



# CLINICAL TRIALS REQUIREMENTS GUIDELINES

Draft

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This Draft is for comments;  
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## INTRODUCTION

The purpose of these guidelines is to ensure that the clinical studies which are conducted in human subjects are designed and performed at the highest scientific and ethical standards. Compliance with these guidelines provides public assurance that the rights, safety and well being of the trial subjects are protected, consistent with the principles stated in the Declaration of Helsinki, and that the clinical trial data are credible.

### 1. GLOSSARY OF TERMS:

#### 1.1 LIST OF TERMS:

- **ADR: Adverse drug reaction**
- **AE: Adverse event**
- **IRB: Institutional Review Boards**
- **CRO: Contract Research Organization**
- **GCP: Good Clinical Practice**
- **IDMC: Independent Data Monitoring Committee**
- **QA: Quality Assurance**
- **QC: Quality Control**
- **SAE: Serious Adverse Event or Serious Adverse Drug Reaction (Serious ADR)**
- **SOPs: Standard Operating Procedures**
- **SFDA: Saudi Food and Drug authority**

#### 1.2 GLOSSARY OF TERMS:

- **Adverse drug reaction (ADR):** In the preapproval clinical experience with a new medicinal product or its new usages, particularly as the therapeutic dose(s) may not be established, all noxious and unintended responses to a medicinal product related to any dose should be considered adverse drug reactions. The phrase "responses to a medicinal product" means that a causal relationship between a medicinal product and an adverse event is at least a reasonable possibility, i.e., the relationship cannot be ruled out. Regarding marketed medicinal products: A response to a drug that is noxious and unintended and that occurs at doses normally used in man for

prophylaxis, diagnosis, or therapy of diseases or for modification of physiological function.

- **Adverse event (AE):** An AE is any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product and that does not necessarily have a causal relationship with this treatment. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal (investigational) product, whether or not related to the medicinal (investigational) product.
- **Amendment (to the protocol):** See Protocol Amendment.
- **Applicable regulatory requirement(s):** Any law(s) and regulation(s) addressing the conduct of clinical trials of investigational products of the jurisdiction where trial is conducted.
- **Approval (in relation to institutional review boards (IRBs)):** The affirmative decision of the IRB that the clinical trial has been reviewed and may be conducted at the institution site within the constraints set forth by the IRB, the institution, good clinical practice (GCP), and the applicable regulatory requirements.
- **Audit:** A systematic and independent examination of trial-related activities and documents to determine whether the evaluated trial-related activities were conducted, and the data were recorded, analyzed, and accurately reported according to the protocol, sponsor's standard operating procedures (SOPs), good clinical practice (GCP), and the applicable regulatory requirement(s).
- **Audit certificate:** A declaration of confirmation by the auditor that an audit has taken place.
- **Audit report:** A written evaluation by the sponsor's auditor of the results of the audit.
- **Audit trail:** Documentation that allows reconstruction of the course of events.
- **Blinding/masking:** A procedure in which one or more parties to the trial are kept unaware of the treatment assignment(s). Single blinding usually refers to the subject(s) being unaware, and double blinding usually refers to the subject(s), investigator(s), monitor, and, in some cases, data analyst(s) being unaware of the treatment assignment(s).

- **Case report form (CRF):** A printed, optical, or electronic document designed to record all of the protocol-required information to be reported to the sponsor on each trial subject.
- **Clinical trial/study:** Any investigation in human subjects intended to discover or verify the clinical, pharmacological, and/or other pharmacodynamic effects of an investigational product(s), and/or to identify any adverse reactions to an investigational product(s), and/or to study absorption, distribution, metabolism, and excretion of an investigational product(s) with the object of ascertaining its safety and/or efficacy. The terms clinical trial and clinical study are synonymous.
- **Clinical Trial/Study Report:** A written description of a trial/study of any therapeutic, prophylactic, or diagnostic agent conducted in human subjects, in which the clinical and statistical description, presentations, and analyses are fully integrated into a single report.
- **Comparator (Product):** An investigational or marketed product (i.e., active control), or placebo, used as a reference in a clinical trial.
- **Compliance (in relation to trials):** Adherence to all the trial-related requirements, Good Clinical Practice (GCP) requirements, and the applicable regulatory requirements.
- **Confidentiality:** Prevention of disclosure, to other than authorized individuals, of a sponsor's proprietary information or of a subject's identity.
- **Contract:** A written, dated, and signed agreement between two or more involved parties that sets out any arrangements on delegation and distribution of tasks and obligations and, if appropriate, on financial matters. The protocol may serve as the basis of a contract.
- **Coordinating Committee:** A committee that a sponsor may organize to coordinate the conduct of a multicenter trial.
- **Coordinating Investigator:** An investigator assigned the responsibility for the coordination of investigators at different centers participating in a multicenter trial.
- **Contract Research Organization (CRO):** An organization (commercial, academic, or other) contracted by the sponsor to perform one or more of a sponsor's trial-related duties and functions.
- **Direct Access:** Permission to examine, analyze, verify, and reproduce any records and reports that are important to evaluation of a clinical trial. Any party (e.g., domestic and foreign regulatory authorities, sponsors, monitors,

and auditors) with direct access should take all reasonable precautions within the constraints of the applicable regulatory requirement(s) to maintain the confidentiality of subjects' identities and sponsor's proprietary information.

- **Documentation:** All records, in any form (including, but not limited to, written, electronic, magnetic, and optical records; and scans, x-rays, chromatograms and electrocardiograms) that describe or record the methods, conduct, and/or results of a trial, the factors affecting a trial, and the actions taken.
- **Essential Documents:** Documents that individually and collectively permit evaluation of the conduct of a study and the quality of the data produced (see section 8).
- **Good Clinical Practice (GCP):** A standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of trial subjects are protected.
- **Independent Data Monitoring Committee (IDMC) (Data and Safety Monitoring Board, Monitoring Committee, Data Monitoring Committee):** An independent data monitoring committee that may be established by the sponsor to assess at intervals the progress of a clinical trial, the safety data, and the critical efficacy endpoints, and to recommend to the sponsor whether to continue, modify, or stop a trial.
- **Impartial Witness:** A person, who is independent of the trial, who cannot be unfairly influenced by people involved with the trial, who attends the informed consent process if the subject or the subject's legally acceptable representative cannot read, and who reads the informed consent form and any other written information supplied to the subject.
- **Independent Ethics Committee (IEC)**
- **Informed Consent:** A process by which a subject voluntarily confirms his or her willingness to participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the subject's decision to participate. Informed consent is documented by means of a written, signed, and dated informed consent form.
- **Inspection:** The act by SFDA of conducting an official review of documents, facilities, records, and any other resources that are deemed by the authority(ies) to be related to the clinical trial and that may be located at the site of the trial, at the sponsor's and/or contract research organization's (CROs) facilities, or at other establishments deemed appropriate by SFDA.

- **Institution (medical):** Any public or private entity or agency or medical facility where clinical trials are conducted.
- **Institutional Review Board (IRB):** An independent body constituted of medical, scientific, and nonscientific members, whose responsibility it is to ensure the protection of the rights, safety, and well-being of human subjects involved in a trial by, among other things, reviewing, approving, and providing continuing review of trials, of protocols and amendments, and of the methods and material to be used in obtaining and documenting informed consent of the trial subjects.
- **Interim Clinical Trial/Study Report:** A report of intermediate results and their evaluation based on analyses performed during the course of a trial.
- **Investigational Product:** A pharmaceutical form of an active ingredient or placebo being tested or used as a reference in a clinical trial, including a product with a marketing authorization when used or assembled (formulated or packaged) in a way different from the approved form, or when used for an unapproved indication, or when used to gain further information about an approved use.
- **Investigator:** A person responsible for the conduct of the clinical trial at a trial site. If a trial is conducted by a team of individuals at a trial site, the investigator is the responsible leader of the team and may be called the principal investigator. See also Subinvestigator.
- **Investigational institution:** An expression meaning "the investigator and/or institution, where required by the SFDA."
- **Investigational Product Brochure:** A compilation of the clinical and nonclinical data on the investigational product(s) that is relevant to the study of the investigational product(s) in human subjects (see section 7. "Investigational product brochure").
- **Legally Acceptable Representative:** An individual or juridical or other body authorized under applicable law to consent, on behalf of a prospective subject, to the subject's participation in the clinical trial.
- **Monitoring:** The act of overseeing the progress of a clinical trial, and of ensuring that it is conducted, recorded, and reported in accordance with the protocol, Standard Operating Procedures (SOPs), GCP, and the applicable regulatory requirement(s).
- **Monitoring Report:** A written report from the monitor to the sponsor after each site visit and/or other trial-related communication according to the sponsor's SOPs.

- **Multicenter Trial:** A clinical trial conducted according to a single protocol but at more than one site, and, therefore, carried out by more than one investigator.
- **Nonclinical Study:** Biomedical studies not performed on human subjects.
- **Protocol:** A document that describes the objective(s), design, methodology, statistical considerations, and organization of a trial. The protocol usually also gives the background and rationale for the trial, but these could be provided in other protocol referenced documents. Throughout the GCP Guidance, the term protocol refers to protocol and protocol amendments.
- **Protocol Amendment:** A written description of a change(s) to or formal clarification of a protocol.
- **Quality Assurance (QA):** All those planned and systematic actions that are established to ensure that the trial is performed and the data are generated, documented (recorded), and reported in compliance with GCP and the applicable regulatory requirement(s).
- **Quality Control (QC):** The operational techniques and activities undertaken within the quality assurance system to verify that the requirements for quality of the trial-related activities have been fulfilled.
- **Randomization:** The process of assigning trial subjects to treatment or control groups using an element of chance to determine the assignments in order to reduce bias.
- **Saudi Food and Drug authority (SFDA):** Body having the power to regulate, review submitted clinical data, and conduct inspections.
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- **Serious Adverse Event (SAE) or Serious Adverse Drug Reaction (Serious ADR):** Any untoward medical occurrence that at any dose:
  - Results in death,
  - Is life-threatening,
  - Requires inpatient hospitalization or prolongation of existing hospitalization,
  - Results in persistent or significant disability/incapacity, or
  - Is a congenital anomaly/ birth defect.
- **Source Data:** All information in original records and certified copies of original records of clinical findings, observations, or other activities in a clinical trial necessary for the reconstruction and evaluation of the trial. Source data are contained in source documents (original records or certified copies).

- **Source Documents:** Original documents, data, and records (e.g., hospital records, clinical and office charts, laboratory notes, memoranda, subjects' diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate and complete, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept at the pharmacy, at the laboratories, and at medico-technical departments involved in the clinical trial).
- **Sponsor:** An individual, company, institution, or organization that takes responsibility for the initiation, management, and/or financing of a clinical trial.
- **Sponsor-Investigator:** An individual who both initiates and conducts, alone or with others, a clinical trial, and under whom immediate direction the investigational product is administered to, dispensed to, or used by a subject. The term does not include any person other than an individual (e.g., it does not include a corporation or an agency). The obligations of a sponsor-investigator include both those of a sponsor and those of an investigator.
- **Standard Operating Procedures (SOPs):** Detailed, written instructions to achieve uniformity of the performance of a specific function.
- **Subinvestigator:** Any individual member of the clinical trial team designated and supervised by the investigator at a trial site to perform critical trial-related procedures and/or to make important trial-related decisions (e.g., associates, residents, research fellows). See also Investigator.
- **Subject/Trial Subject:** An individual who participates in a clinical trial, either as a recipient of the investigational product(s) or as a control.
- **Subject Identification Code:** A unique identifier assigned by the investigator to each trial subject to protect the subject's identity and used in lieu of the subject's name when the investigator reports adverse events and/or other trial-related data.
- **Trial Site:** The location(s) where trial-related activities are actually conducted.
- **Unexpected Adverse Drug Reaction:** An adverse reaction, the nature or severity of which is not consistent with the applicable product information (e.g., Investigational product brochure for an unapproved investigational product or package insert/summary of product characteristics for an approved product).
- **Vulnerable Subjects:** Individuals whose willingness to volunteer in a clinical trial may be unduly influenced by the expectation, whether justified or not, of

benefits associated with participation, or of a retaliatory response from senior members of a hierarchy in case of refusal to participate. Examples are members of a group with a hierarchical structure, such as medical, pharmacy, dental, and nursing students, subordinate hospital and laboratory personnel, employees of the pharmaceutical industry, members of the armed forces, and persons kept in detention. Other vulnerable subjects include patients with incurable diseases, persons in nursing homes, unemployed or impoverished persons, and patients in emergency situations, ethnic minority groups, homeless persons, nomads, refugees, minors, and those incapable of giving consent.

