STANDARD OPERATING PROCEDURE (SOP) version 2.0

Complete Name of the Ethics Committee	:	Biomedical Research Ethics Committee PGIMS/UHS, Rohtak.
Complete address of the Ethics Committee	:	Office of Ethics Committee, Directorate Office PGIMS/UHS, Rohtak, Haryana, India
Frequency of Ethics Committee Meeting	:	Once in three months; Expedited meeting is possible on as and when needed basis; Ethics Committee meeting can be held earlier if required or postponed if there is no new/amended protocol and if there is no specific agenda for the meeting.
Lead time required by the Ethics Committee before which they discuss documents submitted to them	:	10 days
Complete contact details of Ethics Committee member whose details will appear on the informed consent form	:	Dr. Savita Verma Office of Ethics Committee, PGIMS/UHS, Rohtak, Haryana, India +91-9812283746 msec.BRECpgims@gmail.com
SOP effective date	:	16th June 2022
SOP Valid upto		15th June 2024

Author Name: Dr. Savita Verma Dr. Aarti	Sign and Date:  (16.06.2022)  (16.06.2022)
Approval Name: Dr. Sham Singla (Chairperson)	Sign and Date:  (16.06.2022)

BREC-PGIMS SOP-V2.0

List of SOPs of Biomedical Research Ethics Committee

Sr. No.	SOP Title	SOP CODE
1	Preparing Standard Operating Procedures (SOPs): Writing, Reviewing, Distributing, & Amending SOPs for the Biomedical Research Ethics Committee	V2/01
2	Constitution of Biomedical Research Ethics Committee	V2/02
3	Management of Protocol Submissions	V2/03
4	Initial Review of Submitted Protocol	V2/04
5	Exemption from the Ethical Review for Research Projects	V2/05
6	Agenda Preparation, Meeting Procedures and Recording of Minutes	V2/06
7	Review of Amendments/Notifications	V2/07
8	Continuing review of Study Protocols	V2/08
9	Reporting of Protocol Deviation/Non-Compliance/Violation/Waiver	V2/09
10	Review of Adverse Events (AE) Reports	V2/10
11	Review of Study Completion Reports	V2/11
12	Management of Premature Termination/Suspension/Discontinuation of the Study	V2/12
13	Request for Waiver of Written Informed Consent	V2/13
14	Maintenance of Active Project Files, Archival of Closed Files and Retrieval of Documents	V2/14
15	Documentation of the BREC Activities	V2/15
16	Dealing with Research Participants Requests and Complaints	V2/16
17	Site Monitoring and Post-monitoring activities	V2/17
18	Research Involving Potentially Vulnerable Groups	V2/18
19	Handling of Pandemic/Epidemic Conditions (like Covid-19, etc.)	V2/19
	Appendices	AP1-AP20

Chapter 1: Preparing Standard Operating Procedures (SOPs): Writing, Reviewing, Distributing and Amending SOPs For the Biomedical Research Ethics Committee

Purpose:

These Standard Operating Procedures (SOPs) define the process for writing, reviewing, distributing, and amending SOPs of the Biomedical Research Ethics Committee (BREC), PGIMS/UHS, Rohtak.

Scope:

This SOP covers the procedures of writing, reviewing, distributing, and amending SOPs within PGIMS/UHS, Rohtak

1.1 Responsibilities

It is the responsibility of Chairperson of the BREC to appoint a SOP team to formulate the SOP. SOP team drafts SOP, gets it reviewed and approved by the BREC members and amends it as and when required. All members of BREC will review the SOP and approval will be given by Chairperson of BREC. Then the SOP will be effective.

BREC office will:

- Co-ordinate activities of writing, reviewing, distributing, and amending SOPs.
- Maintain on file all current and past SOPs and the list of SOPs.
- Maintain a record of the investigators to whom SOPs are distributed against requisition.
- Ensure all BREC members and involved administrative staffs have access to the SOPs.
- Ensure the BREC members and involved staffs are working according to current version of SOPs.
- Assist in the formulation of SOP procedures.
- Ensure all the study is conducted in according to current version of SOPs.

SOP team

A team of members including the Member Secretary, administrative staff, and any other member of BREC as identified by the chairperson which oversees the creation, preparation, review, or revision of the designated BREC, PGIMS/UHS, Rohtak SOP.

