United Arab Emirates
Ministry Of Health
Drug Control Department (DCD)

Guidance for conducting Clinical Trials Based on Drugs/ Medical Products & Good Clinical Practice

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Preface

The medical research institutes, whether independent or linked to academic establishments, have the task of discovering new medicines, improving and developing existing chemical compounds that were proven to be of medicinal potential. In this context series of chemical and physical tests are performed prior to testing their efficacy in the biological system.

The evaluation of the treatment efficacy of the new and developed derivatives in human beings remains the decisive factor for their use medically. Clinical trials conducted in hospitals, medical institutions and research centers rely on the supervision of the physician as well other investigators to follow up the efficacy and safety of tested products and medicines in both sick patients and healthy individuals and will record positive or negative changes monitored. Clinical trial design should take in consideration all required measurements to carry out a comprehensive risk assessment to evaluate all observed and potential side effects, adverse reactions and screen for expected Drug-Drug interactions.

Based on above, it becomes imperative to document all the data and observations recorded by research workers. This in turn demanded the creation of an international unified system concerned with the requirements and the methodology for performing medical and clinical trials carried out on human subjects at hospitals and medical institutions. As those studies were essential in the evaluation of the innovative and developed medicines needed for their approval to be used by human beings, and since all these studies are to be performed on humans, it became an obligation to put certain conditions for the protection of the patients and the medical research staff from all legal liabilities that maybe encountered during the clinical experimentation. Helsinki declaration in 1964 had organized this important part.

We hope that this document will be useful for researchers in UAE and it to be the backbone for approving research carried out for the purpose of evaluation of any medicine or medical product before endorsing it officially to be approved for medical use.

Finally, the Ministry of Health represented by the of Drug Control Department is presenting this document as guidance to all research scientists, institutions and pharmaceutical companies in the United Arab Emirates.

Dr. Easa Ahmed Bin Jakka Al Mansoori

Director of Drug Control Directorate

Statement

The Current document is based on international regulations on Good Clinical Practice, provided by benchmark regulatory bodies like World Health organization (WHO), U.S Food & Drug Administration (FDA), EMEA (European Agency For The Evaluation Of Medicinal Products) and ICH (International Conference Of Technical Requirements For The Registration Of Pharmaceuticals For Human Use).

The bodies mentioned above, have provided excellent and meticulous criteria for conducting clinical trials and management of ethical issues involved

These documents have been collected and reviewed by the technical committee headed by Dr. Easa Bin Jakka Al Mansoori head of Drug Control Department - MOH UAE.

In this regards we appreciate the hard work of all the staff of the Department who utilized their technical expertise to issue this document . Special appreciation goes to Members of the committee:

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Introduction

GCP is an international ethical and scientific quality standard set for monitoring, designing, conducting, recording, analyzing and reporting clinical trials involved human subject. The adherence to the mentioned standards is obligatory for all clinical trials to be carried out in UAE. At the same time clinical trials submitted within different applications at Drug Control Department at Ministry Of Health-UAE would not be accepted if any incompliance for the given standards is proved.

Compliance with this standard provides public assurance that the rights, safety and well-being of trial subjects are protected, and data reported is credible and accurate.

GCP should be followed when generating clinical trial data that are intended to be submitted to regulatory authorities and when the investigation in place may have an impact on the safety and well-being of human subjects.

The technical committee in the Drug Control Department prepared this guidance document to accomplish the following goals:

1. **The unification of the requirements for performing clinical trials in the country.**

2. **Ensuring the implementation of the good clinical practice requirements within all clinical trails carried out in UAE.**

3. **Ensuring the implementation of the good clinical practice requirements within all clinical trails submitted to Drug Control Department for different applications as required.**

4. **The upgrading of the interrelationship between different healthcare establishments in the country.**

5. **Advising the Innovative Drug Producing Companies, as well other pharmaceutical companies on the principles that need to be enforced when performing research and clinical trials in the country.**

Glossary

Good Clinical Practice (GCP)

A standard of minimal ethical and scientific requirements for clinical investigation. This includes the design, conduct, monitoring, termination, auditing, recording, analysis, and reporting of clinical trials.

Clinical Trial

Any investigation in human subjects, either healthy volunteers or patients, of an investigational product(s) intended to discover or verify its therapeutic effect, to identify any adverse reactions, to study its absorption, distribution, metabolism, and excretion, and/or to ascertain its efficacy and safety.

Investigational Product

Any investigational product employed in clinical trials, including placebo or controls.

Ethics Committee

An independent committee consisting of medical, scientific, legal professionals and social workers, whose responsibility is to ensure the protection of the rights, safety, and well-being of human subjects involved in clinical trials, and to guarantee ethical standards of the clinical investigation undertaken and human rights of the trial subjects. It also reviews and approves / or provides a favorable opinion on trial protocol, suitability of the investigators.

Protocol

A document that states the background, rationale, and objectives of a clinical trial and describes in detail the design, methodology, and organization of a trial as well as the statistical methods and the situations likely encountered during the trial and their possible remedies.

Investigator

A person who is responsible for the execution and conduct of the clinical trial and also responsible for the rights, health, and well-being of the human subjects involved in the trial.

Principal Investigator

The Investigator responsible for coordination of all activities, among different centers of a multi-centre clinical trial.

Adverse Drug Reaction

Any expected or unexpected noxious response by human subjects to investigational product, administrated at the recommended dose levels, including addiction to the investigational product(s) and reactions to the interaction between the investigational product(s) and other drug product(s).

Trial Subject

An individual who participates in a clinical trial, either as a recipient of the investigational product(s) or as a control. The trial subject can be any of the following:

1. **A healthy volunteer;**
2. **A patient whose disease is not related to the administration of the investigational product; or**
3. **A patient whose disease is related to the use of the investigational product.**

Sponsor

An individual, company, institution, or organization which takes responsibility for the planning, initiation, management, and/or financing of a clinical trial. An Investigator is considered as a sponsor if he or she independently plans, conducts and is totally responsible for a clinical trial.

Informed Consent

The Informed Consent Form is a document in which a trial subject voluntarily confirms his or her willingness to participate in a clinical trial. It is signed and dated by the trial subjects or their legal representatives only after they have been informed by the Investigator, prior to initiation of the trial, of all aspects of the trial, including experimental setting, trial objectives, possible benefits, side effects and dangers of participation in the trial, currently available alternative procedures or treatment regimens, the rights and responsibilities of the trial subject, and other information that is relevant to the subject's decision to participate.

