding (generally, a child of seven years or older, or a cognitively impaired adult) shall be enrolled in research only if they assent. Assent shall be taken to confirm the voluntariness and willingness of the participant. Assent means a participant's affirmative agreement to participate in a clinical investigation. Mere failure to object, without an affirmative agreement, may not be construed as assent. The assent can be in spoken form and recorded by the P.I., or in written form with participant's signature. When assent is required, the decision of the individual assenting should be binding.

The assent procedure can include the following:

a. An oral and/or written explanation of the research, presented to the participant. The content of the assent should be simple and short in length.
b. The participant is asked to assent orally and may be asked to sign the assent indicating willingness to participate in the proposed research study.
c. Although written documentation of assent is not mandatory, the investigator shall consider providing an assent signature line for children to sign, as appropriate.
d. Documentation of Assent: If a participant assents to participate in research, but is frightened, unable, or reluctant to sign the assent or parental permission document, the person eliciting assent should sign a note on the assent or permission form that the participant assented to participate in the research, but was frightened / unable / unwilling to sign the assent document.

SOP No.:	**11, Attachment 11.3.1**
TITLE:	**Sample Consent Document in English**

SUBJECT INFORMATION SHEET AND INFORMED CONSENT FORM

STUDY TITLE:

PROTOCOL NO.: [ ]; TITLE:

Study's Sponsor:

Study Doctor Name and Contact details:

Institution's Name and Address:

Subject's Name:

Subject's Initials: Study Code no. of Subject: _____

You* are being asked to take part in a research study about the drug XXXXX. This consent form contains information that will help you decide about participation in this study. Please take enough time, read this information sheet carefully and if you have any questions, ask the study doctor or staff. As per the rules made by The Govt of India, the process of explaining you about the study, answering your questions and signing of this form will be video-recorded for future reference. The study doctor will maintain full confidentiality in storage and use of this video-recording.

i. About the study

The aim of this study is:

a. To test the safety of XXXXXX the research study drug (-------- administered through injection XXXXXX product).

b. To test the efficacy of XXXXXX, the study drug, compared to XXXXXX (------ given through injection) in the treatment of subjects with complicated ----------.

This study drug XXXXXX is available in some countries upon prescription for -------- and XXXXXX is available in India upon prescription under the brand name of XXXXXX.

This comparator study drug, XXXXXX is available under the brand name of XXXXXX ® or XXXXXX ® upon prescription for this -------.

After intravenous treatment of ----------, you may receive XXXXXX treatment, which is an oral -------. This is also available under the brand name of XXXXXX ® or another suitable ---------- brand upon prescription as the way necessary to treat your -------.

You may not be allowed to take part in this study for some reasons. Some of them include:

1. You have some previous medical conditions
2. Earlier -------- similar treatment
3. Pregnancy or breastfeeding
4. Insufficient quantity of bacteria in your urine
5. It is found that the bacteria present in your urine resists these ----- study drugs.

Your study doctor or staff will discuss with you about this or any other reasons why you may not be allowed to take part in this study.

About --- people will take part in this study. You will be in this study for a maximum of -- weeks.

The sponsor, XXXXXX will pay study doctor (or institution) for conducting this study. As a research participant, you have the right to know about any financial benefits which the study doctor or staff may get by involving in this

study or after the study. If you wish to know this, please ask your study doctor to give this information.

ii. What will be I asked to do?

Should you take part in this study, you will have to do the following:

a. Sign and date the Consent Form indicating your willingness to participate in the proposed study.

b. First visit to examine your eligibility.

c. Take / Receive study drug treatment for NNNNN days, NN times in a day at the (/given by the) study site. You will receive intravenous infusion of the study drug in any one of the vein at every X hours; each infusion will last about 30 minutes.

d. Stay at the study site during administration of study drug treatment given through injection. The duration of administration of study drug through injection will be NNNN days and will depend on the improvement in your health.

e. Take oral treatment for ---------- days (XX tablet daily, everyday) after administration of intravenous infusion and after leaving the study site.

f. Answer follow-up phone calls made by the study team as pre-advised.

g. Return twice to the study site between X-X days and XX-XX days to visit the study doctor after the end of this study -------- treatment. You will be followed up to monitor your health.

h. Practice abstinence or use any acceptable birth control method during the study period and for 1 month after completing (?) this study.

i. Inform about any side effects that you may experience during this study.

You will be assigned by chance to receive either XXXXXX (1.0 gram daily) or XXXXXX (500 mg, every day 3 times at every 8 hours interval). You will have 1 out of 2 chances to receive XXXXXX. Neither you nor your study doctor will know which treatment out of these you are receiving. However, the pharmacist preparing these drugs will know the type of treatment you are receiving. In case of an emergency the study doctor could find out about it.

Apart from the above activities, there may be certain medical requirements for your treatment which are part of the Standard of Care. You will continue to receive the Standard of Care as it would have been irrespective of your participation in the study and this will be at your own cost or as per your medical insurance provider.

iii. What would occur during study visits?

When you come for your study visit, the study doctor or staff may do any or all of the following:

a. Ask you about your Medical history and review of your concomitant medications
b. Conduct your physical examination which includes an evaluation of clinical signs and symptoms of your --------disease [pain, fever, tremor, urinary incontinence (lack of control)].
c. Take your vital signs (including your blood pressure, heart rate, temperature, breathing rate).
d. In order to examine your health status, your blood will be taken 3 times during the entire study period (11-14 ml blood at each blood draw) and if applicable, a urine sample to test for pregnancy.
e. Collect urine at least 4 times during this study period to detect and count bacteria in your urine and to test whether this bacterium could respond to treatment with study drugs, XXXXXX, XXXXXX and XXXXXX. In some cases urine can be collected by using catheter. In addition, blood samples (at least 10 ml at each sampling) for the same purpose. Blood can be collected five times during this study period.

f. Pregnancy test if applicable, at first visit in the same way as described above.

g. Dispense oral treatment and provide instructions.

Some of these investigations will be used to check whether the study drug is effective where as other examinations will be used to monitor your health.

iv. What effects these examinations could have on me?

You may experience discomfort and risks during some of these examinations such as:

a. Blood samples will be collected on some occasions. Risks involved with blood drawing include bruising along with discomfort at the site of blood draw, bleeding, infection and in rare cases fainting and damage to nerve.

b. The study drug will be administered through injection and the same discomfort could be experienced at the site of injection.

v. About study drug(s)

XXXXXX 250 mg tablets (1 in each 24 hours) will be provided by the Study Site which has been supplied by the Study Sponsor/available for a price in the conventional market.

Please remember; If --------- disease could not be treated with XXXXXX, the study doctor will give you alternative oral --------, which will be able to treat ------.

vi. What side effects could be experienced from this study drug(s)?

The following side effects have been reported by adults taking XXXXXX in the past studies (observed in > 2% of subjects): diarrhea, nausea, headache, infusion-related vein complications (swelling and irritation of the vein in

which study drug is infused, some changes in blood test in laboratory (elevated liver-related blood test and elevated platelets count) could be experienced.