- **Well-being (of the trial subjects):** The physical and mental integrity of the subjects participating in a clinical trial.

## 2. THE PRINCIPLES OF SFDA GUIDELINES:

- Clinical trials should be conducted in accordance with the ethical principles stated in the Declaration of Helsinki (see appendix 1), and that are consistent with SFDA guidelines.
- Before the initiation of a trial, risks should be weighed against benefits for the trial subject and society. A trial should be initiated and continued only if the anticipated benefits justify the risks.
- The rights, safety, and well-being of the trial subjects are the most important
- considerations and should prevail over interests of science and society.
- The available nonclinical and clinical information on an investigational product should be adequate to support the proposed clinical trial.
- Clinical trials should be of scientific bases, and described in a detailed and clear protocol.
- A trial should be conducted in compliance with the protocol that has been approved by the institutional review board (IRB).
- A qualified physician should always be responsible about the medical care given to subjects and also about all the medical decisions made on behalf of subjects.
- Each individual involved in conducting a trial should be qualified by education, training, and experience to perform his or her respective task(s).

- An informed consent should be obtained from every subject prior to participation in a clinical trial.
- All clinical trial information should be recorded, handled, and stored in a way that allows its accurate reporting, interpretation, and verification.
- The confidentiality of records should be protected in order to prevent identifying the participating subject.
- Investigational products should be manufactured, handled, and stored in accordance with applicable Good Manufacturing Practice (GMP). They should be used in accordance with the approved protocol.
- Systems with procedures that assure the quality of every aspect of the trial should be implemented.

## 2.1 Protection of Trial Subjects:

The personal integrity and welfare of the trial subjects as defined in the Declaration of Helsinki should be the primary concern of all parties involved in the conduct of a clinical trial and the review of the protocol but it is the ultimate responsibility of the investigator, who must also take into consideration the scientific validity of the trial.

- Declaration of Helsinki

The current revision of the Declaration of Helsinki (Appendix 1) is the accepted basis for clinical trial ethics, and must be fully followed and respected by all parties involved in the conduct of such trials. Any departures from the Declaration must be justified and stated in the protocol. Independent assurance that subjects are protected can only be provided by an ethics committee and freely obtained informed consent.

- Ethics Committee

The role of the ethics committee (or other board responsible for reviewing the trial) is to ensure the protection of the rights and welfare of human subjects participating in clinical trials, as defined by the current revision of the Declaration of Helsinki and national and other relevant regulations, and to provide public reassurance by previewing trial protocols, etc.

The ethics committee should be constituted and operated so that its tasks can be executed free from bias and from any influence of those who are conducting the trial. The ethics committee should have documented policies and procedures as a basis for its work, which should be available to the public. These should set out the authority under which the committee is established, the number of members

elected and their qualifications, a definition of what it will review and its authority to intervene and maintain records of its activities. The documents should also state how frequently the committee will meet and how it interacts with the investigator and/or sponsor.

The investigator, or the investigator and the sponsor, must consult the relevant ethics committee(s) regarding the suitability of a proposed clinical trial protocol (including appendices and amendments) and of the methods and materials to be used in obtaining and documenting the informed consent of the subjects.

The ethics committee has an ongoing responsibility for the ethical conduct of research, and therefore must be informed of all subsequent amendments to the protocol and of any serious adverse events occurring during the trial, or other new information likely to affect the safety of the subjects or the conduct of the trial. The ethics committee should be asked for its opinion if a re-evaluation of the ethical aspects of the trial appears to be required, or if there is any doubt regarding the importance of a protocol change or new information.

Subjects must not be entered into the trial until the relevant ethics committee(s) has issued its favourable opinion on the procedures. The ethics committee should give its opinion and advice in writing within a reasonable time, clearly identifying the trial protocol, itemizing the documents studied and stating the date of review. A list of those present at the committee meeting, including their professional status, should be attached. When reviewing a clinical trial proposal the ethics committee should consider the following:

- a) The acceptability of the investigator for the proposed trial, on the basis of sufficient information made available to the committee, in terms of his or her qualifications, experience, availability for the duration of the study, supporting staff and available facilities.
- b) The suitability of the protocol including the objectives of the study and the justification of predictable risks and inconveniences weighed against the anticipated benefits for the subjects and/or others, and the efficiency of its design, i.e. the potential for reaching sound conclusions with the smallest possible exposure of subjects.
- c) The means by which trial subjects will be recruited, necessary or appropriate information will be given, and consent will be obtained. This is particularly important in the case of trials involving subjects who are members of a group with a hierarchical structure or another vulnerable group (see Section 3.3 e–f).
- d) The adequacy and completeness of the information, which should be written in a language and at a level of complexity understandable to everyone involved, to be given to the subjects, their relatives, guardians or, if necessary, legal representatives. All such written information must be submitted in its final form to the ethics committee.
- e) Provision, if any, for compensation or treatment in the case of death or other loss or injury of a subject, if attributable to a clinical trial, and details of any insurance or indemnity (a source of legal and financial support) to cover the liability of the investigator(s) and sponsor.
- f) The appropriateness of the extent and form of payment through which the sponsor will remunerate or compensate the organization(s) and/or investigator(s)

conducting the trial, and the trial subjects, as required by local laws and regulations.

g) The acceptability of proposed amendments to the protocol that are likely to affect the safety of the subjects or the conduct of the trial.

- Informed consent

The principles of informed consent in the current revisions of the Declaration of Helsinki (Appendix 1) and the International Ethical Guidelines for Biomedical Research Involving Human Subjects should be implemented in each clinical trial (see section 4.8).

### 3. INSTITUTIONAL REVIEW BOARD (IRB) COMMITTEE

The principal investigator must obtain approval of the trial protocol from the IRB committee.

#### 3.1 Responsibilities

- The IRB should protect the rights, safety, and well-being of trial subjects.
- The IRB should obtain the following documents:
  - Trial protocol(s)/amendment(s)
  - Written informed consent form(s)
  - Subject recruitment procedures (e.g., advertisements)
  - Written information to be provided to subjects
  - Investigational product brochure (IB)
  - Available safety information
  - Information about payments and compensation available to subjects
  - The investigator's updated curriculum vitae (cv)

The IRB should review the proposed clinical trial within a reasonable time and document its views in writing, clearly identifying the trial, the documents reviewed, and the dates for the following:

- Approval
- Modifications required prior to its approval;
- Disapproval; and
- Termination/suspension of any prior approval.

The IRB should consider the qualifications of the investigator for the proposed trial, as documented by updated curriculum vitae.

The IRB should conduct continuing review of each ongoing trial at intervals appropriate to the degree of risk to subjects, but at least once per year.

When a nontherapeutic trial is to be carried out with the consent of the subject's legally acceptable representative (see section 4.8), the IRB should determine that the proposed protocol and/or other document(s) adequately addresses

relevant ethical concerns and meets applicable regulatory requirements for such trials.

- Where the protocol indicates that prior consent of the trial subject or the subject's legally acceptable representative is not possible (see section 4.8), the IRB should determine that the proposed protocol and/or other document(s) adequately addresses relevant ethical concerns and meets applicable regulatory requirements for such trials (i.e., in emergency situations).
- The IRB should review both the amount and method of payment to subjects to assure that neither presents problems of coercion or undue influence on the trial subjects. Payments to a subject should be prorated and not wholly contingent on completion of the trial by the subject.
- The IRB should ensure that information regarding payment to subjects, including the methods, amounts, and schedule of payment to trial subjects, is set forth in the written informed consent form and any other written information to be provided to subjects. The way payment will be prorated should be specified.

### 3.2 Composition, Functions, and Operations

The IRB should consist of a reasonable number of members, who collectively have the qualifications and experience to review and evaluate the science, medical aspects, and ethics of the proposed trial. It is recommended that the IRB should include:

At least five members.

At least one member whose primary area of interest is in a nonscientific area.

At least one member who is independent of the institution/trial site.

Only those IRB members who are independent of the investigator and the sponsor of the trial should vote/provide opinion on a trial-related matter.

A list of IRB members and their qualifications should be maintained.

The IRB should perform its functions according to written operating procedures, should maintain written records of its activities and minutes of its meetings, and should comply with GCP and with the applicable regulatory requirement(s).

An IRB should make its decisions at announced meetings at which at least a quorum, as stipulated in its written operating procedures, is present.

Only members who participate in the IRB review and discussion should vote/provide their opinion and/or advice.

The investigator may provide information on any aspect of the trial, but should not participate in the deliberations of the IRB or in the vote/opinion of the IRB.

An IRB may invite nonmembers with expertise in special areas for assistance.

### 3.3 Procedures

The IRB should establish, document in writing, and follow its procedures, which should include:

- Determining its composition (names and qualifications of the members) and the authority under which it is established.
- Scheduling, notifying its members of, and conducting its meetings.
- Conducting initial and continuing review of trials.
- Determining the frequency of continuing review, as appropriate.
- Providing, according to the applicable regulatory requirements, expedited review and approval of minor change(s) in ongoing trials that have the approval of the IRB.
- Specifying that no subject should be admitted to a trial before the IRB issues its written approval of the trial.
- Specifying that no deviations from, or changes of, the protocol should be initiated without prior written IRB approval of an appropriate amendment, except when necessary to eliminate immediate hazards to the subjects or when the change(s) involves only logistical or administrative aspects of the trial (e.g., change of monitor(s), telephone number(s)) (see section 4.5).
- Specifying that the investigator should promptly report to the IRB:
  - Deviations from, or changes of, the protocol to eliminate immediate hazards to the trial subjects (see sections 3.3, 4.5).
  - Changes increasing the risk to subjects and/or affecting significantly the conduct of the trial (see section 4.10).
  - All adverse drug reactions (ADRs) that are both serious and unexpected.
  - New information that may affect adversely the safety of the subjects or the conduct of the trial.
- Ensuring that the IRB promptly notify in writing the investigational institution concerning:
  - Its trial-related decisions/opinions.
  - The reasons for its decisions/opinions.
  - Procedures for appeal of its decisions/opinions.

### 3.4 Records

The IRB should retain all relevant records (e.g., written procedures, membership lists, lists of occupations/affiliations of members, submitted documents, minutes of meetings, and correspondence) for a period of at least 3 years after completion of the trial and make them available upon request from the SFDA.

The IRB may be asked by investigators, sponsors, or SFDA to provide copies of its written procedures and membership lists.

## 4. INVESTIGATOR

### 4.1 Qualifications and Agreements

The principal investigator should:

- Have qualifications (education, training and experience) recognized within Saudi Arabia.
- Have good knowledge of and experience in the field of study defined by the protocol.
- Be competent in the field of study as evidenced by updated curriculum vitae.
- Be competent and experienced in research or receive scientific support from and experienced colleague(s).
- Have the necessary resources to participate in and take full responsibility for the proper conduct of the study.
- Be thoroughly familiar with the appropriate use of the investigational product(s), as described in the protocol, in the Investigational product brochure, in the product information, and in other information sources provided by the sponsor.
- Be aware of, and comply with the SFDA guidelines and the applicable regulatory requirements.
- Maintain a list of appropriately qualified persons to whom the investigator has delegated significant trial-related duties.
- Permit monitoring and auditing by the sponsor, and inspection by the SFDA.

All co-investigators and other persons who are responsible for some aspects of the study, must fulfill similar requirements to those of the principal investigator in their respected area.

### 4.2 Adequate Resources

The investigator should:

- Be able to demonstrate (e.g., based on retrospective data) a potential for recruiting the required number of suitable subjects within the agreed recruitment period.

- Have sufficient time to properly conduct and complete the trial within the agreed trial period.
- Have an adequate number of qualified staff and adequate facilities for the foreseen duration of the trial to conduct the trial properly and safely.
- Ensure that all persons assisting with the trial are adequately informed about the protocol, the investigational product(s), and their trial-related duties and functions.