Multi-centre Trial

A clinical trial conducted according to a single protocol but at more than one site, and therefore, performed by more than one Investigator.

Investigator's Brochure

A document prepared for Investigators about any relevant available information regarding investigational product(s) prior to the conduct of the clinical trial which includes physical, chemical, and pharmaceutical properties; experience regarding toxicity, safety, pharmacokinetics and pharmacodynamics obtained from animals and human subjects; and results of previous clinical trials.

Monitor

The individual who is assigned by and also directly reports to the sponsor or research institution. The Monitor*s responsibilities are to oversee the progress of a clinical trial and validate all its source documents and clinical data and to ensure that the clinical trial is conducted, recorded, and reported according to the protocol and Good Clinical Practices.

Adverse Event - AE

Any unfavorable and unintended sign (including an abnormal laboratory finding), symptom or disease temporally associated with the administration of the investigational product to the trial subjects, whether or not related to the investigational product.

Verification or validation of data

A process which ensures that the data and information presented in the final report of a clinical trial is in accordance with the original source data and documents. This process is also applied to the raw data, case report forms, in paper or optical form, or to any form of electronic media, computer printouts, statistical analyses, tabulations and patient listings.

Audit of a Trial

A systematic and independent examination of trial activities or documents to determine whether all activities of the trial were conducted according to the approved protocol, and data presented in the clinical report are the same as in the original records.

Inspection

To ensure quality assurance in the conduct of clinical trial(s), the act by the regulatory authority of performing an official review of documents, facilities, records, and any other resources that are deemed by the authority to be related to clinical trial(s). The individuals who conduct the inspection are referred to as the inspectors.

Confidentiality

The right of prevention of and protection from disclosure, to other than authorized individuals, of any information regarding identity and all medical records of all trial subjects.

Case Report Form

A document designed for recording information to be reported on each trial subject for the duration of the clinical trial required by the protocol.

Contract

A written, dated, and signed agreement between the Investigator(s), institution(s), and sponsor that sets out any agreements on protocol, financial matters, and on delegation, distribution of tasks, obligations, dates and any other relevant items. The protocol may serve as a contract if it contains the above-mentioned information and is signed and dated by all relevant parties involved.

Contract Research Organization - CRO

A commercial or academic organization contracted by the sponsor to perform some of the related duties and functions for a sponsor's trial.

Good Manufacturing Practices - GMP

A standard of the minimum requirements for the manufacture, processing, packaging, and holding of a drug product. Its purpose is to assure that the drug product meet the requirements as to the safety, identity, strength, quality and purity characteristics that it purports to possess.

Standard Operating Procedures - SOP

A detailed, written document which provides a standard of uniformity in the performance of clinical investigation, as well as efficient execution and completion of the clinical trial.

Final Report

A comprehensive report written after the completion or premature termination of a clinical trial conducted in human subjects in which research methods, material, statistical analyses, and evaluation of the results are fully integrated in a single report.

Raw data

All information in original records and certified copies of original records, including the following: original documents, data, clinical findings, observations, or other activities in a clinical trial necessary for the reconstruction and evaluation of the trials. Raw data also include medical records, laboratory notes and memoranda, formulas, recorded data from automated machines, photographic negatives, microfilm, magnetic media, and computer diskettes.

Marketing Authorization Holder

It is the Pharmaceutical company in charge of marketing of medicines whether its role included in addition, the manufacturing process or contract manufacturing or function as the solely marketing party. This company will be fully responsible for the medicine quality and the post marketing follow up and all the legal processing that is related to the medicine covering the sale, withdrawal or disposal or follow up on adverse effects.

1. Good Clinical Practice Principles

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

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

1.3 The available non-clinical and clinical information on an investigation product should be adequate to support the proposed clinical trial.

1.4 Clinical trial should be scientifically sound, and described in a clear, detail protocol.

1.5 A trial should be conducted in compliance with protocol that has received prior institutional review board's \ independent ethics committee (IEC) approval\ favorable opinion.

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

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

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

1.9 All clinical trial information should be records, handled, and stored in away that allow its accurate reporting, interpretation and verification.

1.10 The confidentially of records that could identify subject should be protected.

1.11 Respecting the privacy and confidentiality rules in accordance with the applicable regulatory requirements.

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

1.13 System with procedures that assure the quality of every aspect of the trial should be implemented.

2. Institutional Clinical Trial Centers

2.1 Clinical trials should be conducted in only qualified medical or research institutions (institution) which possess sufficient facilities, equipment and a well-established organization so that clinical observations, evaluation, and necessary procedures or treatments can be adequately and timely performed in the case of emergency.

2.2 The designated clinical trial centers administration should establish an independent Institutional Ethical Committee (IEC). This committee will review and give either positive or negative favorable opinions regarding all referred protocols and proposals for clinical trials before the Drug Control Department at MOH and other relevant health authorities are approached for official approvals.

2.3 The Administrator of the clinical center should facilitate all the communications with the said IEC and other parties involved.

3. Protection of Trial Subjects

& Institutional Ethics Committee (IEC)

3.1 All individuals who participate in the conduct of the clinical trial should follow the Declaration of Helsinki to protect the individual rights of the trial subjects. Investigators should also maintain the integrity of the trial to ensure accuracy of the results.

3.2 Investigators should submit the study protocol to the Institutional Ethics Committee (IEC) of each trail center for review and confirmation of the appropriateness of the protocol and Informed Consent Form of the clinical trial.