If your study doctor needs to give you other oral ---------- during the study period, then he/ she will discuss with you about the risk of taking those -------.

Other less common side effects have been reported. The study doctor or the staff may discuss about it with you.

There may be other side effects or risks, about which we do not know yet.

It is not known whether the study drug(s) could affect the unborn baby.

You will be given in a timely manner any new information that may influence your decision to continue your participation in the study.

vii. What if I suffer any injury, disease or sickness during or due to the study?

If you are harmed, injured or suffer any adverse symptoms/ disease or illness during the course of the study, the expenses for the medical treatment to treat such illness will be paid by the Sponsor/CRO, and if such injury or death has been directly caused due to your participation in the study, you or your dependents will be given appropriate compensation according to applicable laws in India. These costs will be paid by the Sponsor/CRO of this study and they maintain appropriate insurance to cover such costs.

viii. What benefits can I expect from participation in the study?

You may or may not get any direct benefit from participation in this study. ---------- Information obtained from the study may help other people in the future.

ix. If I do not participate, then what are my options?

Other treatments are available to treat -----. These include other ---------- treatments. The study doctor can discuss about these alternatives with you.

You don't have to participate and can refuse at the initial stage itself, or at any time during the course of the study. It's your choice and your medical care will in no way be compromised if you refuse to participate. You will be advised about other options if you do not want to participate in this study. You do not forego any of your rights if you choose to sign the consent document.

x. How will my confidentiality be protected?

If you decide to be in the study, the study doctor and research team will use your health data to conduct the study. This may include your name, address, tel. no., medical history and information collected during your study visits. This health data may have been obtained from your family doctor or other health care workers.

For this study, the research team will share health data about you with government agencies and Ethics Committee that oversee the study. It will also be shared with the sponsor and those working for the sponsor. People who work for the sponsor to make sure the study rules are followed will be able to see all health data about you at the study site.

When possible, the health data that is sent to the sponsor and those working for the sponsor will not identify you by name. Instead, it may include your initials, date of birth and dates of study visits. If you feel that you were harmed from being in the study, the researc xxxi ıay also share health data about you with the sponsor's insurer to resolve your claim.

The sponsor and those working for the sponsor may use the health data sent to them:

a. To see that the study drug works and is safe;

b. To compare the study drug to other drugs;

c. For other activities (such as development and regulatory) related to the study drug.

For these uses, the sponsor may share this data with others involved in these activities, as long as they agree to only use the health data as described here. *The sponsor and those working for the sponsor may transfer health data about you from your country to other countries where the privacy laws are not as strict.*

You may take away your permission to use and share health data about you at any time by writing to the study doctor. If you do this, you will not be able to continue in the study. No new health data that identifies you will be gathered after that date. However, health data about you that has already been gathered may still be used and given to others as described in this form.

When the study is over, you can write to the study doctor to ask to see health data about you that was collected during the study.

xi. Will I be paid?

You will be not paid to take part in this study. However, you will be reimbursed reasonable study-related expenses incurred for study-related parking and travel expenses based on the receipt you provide, by the study site.

xii. Who do I call, if I have questions about....

a. The study: (write PI & CRC Name) on (write Telephone No.)
b. A study-related injury: (write PI & CRC Name) on (write Telephone No.)

c. My rights as a person in the study: (write EC Chairman's Name/ Member Secretary's Name) on (write EC Chairman's Telephone No./ Member Secretary's Telephone No)

**If the consent is obtained from LAR, 'You/Your/I/My' in this document should be read as 'Subject'.*

SOP No.:	**11, Attachment 11.3.2**
TITLE:	**ICD Review Form**

ICD Review Form

Reviewer's Name: _____
Protocol No: _____ PI's Name: _____

ICD to be reviewed in (Language)	_____
Reviewer knows the language	**Y/N**
Need for any additional EC member (for help in review)	**Y/N**
1.1 *Essential Elements:*	**Present Yes No**
a. Statement that study involves research and explanation of the purpose of research.	☐☐
b. Expected duration of the Subject's participation	☐☐
c. Description of the procedures to be followed, including all invasive procedures	☐☐
d. Description of any reasonably foreseeable risks or discomforts to the Subject	☐☐
e. Description of any benefits to the Subject or others reasonably expected from research. If no benefit is expected, Subject should be made aware of this.	☐☐
f. Disclosure of specific appropriate alternative procedures or therapies available to the Subject.	☐☐
g. Statement describing the extent to which confidentiality of records identifying the Subject will be maintained and who will have access to Subject's medical records	☐☐
h. Trial treatment schedule(s) and the probability for random assignment to each treatment (for randomized trials)	☐☐

i. Compensation and/or treatment(s) available to the Subject in the event of a trial-related injury	☐☐
j. An explanation about whom to contact for trial related queries, rights of Subjects and in the event of any injury	☐☐
k. The anticipated prorated payment, if any, to the Subject for participating in the trial	☐☐
l. Subject's responsibilities on participation in the trial	☐☐
m. Statement that participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the Subject is otherwise entitled	☐☐
n. Statement on description of the trial available & accessible on public domain (with individuals confidentiality guarded)	☐☐
1.2 Additional elements, which may be required	☐☐
a. Statement of foreseeable circumstances under which the Subject's participation may be terminated by the Investigator without the Subject's consent.	☐☐
b. Additional costs to the Subject that may result from participation in the study.	☐☐
c. The consequences of a Subject's decision to withdraw from the research and procedures for orderly termination of participation by Subject.	☐☐
d. Statement that the Subject or Subject's representative will be notified in a timely manner if significant new findings develop during the course of the research which may affect the Subject's willingness to continue participation will be provided.	☐☐
e. A statement that the particular treatment or procedure may involve risks to the Subject (or to the embryo or fetus, if the Subject is or may become pregnant), which are currently unforeseeable	☐☐
f. Approximate number of Subjects to be enrolled in the study	☐☐

Reviewer's comments	Additional reviewer's comments
Date & Sign	**Date & Sign**

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**12.**
TITLE:	**Review of Research Involving Vulnerable Subjects**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign& Date
Prepared by			
Reviewed by			
Approved by			

Review of Research Involving Vulnerable Subjects

12.1 Objective: To describe the considerations and procedures for review of research studies involving subjects in vulnerable group.

12.2 Scope: This SOP deals with the important considerations which arise in review of research involving vulnerable subjects, and the expectations and possible approach which can be followed by IEC. An external expert/patient representative shall be included for such reviews

12.3 Attachment: Nil

12.4 Responsibility: IEC Members.

12.5 Procedures and Considerations:

i. Special Groups of Research Participants (also termed as Vulnerable Subjects) include:
   a. Socially, economically or politically disadvantaged and therefore susceptible to being exploited
   b. Incapable of making voluntary informed decision for themselves or whose autonomy is compromised temporarily or permanently (eg., unconscious or differently abled)
   c. Able to give consent but whose voluntariness or understanding is compromised due to their situational conditions or
   d. Unduly influenced either by expectation of benefits or fear of retaliation in case of refusal to participate which may lead them to give consent.