#### 4.3 Medical Care of Trial Subjects

- A qualified physician, who is an investigator or a subinvestigator for the trial, should be responsible for all trial-related medical decisions.
- During and following a subject's participation in a trial, the investigation institution should ensure that adequate medical care is provided to a subject for any adverse events, including clinically significant laboratory values, related to the trial. The investigation institution should inform a subject when medical care is needed for intercurrent illness(es) of which the investigator becomes aware.
- Although a subject is not obliged to give his/her reason(s) for withdrawing prematurely from a trial, the investigator should make a reasonable effort to ascertain the reason(s), while fully respecting the subject's rights.

#### 4.4 Communication with the IRB

- Before initiating a trial, the investigation institution should have written and dated approval from the IRB for the trial protocol, written informed consent form, consent form updates, subject recruitment procedures (e.g., advertisements), and any other written information to be provided to subjects.
- As part of the investigation institution written application to the IRB, the investigation institution should provide the IRB with a current copy of the Investigational product brochure. If the Investigational product brochure is updated during the trial, the investigation institution should supply a copy of the updated Investigational product brochure to the IRB.
- During the trial the investigational institution should provide to the IRB all documents subject to its review.
- Each trial site should provide the SFDA with its own list of IRB committee members in order to be registered within the national IRB registry.

#### 4.5 Compliance with Protocol

- The investigational institution should conduct the trial in compliance with the protocol which was agreed to by the sponsor and given approval by the IRB. The investigational institution and the sponsor should sign the protocol, or an alternative contract, to confirm their agreement.

- The investigator should not implement any changes of the protocol without agreement by the sponsor and prior review and approval from the IRB, except where necessary to eliminate an immediate hazard(s) to trial subjects, or when the change(s) involves only logistical or administrative aspects of the trial (e.g., change of monitor(s), change of telephone number(s)).
- The investigator, or person designated by the investigator, should document and explain any deviation from the approved protocol.
- The investigator may implement a change in, the protocol to eliminate an immediate hazard(s) to trial subjects without prior investigational institution IRB approval. As soon as possible, the implemented deviation or change, the reasons for it, and, if appropriate, the proposed protocol amendment(s) should be submitted to:
  - The IRB for review and approval
  - The sponsor for agreement and, if required;
  - To the SFDA.

#### 4.6 Investigational Product(s)

- The investigational institution is responsible about the accountability of the investigational product(s) at the trial site(s).
- The investigational institution may assign some or all of the investigator's/institution's duties for investigational product(s) accountability at the trial site(s) to an appropriate pharmacist or another appropriate individual who is under the supervision of the investigational institution.
- The investigational institution and/or a pharmacist or other appropriate individual, who is designated by the investigational institution, should maintain records of the product's delivery to the trial site, the inventory at the site, the use by each subject, and the return to the sponsor or alternative disposition of unused product(s). These records should include dates, quantities, batch/serial numbers, expiration dates (if applicable), and the unique code numbers assigned to the investigational product(s) and trial subjects. Investigators should maintain records that document adequately that the subjects were provided the doses specified by the protocol and reconcile all investigational product(s) received from the sponsor.
- The investigational product(s) should be stored as specified by the sponsor (see sections 5.13 and 5.14) and in accordance with applicable regulatory requirement(s).
- The investigator should ensure that the investigational product(s) are used only in accordance with the approved protocol.
- The investigator, or a person designated by the investigational institution, should explain the correct use of the investigational product(s) to each subject and should check, at intervals appropriate for the trial, that each subject is following the instructions properly.

#### 4.7 Randomization Procedures and Unblinding

The investigator should follow the trial's randomization procedures, if any, and should ensure that the code is broken only in accordance with the protocol. If the trial is blinded, the investigator should promptly document and explain to the sponsor any premature unblinding (e.g., accidental unblinding, unblinding due to a serious adverse event) of the investigational product(s).

#### 4.8 Informed Consent of Trial Subjects

- In obtaining and documenting informed consent, the investigator should comply with the applicable regulatory requirement(s), and should adhere to GCP and to the ethical principles that have their origin in the Declaration of Helsinki. Prior to the beginning of the trial, the investigator should have the IRB written approval of the written informed consent form and any other written information to be provided to subjects. (see appendix 2 for an example of the informed)
- The written informed consent form and any other written information to be provided to subjects should be revised whenever important new information becomes available that may be relevant to the subject's consent.
- Any revised written informed consent form, and written information should receive the IRB approval in advance of use.
- The subject or the subject's legally acceptable representative should be informed in a timely manner if new information becomes available that may be relevant to the subject's willingness to continue participation in the trial. The communication of this information should be documented.
- Neither the investigator, nor the trial staff, should coerce or unduly influence a subject to participate or to continue to participate in a trial.
- None of the oral and written information concerning the trial, including the written informed consent form, should contain any language that causes the subject or the subject's legally acceptable representative to waive or to appear to waive any legal rights, or that releases or appears to release the investigator, the institution, the sponsor, or their agents from liability for negligence.
- The investigator, or a person designated by the investigator, should fully inform the subject or, if the subject is unable to provide informed consent, the subject's legally acceptable representative, of all pertinent aspects of the trial including the written information given approval/favorable opinion by the IRB/IEC.

- The language used in the oral and written information about the trial, including the written informed consent form should be understandable to the subject or the subject's legally acceptable representative.
- Before informed consent may be obtained, the investigator, or a person designated by the investigator, should provide the subject or the subject's legally acceptable representative ample time and opportunity to inquire about details of the trial and to decide whether or not to participate in the trial. All questions about the trial should be answered to the satisfaction of the subject or the subject's legally acceptable representative.
- Prior to a subject's participation in the trial, the written informed consent form should be signed and personally dated by the subject or by the subject's legally acceptable representative, and by the person who conducted the informed consent discussion.
- If a subject is unable to read or if a legally acceptable representative is unable to read, an impartial witness should be present during the entire informed consent discussion. After the written informed consent form and any other written information to be provided to subjects is read and explained to the subject or the subject's legally acceptable representative, and after the subject or the subject's legally acceptable representative has orally consented to the subject's participation in the trial, and, if capable of doing so, has signed and personally dated the informed consent form, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject or the subject's legally acceptable representative, and that informed consent was freely given by the subject or the subject's legally acceptable representative.
- Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects should include explanations of the following:
  - That the trial involves research.
  - The purpose of the trial.
  - The trial treatment(s) and the probability for random assignment to each treatment.
  - The trial procedures to be followed, including all invasive procedures.
  - The subject's responsibilities.

- Those aspects of the trial that are experimental.
- The reasonably foreseeable risks or inconveniences to the subject and, when applicable, to an embryo, fetus, or nursing infant.
- The reasonably expected benefits. When there is no intended clinical benefit to the subject, the subject should be made aware of this.
- The alternative procedure(s) or course(s) of treatment that may be available to the subject, and their important potential benefits and risks.
- The compensation and/or treatment available to the subject in the event of trial-related injury.
- The anticipated prorated payment, if any, to the subject for participating in the trial.
- The anticipated expenses, if any, to the subject for participating in the trial.
- That the subject's participation in the trial is voluntary and that the subject may refuse to participate or withdraw from the trial, at any time, without penalty or loss of benefits to which the subject is otherwise entitled.
- That the monitor(s), the auditor(s), the IRB, and the SFDA will be granted direct access to the subject's original medical records for verification of clinical trial procedures and/or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations and that, by signing a written informed consent form, the subject or the subject's legally acceptable representative is authorizing such access.
- Those records identifying the subject will be kept confidential and, to the extent permitted by the applicable laws and/or regulations, will not be made publicly available. If the results of the trial are published, the subject's identity will remain confidential.
- That the subject or the subject's legally acceptable representative will be informed in a timely manner if information becomes available that may be relevant to the subject's willingness to continue participation in the trial.

- The person(s) to contact for further information regarding the trial and the rights of trial subjects, and whom to contact in the event of trial-related injury.
- The foreseeable circumstances and/or reasons under which the subject's participation in the trial may be terminated.
- The expected duration of the subject's participation in the trial.
- The approximate number of subjects involved in the trial.
- Prior to participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated written informed consent form and any other written information provided to the subjects. During a subject's participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated consent form updates and a copy of any amendments to the written information provided to subjects.
- When a clinical trial (therapeutic or nontherapeutic) includes subjects who can only be enrolled in the trial with the consent of the subject's legally acceptable representative (e.g., minors, or patients with severe dementia), the subject should be informed about the trial to the extent compatible with the subject's understanding and, if capable, the subject should assent, sign and personally date the written informed consent.
- Except as described in (next point), a nontherapeutic trial (i.e., a trial in which there is no anticipated direct clinical benefit to the subject) should be conducted in subjects who personally give consent and who sign and date the written informed consent form.
- Nontherapeutic trials may be conducted in subjects with consent of a legally acceptable representative provided the following conditions are fulfilled:
  - The objectives of the trial cannot be met by means of a trial in subjects who can give informed consent personally.
  - The foreseeable risks to the subjects are low.
  - The negative impact on the subject's well-being is minimized and low.
  - The trial is not prohibited by law.

- The approval of the IRB is expressly sought on the inclusion of such subjects, and the written approval 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. Subjects in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.

- In emergency situations, when prior consent of the subject is not possible, the consent of the subject's legally acceptable representative, if present, should be requested. When prior consent of the subject is not possible, and the subject's legally acceptable representative is not available, enrollment of the subject should require measures described in the protocol and/or elsewhere, with documented approval by the IRB, to protect the rights, safety, and well-being of the subject and to ensure compliance with applicable regulatory requirements. The subject or the subject's legally acceptable representative should be informed about the trial as soon as possible and consent to continue and other consent as appropriate (see section 4.8) should be requested.

#### 4.9 Records and Reports

- The investigator should ensure the accuracy, completeness, legibility, and timeliness of the data reported to the sponsor in the CRFs and in all required reports.
- Data reported on the CRF, which are derived from source documents, should be consistent with the source documents or the discrepancies should be explained.
- Any change or correction to a CRF should be dated, initialed, and explained (if necessary) and should not obscure the original entry (i.e., an audit trail should be maintained); this applies to both written and electronic changes or corrections (see section 5.18). Sponsors should provide guidance to investigators and/or the investigators' designated representatives on making such corrections. Sponsors should have written procedures to assure that changes or corrections in CRFs made by sponsor's designated representatives are documented, are necessary, and are endorsed by the investigator. The investigator should retain records of the changes and corrections.
- The investigational institution should maintain the trial documents as specified in Essential Documents for the Conduct of a Clinical Trial (see section 8.) and as required by the applicable SFDA requirement(s). The investigational institution should take measures to prevent accidental or premature destruction of these documents.

- Essential documents should be retained until at least 3 years after the last approval of a marketing application and until there are no pending or contemplated marketing applications or at least 3 years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents should be retained for a longer period, however, if required by the applicable regulatory requirements or by an agreement with the sponsor. It is the responsibility of the sponsor to inform the investigational institution as to when these documents no longer need to be retained (see section 5.5).
- The financial aspects of the trial should be documented in an agreement between the sponsor and the investigational institution.
- Upon request of the monitor, auditor, IRB, or SFDA, the investigational institution should make available for direct access all requested trial-related records.

#### 4.10 Progress Reports

- Where required by the applicable regulatory requirements, the investigator should submit written summaries of the trial's status to the institution. The investigational institution should submit written summaries of the status of the trial to the IRB annually, or more frequently, if requested by the IRB.
- The investigator should promptly provide written reports to the sponsor, the IRB (see section 3.3), and, where required by the applicable regulatory requirements, the institution on any changes significantly affecting the conduct of the trial, and/or increasing the risk to subjects.

#### 4.11 Safety Reporting

- All serious adverse events (SAEs) should be reported immediately to the sponsor except for those SAEs that the protocol or other document (e.g., Investigational product brochure) identifies as not needing immediate reporting. The immediate reports should be followed promptly by detailed, written reports. The immediate and follow-up reports should identify subjects by unique code numbers assigned to the trial subjects rather than by the subjects' names, personal identification numbers, and/or addresses. The investigator should also comply with the applicable regulatory requirement(s) related to the reporting of unexpected serious adverse drug reactions to the SFDA and the IRB.
- Adverse events and/or laboratory abnormalities identified in the protocol as critical to safety evaluations should be reported to the sponsor

according to the reporting requirements and within the time periods specified by the sponsor in the protocol.