3.3 The Ethics Committee should consist of at least five professionals, including medical and scientific professionals with sufficient qualifications and experience, with at least one-third of the members being legal professionals or social workers in non-medical and non-scientific areas. If a member of the Ethics Committee participates in the trial under review, he or she should not be involved with any activities of or the decisions by the Ethics Committee regarding the trial. It should retain all relevant records, minutes of meetings

3.4 The following aspects of the trial protocol should be reviewed by the Ethics Committee:

- **The suitability of the institution (clinical trial center) and its available resources, equipments, and personnel for performing of the trial.**
- **The data available on the drug (or device) under study.**
- **The appropriateness of the objective, scientific efficiency (the potential benefit to the trial subject obtained at the minimum exposure to the investigational product) of the protocol, and differentiation of possible benefit from the risk to the subjects participating in the trial.**
- **The means of recruitment.**
- **The extent to which investigators and subjects may be rewarded and / or compensated for participation.**
- **Qualifications of Investigators, documented by up-to-date curriculum vitae, and that an adequate number of qualified staff members and sufficient resources are available.**
- **Periodic review of the study.**

- **The completeness and adequacy of the procedures and contents of the Informed Consent Form to be signed by the trial subjects or their legal representatives.**
- **The adequacy of treatment and/or compensation available to the trial subjects in the event of any trial-related injury or death, and whether the sponsor and Investigators are responsible for indemnity, insurance, compensation, or other forms of compensation.**
- **The Ethics Committee should carefully review all submitted documents and provide its view of the proposed clinical trial in a written document within a reasonable time.**

3.5 All protocol amendments and all serious or unexpected adverse drug reactions during the conduct of the trial should be promptly reported to the Ethics Committee.

3.6 Informed Consent Form :

- **The Informed Consent Form of a clinical trial should adhere to the ethical principles that have their origin in the Declaration of Helsinki. The principal investigator should have the prior approval of the Ethical Committee.**
- **In addition to the written documents, oral explanations and two-way communication should be provided to the trial subjects or their legal representatives. All the information regarding the trial should be presented to the trial subjects in a non-technical manner so that they understand all pertinent aspects of the trial. The trial subjects or their legal representatives should be allowed ample time and opportunity to inquire about the details of the trial to determine whether to or not to sign the Informed Consent Form. All the questions and queries should be duly answered.**
- **A written agreement to participate in the trial should be obtained from the trial subjects or their legal representatives. The Informed Consent Form to be provided to the trial subjects and their legal representatives should include explanations of the following:**

    - **The objectives, methods and trial procedures of the clinical trials.**
    - **Potential side effects and risks.**
    - **The benefits that can be reasonably expected.**
    - **The alternative procedures or courses of treatments that may be available to the trial subjects and their explanations.**

- **The right of trial subjects to withdraw informed consent at any time.**

3.7 The Informed Consent Form becomes effective only after it is signed and dated personally by the trial subjects or their legal representatives. The consent form should be filled prior to the participation in the trial.

3.8 The sponsor should provide adequate insurance to the patients or healthy volunteers participating in the trial to cover possible treatment-related injuries during the course of the trial. .

4. The Investigator

4.1 The Investigator should satisfy the following qualifications:

- **Qualifications and capability required and specified/ approved by MOH and relevant health authorities**
- **Thorough knowledge and extensive experience in the therapeutic area required by the trial.**
- **Familiarity with the principles and research methodology of clinical trials.**
- **A thorough understanding of material, literature and information provided by the sponsor regarding the trial.**
- **Clear understanding of and willingness to obey the ethical and legal requirements of the trial.**
- **Should be aware and comply with the Good Clinical Practice and the applicable regulatory requirement.**
- **The Investigator should be thoroughly familiar with the characteristics and appropriate use of the investigational products as documented in the Investigator's Brochure.**
- **The Investigator should have sufficient time to conduct and complete the trial properly within the agreed time period. The Investigator, for the foreseen duration of the trial, should have adequate staff and facilities available to conduct the trial properly and safely.**

4.2 The Investigator should provide retrospective data of the subjects who meet the inclusion and exclusion criteria, and ensure the timely accrual of subjects within the agreed recruitment period.

4.3 The Investigator should provide an up-to-date curriculum vitae and/or other relevant documentation requested by the sponsor, the Ethics Committee and the national health regulatory authority.

4.4 The Investigator, together with the sponsor, should sign and date the protocol to guarantee, in a written form, awareness of and compliance with the protocol and Good Clinical Practices; to permit supervision by the Monitor and other relevant audit procedures; and to follow the agreement between the Investigator and the sponsor on publication of the clinical results.

4.5 The Investigator should submit the trial protocol to the Ethics Committee for review and approval.

4.6 The Investigator should ensure that all personnel involved with the trial are adequately informed of the clinical trial and the treatments, including the investigational products, received by the trial subjects.

4.7 Before a potential trial subject is enrolled into a clinical trial, the Investigator should explain all pertinent aspects of the trial to the trial subject or his/her legal representative and obtain a signed and dated Informed Consent Form.

4.8 The Investigator should establish the standard operating procedure for investigational products.

4.9 The Investigator should designate an appropriate pharmacist, under his or her supervision, whose responsibility is the accountability of the investigational products supplied by the sponsor.

4.10 The Investigator or his/her designated pharmacist should maintain records of the delivery process of the investigational products.

4.11 The Investigator or his/her designated pharmacist should ensure that the investigational products should be processed and stored correctly as specified by the sponsor.

4.12 The Investigator should ensure that the investigational product is used only in trial subjects according to the approved protocol.

4.13 At the conclusion of the trial, the Investigator should ensure that all used or unused investigational products are returned to the sponsor at the address stated in the protocol.

4.14 If the Investigator is responsible for coding of treatment assignments, then extreme caution and care must be taken, and the assignment process should be recorded. The Investigator should ensure that the blinded code is broken only in accordance with the protocol. The Investigator should promptly inform and explain to the Monitor any premature un-blinding of the investigational products assigned to the trial subjects.

4.15 The Investigator should guarantee the absolute confidentiality of the research data, the privacy of the trial subjects, and information provided by the sponsor.

4.16 The Investigator should ensure that all data are accurately collected, recorded and reported in compliance with the protocol.

4.17 The Investigator should ensure that all serious adverse events are reported promptly to the sponsor, the Ethics Committee, and the Drug Control Department and other relevant health regulatory authorities. Proper protection procedures or treatments should be administrated to trial subjects with serious adverse events.

4.18 The Investigator should submit all relevant trial data to the sponsor and the Drug Control Department and other relevant health regulatory authorities in a timely fashion for validation, auditing, and inspection.

4.19 The Investigator as well as the individuals who performed the analyses should sign and submit all reports of data, results, and the analyses of the clinical trial from the medical institution to the sponsor

5. SPONSOR

5.1 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).