1. **Following are some examples of vulnerable populations or groups:**

- Economically and socially disadvantaged (unemployed individuals, orphans, abandoned individuals, persons below the poverty line, ethnic minorities, sexual minorities – lesbian/gay/bisexual and transgender (LGBT), etc.);
- unduly influenced either by the expectation of benefits or fear of retaliation in case of refusal to participate which may lead

them to give consent;

- children (up to 18 years);
- decision-making powers/poor access to healthcare);
- tribal' s and marginalized communities;
- refugees, migrants, homeless, persons or populations in conflict zones, riot areas or disaster situations;
- afflicted with mental illness and cognitively impaired individuals, differently abled –mentally and physically disabled;
- terminally ill or are in search of new interventions having exhausted all therapies;
- suffering from stigmatizing or rare diseases; or
- have diminished autonomy due to dependency or being under a hierarchical system(students, employees, subordinates, defence services personnel, healthcare workers, Institutionalized individuals, under trials and prisoners).

2. .Obligations/duties of the Ethics Committee

- During review, determine whether the prospective participants for a Particular research are vulnerable.
- Examine whether inclusion/exclusion of the vulnerable population is justified.
- Ensure that COI do not increase harm or lessen benefits to the participants.
- Carefully determine the benefits and risks to the participants and advise Risk minimization strategies wherever possible.
- Suggest additional safeguards, such as more frequent review and monitoring, including site visits.
- Only the full committee should do initial and continuing review of such proposals. It is desirable to have empowered representatives from the specific populations during deliberations.
- ECs have special responsibilities when research is conducted on participants who are suffering from mental illness and/or cognitive Impairment. They should exercise caution and require researchers to justify cases for exceptions to the usual requirements of

participation or Essentiality of departure from the guidelines governing research. ECs should ensure that these exceptions are as minimal as possible and are clearly spelt out in the ICD.

- ECs should have SOPs for handling proposals involving vulnerable populations.

ii. The involvement of vulnerable subjects will be mentioned in the PI's application/synopsis and also identified by Primary Reviewer in the form (attachment 7.3.1).

iii. The IEC members shall consider the specific issues of studies involving vulnerable subjects and review the additional safeguards / protection based on specific considerations as per the applicable regulations and guidelines as well as a consideration of the specific benefits and no more than minimal risks for such group of subjects. An external expert/patient representative shall be included for such reviews

iv. The IEC members shall be particularly cognizant of the special problems of research involving special group of subjects.

v. The IEC shall review studies involving special group of subjects to verify that they conform to applicable regulations and guidelines.

vi. The IEC shall confirm that the proposal has informed consent and assent documents as appropriate.

vii. The IEC shall determine additional necessary protective measures to be applied to the research, such as:
   a. Parental Consent: Children may be subjects of research only if informed consent is obtained from the parents or legal guardian. Also, it will be ensured that the child and parents get adequate medical and psychological support before, during and after the research study
   b. Assent of Children: Children over the age of 7 must agree to participate in the research and provide written assent and assent forms may be provided based on reasonable age ranges for comprehension i.e., 7-10, 11-15, 16-less than 18 years of age. When the research offers the child

the possibility of a direct benefit that is important to the health or well being of the child and is available only in the context of the research, the IEC may determine that the assent of the child is not necessary.

c. Research involving individuals with diminished capacity / unconscious / unable to consent should have a direct relationship to their illness or condition. In such cases the consent shall be obtained from legally acceptable representative. Particular attention should be paid to institutionalized individuals, as issues of dependence and coercion may be factors that may compromise the voluntary nature of their participation in research. For this reason, subjects should be recruited from among non institutionalized populations whenever possible.
d. Minimization of Risks: The following measures should be addressed in the protocol to limit such subject's exposure to risk:
    1. Description of appropriate psychological or medical screening criteria to prevent or reduce the chances of adverse reactions to the therapeutic and research procedures
    2. Justification of plans to hospitalize subjects or extend hospitalization for research purposes
    3. Measures to ensure that proposed research procedures will not be detrimental to ongoing therapeutic regimens.
    4. Close monitoring and withdrawal in case of safety concerns.

viii. **Research involving Women in Special Situations:**

Pregnant or nursing women shall only be enrolled in research when:

a. The research carries no more than minimal risk to the fetus or nursing infant.
b. The object of the research is to obtain new knowledge about the fetus, pregnancy and lactation.
c. The trial is designed to protect or advance the health of pregnant or nursing women or fetuses or nursing infants.
d. Women who are not pregnant or nursing are not suitable participants.
e. Women in clinical trials are not to be deprived arbitrarily of the opportunity to benefit from investigations, drugs, vaccines or other agents that promise therapeutic or preventive benefits.

f. Women in clinical trials are not encouraged to discontinue nursing for the sake of participation in research and in case a woman in a clinical trial decides to do so, harm of cessation of breast feeding to the nursing child should be properly assessed except in those studies where breast feeding is harmful to the infant.
g. Women who desire to undergo medical termination of pregnancy are only enrolled in research as per The Medical Termination of Pregnancy Act, GOI, 1971.
h. Research related to pre-natal diagnostic techniques in pregnant women should be limited to detect the fetal abnormalities or genetic disorders and not for sex determination of the fetus as per the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, GOI, 1994. (Refer to 6.4 ICMR ethical guidelines, 2017.

ix**. Research involving Children**:

Before undertaking trial in children the investigator must ensure that:

a. Children will not be involved in research that could be carried out equally well with adults;
b. The purpose of the research is to obtain knowledge relevant to health needs of children. For clinical evaluation of a new drug the study in children should always be carried out after the phase III clinical trials in adults. It can be studied earlier only if the drug has a therapeutic value in a primary disease of the children;
c. A parent or legal guardian of each child has given proxy consent. Take surrogate consent from the authorized relative or legal custodian or the institutional head in the case of abandoned institutionalized individuals or wards under judicial custody.
d. The assent of the child should be obtained to the extent of the child's capabilities such as in the case of mature minors from the age of seven years up to the age of 18 years.;
e. Research should be conducted in settings in which the child and parent can obtain adequate medical and psychological support;
f. Interventions intended to provide direct diagnostic, therapeutic or preventive benefit for the individual child participant must be justified in

relation to anticipated risks involved in the study and anticipated benefits to society;

g. The child's refusal to participate in research must always be respected unless there is no medically acceptable alternative to the therapy provided/ tested, provided the consent has been obtained from parents / guardian;
h. Interventions that are intended to provide therapeutic benefit are likely to be at least as advantageous to the individual child participant as any available alternative interventions;
i. The risk presented by interventions not intended to benefit the individual child participant is low when compared to the importance of the knowledge that is to be gained.(Refer to 6.5 ICMR ethical guidelines, 2017)

x. **Research involving sexual minorities and sex workers:**

There are unique challenges associated with research on sexual minorities and sex workers such as, privacy, confidentiality, stigma, discrimination, exploitation and increased vulnerability. (Refer to 6.6 ICMR ethical guidelines, 2017)

xi**. Research among tribal population**

Research on tribal population should be conducted only if it is of a specific therapeutic, diagnostic or preventive in nature with appropriate benefits to tribal population. (Refer to 6.7 ICMR ethical guidelines, 2017)

xii. **Additional Protections for research involving individuals with mental illness or cognitively impaired/ affected individuals:**