- For reported deaths, the investigator should supply the sponsor and the IRB with any additional requested information (e.g., autopsy reports and terminal medical reports).

#### 4.12 Premature Termination or Suspension of a Trial

- If the trial is terminated prematurely or suspended for any reason, the investigational institution should:
  - promptly inform the trial subjects,
  - Assure appropriate therapy and follow-up for the subjects, and,
  - Where required by the applicable regulatory requirement(s), should inform the SFDA. In addition:
- If the investigator terminates or suspends a trial without prior agreement of the sponsor, the investigator should inform the institution, where required by the applicable regulatory requirements, and the investigational institution should promptly inform the sponsor and the IRB, and should provide the sponsor and the IRB a detailed written explanation of the termination or suspension.
- If the sponsor terminates or suspends a trial (see section 5.21), the investigator should promptly inform the institution, where required by the applicable regulatory requirements, and the investigational institution should promptly inform the IRB and provide the IRB a detailed written explanation of the termination or suspension.
- If the IRB terminates or suspends its approval of a trial (see sections 3.1 and 3.3), the investigator should inform the institution, where required by the applicable regulatory requirements, and the investigational institution should promptly notify the sponsor and provide the sponsor with a detailed written explanation of the termination or suspension.

#### 4.13 Final Report(s) by investigational institution

Upon completion of the trial, the investigator should, where required by the applicable regulatory requirements, inform the institution, and the investigational institution should provide the sponsor with all required reports, the IRB with a summary of the trial's outcome, and the SFDA with any report(s) they require of the investigational institution.

## 5. SPONSOR

### 5.1 Quality Assurance and Quality Control

- The sponsor is responsible for implementing and maintaining quality assurance and quality control systems with written SOPs to ensure that trials are conducted and data are generated, documented (recorded), and reported in compliance with the protocol, GCP, and the applicable regulatory requirement(s).
- The sponsor is responsible for securing agreement from all involved parties to ensure direct access (see section 1) to all trial- related sites, source data/documents, and reports for the purpose of monitoring and auditing by the sponsor, and inspection by SFDA and foreign regulatory authorities.
- Quality control should be applied to each stage of data handling to ensure that all data are reliable and have been processed correctly.
- Agreements, made by the sponsor with the investigational institution and/or with any other parties involved with the clinical trial, should be in writing, as part of the protocol or in a separate agreement.

### 5.2 Contract Research Organization (CRO)

- A sponsor may transfer any or all of the sponsor's trial-related duties and functions to a CRO, but the ultimate responsibility for the quality and integrity of the trial data always resides with the sponsor. The CRO should implement quality assurance and quality control.
- Any trial-related duty and function that is transferred to and assumed by a CRO should be specified in writing.
- Any trial-related duties and functions not specifically transferred to and assumed by a CRO are retained by the sponsor.
- All references to a sponsor in this guidance also apply to a CRO to the extent that a CRO has assumed the trial-related duties and functions of a sponsor.

### 5.3 Medical Expertise

The sponsor should designate appropriately qualified medical personnel who will be readily available to advice on trial-related medical questions or problems. If necessary, outside consultant(s) may be appointed for this purpose.

## 5.4 Trial Design

- The sponsor should utilize qualified individuals (e.g., biostatisticians, clinical pharmacologists, and physicians) as appropriate, throughout all stages of the trial process, from designing the protocol and CRFs and planning the analyses to analyzing and preparing interim and final clinical trial/study reports.
- For further guidance: Clinical Trial Protocol and Protocol Amendment(s) (see section 6.), the ICH Guidance for Structure and Content of Clinical Study Reports, and other appropriate ICH guidance on trial design, protocol, and conduct.

## 5.5 Trial Management, Data Handling, Recordkeeping, and Independent Data Monitoring Committee

- The sponsor should utilize appropriately qualified individuals to supervise the overall conduct of the trial, to handle the data, to verify the data, to conduct the statistical analyses, and to prepare the trial reports.
- The sponsor may consider establishing an independent data monitoring committee (IDMC) to assess the progress of a clinical trial, including the safety data and the critical efficacy endpoints at intervals, and to recommend to the sponsor whether to continue, modify, or stop a trial. The IDMC should have written operating procedures and maintain written records of all its meetings.
- When using electronic trial data handling and/or remote electronic trial data systems, the sponsor should:
  - Ensure and document that the electronic data processing system(s) conforms to the sponsor's established requirements for completeness, accuracy, reliability, and consistent intended performance (i.e., validation).
  - Maintain SOPs for using these systems.
  - Ensure that the systems are designed to permit data changes in such a way that the data changes are documented and that there is no deletion of entered data (i.e., maintain an audit trail, data trail, edit trail).
  - Maintain a security system that prevents unauthorized access to the data.
  - Maintain a list of the individuals who are authorized to make data changes (see sections 4.1 and 4.9).

- Maintain adequate backup of the data.
- Safeguard the blinding, if any (e.g., maintain the blinding during data entry and processing).
- If data are transformed during processing, it should always be possible to compare the original data and observations with the processed data.
- The sponsor should use an unambiguous subject identification code (see section 1) that allows identification of all the data reported for each subject.
- The sponsor, or other owners of the data, should retain all of the sponsor-specific essential documents pertaining to the trial. (See section 8)
- The sponsor should retain all sponsor-specific essential documents in conformance with the applicable regulatory requirement(s) of the country(ies) where the product is approved, and/or where the sponsor intends to apply for approval(s).
- If the sponsor discontinues the clinical development of an investigational product (i.e., for any or all indications, routes of administration, or dosage forms), the sponsor should maintain all sponsor-specific essential documents for at least 2 years after formal discontinuation or in conformance with the applicable regulatory requirement(s).
- If the sponsor discontinues the clinical development of an investigational product, the sponsor should notify all the trial investigators/institutions and all the appropriate regulatory authorities.
- Any transfer of ownership of the data should be reported to the appropriate authority(ies), as required by the applicable regulatory requirement(s).
- The sponsor-specific essential documents should be retained until at least 3 years after the last approval of a marketing application in SA and until there are no pending or contemplated marketing applications in SA or at least 3 years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents should be retained for a longer period, however, if required by the applicable regulatory requirement(s) or if needed by the sponsor.
- The sponsor should inform the investigator(s)/institution(s) in writing of the need for record retention and should notify the investigator(s)/institution(s) in writing when the trial-related records are no longer needed (see section 4.9).

## 5.6 Investigator Selection

- The sponsor is responsible for selecting the investigator(s)/institution(s). Each investigator should be qualified by training and experience and should have adequate resources (see sections 4.1, 4.2) to properly conduct the trial for which the investigator is selected. If a coordinating committee and/or coordinating investigator(s) are to be utilized in multicenter trials, their organization and/or selection are the sponsor's responsibility.
- Before entering an agreement with an investigational institution to conduct a trial, the sponsor should provide the investigator(s)/institution(s) with the protocol and an up-to-date Investigational product brochure, and should provide sufficient time for the investigational institution to review the protocol and the information provided.
- The sponsor should obtain the investigator's/institution's agreement:
  - To conduct the trial in compliance with GCP, with the applicable regulatory requirement(s), and with the protocol agreed to by the sponsor and given approval by the IRB;
  - To comply with procedures for data recording/reporting: and
  - To permit monitoring, auditing, and inspection (see section 4.1.4).
  - To retain the essential documents that should be in the investigational institution files (see section 8.) until the sponsor informs the investigational institution these documents are no longer needed (see sections 4.9 and 5.5).

The sponsor and the investigational institution should sign the protocol, or an alternative document, to confirm this agreement.

## 5.7 Allocation of Duties and Functions

Prior to initiating a trial, the sponsor should define, establish, and allocate all trial-related duties and functions.

## 5.8 Compensation to Subjects and Investigators

- If required by the applicable regulatory requirement(s), the sponsor should provide insurance or should indemnify (legal and financial coverage) the investigator/the institution against claims arising from the trial, except for claims that arise from malpractice and/or negligence.

- 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 applicable regulatory requirement(s).
- When trial subjects receive compensation, the method and manner of compensation should comply with applicable regulatory requirement(s).

#### 5.9 Financing

The financial aspects of the trial should be documented in an agreement between the sponsor and the investigational institution.

#### 5.10 Notification/Submission to SFDA

Before initiating the clinical trial(s), the sponsor (or the sponsor and the investigator, if required by the applicable regulatory requirement(s)), should submit any required application(s) to the appropriate authority(ies) for review, acceptance, and/or permission (as required by the applicable regulatory requirement(s)) to begin the trial(s). Any notification/submission should be dated and contain sufficient information to identify the protocol.

#### 5.11 Confirmation of Review by IRB

- The sponsor should obtain from the investigational institution:
  - The name and address of the investigator's/institution's IRB.
  - A statement obtained from the IRB that it is organized and operates according to GCP and the applicable laws and regulations.
  - Documented IRB approval and, if requested by the sponsor, a current copy of protocol, written informed consent form(s) and any other written information to be provided to subjects, subject recruiting procedures, and documents related to payments and compensation available to the subjects, and any other documents that the IRB may have requested.
- If the IRB conditions its approval upon change(s) in any aspect of the trial, such as modification(s) of the protocol, written informed consent form and any other written information to be provided to subjects, and/or other procedures, the sponsor should obtain from the investigational institution a copy of the modification(s) made and the date approval was given by the IRB.
- The sponsor should obtain from the investigational institution documentation and dates of any IRB reapprovals/reevaluations, and of any withdrawals or suspensions of approval.

#### 5.12 Information on Investigational Product(s)

- When planning trials, the sponsor should ensure that sufficient safety and efficacy data from nonclinical studies and/or clinical trials are available to support human exposure by the route, at the dosages, for the duration, and in the trial population to be studied.
- The sponsor should update the Investigational product brochure as significant new information becomes available. (See section 7. "Investigational product brochure.")

#### 5.13 Manufacturing, Packaging, Labeling, and Coding Investigational Product(s)

- The sponsor should ensure that the investigational product(s) (including active comparator(s) and placebo, if applicable) is characterized as appropriate to the stage of development of the product(s), is manufactured in accordance with all GMP guidance, and is coded and labeled in a manner that protects the blinding, if applicable. In addition, the labeling should comply with applicable regulatory requirement(s).
- The sponsor should determine, for the investigational product(s), acceptable storage temperatures, storage conditions (e.g., protection from light), storage times, reconstitution fluids and procedures, and devices for product infusion, if any. The sponsor should inform all involved parties (e.g., monitors, investigators, pharmacists, storage managers) of these determinations.
- The investigational product(s) should be packaged to prevent contamination and unacceptable deterioration during transport and storage.
- In blinded trials, the coding system for the investigational product(s) should include a mechanism that permits rapid identification of the product(s) in case of a medical emergency, but does not permit undetectable breaks of the blinding.
- If significant formulation changes are made in the investigational or comparator product(s) during the course of clinical development, the results of any additional studies of the formulated product(s) (e.g., stability, dissolution rate, bioavailability) needed to assess whether these changes would significantly alter the pharmacokinetic profile of the product should be available prior to the use of the new formulation in clinical trials.