5.2 The sponsor is responsible for securing agreement from all involved parties to ensure direct access to all trial- related sites, source data/documents, and reports for the purpose of monitoring and auditing by the sponsor, and inspection by domestic and foreign regulatory authorities.

5.3 Agreements, made by the sponsor with the investigator/ 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.

5.4 Sponsor should appoint appropriately trained Monitors who should have the scientific and/or clinical knowledge needed to monitor the trial adequately. A monitor's qualifications should be documented. In this regards the sponsor may consider establishing an independent data monitoring committee (IDMC).

5.5 The sponsor should use an unambiguous subject identification code that allows identification of all the data reported for each subject.

5.6 The sponsor, or other owners of the data, should retain all of the sponsor-specific essential documents pertaining to the trial in conformance with both Drug Control Department and international requirement(s).

5.7 If the sponsor discontinues the clinical development of an investigational product, the sponsor should notify all the trial investigators/institutions and Drug Control Department as well local relevant health authorities.

5.8 Any transfer of ownership of the data should be reported to the Drug Control Department as well local relevant health authorities.

5.9 The sponsor is responsible for selecting the investigator(s)/ institution(s). In multi-center trials organization selection of a coordinating committee and/or coordinating investigator(s) will be one of sponsor's responsibilities.

5.10 Before entering an agreement with an investigator/institution to conduct trial, the sponsor should provide the investigator(s)/

institution(s) with the protocol and an up-to-date Investigator's Brochure, and should provide sufficient time for the investigator/institution to review the protocol and the information provided.

5.11 The sponsor should obtain the investigator's/institution's agreement and to confirm this agreement by signing the protocol or alternative legal document as following:

(a) 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/favorable opinion by the IEC and Drug Control Dept at MOH;
(b) To comply with procedures for data recording/reporting: and
(c) To permit monitoring, auditing, and inspection.
(d) To retain the essential documents that should be in the investigator / institution files, until the sponsor informs the investigator / institution these documents are no longer needed.

5.12 When planning trials, the sponsor should ensure that sufficient safety and efficacy data from non-clinical 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.

5.13 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 any applicable GMP, 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).

5.14 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.

5.15 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.

5.16 The sponsor is responsible for supplying the investigator(s) / institution(s) with the investigational product(s). The sponsor should:

(a) Ensure timely delivery of investigational product(s) to the investigator(s).

(b) Maintain records that document shipment, receipt, disposition, return, and destruction of the investigational product(s).

(c) Maintain a system for retrieving investigational products and documenting this retrieval (e.g., for deficient product recall, reclaim after trial completion, expired product reclaim).

(d) Maintain a system for the disposition of unused investigational product(s) and for the documentation of this disposition.

6. Monitor & Monitoring

6.1 The purposes of trial monitoring are to verify that:

(a) The rights and well-being of human subjects are protected.
(b) The reported trial data are accurate, complete, and verifiable from source documents.
(c) The conduct of the investigator follows the approved protocol and all approved amendment(s), if any, in compliance with GCP, and with applicable UAE and international regulatory requirement(s).

6.2 Monitor 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).

6.3 Monitor should ensure that the investigational product(s) are:

- **a) Supplied only to subjects who are eligible to receive it and at the protocol specified dose(s).**
- **b) Those subjects are provided with necessary instruction on properly using, handling, storing, and returning the investigational product(s).**
- **c) That the receipt, use, and return of the investigational product(s) at the trial sites are controlled and documented adequately.**
- **d) 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.**

6.4 The Monitor should verify all aspects related to the performance of the investigator, while conduct of the trial and 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.

6.5 The Monitor should check the accuracy and completeness of the CRF entries, source data/documents, and other trial-related records against each other. All records should be filled in accordance with the signed protocol.

6.6 The monitor should submit a written report to the sponsor after each trial-site visit or trial-related communication. Reports should include:

- **a- The date, site, name of the monitor, and name of the investigator or other individual(s) contacted.**

b- 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.

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

7. CLINICAL TRIAL PROTOCOL AND 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 Investigator's Brochure.

7.1 General Information

7.1.1 Protocol title, protocol identifying number, and date. Any amendment(s) should also bear the amendment number(s) and date(s).
7.1.2 The names and contact information of all parties (persons) involved in the execution of the trial (ex Investigator(s), Monitor, Experts.. etc).
7.1.3 The address and contact information of the trial centers, as well the clinical laboratory (ies) and other medical and/or technical department(s) and/or institutions involved in the trial.

7.2 Background Information:

7.2.1 Name and description of the investigational product(s).
7.2.2 A summary of findings from non-clinical and clinical studies that potentially have clinical significance. References to literature and data that are relevant to the trial and that provide background for the trial.
7.2.3 Summary of the known and potential risks and benefits, if any, to human subjects.
7.2.4 Description of and justification for the route of administration, dosage, dosage regimen, and treatment period(s).
7.2.5 A statement that the trial will be conducted in compliance with the protocol, GCP, and the applicable regulatory requirement(s).
7.2.6 Description of the population to be studied.

7.3 Trial Objectives and Purpose

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

7.4 Trial Design

A description of the trial design should include:
7.4.1 Primary endpoints and the secondary endpoints, if any, to be measured during the trial.

7.4.2 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.

7.4.3 A description of the measures taken to minimize/avoid bias, including (for example):

(a) Randomization.

(b) Blinding.

7.4.4 A description of the trial treatment(s).

7.4.5 The expected duration of subject participation, and a description of the sequence and duration of all trial periods, including follow-up, if any.

7.4.6 A description of the "stopping rules" or "discontinuation criteria" for individual subjects, parts of trial, and entire trial.

7.4.7 Accountability procedures for the investigational product(s), including the placebo(s) and comparator(s), if any.

7.4.8 Maintenance of trial treatment randomization codes and procedures for breaking codes.

7.4.9 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.

7.5 Selection and Withdrawal of Subjects

7.5.1 Subject inclusion criteria.

7.5.2 Subject exclusion criteria.

7.5.3 Subject withdrawal criteria (i.e., terminating investigational product treatment/trial treatment) and procedures specifying including replacement and follow-up procedures

7.6 Treatment of Subjects

7.6.1 The treatment(s) to be administered and all related details along with Medication(s)/ treatment(s) permitted (including rescue medication) and not permitted before and/or during the trial.