If research involves adults unable to consent the EC considers specific criteria for approval of such research that provides additional safeguards to protect their rights and welfare.

a. When researchers are likely to approach adults who lack the ability to consent, the EC evaluates whether :

1. The proposed plan for the assessment of the capacity to consent is adequate and

2. If Assent of the participants is a requirement, whether the plan for assent is adequate.

b. When conducting non-therapeutic research, consent must be obtained directly from the participant, unless:

1. The objectives of the clinical trial cannot be met by means of a trial in participants who can give consent personally.
2. The foreseeable risks to the participants are low.
3. The negative impact on the participant's wellbeing is minimized and low.
4. The clinical trial is not prohibited by law.
5. The opinion of the ethics committee is expressly sought on the inclusion of such Participants, and the written opinion covers this aspect. Such trials, unless an exception is justified, should be conducted in patients having a disease or condition for which the investigational product is intended. Participants in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.(Refer to 6.8 ICMR ethical guidelines, 2017)

xiii. Individuals who have diminished autonomy due to dependence or being under a hierarchical system. While reviewing protocols that include students, employees, subordinates, defence personnel, health care workers, institutionalize individuals, prisoners, under trials, the EC must have its mechanism to ensure and justify their inclusion. (Refer to 6.9 ICMR ethical guidelines, 2017)

xiv. Patients who are terminally ill or patients who are in search of new interventions having exhausted all available therapies are vulnerable. The benefit risk assessment, additional monitoring, post trial access to medication should be carefully reviewed. (Refer to 6.10 ICMR ethical guidelines, 2017)

xv. Other vulnerable groups like the economically and socially disadvantaged, homeless, refugees need additional precautions to avoid exploitation and retaliation. (Refer to 6.11 ICMR ethical guidelines, 2017)

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**13.**
TITLE:	**Review of Serious Adverse Events (SAE)/Unanticipated problems**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign & Date
Prepared by			
Reviewed by			
Approved by			

Review of Serious Adverse Events (SAE)/Unanticipated problems

13.1 Objective: To describe the procedure for reporting to IEC the Serious Adverse Events/Unanticipated Problems in ongoing research from own site / other sites (SAEs) and its review by IEC

13.2 Scope: This SOP deals with the procedures and activities involved in the timely review of Serious Adverse Events from own site as well as others and Unanticipated Problems

13.3 Attachments:
13.3.1. Template for IEC-CS report about Own-Site SAE, if needed.
13.3.2. Relatedness to clinical trial
13.3.3. Regulations &Guidelines for SAE Compensation
13.3.4. Rules for online submission of SAEs

13.4 Responsibility: IEC Member(s), PI, Subject Expert and IEC Secretariat.

13.5 Procedures:
i. **Serious adverse event:**

a. All the Serious Adverse Events are submitted to the IEC, in physical documents or online as per regulatory requirement. All the SAE/Safety reports from other sites received by the PI from Sponsor/CRO shall also be submitted to the Ethics Committee promptly including, but not limited to, the following:
   1. New information that might affect adversely the safety of the participants or the conduct of the clinical trial.
   2. Any changes significantly affecting the conduct of the clinical trial or increasing the risk to participants.

b. The own site SAEsshall be submitted/uploaded onlinefor the IECwithin 24 hours of occurrence or its recognition. The documents for review shall include SAE report as per**Table 5 of Third Schedule of NDCT** along with investigational reports, if any.
c. Further the PI shall forward/upload a report after due analysis of the SAE and the causality assessment (including a narration) to IEC, HOI,Sponsor/CRO and CDSCO within 14 calendar days.TheIEC members/Subject Expert take it up for review discussion at full board / expedited meeting to keep within

therequired reporting timelines

d. The IEC members/Subject Expert take it up for review discussion at full board / expedited meeting SAEs are reviewed in the EC meeting ensuring quorum andSubject Expert (if need be). The event, the medical management, causality and relatedness (Att13.2.2) and compensation, if any, is discussed and documented as per 13.3.1 (or online) The EC recommendations to be uploaded or shared within 30 days of the event or knowing of the event.EC shall follow up the event till its resolution/final follow up.
e. Any delay in the timeline from the PI or the EC must be substantiated by a valid reason.
f. If the financial compensation is applicable,thequantum to be paid as per ATT 13.3.3., is sent to the CDSCO and the PI, or uploaded, within 30 calendar days of the SAE occurrence. In case of delay in sending the report, the reason for delay should be mentioned in the report.
g. The IEC shall ensure that the rules stipulated in the Drugs & Cosmetics Act & Rules are followed by the PI, Sponsor, or CRO in case of any injury occurring to the clinical trial participant. The IEC will be notified of the compensation and the payment to the subject/LAR. IEC shall also follow up, in case on non-receipt of compensation within the due timeline (90 days)
h. If the frequency of SAE occurrence is significant for a particular trial, the IEC shall closely monitor the study and if required, the IEC may recommend afor cause audit and suspension/termination of the study, if the need arises.
i. If the study participant suffers any other illness during participation in the study, the EC shall recommend the Sponsor/CRO to reimburse the cost of ancillary care till the time it is proven to be unrelated to the study drug.
j. The PI and Sponsor/CRO must ensure that a copy of any correspondence /query received from CDSCO, is submitted to the Ethics Committee, if in hard copy.

ii. **Unanticipated problems**

a. The following are the events that are determined to be unanticipated problems involving risks to the participants or others and need reporting:
   1. Adverse events that are unexpected, related to the research, and involve new or increased risks to participants.
   2. Adverse events that have been determined to be unanticipated problems involving risks to participants
   3. Changes made to the research without prior IECapproval in order to eliminate apparent immediate harm.

4. Other unanticipated events, incidents, or problems that is related to the research and that indicate participants or others might be at new or increased risks.
5. Any event that requires prompt reporting according to the research protocol or plan of the sponsor.
6. Any accidental or unintentional change to the IECapproved research protocol or plan that involved risks or has the potential to recur.
7. Any change to the research protocol or plan taken without prior IEC review to eliminate apparent immediate hazard to a research participant.
8. Any publication in the literature, safety monitoring report, interim result, or other finding that indicates an unexpected change to the risks or potential benefits of the research.
9. Any complaint of a participant that indicates an unanticipated risk or that cannot be resolved by the research staff.

b. Unanticipated problem involving risk to participants refers to the event that:
   1. Is unanticipated or unexpected
   2. Is related to the research
   3. Involves new or increased risks to participants. A new or increased risk may be one that requires some action (e.g. modification of the consent process or informing participants)

c. PI shall report the unanticipated problems noted during the study, after study completion, or after participant withdrawal or completion. Report shall include all the details of the participant, the study procedures undergone, and description of the event including its outcome and relationship to study intervention. Such report shall be submitted within 14 calendar days of the event or recognition of the event

d. After receiving the report of unanticipated problem, the IEC members shall review the same at the earliest (latest within a month) and give its comments on whether it is no more than minimal risk to participants or others. If required, the Principal Investigator may be invited to explain about the unanticipated problem to the IECmembers.

e. The IEC shall determine the action from the following
   1. Possible range of actions:
      - Suspension of the research

- Termination of the research
- Notification of current participants (required when such information might relate to participants' willingness to continue to take part in the research).