#### 5.14 Supplying and Handling Investigational Product(s)

- The sponsor is responsible for supplying the investigator(s)/institution(s) with the investigational product(s).
- The sponsor should not supply an investigational institution with the investigational product(s) until the sponsor obtains all required documentation (e.g., approval from IRB and SFDA).
- The sponsor should ensure that written procedures include instructions that the investigational institution should follow for the handling and storage of investigational product(s) for the trial and documentation thereof. The procedures should address adequate and safe receipt, handling, storage, dispensing, retrieval of unused product from subjects, and return of unused investigational product(s) to the sponsor (or alternative disposition if authorized by the sponsor and in compliance with the applicable regulatory requirement(s)).
- The sponsor should:
  - Ensure timely delivery of investigational product(s) to the investigator(s).
  - Maintain records that document shipment, receipt, disposition, return, and destruction of the investigational product(s). (See section 8).
  - Maintain a system for retrieving investigational products and documenting this retrieval (e.g., for deficient product recall, reclaim after trial completion, expired product reclaim).
  - Maintain a system for the disposition of unused investigational product(s) and for the documentation of this disposition.
- The sponsor should:
  - Take steps to ensure that the investigational product(s) are stable over the period of use.
  - Maintain sufficient quantities of the investigational product(s) used in the trials to reconfirm specifications, should this become necessary, and maintain records of batch sample analyses and characteristics. To the extent stability permits, samples should be retained either until the analyses of the trial data are complete or as required by the applicable regulatory requirement(s), whichever represents the longer retention period.

### 5.15 Record Access

- The sponsor should ensure that it is specified in the protocol or other written agreement that the investigator(s)/institution(s) provide direct access to source data/documents for trial-related monitoring, audits, IRB review, and regulatory inspection.
- The sponsor should verify that each subject has consented, in writing, to direct access to his/her original medical records for trial-related monitoring, audit, IRB review, and regulatory inspection.

### 5.16 Safety Information

- The sponsor is responsible for the ongoing safety evaluation of the investigational product(s).
- The sponsor should promptly notify all concerned investigator(s)/institution(s) and the SFDA of findings that could affect adversely the safety of subjects, impact the conduct of the trial, or alter the IRB approval to continue the trial.

### 5.17 Adverse Drug Reaction Reporting

- The sponsor should expedite the reporting to all concerned investigator(s)/institutions(s), to the IRB(s), where required, and to the SFDA of all adverse drug reactions (ADRs) that are both serious and unexpected.
- Such expedited reports should comply with the applicable regulatory requirement(s).
- The sponsor should submit to the SFDA all safety updates and periodic reports, as required by applicable regulatory requirement(s).

### 5.18 Monitoring

- Purpose: The purposes of trial monitoring are to verify that:
  - The rights and well-being of human subjects are protected.
  - The reported trial data are accurate, complete, and verifiable from source documents.
  - The conduct of the trial is in compliance with the currently approved protocol/amendment(s), with GCP, and with applicable regulatory requirement(s).

- Selection and Qualifications of Monitors:
  - Monitors should be a member of the IRB committee at the site of study.
  - Monitors should be appropriately trained, and should have the scientific and/or clinical knowledge needed to monitor the trial adequately. A monitor's qualifications should be documented.
  - Monitors should be thoroughly familiar with the investigational product(s), the protocol, written informed consent form and any other written information to be provided to subjects, the sponsor's SOPs, GCP, and the applicable regulatory requirement(s).
  
- Extent and Nature of Monitoring: The sponsor should ensure that the trials are adequately monitored. The sponsor should determine the appropriate extent and nature of monitoring. The determination of the extent and nature of monitoring should be based on considerations such as the objective, purpose, design, complexity, blinding, size, and endpoints of the trial. In general there is a need for on-site monitoring, before, during, and after the trial; however, in exceptional circumstances the sponsor may determine that central monitoring in conjunction with procedures such as investigators' training and meetings, and extensive written guidance can assure appropriate conduct of the trial in accordance with GCP. Statistically controlled sampling may be an acceptable method for selecting the data to be verified.
  
- Monitor's Responsibilities: The monitor(s), in accordance with the sponsor's requirements, should ensure that the trial is conducted and documented properly by carrying out the following activities when relevant and necessary to the trial and the trial site:
  - Acting as the main line of communication between the sponsor and the investigator.
  - Verifying that the investigator has adequate qualifications and resources (see sections 4.1, 4.2 and 5.6) and these remain adequate throughout the trial period, and that the staff and facilities, including laboratories and equipment, are adequate to safely and properly conduct the trial and these remain adequate throughout the trial period.
  - Verifying, for the investigational product(s):
    - That storage times and conditions are acceptable, and that supplies are sufficient throughout the trial.
    - That the investigational product(s) are supplied only to subjects who are eligible to receive it and at the protocol specified dose(s).

- Those subjects are provided with necessary instruction on properly using, handling, storing, and returning the investigational product(s).
  - That the receipt, use, and return of the investigational product(s) at the trial sites are controlled and documented adequately.
  - That the disposition of unused investigational product(s) at the trial sites complies with applicable regulatory requirement(s) and is in accordance with the sponsor's authorized procedures.
- Verifying that the investigator follows the approved protocol and all approved amendment(s), if any.
- Verifying that written informed consent was obtained before each subject's participation in the trial.
- Ensuring that the investigator receives the current Investigational product brochure, all documents, and all trial supplies needed to conduct the trial properly and to comply with the applicable regulatory requirement(s).
- Ensuring that the investigator and the investigator's trial staff are adequately informed about the trial.
- Verifying that the investigator and the investigator's trial staff are performing the specified trial functions, in accordance with the protocol and any other written agreement between the sponsor and the investigational institution, and have not delegated these functions to unauthorized individuals.
- Verifying that the investigator is enrolling only eligible subjects.
- Reporting the subject recruitment rate.
- Verifying that source data/documents and other trial records are accurate, complete, kept up-to-date, and maintained.
- Verifying that the investigator provides all the required reports, notifications, applications, and submissions, and that these documents are accurate, complete, timely, legible, dated, and identify the trial.
- Checking the accuracy and completeness of the CRF entries, source data/documents, and other trial-related records against each other. The monitor specifically should verify that:

- The data required by the protocol are reported accurately on the CRFs and are consistent with the source data/documents.
  - Any dose and/or therapy modifications are well documented for each of the trial subjects.
  - Adverse events, concomitant medications, and intercurrent illnesses are reported in accordance with the protocol on the CRFs.
  - Visits that the subjects fail to make, tests that are not conducted, and examinations that are not performed are clearly reported as such on the CRFs.
  - All withdrawals and dropouts of enrolled subjects from the trial are reported and explained on the CRFs.
- Informing the investigator of any CRF entry error, omission, or illegibility. The monitor should ensure that appropriate corrections, additions, or deletions are made, dated, explained (if necessary), and initialed by the investigator or by a member of the investigator's trial staff who is authorized to initial CRF changes for the investigator. This authorization should be documented.
  - Determining whether all adverse events (AEs) are appropriately reported within the time periods required by GCP, the ICH Guidance for Clinical Safety Data Management: Definitions and Standards for Expedited Reporting, the protocol, the IRB, the sponsor, and the applicable regulatory requirement(s).
  - Determining whether the investigator is maintaining the essential documents. (See section 8).
  - Communicating deviations from the protocol, SOPs, GCP, and the applicable regulatory requirements to the investigator and taking appropriate action designed to prevent recurrence of the detected deviations.
- Monitoring Procedures: The monitor(s) should follow the sponsor's established written SOPs as well as those procedures that are specified by the sponsor for monitoring a specific trial.
  - Monitoring Report:
    - The monitor should submit a written report to the sponsor after each trial-site visit or trial-related communication.
    - Reports should include the date, site, name of the monitor, and name of the investigator or other individual(s) contacted.
    - Reports should include a summary of what the monitor reviewed and the monitor's statements concerning the significant

findings/facts, deviations and deficiencies, conclusions, actions taken or to be taken, and/or actions recommended to secure compliance.

- The review and follow-up of the monitoring report by the sponsor should be documented by the sponsor's designated representative.

## 5.19 Audit

If or when sponsors perform audits, as part of implementing quality assurance, they should consider:

- Purpose:

The purpose of a sponsor's audit, which is independent of, and separate from routine monitoring or quality control functions, should be to evaluate trial conduct and compliance with the protocol, SOPs, GCP, and the applicable regulatory requirements.

- Selection and Qualification of Auditors:

- The sponsor should appoint individuals, who are independent of the clinical trial/data collection system(s), to conduct audits.
- The sponsor should ensure that the auditors are qualified by training and experience to conduct audits properly. An auditor's qualifications should be documented.

### Auditing Procedures

- The sponsor should ensure that the auditing of clinical trials/systems is conducted in accordance with the sponsor's written procedures on what to audit, how to audit, the frequency of audits, and the form and content of audit reports.
- The sponsor's audit plan and procedures for a trial audit should be guided by the importance of the trial to submissions to regulatory authorities, the number of subjects in the trial, the type and complexity of the trial, the level of risks to the trial subjects, and any identified problem(s).
- The observations and findings of the auditor(s) should be documented.
- To preserve the independence and value of the audit function, the SFDA should not routinely request the audit reports. SFDA may seek access to an audit report on a case-by-case basis, when evidence of serious GCP noncompliance exists, or in the course of legal proceedings.

- Where required by applicable law or regulation, the sponsor should provide an audit certificate.

#### 5.20 Noncompliance

- Noncompliance with the protocol, SOPs, GCP, and/or applicable regulatory requirement(s) by an investigational institution, or by member(s) of the sponsor's staff should lead to prompt action by the sponsor to secure compliance.
- If the monitoring and/or auditing identify serious and/or persistent noncompliance on the part of an investigational institution, the sponsor should terminate the investigator's/institution's participation in the trial. When an investigator's/institution's participation is terminated because of noncompliance, the sponsor should notify promptly the SFDA.

#### 5.21 Premature Termination or Suspension of a Trial

If a trial is terminated prematurely or suspended, the sponsor should promptly inform the investigators/institutions, and the SFDA of the termination or suspension and the reason(s) for the termination or suspension. The IRB should also be informed promptly and provided the reason(s) for the termination or suspension by the sponsor or by the investigational institution, as specified by the applicable regulatory requirement(s).

#### 5.22 Clinical Trial/Study Reports

Whether the trial is completed or prematurely terminated, the sponsor should ensure that the clinical trial/study reports are prepared and provided to the regulatory agency(ies) as required by the applicable regulatory requirement(s).

#### 5.23 Multicenter Trials

For multicenter trials, the sponsor should ensure that:

- All investigators conduct the trial in strict compliance with the protocol agreed to by the sponsor and, if required, by the SFDA, and given approval by the IRB.
- The CRFs are designed to capture the required data at all multicenter trial sites. For those investigators who are collecting additional data, supplemental CRFs should also be provided that are designed to capture the additional data.
- The responsibilities of the coordinating investigator(s) and the other participating investigators are documented prior to the start of the trial.

- All investigators are given instructions on following the protocol, on complying with a uniform set of standards for the assessment of clinical and laboratory findings, and on completing the CRFs.
- Communication between investigators is facilitated.

## 6. CLINICAL TRIAL PROTOCOL:

The contents of a trial protocol should generally include the following topics. However, site specific information may be provided on separate protocol page(s), or addressed in a separate agreement, and some of the information listed below may be contained in other protocol referenced documents, such as an Investigational product brochure.

### 6.1 General Information

- Protocol title, protocol identifying number, and date. Any amendment(s) should also bear the amendment number(s) and date(s).
- Name and address of the sponsor and monitor (if other than the sponsor).
- Name and title of the person(s) authorized to sign the protocol and the protocol amendment(s) for the sponsor.
- Name, title, address, and telephone number(s) of the sponsor's medical expert for the trial.
- Name and title of the investigator(s) who is (are) responsible for conducting the trial, and the address and telephone number(s) of the trial site(s).
- Name, title, address, and telephone number(s) of the qualified physician who is responsible for all trial-site related medical decisions (if other than investigator).
- Name(s) and address (es) of the clinical laboratory (ies) and other medical and/or technical department(s) and/or institutions involved in the trial.

### 6.2 Background Information

- Name and description of the investigational product(s).
- A summary of findings from nonclinical studies that potentially have clinical significance and from clinical trials that are relevant to the trial.
- Summary of the known and potential risks and benefits, if any, to human subjects.

- Description of and justification for the route of administration, dosage, dosage regimen, and treatment period(s).
- A statement that the trial will be conducted in compliance with the protocol, GCP, and the applicable regulatory requirement(s).
- Description of the population to be studied.
- References to literature and data that are relevant to the trial, and that provide background for the trial.

### 6.3 Trial Objectives and Purpose

A detailed description of the objectives and the purpose of the trial.