7.6.2 Procedures for monitoring subject compliance.

7.7 Assessment of Efficacy

Specification of the efficacy parameters and related details of methods used for data collection and analyzing.

7.8 Assessment of Safety

7.8.1 Specification of safety parameters and related details of methods used for data collection and analyzing.

7.8.2 The type and duration of the follow-up of subjects after adverse events.

7.9 Statistics

A description of the statistical methods to be employed, including timing of any planned interim analysis. All related information along with the level of significance to be used should be included.

7.10 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, IEC review, and Drug Control Department inspection(s) by providing direct access to source data/documents.

7.11 Quality Control and Quality Assurance

7.12 Ethics

Description of ethical considerations relating to the trial.

7.13 Data Handling and Recordkeeping

7.14 Financing and Insurance

Financing and insurance if not addressed in a separate agreement.

7.15 Publication Policy

Publication policy, if not addressed in a separate agreement.

7.16 Supplements

8. INVESTIGATOR'S BROCHURE

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

8.1 The information should be presented in a concise, simple, objective, balanced, and non-promotional form.

8.2 The contents of the IB should be approved by the disciplines that generated the described data.

8.3 The IB should be reviewed frequently in compliance with a sponsor's written procedures and depending on the stage of development and the generation of relevant new information.

8.4 Relevant news or developments should be communicated to the investigators, and possibly to the Independent Ethics Committees (IECs) and Drug Control Department before it is included in a revised IB.

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

8.6 The IB should include:

8.6.1 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.

8.6.2 Confidentiality Statement

8.6.3 Contents of the Investigator’s Brochure

1. The IB should contain Table of Contents, Summary and Introduction.
2. Physical, Chemical, and Pharmaceutical Properties and Formulation>
3. Non-clinical Studies

- **(a) Non-clinical Pharmacology**
- **(b) Pharmacokinetics and Product Metabolism in Animals**
- **(c) Toxicology**

4. Effects in Humans

- **(a) Pharmacokinetics and Product Metabolism in Humans**
- **(b) Safety and Efficacy**
- **(c) Marketing Experience**

5. Summary of Data and Guidance for the Investigator
This section should provide an overall discussion of the non-clinical and clinical data, and should summarize the information from various sources on different aspects of the investigational product(s), wherever possible.
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. 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.

6. References on:

- **a) Publications**
- **b) Reports**

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

Annex – 1

Guidance on Official Administrative procedures prior, during and after conduct of clinical trials

Article 1
Scope

- **The Drug Control Department (DCD) had issued Good Clinical Practice guidelines as a standard to be adhered to, on conducting any Clinical Trial involving human subjects to assess medicinal (therapeutic) products' efficacy and/or safety in human beings carried out in UAE.**

- **interventional clinical trails related to Phase 3B and Phase 4 will be reviewed as following:**

  - **Phase 3B (Pre-approval Studies): Only those studies which got a positive opinion/ approval from recognized reference bodies. Those trials are mainly for:**
    - **A- Medicinal products which Marketing approval application is of pending approval status**
    - **B- Additional indications for approved products**
    - **C- Additional indications or populations for approved products.**
  - **Phase 4 (Post drug approval):**
    - **•Pharmaco-Epidemiology studies**
    - **•Additional indications**
    - **•Additional dosage information**
    - **•Post-marketing surveillance**

- **other clinical trials related to other premarketing phases will be reviewed and decided on case by case basis.**

- **The following comprises parties and institutions concerned with the different applications concerning the above guidelines:**
  - **Sponsors of Clinical Trials to be conducted in UAE.**
  - **Clinical research or medical institutions where the clinical trails conduct will take place.**
  - **Contract research Organizations (CRO)Contracted by the pharmaceutical companies to conduct the post-discovery portion of the research and development process and other regulatory related tasks.**
  - **Investigators which will be responsible for the execution and conduct of the clinical trial.**
  - **Clinical trail Monitors appointed by the sponsors to ensure the adherence of the investigators and clinical trail centers to the**

protocol and Good Clinical Practice guidelines issued by the Directorate.

- **Applicants to the Drug Control Department submitting clinical trails' reports and data for drug and medical products Marketing Approval related applications.**

The adherence from the above parties for the given standards is obligatory for all clinical trials to be carried out in UAE or to be submitted within different applications at Drug Control Department at Ministry Of Health-UAE.

Article 2
Requirements for approval

The following procedure should be followed by the sponsor in order to be granted an official approval to conduct a product base clinical trail involving the use of human subject in UAE.

1) The Sponsor or its legally authorized representative needs to apply for each of the proposed clinical trail centers' Institutional Ethics Committee to get their positive opinion (preliminary approval) on all aspects related to the protocol and the quality assurance measures to ensure safety and the well being of the involved human subjects. The following documents should be carefully examined and approved by each of the said IEC:

- **1.1. Study Protocol.**
- **1.2. Sample Case Report Form (CRF) (if applicable).**
- **1.3. Sample Informed consent form(s)**
- **1.4. Any other written information to be provided to the subject(s)**
  - **1.4.1 Advertisement for subject recruitment (if used).**
  - **1.4.2 Subject compensation (if any).**
  - **1.4.3 Any other documents given to subjects (ex: instructions).**
- **1.5. Investigator's brochure.**
- **1.6. Any signed or proposed agreements between different parties involved in the trial (Sponsor, CRO, Investigator, clinical trail center..etc).**
- **1.7. Related documents the committee could ask for.**

The sponsor should get a written approval/favorable opinion from the said committees before applying to Drug Control Department.

2. After obtaining the initial favorable opinion/ approval of all UAE clinical trails, the sponsor should Apply to Drug Control Department at MOH for official approval this will need the following documents:
   - **2.1. Filled application form.**
   - **2.2. Submit dated, documented approval/favorable opinion of Institutional Ethics Committee (IEC) along with all documents mentioned in point 1 of this article (excluding the agreements and**

additional documents). All pages of the submitted documents should be stamped and signed by the Committee head.

2.3. Authenticated (Notarized copies) agreements:

- **Sponsor and CRO required**
- **Investigator/institution and Sponsor**
- **Sponsor and Monitor.**

2.4. UAE License Copy of the Clinical trial's Sponsor in UAE, In case of international Sponsor then a licensed legally authorized representative should be appointed. In such a case an authenticated appointment letter/Agreement should be submitted.