2. Optional actions/requests considered by the IEC may include:
   - Modification of the protocol.
   - Modification of the information disclosed during the consent process.
   - Providing additional information to past participants.
   - Requiring current participants to re-consent to participation.
   - Modification of the continuing review schedule.
   - Monitoring of the research.
   - Monitoring of the consent process.
   - Referral to other organizational entities.

iii. The IEC decision shall be documented in Minutes of the meeting and communicated in writing to the PI/researcher and, intimated to CDSCO, HOI and accreditation offices, if need be.

SOP No.:	**13, Attachment 13.3.1**
TITLE:	**Template for IEC report about Own-Site SAE**

Template for IEC report about Own-Site SAE

Date:

Drugs controller General (India)
CDSCO, Min of Health and Family Welfare
Government of India
FDA Bhavan, Kotla Road, New Delhi-110002

Ref:Protocol No. :----------

Title:

IEC Application No.:

Subject: Report regardingown site SAE of Subject No / Initials

Dear Sir,

The Ethics Committee has received the SAE report letters from Dr. ----------, Principal Investigator in the study which was reviewed and discussed at the meeting held on ----------.

1. Details of Own site SAE reports of Subject no /Initials

S. No.	Event Term	Subject's Consent Date	Study drug Start Date	Event Onset date	PI's Report date	
					Initial	Follow Up

Ethics Committee has reviewed initial/final report of the SAE and noted the following:
1.
2.
3.

According to the Initial and Follow-up report submitted by the Principal Investigator,this event was related/unrelated to study drug.

The following members of the Ethics Committee were present at the meeting held on

DD-MMM-YYYY from -------- P.M. to ------- PM, at ----------,(Venue)

S. No	Name	M /F	QUALIFICATION	AFFLIATED TO INSTITUION Y/N	DESIGNATION	POSITION IN THE COMMIITTEE

After reviewing the SAE reports and related documents EC noted that –

1.
2.

Therefore EC agrees with the PI's opinion that the event _____ is related/not related to the study drug

In view of this, the members opined that the compensation (Att.13.3.3) to the subject is applicable/not applicable.

The Institutional Ethics Committee – Clinical Studies is constituted and works as per ICH-GCP, National Ethical Guidelines for Biomedical and Health Research involving Human Participants (ICMR 2017) and New drugs and Clinical Trial Rules March 2019.

Yours Truly,

Member Secretary,
Institutional Ethics Committee- Clinical Studies,
Apollo Hospitals, _____

SOP No.:	**13, Attachment 13.3.2**
TITLE:	**Relatedness to Clinical Trial**

Relatedness to Clinical Trial

Any injury or death or permanent disability of a trial subject occurring during clinical trial or bioavailability or bioequivalence study due to any of the following reasons shall be considered as clinical trial or bioavailability or bioequivalence study related injury or death or permanent disability, namely:

a. Adverse effect of the investigational product;
b. Violation of the approved protocol, scientific misconduct or negligence by the sponsor or his representative or the investigator leading to serious adverse event;
c. Failure of investigational product to provide intended therapeutic effect where, the required standard care or rescue medication, though available, was not provided to the subject as per clinical trial protocol;
d. Not providing the required standard care, though available to the subject as per clinical trial protocol in the placebo-controlled trial;
e. Adverse effect due to concomitant medication excluding standard care, necessitated as part of the approved protocol;
f. Adverse effect on a child in -utero because of the participant of the patient in the clinical trial;
g. Any clinical trial procedures involved in the study leading to serious adverse event.

SOP No.:	**13, Attachment 13.3.3**
TITLE:	**Regulations & Guidelines for SAE Compensation**

Regulations & Guidelines for SAE Compensation

SAE Compensation as per GSR 53E and GSR 889E

1. Determining the quantum of compensation in case of clinical trial related deaths.

   The Following criteria to meet the requirements are:
   A. Age of the subject
   B. Risk factor depending on the seriousness and severity of the disease.
   C. Presence of co-morbidity of the subject at the time of SAE(Death)
   D. Duration of the disease

   Calculating the quantum of compensation in case of SAE (Death):

$$\text{Compensation} = B \times \frac{FXR}{99.37}$$

   Where, B= Base amount (i.e. 8 lacs)
   F= Factor depending on the age of the subject.(Base on Workmen Compensation Act)
   R= Risk factor depending on the seriousness and severity of the disease, co-morbidity and
   Duration of the disease of the subject at the time of enrolment in the clinical trialbetween a scale of 0.5 to 4 under:
   1. 0.50 terminally ill patient (expected survival not more than (NMT) 6 months.
   2. 1.0 patient with high risk (expected survival between 6 to 24 months).
   3. 2.0 patient moderate risk.
   4. 3.0 patient with mild risk.
   5. 4.0 Healthy Volunteers or subject of no risk.

However, In case of patients whose expected mortality is 90% or more within 30days, a fixed amount of Rs. 2 lacs should be given.

Age	Risk factor	Compensation
>65 Yrs	4	32 lacs
<16 Yrs	4	73.59lacs
>65 Yrs	0.5	4 lacs
<16 Yrs	0.5	9 lacs

2. Considering the definition of SAE, the following sequelae other than death are possible in a clinical trial subject, in which 5the subject shall be entitled for compensation in case the SAE is related to clinical trial.
   i. A permanent Disability
   ii. Congenital anomaly or birth defect
   iii. Chronic life- threatening disease or
   iv. Reversible SAE in case it is resolved.

a. Calculating the quantum of compensation in case of permanent Disability: The quantum of compensation in case of 100% disability should be 90% of the compensation which would have been due for payment to the nominee(s) in case of death of the subject. The quantum for less than 100% disability will be proportional to the actual percentage disability the subject has suffered.

Formulae to calculate:

Compensation = (CXDX90) / (100X100)

Where,
D= Percentage disability the subject has suffered.
C = Quantum of Compensation which would have been due for payment to the subject's nominee(s) in case of death of the subject.

b. SAE causing congenital anomaly or birth defect: Following situations may arise to congenital anomaly or birth defect are **:**

1. Still birth,
2. Early death to anomaly,
3. No death but deformity which can be fully corrected through appropriate intervention

4. Permanent disability (mental or physical).

The compensation in such cases would be lump sum amount such that if that amount is way to fixed deposit or alike, it should bring a monthly interest amount which is approximately equivalent to half of minimum wage of the unskilled worker. This aspect was duly considered while fixing Rs. 8lacs as base amount for determining the amount of compensation in case of SAE would be half of the base amount as per formula for determining the compensation for SAE resulting in death.