### 6.4 Trial Design

The scientific integrity of the trial and the credibility of the data from the trial depend substantially on the trial design. A description of the trial design should include:

- A specific statement of the primary endpoints and the secondary endpoints, if any, to be measured during the trial.
- A description of the type/design of trial to be conducted (e.g., double-blind, placebo-controlled, parallel design) and a schematic diagram of trial design, procedures, and stages.
- A description of the measures taken to minimize/avoid bias, including (for example):

Randomization

Blinding

- A description of the trial treatment(s) and the dosage and dosage regimen of the investigational product(s). Also include a description of the dosage form, packaging, and labeling of the investigational product(s).
- The expected duration of subject participation, and a description of the sequence and duration of all trial periods, including follow-up, if any.
- A description of the "stopping rules" or "discontinuation criteria" for individual subjects, parts of trial, and entire trial.
- Accountability procedures for the investigational product(s), including the placebo(s) and comparator(s), if any.

- Maintenance of trial treatment randomization codes and procedures for breaking codes.
- The identification of any data to be recorded directly on the CRFs (i.e., no prior written or electronic record of data), and to be considered to be source data.

#### 6.5 Selection and Withdrawal of Subjects

- Subject inclusion criteria.
- Subject exclusion criteria.
- Subject withdrawal criteria (i.e., terminating investigational product treatment/trial treatment) and procedures specifying:
  - When and how to withdraw subjects from the trial/ investigational product treatment.
  - The type and timing of the data to be collected for withdrawn subjects.
  - Whether and how subjects are to be replaced.
  - The follow-up for subjects withdrawn from investigational product treatment/trial treatment.

#### 6.6 Treatment of Subjects

- The treatment(s) to be administered, including the name(s) of all the product(s), the dose(s), the dosing schedule(s), the route/mode(s) of administration, and the treatment period(s), including the follow-up period(s) for subjects for each investigational product treatment/trial treatment group/arm of the trial.
- Medication(s)/treatment(s) permitted (including rescue medication) and not permitted before and/or during the trial.
- Procedures for monitoring subject compliance.

#### 6.7 Assessment of Efficacy

- Specification of the efficacy parameters.

- Methods and timing for assessing, recording, and analyzing efficacy parameters.

#### 6.8 Assessment of Safety

- Specification of safety parameters.
- The methods and timing for assessing, recording, and analyzing safety parameters.
- Procedures for eliciting reports of and for recording and reporting adverse event and intercurrent illnesses.
- The type and duration of the follow-up of subjects after adverse events.

#### 6.9 Statistics

- A description of the statistical methods to be employed, including timing of any planned interim analysis(es).
- The number of subjects planned to be enrolled. In multicenter trials, the number of enrolled subjects projected for each trial site should be specified. Reason for choice of sample size, including reflections on (or calculations of) the power of the trial and clinical justification.
- The level of significance to be used.
- Criteria for the termination of the trial.
- Procedure for accounting for missing, unused, and spurious data.
- Procedures for reporting any deviation(s) from the original statistical plan. Any deviation(s) from the original statistical plan should be described and justified in the protocol and/or in the final report, as appropriate.
- The selection of subjects to be included in the analyses (e.g., all randomized subjects, all dosed subjects, all eligible subjects, evaluate-able subjects).

#### 6.10 Direct Access to Source Data/Documents

The sponsor should ensure that it is specified in the protocol or other written agreement that the investigator(s)/institution(s) will permit trial-related monitoring, audits, IRB review, and regulatory inspection(s) by providing direct access to source data/documents.

## 6.11 Quality Control and Quality Assurance

### 6.12 Ethics

Description of ethical considerations relating to the trial.

### 6.13 Data Handling and Recordkeeping

### 6.14 Financing and Insurance

Financing and insurance if not addressed in a separate agreement.

### 6.15 Publication Policy

Publication policy, if not addressed in a separate agreement.

### 6.16 Supplements

Any further relevant information

## 7. INVESTIGATIONAL PRODUCT BROCHURE

### 7.1 Introduction

The Investigational product brochure (IB) is a compilation of the clinical and nonclinical data on the investigational product(s) that are relevant to the study of the product(s) in human subjects. Its purpose is to provide the investigators and others involved in the trial with the information to facilitate their understanding of the rationale for, and their compliance with, many key features of the protocol, such as the dose, dose frequency/interval, methods of administration, and safety monitoring procedures. The IB also provides insight to support the clinical management of the study subjects during the course of the clinical trial. The information should be presented in a concise, simple, objective, balanced, and nonpromotional form that enables a clinician, or potential investigator, to understand it and make his/her own unbiased risk-benefit assessment of the appropriateness of the proposed trial. For this reason, a medically qualified person should generally participate in the editing of an IB, but the contents of the IB should be approved by the disciplines that generated the described data.

This guidance delineates the minimum information that should be included in an IB and provides suggestions for its layout. It is expected that the type and extent of information available will vary with the stage of development of the investigational product. If the investigational product is marketed and its pharmacology is widely understood by medical practitioners, an extensive IB may not be necessary. Where permitted by regulatory authorities, a basic product information brochure, package leaflet, or labeling may be an appropriate alternative, provided that it includes current, comprehensive, and detailed information on all aspects of the investigational product that might be of importance to the investigator. If a marketed product is being studied for a new use (i.e., a new indication), an IB specific to that new use should be prepared.

The IB should be reviewed at least annually and revised as necessary in compliance with a sponsor's written procedures. More frequent revision may be appropriate depending on the stage of development and the generation of relevant new information. However, in accordance with GCP, relevant new information may be so important that it should be communicated to the investigators, and possibly to the Institutional Review Boards (IRBs) and/or regulatory authorities before it is included in a revised IB.

Generally, the sponsor is responsible for ensuring that an up-to-date IB is made available to the investigator(s) and the investigators are responsible for providing the up-to-date IB to the responsible IRBs. In the case of an investigator-sponsored trial, the sponsor-investigator should determine whether a brochure is available from the commercial manufacturer. If the investigational product is provided by the sponsor-investigator, then he or she should provide the necessary information to the trial personnel. In cases where preparation of a formal IB is impractical, the sponsor-investigator should provide, as a substitute, an expanded background information section in the trial protocol that contains the minimum current information described in this guidance.

## 7.2 General Considerations

The IB should include:

- **Title Page:** This should provide the sponsor's name, the identity of each investigational product (i.e., research number, chemical or approved generic name, and trade name(s) where legally permissible and desired by the sponsor), and the release date. It is also suggested that an edition number, and a reference to the number and date of the edition it supersedes, be provided. An example is given in Appendix 3.
- **Confidentiality Statement:** The sponsor may wish to include a statement instructing the investigator/recipients to treat the IB as a confidential document for the sole information and use of the investigator's team and the IRB.

## 7.3 Contents of the Investigational product brochure

The IB should contain the following sections, each with literature references where appropriate:

- **Table of Contents:** An example of the Table of Contents is given in Appendix 4.
- **Summary:** A brief summary (preferably not exceeding two pages) should be given, highlighting the significant physical, chemical, pharmaceutical, pharmacological, toxicological, pharmacokinetic, metabolic, and clinical

information available that is relevant to the stage of clinical development of the investigational product.

- Introduction: A brief introductory statement should be provided that contains the chemical name (and generic and trade name(s) when approved) of the investigational product(s), all active ingredients, the investigational product(s) pharmacological class and its expected position within this class (e.g., advantages), the rationale for performing research with the investigational product(s), and the anticipated prophylactic, therapeutic, or diagnostic indication(s). Finally, the introductory statement should provide the general approach to be followed in evaluating the investigational product.
- Physical, Chemical, and Pharmaceutical Properties and Formulation: A description should be provided of the investigational product substance(s) (including the chemical and/or structural formula(e)), and a brief summary should be given of the relevant physical, chemical, and pharmaceutical properties.
- To permit appropriate safety measures to be taken in the course of the trial, a description of the formulation(s) to be used, including excipients, should be provided and justified if clinically relevant. Instructions for the storage and handling of the dosage form(s) should also be given.
- Any structural similarities to other known compounds should be mentioned.
- 7.3.5 Nonclinical Studies
- Introduction:

The results of all relevant nonclinical pharmacology, toxicology, pharmacokinetic, and investigational product metabolism studies should be provided in summary form. This summary should address the methodology used, the results, and a discussion of the relevance of the findings to the investigated therapeutic and the possible unfavorable and unintended effects in humans.

The information provided may include the following, as appropriate, if known/available:

- Species tested;
- Number and sex of animals in each group;
- Unit dose (e.g., milligram/kilogram (mg/kg));
- Dose interval;
- Route of administration;
- Duration of dosing;
- Information on systemic distribution;
- Duration of post-exposure follow-up;

- Results, including the following aspects:
  - Nature and frequency of pharmacological or toxic effects;
  - Severity or intensity of pharmacological or toxic effects;
  - Time to onset of effects;
  - Reversibility of effects;
  - Duration of effects;
  - Dose response.

Tabular format/listings should be used whenever possible to enhance the clarity of the presentation.

The following sections should discuss the most important findings from the studies, including the dose response of observed effects, the relevance to humans, and any aspects to be studied in humans. If applicable, the effective and nontoxic dose findings in the same animal species should be compared (i.e., the therapeutic index should be discussed). The relevance of this information to the proposed human dosing should be addressed. Whenever possible, comparisons should be made in terms of blood/tissue levels rather than on an mg/kg basis.

#### (a) Nonclinical Pharmacology

A summary of the pharmacological aspects of the investigational product and, where appropriate, its significant metabolites studied in animals should be included. Such a summary should incorporate studies that assess potential therapeutic activity (e.g., efficacy models, receptor binding, and specificity) as well as those that assess safety (e.g., special studies to assess pharmacological actions other than the intended therapeutic effect(s)).

#### (b) Pharmacokinetics and Product Metabolism in Animals

A summary of the pharmacokinetics and biological transformation and disposition of the investigational product in all species studied should be given. The discussion of the findings should address the absorption and the local and systemic bioavailability of the investigational product and its metabolites, and their relationship to the pharmacological and toxicological findings in animal species.

#### (c) Toxicology

A summary of the toxicological effects found in relevant studies conducted in different animal species should be described under the following headings where appropriate:

- Single dose;
- Repeated dose;

- Carcinogenicity;
- Special studies (e.g., irritancy and sensitization);
- Reproductive toxicity;
- Genotoxicity (mutagenicity).

### 7.3.6 Effects in Humans

- Introduction:

A thorough discussion of the known effects of the investigational product(s) in humans should be provided, including information on pharmacokinetics, metabolism, pharmacodynamics, dose response, safety, efficacy, and other pharmacological activities. Where possible, a summary of each completed clinical trial should be provided. Information should also be provided regarding results from any use of the investigational product(s) other than in clinical trials, such as from experience during marketing.

#### (a) Pharmacokinetics and Product Metabolism in Humans

A summary of information on the pharmacokinetics of the investigational product(s) should be presented, including the following, if available:

- Pharmacokinetics (including metabolism, as appropriate, and absorption, plasma protein binding, distribution, and elimination).
- Bioavailability of the investigational product (absolute, where possible, and/or relative) using a reference dosage form. Population subgroups (e.g., gender, age, and impaired organ function).
- Interactions (e.g., product-product interactions and effects of food).
- Other pharmacokinetic data (e.g., results of population studies performed within clinical trial(s)).

#### (b) Safety and Efficacy

A summary of information should be provided about the investigational product's (including metabolites, where appropriate) safety, pharmacodynamics, efficacy, and dose response that were obtained from preceding trials in humans (healthy volunteers and/or patients). The implications of this information should be discussed. In cases where a number of clinical trials have been completed, the use of summaries of safety and efficacy across multiple trials by indications in subgroups may provide a clear presentation of the data. Tabular summaries of adverse

drug reactions for all the clinical trials (including those for all the studied indications) would be useful. Important differences in adverse drug reaction patterns/incidences across indications or subgroups should be discussed.

The IB should provide a description of the possible risks and adverse drug reactions to be anticipated on the basis of prior experiences with the product under investigation and with related products. A description should also be provided of the precautions or special monitoring to be done as part of the investigational use of the product(s).