2.5. Bio-data ,qualifications and Passport photocopies along with the residence visa (with copies of given certifications) of the following:

2.5.1. Monitor
2.5.2. Investigator at each clinical trail.
2.5.3. Principal investigator for UAE.

2.6. Insurance statement arranged by the sponsor with a licensed insurance company to ensure the compensation of trial subjects in case of injury.

2.7. For each of the trial centers the following documents should be submitted:

2.7.1 A copy of UAE license, or any equivalent local authority license.
2.7.2 Copies of granted accreditation certificates.
2.7.3 Institutional review board/independent ethics committee composition (for each local trial center).

2.8. Instructions for handling of investigational product(s) and trial-related materials (if not included in protocol or Investigator's Brochure). Stamped and signed by the Monitor and investigator

2.9. Pretrial monitoring report signed and stamped by the Monitor.

3. The Drug Control Department Review Board will study above documents which on their approval will issue an official approval letter, and will stamp each page of documents mentioned in point 1 of this article.

4. The above documents should be kept by the monitor and copies should be kept at each trial site to act as a general reference for investigators and should be available for inspections.

5. The trial sites will be subject for routine and follow up inspections done by DCD inspectors during or after trail conduct.

6. The Drug Control Dept. will do the necessary for the approval of the importation of the medical items that are related to the trial.

Article 3

Commitments and liabilities on involved parties

1- Sponsor / CRO:

1.1 The Sponsor of a given clinical trail should be legally licensed entity based in UAE, for International sponsors a legally authorized UAE licensed representative should be appointed to be the accountable party liable on the behalf of the international sponsor for all commitments explained within GCP guidance document issued by DCD and all updated ICH E6 GCP guidelines in this respect.

1.2 The Sponsor can sign agreement with Contract research Organization (CRO) to perform tasks on the sponsor's behalf fully or partially in all aspects of designing, conducting and managing clinical trails. It is stressed that ultimate responsibility for the quality and integrity of the trial data always resides with the sponsor.

1.3 The Sponsor is the party which will own the Quality assurance system and will set all Trial related SOPs.

1.4 The Sponsor should appoint an independent Monitor or Monitoring committee, The Monitor/ Monitoring Committee head will be responsible for monitoring the conduct of the clinical trial , keeping records and documents for inspections.

1.5 The sponsor will appoint Clinical Investigators for each clinical trial center reporting to the sponsor appointed principal investigator for UAE.

2- The Monitor appointed by the sponsor should be Qualified and certified from a reference body, based and have legal status of residency in UAE. A detailed legal agreement should identify his anticipated roles and will define him as responsible for sites in UAE region. The Monitor is expected to:

- **Conducts site visits to ensure study follows protocol, GCPs and SOPs.**
- **To follow up applications made by the sponsor to different authorities.**
- **Communication and Submitting Monitoring Reports to ICE, MOH-review board and the investigator as following:**

  - ✓ **Progress Reports (frequency is set in the official approval issued by DCD)**

✓ **Safety Reporting (regarding any serious adverse events or unexpected side effects)**

✓ **Premature Termination or Suspension of the trial**

✓ **Final Report(s).**

3- Clinical trials (investigator / institution) of adequate resources should be selected by the sponsor. The contract agreement will define the expected and anticipated roles. The trial center should fulfill the following conditions:

- **Licensed as medical or research establishment in UAE.**

- **Has a qualified Institutional Ethics Committee according to the GCP guidelines issued by the DCD. The said committee's task will be first to review and give its opinion regarding the proposed clinical trials and second to audit their conduct after their approval by the relevant health authorities and Drug Control Directorate.**

- **The institution's administrator where clinical trial will be conducted will act as the contact point between investigators and the IEC. The administrator will be accountable for the following:**

  - **To ensure that the IEC had provided positive opinions regarding the proposed clinical trial and approved its protocol before seeking any additional approval by Drug Control DCD at MOH, and other relevant local health authorities.**
  - **Not to conduct any interventional clinical trail in the said institution if not approved by the relevant health authorities and Drug Control Department at MOH.**
  - **Not to allow any change for approved protocols without getting a positive opinion from the ICE on the amended protocol and the official approval of Drug control Directorate.**
  - **In the case that the approved protocol was promptly changed to prevent health hazards proved to occur while conducting the trial, the administrator should allow the proposed change or stop the trial (if its stopping wont harm the participating subjects), The administrator should ensure compliance with decisions made by Drug Control Department regarding any proposed change in the approved protocol.**
  - **If the Investigator's Brochure is updated during the trial, or if any amendment or update takes place with any submitted document the institution should supply a copy of the updated documents for its IEC for review and approval.**

4- Investigator/ Principal investigator:

A- The appointed investigators should be qualified and based in UAE, with a legal residency status. The principal investigator should adhere to the approved protocol, to mentioned responsibilities within GCP guidelines.

B- The Investigator, together with the sponsor, should sign and date the protocol to guarantee, in a written form, awareness of and compliance with the protocol and Good Clinical Practices; to permit supervision by the Monitor and other relevant audit procedures; and to follow the agreement between the Investigator and the sponsor on publication of the clinical results.

C- The Principal investigator and investigators will be responsible for Safety of the trial subjects: The investigator may implement a deviation from, or a change in, the protocol to eliminate an immediate hazard(s) to trial subjects without prior MOH RB/IEC approval/favorable opinion. The implemented deviation or change, the reasons for it, and, if appropriate, the proposed protocol amendment(s) should be submitted by the Monitor to (within one week):

- **(a) To the IEC for review and approval/favorable opinion;**
- **(b) To the sponsor for agreement and**
- **(c) To the MOH DCD RB .**

Annex - 2

World Medical Association Declaration Of Helsinki

Ethical Principles For Medical Research Involving Human Subjects

Adopted by the18th 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

and the 52nd WMA General Assembly, Edinburgh, Scotland, October 2000

Note of Clarification on Paragraph 29 added by the WMA General Assembly, Washington 2002

A. INTRODUCTION

1. **The World Medical Association has developed the Declaration of Helsinki as a statement of ethical principles to provide guidance to physicians and other participants in medical research involving human subjects. Medical research involving human subjects includes research on identifiable human material or identifiable data.**
2. **It is the duty of the physician to promote and safeguard the health of the people. The physician's knowledge and conscience are dedicated to the fulfillment of this duty.**
3. **The Declaration of Geneva of the World medical Association 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".