In case of birth defect leading to c & d above to any child, the medical management as long as required would be provided by sponsor or his representative which will be over and above the financial compensation.

c. Calculating the quantum of compensation in case of Chronic life-threatening disease & reversible SAE in case it is resolved:

In case of hospitalization of any patient not only the patient loses his/her wage, there will be direct or indirect losses of various kind including inconvenience, wage loss of attendant. The compensation per day of hospitalization in such cases would be double the minimum wage.

Formulae to calculate:

Compensation = 2X WXN

Where, W= Minimum wage per day of the unskilled worker.
N= Number of days of hospitalization.

SOP No.:	**13, Attachment 13.3.4**
TITLE:	**Rules for online submission of SAEs**

Rules for online submission of SAEs

https://cdscoonline.gov.in/CDSCO/resources/app_srv/cdsco/global/helpfiles/SAE_UserManual%20_(Online%20_&_Offline).pdf

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**14.**
TITLE:	**Change of Principal Investigator**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign& Date
Prepared by			
Reviewed by			
Approved by			

Change of Principal Investigator

14.1 Objective: To describe the procedure for IEC Review regarding Change of Principal Investigator (PI) in approved clinical trials.

14.2 Scope: This SOP covers the procedures to be followed for Change of Principal Investigator in a study which has been already approved by IEC

14.3 Attachment: Nil

14.4 Responsibility: Outgoing PI, Prospective PI, and IEC Members.

14.5 Procedures:

i. If an Investigator resigns/retires, relocates or withdraws from a study during the ongoing period of the clinical trial, he/she shall intimate the same to the Institution, the Sponsor of the Clinical Trial and Ethics Committee in writing.

ii. The outgoing PI/SMO/Institution may suggest the name of a new investigator after an eligible alternate accepts the invite

iii. The Sponsor's written confirmation for the same shall be obtained.

a. When Sponsor/CRO agrees for the change of investigator:
   1. The resigning Investigator shall send, written communication to the IEC Chairperson and the Institutional authority regarding the change of Investigator along with acceptance letter from new Investigator and the Sponsor's/CRO's concurrence for the same.
   2. The newly appointed Investigator shall submit his/her written consent to IEC for taking over as the PI for the clinical trial.
   3. The newly appointed Investigator shall submit the CV as well as all the relevant regulatory documents (with the change in the name of the PI) to the IEC
   4. When Sponsor/CRO does not agree for the change of investigator, the Sponsor/CRO shall terminate the study during the presence of outgoing PI.

5. If the Sponsor/CRO/PI decide to prematurely stop continuity of the treatment to ongoing patients, prior approval from IEC shall be obtained.

b. The Ethics Committee shall review the Change of PI and consider the competence of new PI for undertaking the study. The decision of the Ethics Committee shall be communicated to new PI in writing. The new PI shall start conducting the study only after receiving the approval from Ethics Committee.

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**15.**
TITLE:	**Payment to Research Subjects**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign& Date
Prepared by			
Reviewed by			
Approved by			

Payment to Research Subjects

15.1 Objective: To describe the procedure for review of the payment to research subjects in clinical trials.

15.2 Scope: This SOP deals with the general requirements, policies, and Procedures of Ethics Committee regarding the payments provided to research subjects in the form of reimbursements.

15.3 Attachments: Nil

15.4 Responsibility: Principal Investigator and Ethics Committee Members.

15.5 Procedures:

i. Subjects who are participating in clinical trials shall be paid for transport and other reasonable expenses (hospitality/the inconvenience and the time spent for their participation), incurred during the study. This should be clearly specified in the Informed Consent Document and Clinical trial budget.

ii. In case the Sponsor supplies Principal Investigator with some gifts to be given to the subjects, the same must be submitted along with proper justification for IEC approval.

iii. The IEC shall review all payments, reimbursement and medical services to be provided to research subjects and provide its opinion.

iv. The sponsor should provide insurance and should indemnify (legal and financial coverage) the investigator and the institution against claims arising from the trial, except for claims that arise from malpractice and/or negligence.

v. The sponsor's policies and procedures should address the costs of treatment of trial subjects in the event of trial-related injuries in accordance with the statutory and other regulatory requirement(s).

vi. If the trial subject is due for compensation, the method and manner of compensation should comply with the statutory and regulatory requirement(s). The timeline should be ensured. Reminders to be issued in case of delay. The payment voucher/document dispensed shall be documented accessible for verification.

vii. Undue inducement through payment for individual participation, to families or populations shall be prohibited.

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**16.**
TITLE:	**Review of Compassionate Use of Unlicensed Product**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign& Date
Prepared by			
Reviewed by			
Approved by			

Review of Compassionate Use of Unlicensed Product

16.1 Objective: To describe the procedure of reviewing the compassionate use of unlicensed Product.

16.2 Scope: This SOP deals with the situations where an unlicensed drug can be used for saving the life of a terminally ill patient. The term "compassionate use" refers to the treatment of a seriously ill patient using a new unapproved drug when all other treatments, which can be given, have failed. For such drugs, any prior data supporting its use can be used as evidence for use in patients.

16.3Attachments: Nil

16.4 Responsibility: Doctor/PI and the IEC.

16.5 Procedure:

i. The Ethics Committee will review Compassionate Use of unlicensed drug in accordance with guidelines.

ii. The IEC members will review the compassionate use of investigational drugs to be given to a patient. For each patient, the PI should submit a letter stating that since no other treatment has produced desired effect and this (compassionate drug) is the only option for the patient, who is terminally ill. PI should submit a copy of:
    a. Written Permission from Sponsor
    b. Data from prior studies supporting such use of the study drug
    c. Import license &No objection certificate from DCGI
    d. Customized Informed Consent form to be signed by the patient

iii. The EC members will review the above documents. The IEC members would ask for more clarifications or approve the compassionate use of unlicensed product for patients as per request from the doctor on a case to case basis.

iv. The doctor will forward any AE/SAE to the IEC and Sponsor as per the regulatory requirements. Compassionate use will not come under the NDCT rules 2019 guidelines for reporting /compensation

v. The doctor/PI will submit regular report to the Institutional Ethics Committee,

INSTITUTIONAL ETHICS COMMITTEE-CLINICAL STUDIES (IEC-CS) APOLLO HOSPITALS

SOP No.:	**17.**
TITLE:	**General Administration**

Version : AH-014	Issue Date:	Revision Date:	Validity: 3 years

	Name	Designation	Sign& Date
Prepared by			
Reviewed by			
Approved by			

General Administration

17.1 Objective: To describe the administrative process related to the funding mechanism, various other functions and activities including records handling, training, self-assessments, physical facility, quality assurance, disaster recovery, requirements to meet the continuity of registrations and accreditations of the Institutional Ethics Committee-Clinical Studies.