#### (c) Marketing Experience

The IB should identify countries where the investigational product has been marketed or approved. Any significant information arising from the marketed use should be summarized (e.g., formulations, dosages, routes of administration, and adverse product reactions). The IB should also identify all the countries where the investigational product did not receive approval/registration for marketing or was withdrawn from marketing/registration.

#### 7.3.7 Summary of Data and Guidance for the Investigator

This section should provide an overall discussion of the nonclinical and clinical data, and should summarize the information from various sources on different aspects of the investigational product(s), wherever possible. In this way, the investigator can be provided with the most informative interpretation of the available data and with an assessment of the implications of the information for future clinical trials.

Where appropriate, the published reports on related products should be discussed. This could help the investigator to anticipate adverse drug reactions or other problems in clinical trials.

The overall aim of this section is to provide the investigator with a clear understanding of the possible risks and adverse reactions, and of the specific tests, observations, and precautions that may be needed for a clinical trial. This understanding should be based on the available physical, chemical, pharmaceutical, pharmacological, toxicological, and clinical information on the investigational product(s). Guidance should also be provided to the clinical investigator on the recognition and treatment of possible overdose and adverse drug reactions that is based on previous human experience and on the pharmacology of the investigational product.

## 8. ESSENTIAL DOCUMENTS FOR THE CONDUCT OF A CLINICAL TRIAL

### 8.1 Introduction

Essential Documents are those documents that individually and collectively permit evaluation of the conduct of a trial and the quality of the data produced. These documents serve to demonstrate the compliance of the investigator, sponsor, and monitor with the standards of GCP and with all applicable regulatory requirements.

Essential Documents also serve a number of other important purposes. Filing essential documents at the investigational institution and sponsor sites in a timely manner can greatly assist in the successful management of a trial by the investigator, sponsor, and monitor. These documents are also the ones that are usually audited by the sponsor's independent audit function and inspected by the SFDA as part of the process to confirm the validity of the trial conduct and the integrity of data collected.

The minimum list of essential documents that has been developed follows. The various documents are grouped in three sections according to the stage of the trial during which they will normally be generated (1) before the clinical phase of the trial commences, (2) during the clinical conduct of the trial, and (3) after completion or termination of the trial. A description is given of the purpose of each document, and whether it should be filed in either the investigational institution or sponsor files, or both. It is acceptable to combine some of the documents, provided the individual elements are readily identifiable.

Trial master files should be established at the beginning of the trial, both at the investigational institution's site and at the sponsor's office. A final close-out of a trial can only be done when the monitor has reviewed both investigational institution and sponsor files and confirmed that all necessary documents are in the appropriate files.

Any or all of the documents addressed in this guidance may be subject to, and should be available for, audit by the sponsor's auditor and inspection by the SFDA.

## 8.2 Before the Clinical Phase of the Trial Commences

During this planning stage the following documents should be generated and should be on file before the trial formally starts.

	Title of Document	Purpose	Located in Files of	
			Investigator/ Institution	Sponsor
8.2.1	Investigator's brochure	To document that relevant and current scientific information about the investigational product has been provided to the investigator	X	X
8.2.2	Signed protocol and amendments, if any, and sample case report form (CRF)	To document investigator and sponsor agreement to the protocol/amendment(s) and CRF	X	X
8.2.3	Information given to trial subject -Informed consent form (Including all applicable translations) -Any other written information	To document the informed consent  To document that subjects will be given appropriate written information (content and wording) to support their ability to give fully informed consent	X  X	X  X
	-Advertisement for subject recruitment (if used)	To document that recruitment measures are appropriate and not coercive	X	
8.2.4	Financial aspects of the trial	To document the financial agreement between the investigator/institution and the sponsor for the trial	X	X
8.2.5	Insurance statement (where required)	To document that compensation to subject(s) for trial-related injury will be available	X	X

8.2.6	Signed agreement between involved parties, e.g.: -Investigator/institution and sponsor -Investigator/institution and CRO  -Sponsor and CRO -Investigator/institution authority(ies) (where required)	To document agreement	X  X  X	X  X (where required)  X X
8.2.7	Dated, document approval/favorable opinion of IRB/IEC of the following: -protocol and any amendments -CRF (if applicable) -Informed consent from(s) -Any other written information to be provided to the subject(s) -Advertisement for subject recruitment (if used) -Subject compensation (if any) -Any other documents given approval/favorable opinion	To document that the trial has been subject to IRB/IEC review and given approval/favorable opinion. To identify the version number and date of the document(s).	X	X
8.2.8	Institutional review board/independent ethics committee composition	To document that the IRB/IEC is constituted in agreement with GCP	X	X (where required)
8.2.9	SFDA authorization/approval/notification of protocol (where required)	To document appropriate authorization/approval/notification by the SFDA has been obtained prior to initiation of the trial in compliance with the applicable regulatory requirement(s)	X (where required)	X (where required)

8.2.10	Curriculum vitas and/or other relevant document evidencing qualifications of investigator(s) and sub investigator	To document qualifications and eligibility to conduct trial and/or provide medical supervision of subjects	X	X
8.2.11	Normal value(s)/range(s) for medical/laboratory/technical procedure(s) and/or test(s) included in the protocol	To document normal values and/or ranges of the tests	X	X
8.2.12	Medical/laboratory/technical procedures/tests -Certification or -Accreditation or -Established quality control and/or external quality assessment or -other validation(where required)	To document competence of facility to perform required test(s), and support reliability of results	X (where required)	X
8.2.13	Sample of label(s) attached to investigation product container(s)	To document compliance with applicable labeling regulations and appropriateness of instructions provided to the subject		X
8.2.14	Instructions for handling of investigational product(s) and trial- (if not included in protocol or Investigator's Brochure)	To document instructions needed to ensure proper storage, packaging, dispensing, and disposition of investigational products and trial-related materials	X	X
8.2.15	Shipping records for investigational product(s) and trial-related materials	To document shipment dates, batch numbers, and method of shipment of investigational product(s) and trial-related materials. Allows tracking of product batch, review of shipping conditions, and accountability.	X	X
8.2.16	Certificate(s) of analysis of investigational product(s) shipped	To document identity, purity, and strength of investigational products to be used in the trial		X

8.2.17	Decoding procedures for blinded trials	To document how, in case of an emergency, identity of blinded investigational product can be revealed without breaking the blind for the remaining subjects' treatment	X	X (third party if applicable)
8.2.18	Master randomization list	To document method for randomization of trial population		X (third party if applicable)
8.2.19	Pretrial monitoring report	To document that the site is suitable for the trial(may be combined with 8.2.20)		X
8.2.20	Trial initiation monitoring report	To document that trial procedures were reviewed with the investigator and investigator's trial staff (maybe combined with 8.2.19)	X	X

### 8.3 During the Clinical Conduct of the Trial

In addition to having on file the above documents, the following should be added to the files during the trial as evidence that all new relevant information is documented as it becomes available.

	<b>Title of Document</b>	<b>Purpose</b>	<b>Located in Files of</b> Investigator/ Sponsor Institution	
8.3.1	Investigator's Brochure updates	To document that investigator is informed in a timely manner of relevant information as it becomes available	X	X
8.3.2	Any revisions to: Protocol/amendment(s) and CRF -Informed consent form -Any other written information provided to subjects -Advertisement for subject recruitment (if used)	To document revisions of these trial-related documents that take effect during trial	X	X

8.3.3	Dated, document approval/favorable opinion of (IRB)/(IEC) of the following: -protocol amendments -Revision(s) of: -informed consent form -Any other written information to be provided to the subject -Advertisement for subject recruitment (if used) -Any other document given approval/favorable opinion -Continuing review of trial (see section 3.1.4)	To document that the amendment(s) and/or revision(s) have been subject to IRB/IEC review and were given approval/favorable opinion. To identify the version number and date of the document(s)	X	X
8.3.4	SFDA authorizations/approval /notifications where required for: -Protocol amendment(s) and other document	To document compliance with applicable regulatory requirements	X (where required)	X
8.3.5	Curriculum vitae for new investigator(s) and/or sub investigators	(see section 8.2.10)	X	X
8.3.6	Updates to normal value(s)/range(s) for medical laboratory/technical procedure(s)/test(s) included in the protocol	To document normal values and ranges that are revised during the trial (see section 8.2.11)	X	X
8.3.7	Updates of medical/laboratory/technical/procedures/tests -Certification or -Accreditation or -Established quality control and/or external quality assessment or	To document that tests remain adequate throughout the trial period (see section 8.2.12)	X (where required)	X

	-Other validation (where required)			
8.3.8	Documentation of investigational product(s) and trial-related materials shipment	(See section 8.2.15)	X	X
8.3.9	Certificate(s) of analysis for new batches of investigational products	(See section 8.2.16)		X
8.3.10	Monitoring visit reports	To document site visits by, and findings of, the monitor		X
8.3.11	Relevant communications other than site visits -letters -meeting notes -Notes of telephone calls	To document any agreements or significant discussions regarding trial administration, protocol violations, trial conduct, adverse event (AE) reporting	X	X
8.3.12	Signed informed consent forms	To document that consent is obtained in accordance with GCP and protocol and dated prior to participation of each subject in trial. Also to document direct access permission (see section 8.2.3)	X	
8.3.13	Source documents	To document the existence of the subject and substantiate integrity of trial data collected. To include original documents related to the trial, to medical treatment, and history of subject	X	
8.3.14	Signed, dated, and completed case report forms (CRFs)	To document that the investigator or authorized member of the investigators staff confirms the observations recorded	X (copy)	X (original)
8.3.15	Documentation of CRF corrections	To document all changes/ additions or corrections made to CRF after initial data were recorded	X (copy)	X (original)
8.3.16	Notification by originating investigator to sponsor of serious	Notification by originating investigator to sponsor of serious adverse events and related	X	X

	adverse events and related reports	reports in accordance with 4.11		
8.3.17	Notification by sponsor and/or investigator, where applicable, to SFDA and IRB(s)/IEC(s) of unexpected serious adverse drug reactions and of other safety information	Notification by sponsor and/or investigator, where applicable, to SFDA and IRB(s)/IEC(s) of unexpected serious adverse drug reactions in accordance with 5.17 and 4.11.1 and of other safety information in accordance with 4.11.2 and 5.16.2	X (where required)	X
8.3.18	Notification by sponsor to investigators of safety information	Notification by sponsor to investigators of safety information in accordance with 5.16.2	X	X
8.3.19	Interim or annual reports provided to IRB/IEC and authority(ies)	Interim or annual reports provided to IRB/IEC in accordance with 4.10 and to authority(ies) in accordance with 5.17.3	X	X (where required)
8.3.20	Subject screening log	To document identification of subject who entered pretrial screening	X	X (where required)
8.3.21	Subject identification code list	To document that investigator/institution keeps a confidential list of names of all subject allocated to trial numbers on enrolling in the trial. Allows investigator/institution to reveal identity of any subject	X	
8.3.22	Subject enrollment log	To document chronological enrollment of subject by trial number	X	
8.3.23	Investigational products(s) accountability at the sites	To document that investigational products(s) have been used according to the protocol	X	X
8.3.24	Signatures sheet	To document signatures and initials of all persons authorized to make entries and/or corrections on CRFs	X	X
8.3.25	Record of retained body fluids/tissue samples (if any)	To document location and identification of retained samples if assays need to be repeated	X	X

#### 8.4 After Completion or Termination of the Trial

After completion or termination of the trial, all of the documents identified in section 8.2 and 8.3 should be in the file together with the following:

	Title of Document	Purpose	Located in Files of	
			Investigator/ Institution	Sponsor
8.4.1	Investigational product(s) accountability at site	To document that the investigational product(s) have been used according to the protocol . To document the final accounting of investigational product(s) received at the site, dispensed to subjects, returned by the subjects, and returned to sponsor	X	X
8.4.2	Documentation of investigational product(s) destruction	To document destruction of unused investigational product(s) by sponsor or at site	X (if destroyed at site)	X
8.4.3	Completed subject identification code list	To permit identification of all subjects enrolled in the trial in case follow-up is required. List should be kept in a confidential manner and for agreed upon time	X	
8.4.4	Audit certificate (if required)	To document that audit was performed (if required) (see section 5.19.3(e))		X
8.4.5	Final trial close-out monitoring report	To document that all activities required for trial close-out are completed, and copies of essential document are held in the appropriate files		X
8.4.6	Treatment allocation and decoding documentation	Returned to sponsor to document any decoding that may have occurred		X
8.4.7	Final report by investigator/institution to IRB/IEC where	To document completion of the trial	X	

	required, and where applicable, to the SFDA (see section 4.13			
8.4.8	Clinical study report (see section 5.22)	To document results and interpretation of trial	X (if applicable)	X

## APPENDICES:

### Appendix 1:

#### WORLD MEDICAL ASSOCIATION DECLARATION OF HELSINKI Ethical Principles for Medical Research Involving Human Subjects

Adopted by the 18th WMA General Assembly Helsinki, Finland, June 1964 and amended by the  
29th WMA General Assembly, Tokyo, Japan, October 1975  
35th WMA General Assembly, Venice, Italy, October 1983  
41st WMA General Assembly, Hong Kong, September 1989  
48th WMA General Assembly, Somerset West, Republic of South Africa, October 1996  
52nd WMA General Assembly, Edinburgh, Scotland, October 2000

#### Introduction

it is the mission of the physician to safeguard the health of the people. His or her knowledge and conscience are dedicated to the fulfillment of this mission.