4. **Medical progress is based on research which ultimately must rest in part on experimentation involving human subjects.**
5. **In medical research on human subjects, considerations related to the well being of the human subject should take precedence over the interests of science and society.**
6. **The primary purpose of medical research involving human subjects is to improve prophylactic, diagnostic and therapeutic procedures and the understanding of the etiology and pathogenesis of disease. Even the best proven prophylactic, diagnostic and therapeutic methods must continuously be challenged through research for their effectiveness, efficiency, accessibility and quality.**
7. **In current medical practice and in medical research, most prophylactic , diagnostic and therapeutic procedures involve risks and burdens.**
8. **Medical research is subject to ethical standards that promote respect for all human beings and protect their health and rights. Some research populations are vulnerable and need special protection. The particular needs of the economically and medically disadvantaged must be recognized. Special attention is also required for those who can not give or refuse consent for themselves, for those who may be subject to giving consent under duress, for those who will not benefit personally from the research and for those whom the research is combined with care.**
9. **Research investigators should be aware of the ethical, legal and regulatory requirements for research on human subjects in their own countries as well as applicable international requirements. No national ethical , legal or regulatory requirement should be allowed to reduce or eliminate any of the protections for human subjects set forth in this declaration.**

B. BASIC PRINCIPLE FOR ALL MEDICAL RESEARCH

10. **It is the duty of the physician in medical research to protect the life, health , privacy and dignity of the human SUBJECT.**
11. **Medical research involving human subjects must conform to generally accepted scientific principals, be based on thorough knowledge of the scientific literature, other relevant sources of information, and on adequate laboratory and, where appropriate, animal experimentation.**
12. **Appropriate 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.**

13. **The design and performance of each experimental procedure involving human subjects should be clearly formulated in an experimental protocol. This protocol should be submitted for consideration, comment guidance, and where appropriate, approval to a specially appointed ethical review committee, which must be independent of the investigator, the sponsor or any other kind of undue influence. This independent committee should be in conformity with the laws and regulations of the country in which the research experiment is performed. The committee has the right to monitor ongoing trials. The researcher has the obligation to provide monitoring information to the committee, especially any serious adverse events. The researcher should also admit to the committee, for review, information regarding funding, sponsors, institutional affiliations, other potential conflicts of interest and incentives for subjects.**

14. **The research protocol should always contain a statement of the ethical considerations involved and should indicate that there is compliance with the principles enunciated in this declaration.**

15. **Medical research involving human subjects should be conducted only by scientific 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 of the research, even though the subject has given consent.**

16. **Every medical research project involving human subjects should be preceded by careful assessment of predictable risks and burdens in comparison with foreseeable benefits to the subject or to others. This does not preclude the participation of healthy volunteers in medical research. The design of all studies should be publicly available.**

17. **Physicians should abstain from engaging to research projects involving human subjects unless they are confident that the risks involved have been adequately assessed and can be satisfactorily managed. Physicians should cease any investigation if the risks are found to outweigh the potential benefits or if there is conclusive proof of positive and beneficial results.**

18. **Medical research involving human subjects should only be conducted if the importance of the objective outweighs the inherent risks and burdens to the subject. This is especially important when the human subjects are healthy volunteers.**

19. **Medical research is only justifiable if there is a reasonable likelihood that the populations in which the research is carried out stand to benefit from the results of the research.**

20. The subjects must be volunteers and informed participants in the research project.

21. The right of research subjects to safeguard their integrity must always be respected. Every precaution should be taken to respect the privacy of the subject, the confidentiality of the patient's information and to minimize the impact of the study on the subject's physical and mental integrity and on the personality of the subject.

22. In any research on human beings, each potential subject must be adequately informed of the aims, method, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail. The subject should be informed of the right to abstain from participation in the study or to withdraw consent to participate at any time without reprisal. After ensuring that the subject has understood the information, the physician should then obtain the subject's freely given informed consent, preferably in writing. If the consent can not be obtained in writing. If the consent can not be obtained in writing, the non-written consent must be formally documented and witnessed.

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

24. For a research subject who is legally incompetent , physically or mentally incapable of giving consent or is a legally incompetent minor, the investigator must obtain informed consent fro the legally authorized representative in accordance with applicable law. These groups should not be included in research unless the research is necessary to promote the health of the population represented and this research cannot instead be performed on legally competent persons.

25. When a subject deemed legally incompetent , such as a minor child, is able to give assent to decisions about participation in research, the investigator must obtain that assent in addition to the consent of the legally authorized representative.

26. Research on individuals from whom it is not possible to obtain consent, including proxy or advance consent, should be done only if the physical / mental condition that prevents obtaining informed consent is a necessary characteristic of the research population. The specific reasons for involving research subjects

with a condition that renders them unable to give informed consent should be stated in the experimental protocol for consideration and approval of the review committee. The protocol should state that consent to remain in the research should be obtained as soon as possible from the individual or a legally authorized surrogate.

27. **Both authors and publishers have ethical obligations. In publication of the results of research, the investigators are obliged to preserve the accuracy of the results. Negative as well as positive results should be published or otherwise publicly available. Sources of funding, institutional affiliations and any possible conflicts of interest should be declared in the publication. Reports of experimentation not in accordance with the principles laid down in the Declaration should not be accepted for publication.**

C. ADDITIONAL PRINCIPLES FOR MEDICAL RESEARCH COMBINED WITH MEDICAL CARE.

28. **The physician may combine medical research with medical care, only to the extent that the research is justified by its potential prophylactic, diagnostic or therapeutic value. When medical research is combined with medical care, additional standards apply to protect the patients who are research subjects.**

29. **The benefits, risks, burdens and effectiveness of a new method should be tested against those of the best current prophylactic, diagnostic and therapeutic methods. This does not exclude the use of placebo, or no treatment, in studies where no proven prophylactic , diagnostic or therapeutic method exists. See footnote.**

30. **At the conclusion of the study, every patient entered into the study should be assured of access to the best proven prophylactic, diagnostic and therapeutic methods identified by the study.**

31. **The physician should fully inform the patient which aspects of the care are related to the research. The refusal of a patient to participate in a study must never interfere with the patient-physician relationship.**

32. **In the treatment of a patient, where proven prophylactic, diagnostic and therapeutic methods to not exist or have been ineffective, the physician , with informed consent from the patient, must be free to use unproven or new prophylactic, diagnostic and therapeutic measures, if in the physician's judgment it offers hope of saving life, re-establishing health or alleviating suffering. Where possible, these measures should be made the object of research, designed to evaluate their safety and efficacy. In all**

cases, new information should be recorded and, where appropriate, published. The other relevant guidelines of this Declaration should be followed.