17.2 Scope: This SOP deals with the administrative aspects of day-to-day functioning of the Institutional Ethics Committee-Clinical Studies.

17.3Attachments

17.3.1 Template for income and expenditure of the EC
17.3.2Template for Study documents record keeping
17.3.3.a. Template for list of documents stored in the cupboard/cabinet
17.3.3.b. Template for study documents archival and retrieval
17.3.4: Format for request of retrieval of archived documents
17.3.5: Format for Back up of IEC records (Hard Disk)
17.3.6: Template for EC Tracker
17.3.7. Delegation log for IEC-CS secretariat Personnel

17.4 Responsibilities: EC Members, secretariat, site in charge, HRPP leader/coordinator and HOI

17.5 Procedures:

i. Funding Mechanism:

a. The EC shall have a robust mechanism to support its operations as per the regulatory requirements and SOP.
b. HOI shall ensure that the committee and the members inducted into the committee have no conflict of interest and any extra financial incentive to approve/reject a particular proposal/study (att 2.3.3 and att 2.3.2)
c. The EC income (proposed fees for initial review / approval/re-approval /SAE review/review of amendments and other activities) should be clearly stated and open for revision at least once every 3 years (att 6.3.2)
d. The proposed EC expenditure (honorarium/trainings/ third party audits, if any and other miscellaneous activities) should be planned in advance
e. A record for income and expenditure shall be maintained (17.3.1)

ii. The IEC Office shall maintain the following documents in their records:

a. Curriculum Vitae, training certificates and related documents of the IEC.
b. Copy of Invitation and acceptance letters of all IEC members.
c. The IEC Standard Operating Procedures, Membership list and related documents.
d. Copy of all study submissions including Protocol, Investigator Brochure, Recruitment materials (if any), Consent forms and translations, progress reports, SAEs, records of continuing review, Data and safety monitoring reports, Amendments, Records of protocol deviations/violations.
e. Final report of the approved projects/protocols (wherever applicable).
f. Agenda
g. Minutes of all meetings duly signed by the Member Secretary and the Chairperson.
h. Copy of all existing relevant national and international guidelines on research ethics and laws along with amendments.
i. Copy of all correspondence with members, researchers and other regulatory bodies.
j. Security, confidentiality and integrity of all proposals and associated documents shall be reviewed from time to time and maintained as per regulatory requirements
k. Record of all notifications issued for premature termination of a study with a summary of the reason

iii. **Record keeping, archival and retrieval:**

a. **Record keeping** The IEC Protocol file , which comprises of all the essential documents and correspondence related to the protocol, is established at the time of initial submission and Excel sheet as per att. 17.3.2 is updated. The ongoing files (IEC Protocol files and Administrative files) will be kept in the file cupboards/ cabinetswith proper labels and identifiers as below:

IEC App. No.	PI to EC letter date
PI Name	Date of EC meeting
Protocol No.	Documents Submitted
Protocol Name	

These are kept easily accessible and secure with access control in the IEC secretariat/ storage room in dedicated cupboards/cabinets. Att. 17.3.3.a tabulates the placement of each EC protocol file/packets/documents as per their submission dates in the given cupboards /cabinets.

b. **Archival** is planned after study close out. All documents shall be archived as per the applicable regulatory requirements with utmost confidentiality for a prescribed period as follows:
    1. IEC Membership and Administrative documents: 5 years after completion of tenure.
    2. Study documents for Approved /terminated studies/: 5 years after study close-out (hard & soft copy).
    3. Study documents for Not Approved studies: 5 years.

Each EC protocol file documents archived will be packed in covers with the following details:

EC App. No.	PI to EC letter date
PI Name	Date of EC meeting
Protocol No.	Documents Submitted
Protocol Name	

Multiple EC protocol document packets shall be kept in cupboard/cabinet till third party archival happens. Each EC protocol file shall be archived along with the needed documents as per regulatory guidelines and SOP along with 17.3.3.a. sheets. The archival and retrieval register will capture details (Att. 17.3.3.b.) The archived documents are disposed off once the tenure is met. The PI will be informed and the documents will be shredded at the site/third party archival. The same will be updated in the register

c. **Retrieval**

Retrieval of the archived documents maybe done if needed during any inspection or audit. A prior written request (Att.17.3.4) for retrieval, stating the purpose for accessing the documents shall be entertained. Documents are then retrieved at the earliest. The same has to be returned once the purpose of retrieval is met. This has to be to be documented in the register.

iv. **Training and self assessments:** The IEC members are encouraged to keep themselves abreast of all the recent regulatory guidelines and developments in the field of Ethics and Clinical research. They shall undergo F2F/ Virtual trainings on latest versions of ICH-GCP, ICMR guidelines, New Drugs and Clinical Trial Rules 2019, Drugs and Cosmetics Act, Indian GCP, NABH and AAHRPP standards as well as the EC SOPs. Self assessments of the EC members shall be conducted online on a half yearly basis by the quality team and the corrective and preventive actions shall be planned after evaluating the assessments. An annual assessment of the EC functioning also shall be done and actions planned for improvement every calendar year. This shall also include the results of the Quality Indicators (QI) for the present year and the plan for the next year. The EC shall train new members before induction and/or existing members annually/earlier, as per need. The documentation of any training conducted has to be complete with a minimum of the following available in the file: the mode of training, the agenda, the material used, the trainer's CV (if possible) and the attendance log. The documentation of the training to be available in the MOM.

v. **Quality Assurance:** The quality team/IEC Member Secretary/designated member and the institution will ensure the quality of IEC functioning from time to time.

vi. The IEC Member Secretary/the designated member shall allow and assist any regulatory / competent authority to inspect the records and activities of the IEC. The IEC Secretariat shall inform all the IEC Members of such inspection and present the report at the IEC meeting.

vii. An account of the honorarium paid will be maintained by IEC secretariat.

viii. The IEC secretariat will consist of adequate full-time/part-time staff(s) who will assist the Member Secretary in all the functions. The IEC Secretariat will be appointed after assessing the qualification/experience required to perform the required roles and responsibilities. The Member Secretary will delegate the secretariat his/her functions for smooth functioning of the Ethics Committee (Att. 17.3.7).

ix. The IEC secretariat shall maintain a list of all the trials reviewed by IEC and keep it updated on realtime.(att. 17.3.6)

x. **Complaints/concerns**: In the event of any complaints / concerns raised by any Principal Investigator or study participant, the same shall be informed using the feedback form. The IEC chairperson, Member secretary, HRPP leader/coordinator, site in charge shall follow the process as per SOP 9. If need be, Head of the institution shall be taken into confidence. Suitable corrective action or response shall be sent to the concerned applicant within 30 days.