The Declaration of Geneva of the World Medical Assembly binds the physician with the words. "The health of my patient will be my first consideration," and the International Code of Medical Ethics declares that, "A physician shall act only in the patient's interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient."

The purpose of biomedical research involving human subjects must be to improve diagnostic, therapeutic and prophylactic procedures and the understanding of the aetiology and pathogenesis of disease.

In current medical practice most diagnostic, therapeutic or prophylactic procedures involve hazards. This applies especially to biomedical research.

Medical progress is based on research which ultimately must rest in part on experimentation involving human subjects.

In the field of biomedical research a fundamental distinction must be recognized between medical research in which the aim is essentially diagnostic or therapeutic for a patient, and medical research, the essential object of which is purely scientific and without implying direct diagnostic or therapeutic value to the person subjected to the research.

Special caution must be exercised in the conduct of research which may affect the environment, and the welfare of animals used for research must be

respected.

Because it is essential that the results of laboratory experiments be applied to human beings to further scientific knowledge and to help suffering humanity, the World Medical Association has prepared the following recommendations as a guide to every physician in biomedical research involving human subjects. They should be kept under review in the future. It must be stressed that the standards as drafted are only a guide to physicians all over the world. Physicians are not relieved from criminal, civil and ethical responsibilities under the laws of their own countries.

#### I. Basic principles

1. Biomedical research involving human subjects must conform to generally accepted scientific principles and should be based on adequately performed laboratory and animal experimentation and on a thorough knowledge of the scientific literature.
2. The design and performance of each experimental procedure involving human subjects should be clearly formulated in an experimental protocol which should be transmitted for consideration, comment and guidance to a specially appointed committee independent of the investigator and the sponsor provided that this independent committee is in conformity with the laws and regulations of the country in which the research experiment is performed.
3. Biomedical research involving human subjects should be conducted only by scientifically qualified persons and under the supervision of a clinically competent medical person. The responsibility for the human subject must always rest with a medically qualified person and never rest on the subject of the research, even though the subject has given his or her consent.
4. Biomedical research involving human subjects cannot legitimately be carried out unless the importance of the objective is in proportion to the inherent risk to the subject.
5. Every biomedical research project involving human subjects should be preceded by careful assessment of predictable risks in comparison with foreseeable benefits to the subject or to others. Concern for the interests of the subject must always prevail over the interests of science and society.
6. The right of the research subject to safeguard his or her integrity must always be respected. Every precaution should be taken to respect the privacy of the subject and to minimize the impact of the study on the subject's physical and mental integrity and on the personality of the subject.
7. Physicians should abstain from engaging in research projects involving human

subjects unless they are satisfied that the hazards involved are believed to be predictable. Physicians should cease any investigation if the hazards are found to outweigh the potential benefits.

8. In publication of the results of his or her research, the physician is obliged to preserve the accuracy of the results. Reports of experimentation not in accordance with the principles laid down in this Declaration should not be accepted for publication.

9. In any research on human beings, each potential subject must be adequately informed of the aims, methods, anticipated benefits and potential hazards of the study and the discomfort it may entail. He or she should be informed that he or she is at liberty to abstain from participation in the study and that he or she is free to withdraw his or her consent to participation at any time.

The physician should then obtain the subject's freely-given informed consent, preferably in writing.

10. When obtaining informed consent for the research project the physician should be particularly cautious if the subject is in a dependent relationship to him or her or may consent under duress. In that case the informed consent should be obtained by a physician who is not engaged in the investigation and who is completely independent of this official relationship.

11. In case of legal incompetence, informed consent should be obtained from the legal guardian in accordance with national legislation. Where physical or mental incapacity makes it impossible to obtain informed consent, or when the subject is a minor, permission from the responsible relative replaces that of the subject in accordance with national legislation.

Whenever the minor child is in fact able to give a consent, the minor's consent must be obtained in addition to the consent of the minor's legal guardian.

12. The research protocol should always contain a statement of the ethical considerations involved and should indicate that the principles enunciated in the present Declaration are complied with.

## II. Medical research combined with clinical care (Clinical research)

1. In the treatment of the sick person, the physician must be free to use a new diagnostic and therapeutic measure, if in his or her judgment it offers hope of saving life, reestablishing health or alleviating suffering.

2. The potential benefits, hazards and discomfort of a new method should be weighed against the advantages of the best current diagnostic and therapeutic methods.

3. In any medical study, every patient -- including those of a control group, if any -- should be assured of the best proven diagnostic and therapeutic method.

4. The refusal of the patient to participate in a study must never interfere with the physician-patient relationship.

5. If the physician considers it essential not to obtain informed consent, the specific reasons for this proposal should be stated in the experimental protocol for transmission to the independent committee (1, 2).

6. The physician can combine medical research with professional care, the objective being the acquisition of new medical knowledge, only to the extent that medical research is justified by its potential diagnostic or therapeutic value for the patient.

### III. Non-therapeutic biomedical research involving human subjects (Non-clinical biomedical research)

1. In the purely scientific application of medical research carried out on a human being, it is the duty of the physician to remain the protector of the life and health of that person on whom biomedical research is being carried out.

2. The subjects should be volunteers--either healthy persons or patients for whom the experimental designed is not related to the patient's illness.

3. The investigator or the investigating team should discontinue the research if in his/her or their judgment it may, if continued, be harmful to the individual.

4. In research on man, the interest of science and society should never take precedence over considerations related to the wellbeing of the subject.

## Appendix 2:

### SAMPLE of Informed Consent Form

**Note:** This is a SAMPLE ONLY, and is not a valid consent form. You will be provided all necessary forms should you choose to participate in a clinical study or trial. Content in red indicates information to be provided by the principal investigator of the study or trial.

---

King Khalid University Hospital-King Saud University  
(Institution at which study is conducted)

We are asking you to take part in a research study of (investigator will state what is being studied). We want to learn (investigator will state what the study is designed to discover or establish). We are asking you to take part in this study because (investigator will state why the subject is being invited to take part).

If you decide to take part, we will (investigator will describe in lay language all procedures, their purposes, how long they will take, their frequency, and the total time over which the subject will be studied).

(Investigator will describe the discomforts, inconveniences, and other risks to be reasonably expected.)

(If applicable, investigator will add:) If you are pregnant, you cannot take part in this study. We will perform a pregnancy test before you begin the study to make sure that you are not pregnant. You should use birth control while you are taking part in the study because we do not know what effect (drug/device or procedure investigator is studying) has on an unborn child. If you think you might be pregnant at any time during the study, you should tell us.

(Investigator will describe any benefits reasonably to be expected. If benefits are mentioned, add:) We do not guarantee that you will benefit from taking part in this study.

(Investigator will describe alternative procedures that might be advantageous to the subject, and will disclose any standard treatment that is being withheld.)

(If the subject will receive any compensation, investigator will describe the amount or nature, and how the compensation will be pro-rated if the subject does not complete the study.)

(Investigator will describe the possibility of costs to the subject because of participation.)

If you are injured as a result of the research procedures, your injury will be treated. You will be responsible for any charges. We have no plans to give you money if you are injured.

Everything we learn about you in the study will be confidential. If we publish the results of the study in a scientific magazine or book, we will not identify you in any way.

**(If the study is sponsored by a drug or device company, add:)** The results of the study will be given to **(name of company)**, the company that makes **(name of drug or device)**. The Saudi Food and Drug Authority **(name of sponsor/company)** may also want to see your records which identify you as a subject in this study.

Your decision to take part in the study is voluntary. You are free to choose not to take part in the study or to stop taking part at any time. If you choose not to take part or to stop at any time, it will not affect your future medical care at the King Khalid University Hospital-King Saud University or **(investigator will specify the name of institution/s at which study is being conducted)**.

**(If applicable, investigator will add:)** We will tell you about any significant new findings which develop during the course of this research which may relate to your willingness to continue taking part.

**(If applicable, investigator will describe the anticipated circumstances when the study may be terminated by the sponsor or principal investigator.)**

When the subject is responsible for all or most costs, inform subjects of what that cost will be, particularly if that cost may be above the usual cost of standard care and inform the subject that some insurance companies may not cover the costs of treatment given in the context of research. You or your insurance company will have to pay for all costs that go with taking part in this research study. Insurance companies and Medicare may not pay for the costs of some research studies like this one. If your insurance company does not cover the costs of care, then you will have to pay these costs. You have the right to ask what it will cost you to take part in this study or to have other treatments.

If you have questions now, feel free to ask us. If you have additional questions later or you wish to report a medical problem which may be related to this study, \_\_\_\_\_, MD **(full name and degrees of investigator)** can be reached at **(investigator's work and home phone/after-hours numbers, with area code)**. If s/he is not available, \_\_\_\_\_, MD **(alternate contact's full name and degrees)** may be reached at **(work and home phone/after-hours numbers of alternate contact, with area code)**. The Institutional Review Committee (IRB) at the King Saud University that reviews research on human subjects will answer any questions about your rights as a research subject (telephone number: 123-4567).

We will give you a signed copy of this form to keep.

YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO TAKE PART IN THIS RESEARCH STUDY AND THAT YOU HAVE READ AND YOU UNDERSTAND THE INFORMATION GIVEN ABOVE AND EXPLAINED TO YOU.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_/\_\_\_\_\_  
Date (Time)

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Printed Name and Title of Person Obtaining Consent

**Appendix 3:**

TITLE PAGE OF INVESTIGATIONAL PRODUCT BROCHURE (Example)

Sponsor's Name:

Product:

Research Number:

Name(s): Chemical, Generic (if approved), Trade Name(s) (if legally permissible  
and desired by the sponsor)

Edition Number:

Release Date:

Replaces Previous Edition Number:

Date:

## **Appendix 4:**

### TABLE OF CONTENTS OF INVESTIGATIONAL PRODUCT BROCHURE (Example)

- Confidentiality Statement (optional)

- Signature Page (optional)

1. Table of Contents

2. Summary

3. Introduction

4. Physical, Chemical, and Pharmaceutical Properties and Formulation

5. Nonclinical Studies

    5.1 Nonclinical Pharmacology

    5.2 Pharmacokinetics and Product Metabolism in Animals

    5.3 Toxicology

6. Effects in Humans

    6.1 Pharmacokinetics and Product Metabolism in Humans

    6.2 Safety and Efficacy

    6.3 Marketing Experience

7. Summary of Data and Guidance for the Investigator

NB: References on

    1. Publications

    2. Reports

These references should be found at the end of each chapter.

Appendices (if any)

## REFERENCES

1. Guidance for Industry, E6 Good clinical practice: consolidated guidance, FDA, ICH (1996).
2. Guidance for Good clinical practice (GCP) for trials on pharmaceutical products, World Health Organization, WHO technical report series, No. 50, Annex 3 (1995).
3. ICH Harmonized Tripartite Guideline for clinical practice, The Institute of Clinical Research, UK (1996).
4. Note for guidance on good clinical practice, TGA, Australia (2000).
5. World medical association declaration of Helsinki: ethical principles for medical research involving human subjects.