Footnote: Note for clarification on paragraph 29 of the WMA Declaration of Helsinki

The WMA hereby reaffirms its position that extreme care must be taken in making use of placebo controlled trial and that in general this methodology should only be used in the absence of existing proven therapy. However, a placebo-controlled trial may be ethically acceptable, even if proven therapy is available, under the following circumstances:

- **Where for compelling and scientifically sound methodological reasons its use is necessary to determine the efficacy or safety of a prophylactic, diagnostic or therapeutic method: or**
- **Where a prophylactic , diagnostic or therapeutic method is being investigated for a minor condition and the patients who receive placebo will not be subject to any additional risk of serious or irreversible harm.**

All other provisions of the Declaration of Helsinki must be adhered to, especially the need for appropriate ethical and scientific review.

Annex - 3

Handling Investigational Drugs

Definition

It is the process of storing, handling, and dispensing of any drug used for the purpose of research.

Policy Statement

- **Investigational drugs shall be used only under the direct supervision of the principle investigator and must have prior approval by the medical research committee.**
- **The pharmacy shall stock and dispense investigational drugs in accordance with written direction submitted by the principle investigator of a study.**
- **A record of the receipt, utilization and disposition of all investigational agents shall be recorded.**
- **Informed Consent form shall be filled and signed by the patient or his family.**

Purpose

To control the utilization of investigational drugs.

Applicability / Parties Affected

Principal investigator, physicians, pharmacists, nursing staff and patients.

Procedures

1. **The Principal Investigator or his delegate shall obtain the approval of Medical Research Committee to commence the investigation.**

2. **The Principal Investigator or his delegate shall explain the risks and benefits of the investigation to the patient and obtain his/her signature on the informed consent form.**

3. **The Principal investigator or his delegate shall fill a " Investigational Drug Fact sheet" , " Patient's Record on**

Investigational Drug Use" and " Investigational Drug Return Form"

4. **Each drug shall be stored by the Chief Pharmacist or his delegate separately by protocol.**

5. **There shall be a separate storage area in the pharmacy for each protocol, if same drug is used for more than one protocol.**

6. **If a protocol uses more than one supplied drug or more than one strength or formulation of the same agent, there shall be a separate storage area in the pharmacy.**

7. **An investigational drug accountability record for each drug, strength and formulation shall be recorded by the Chief Pharmacist or his delegate.**

8. **An investigational drug accountability record for each patient shall be maintained by the Nursing Staff at the Nursing Unit where an investigational drug is stored.**

9. **All investigational drugs shall be stored and handled by the Chief Pharmacist or his delegate and will be issued only upon the written requisition by the principal investigator or his delegate.**

10. **A monograph for the investigational drugs shall be developed by the pharmacy department in coordination with the principal investigator or his delegate.**

11. **The principal investigator shall report and record any adverse drug reactions as stipulated in the Adverse Drug Reaction Reporting System Policy.**

<u>Procedure For Returned Investigational Drugs Supplied By The Company.</u>

1. **All investigational drugs opened or partially used shall be returned to the pharmacy by the nurse and destroyed by the pharmacy in the presence of Principal Investigator or his delegate.**

2. **Any unused vials/bottles shall be returned by the pharmacy to the Supplier on completion of investigation.**

3. **A record for all returned investigational drugs and their quantities shall be maintained by the pharmacy department.**

4. **Prior to return of investigational drugs, quantity and lot numbers shall be checked by the pharmacy department.**

5. **The drug shall be packed securely to prevent breakage by the pharmacy department.**

Responsibilities

1. **Responsibilities of the Principle Investigators or his delegate**

   - **Principal Investigator or his delegate is responsible to explain the risks and benefits of the investigation to the patient and obtain his/her signature on the Informed Consent Form.**
   - **Principal Investigator or his delegate is responsible to report and record any adverse drug reaction as stipulated in the Adverse Drug Reaction Reporting System policy No. PH001.**
   - **Principal Investigator or his delegate is responsible to request the investigational drug from the pharmacy.**
   - **Principal Investigator is responsible to obtain the approval of Medical Research Committee.**
   - **Principal Investigator or his delegate is responsible to fill a "Investigational Drug Fact Sheet", to fill out a "Patient's Record on Investigational Drug Use" and "Investigational Drug Return Form"**

2. **Responsibilities of the Chief Pharmacist or his delegate**

   - **Chief Pharmacist or his delegate is responsible to store each drug separately by protocol.**
   - **Chief Pharmacist or his delegate is responsible to record the agent, strength and formulation in the Investigational Drug Accountability Record.**
   - **Chief Pharmacist or his delegate is responsible to store and handle all investigational drugs and issue only upon the written requisition by the principal investigator or his delegate.**
   - **Chief Pharmacist or his delegate is responsible to develop a monograph on the investigation drug in coordination with the Principal Investigator.**
   - **Chief Pharmacist or his delegate is responsible to destroy the opened or partially used investigational drugs returned to the pharmacy I the presence of Principal Investigator or his delegate.**
   - **Chief Pharmacist or his delegate is responsible to return any unused vials/ bottles of investigational drug to the Supplier on completion of investigation.**
   - **Chief Pharmacist or his delegate is responsible to maintain a record for all returned investigational drugs and their quantities.**

- **Chief Pharmacist or his delegate to check quantity and lot number prior to return of investigational drugs.**
- **Chief Pharmacist or his delegate is responsible to pack securely the investigational agent to prevent its breakage.**

3. Responsibilities of the Nursing Unit

- **Nursing staff is responsible to return all opened or partially used investigational drugs to the pharmacy.**
- **Nursing staff is responsible to maintain the " Investigational Accountability Record" at the Nursing Unit where an investigational drug is stored.**