xi. **Physical Facility:** The physical work area and records storage for IEC shall be demarcated separately in the clinical trials unit of the Institution. The entry to this area shall be controlled by the staff and the access to any physical/electronic records shall be restricted to authorized persons using locked cupboards/password protected access. This facility shall have provision for temperature & humidity control (maintained through standard air conditioning) and fire extinguishers and pests/rodents control services.

xii. **a. Disaster Recovery and Business Continuity**: In the event of any disaster damage IEC records and/or IEC facilities and/or IEC personnel, the Head of the Institution will make arrangements to appoint suitable staff to continue the functions of IEC and provide suitable working space. The IEC-/new staff shall contact the Principal Investigators / Sponsor-CRO teams and inform them about the disaster and damages and work with them to try and replace the records with the copies available. A system for back-up of data and records of IEC will be planned from time-to-time as per the requirements. This back up data will be taken on a weekly basis on the hard disk and kept with the site incharge. The same will be documented in the register showing the proof of back up taken and identity of the person authorized with who the back up is stored (Att 17.3.5)

b. Pandemic and Emergency situations: Care shallbe takento ensure continuity of research activities with the maximization of benefits and minimization of risk at any given situation. The regulatory guidelines issued shall be followed for compliance. Necessary documentation shall always be maintained.

xiii. The IEC Member Secretary with the help of the secretariat shall maintain and renew the registration of IEC with the Office of Drugs Controller General (India), Ministry of Health and Family Welfare, as per the rule.

xiv. The IEC Member Secretary with the help of the secretariatshall, maintain and renew the IEC accreditation with NABH.

xv. The AAHRPP accreditation maintenance and renewal will be taken care by the chosen AHEL representative/s.

xvi. The IEC Member Secretary with the help of the secretariatshall also maintain and renew the registration of IEC with US Based Department of Health and Human Services (online registration) as per 21 CFR Part 56.

xvii. **Any negative action**: Any negative action on the organization or a researcher/s taken by a government oversight office, any sanction by the regulatory agencies, any litigations , arbitrations, settlements initiated related to human research protections, any press coverage of negative nature regarding the organizations,the same has to be reported to the IEC and the quality team by the site within 48hours of knowing.

SOP No.:	**17, Attachment 17.3.1**
TITLE:	**Template for income and expenditure of the EC**

Template for income and expenditure of the EC

Apollo Research & Innovations-2019-20	
Particulars	
(A) Ethics Committee Fee	-
Total (A)	-
Indirect Expenses	
(B) Employee Cost	
7201002 - Salaries - Employees	
Coordinator Salaries Trials	-
7207001 - Staff Welfare - O.P Lab Investigation	
Total (B)	-
('C)Adminstrative Expenses	
7304002 - Repairs & Maintenance Building	-
7305003 - Travel Expenses Others	-
7309002 - Postages & Courier Exp	
7309003 - Telephone Expenses	
7312004 - Printing & Stationery	-
7319007 - Expenses Others	
Refreshment - Admin	
Refreshment - EC	-
Registration Fee - EC	
Sitting Fee - EC	
Total ('C)	-
Total (B+C) = D	-
Profit and Loss Account (A- D)	-

SOP No.:	**17, Attachment 17.3.2**
TITLE:	**Template for study document Record keeping**

Template for study document Record keeping(Xcel Sheet)

S. No	IEC App.#	Protocol Number	PI Name	Sponsor / CRO	Date of 1st Submission	Cupboard / Cabinet No.	Shelf No.(if any)	Close out Date	Archival Date

SOP No.:	**17, Attachment 17.3.3.a**
TITLE:	**Template for list of documents stored in the cupboard/cabinet**

Template for list of documents stored in the cupboard/cabinet

Cupboard/Cabinet No. -

S. No	IEC App.#	Protocol Number	PI Name	PI to EC letter Dated

SOP No.:	**17, Attachment 17.3.3. b**
TITLE:	**Template for study document archival, retrieval**

Template for study document Archival and retrieval

S. No	IEC App. #	Protocol Number	PI Name	Sponsor / CRO	Archived			Retrieved		Re-Archived on
					on	*at	by	by/on	Purpose	

*** Premises/Cupboard or Cabinet number**

SOP No.:	**17, Attachment 17.3.4**
TITLE:	**Format for request of retrieval of archived documents**

Format for request of retrieval of archived documents

1. IEC APPLICATION No :

   _____

2. PROTOCOL No./NAME :

   _____

   _____

   _____

3. DOCUMENT(S) NEEDED :

   _____

   _____

4. REQUESTED BY :

   _____

5. PURPOSE OF RETRIEVAL :

   _____

   _____

   _____

   _____

6. DATE ON WHICH DOCUMENT :

_____

IS NEEDED

7. DATE ON WHICH DOCUMENT :

_____

WILL BE RETURNED

_____

_____

Name Sign& Date

RETURNED ON :

_____

RETURNED BY :

_____

EC ACKNOWLEDGEMENT :

_____

SOP No.:	**17, Attachment 17.3.5**
TITLE:	**Format for Back up of IEC records(Hard Disk)**

Format for Back up of IEC records (Hard Disk)

Location: Office of site in-charge,_____

Date	Handed Over by:	Sign And Date	Handed Over to :	Sign And Date

SOP No.:	**17, Attachment 1.3.6**
TITLE:	**Template for EC Tracker**

Attached the Xcel sheet in the Zip folder

SOP No.:	**17, Attachment 17.3.7**
TITLE:	**Delegation log for Institutional Ethics Committee secretariat personnel**

Delegation log for Institutional Ethics Committee secretariat personnel

S.No	Name	Job Role	Roles & Responsibilities
1			
2			
3			

S.No.	Roles & Responsibilities
i	Receiving documents
ii	To check the details as per the covering letter
iii	Helping in making the agenda
iv	Inviting IEC-CS members for the meeting
v	Dispatching documents to members
vi	Sending intimation circular to PI
vii	Raising IEC-CS invoice for new/ongoing studies
viii	Updating the EC tracker for studies/payments
ix.	To help in writing MOM and sharing it with members
x	Sending approval letters
xi	Updating record keeping tracker
xii	Sending re-approval reminder letters to PI
xiii	Scanning correspondence (PI to EC and vice versa) and save it in protocol specific folders
xiv	To discuss a need for subject expert and do the needful
xv	Collecting documents from the members post EC meeting and obtaining their signatures
xvi	Sharing MOM with HRPP coordinator, HOI and quality in-charge
xvii	To help in conducting training for the IEC-CS members annually on regulations and guidelines
xviii	To help in Self-assessment of members on half yearly basis
xix	To help in conduct of IEC-CS inspection
xx	To help in planning a meeting for reviewing own-site SAE
xxi	Sharing list of new protocols with accounts dept end of the month

xxii	Sending mail to accounts dept. for the IEC-CS members/subject expert honorarium
xxiii	Giving a feedback to the subject expert with PI's responses to the concerns raised by them
xxiv	Packing and archiving the documents after the meeting (IEC-CS copy)
xxv	Post archival, updating the register with the details
xxvi	Any other responsibilities as required

Member Secretary Signature:.....

Date:.....