The Chairperson will constitute an SOP team consisting of the Member Secretary and one or more members of the BREC and/or the BREC office. The SOP team will carry out the subsequent steps.

- Assesses the request(s) for SOP revision in consultation with the BREC office and Chairperson.
- Proposes new/modified SOPs as and when required.
- Write down step by step all the procedures of the BREC.
- Organize, devise and, name each process.
- Make a list of SOPs with coding reference (BREC-PGIMS SOP-V2.0).

- Selects the format and coding system for SOPs.
- Drafts the SOP in consultation with the BREC members and involved administrative staff.
- Review of draft SOP by BREC.
- Submit the draft for approval to Chairperson.

Chairperson of the ethics committee:

- Appoints one or more SOP Teams.
- Reviews and approves the SOPs.
- Signs and dates the approved SOPs.

BREC members and involved administrative staff:

- Review, sign and date SOPs.
- Maintain a file of all SOPs received.
- Return all out of date SOPs to BREC office.

1.2 Detailed instructions

1.2.1 Identifying the need for new or amendment to SOP

Any member of the BREC, faculty members, or investigators, can make a request for revision or renewal of an inconsistency/discrepancy in the existing SOPs or requests to design new SOP.

If BREC members agree to the request, the Chairperson will appoint SOP team to revise/formulate the SOP. If BREC members do not agree to the request, no further action will be taken. The BREC member who made the request for modification of the SOP will be informed in writing by the Member Secretary about the decision.

1.2.2 List of relevant SOPs

The SOP team will:

- Write down step by step all the procedures of the BREC.
- Organize, devise and, name each process.
- Make a list of SOPs with coding reference (BREC-PGIMS SOP-V2.0).

1.2.3 Designing a format and layout

- Each SOP should be given a number and a title that is self-explanatory and is easily
- understood. Each SOP will be prepared according to the template for Standard Operating
- Procedures in AN2–V2/BREC-PGIMS SOPV2/01. Each page of the SOP will bear a header with the effective date. The SOP number will be on the left-hand corner of

the header while the left-hand corner of the footer will bear the title of the SOP and page number. A unique code number with the format BREC-PGIMS SOPVy/xx will be assigned to each SOP by the Bioethics cell. xx will be a two-digit number assigned specifically to a SOP. "V" refers to version of the SOP and "y" will be a number identifying the version e.g. BREC-PGIMS SOPV2/01 is SOP number 01 with V=version no.6.

- Each Annexure (AN) will be given unique code number with the format ANn-Vp/BREC-PGIMS SOPVy/xx. e.g. AN1–V2/BREC-PGIMS SOPV2/01 indicates AN is Annexure; n is Annexure no.1, 6 is version no. 6, belonging to the BREC-PGIMS SOPV2/01.
- Each Appendix (AP) will be given unique code number with the format APn/Vy e.g.
- AP1/V2indicates AP is Appendix, n is Appendix no 1, V2 is version no.6.
- The first page of SOP document will be signed and dated by the SOP team members, BREC Chairperson who has approved and accepted the SOPs. The SOP will be implemented within 2 weeks after acceptance by the Chairperson.

1.2.4 Review by consultation

- The draft SOP will be discussed with members of BREC, administrative staff and relevant faculty members.
- The final draft version will be forwarded to the Chairperson for review and approval by BREC.

1.2.5 Preparation and submission of final draft

- All the members of BREC will review the draft/revised SOP.
- During the BREC meeting, members can put forth their suggestions/comments on the draft/revised SOP.
- The suggestions agreed upon unanimously by all BREC members will be incorporated and the final draft SOP will be formulated.
- The SOP team would stand dissolved once the BREC takes final decision regarding the SOP.

1.2.6 Final Approval of new/revised SOP

- The final version of SOP duly approved by the BREC will be signed and accepted by the chairperson of the BREC.

1.2.7 Implementation, distribution, and filing all SOPs

- Approved SOPs will be implemented from the effective date and will be distributed toI EC members and BREC staff according to the distribution list (AN4-V2/BREC-PGIMS SOPV2/01).
- One complete original set of current SOPs will be archived in the SOP master file, by the BREC office and maintained in the BREC Office. Photocopies made from

the official paper versions of the SOP can be considered current or official, if stamped and signed by Member Secretary or authorized individual for distribution, a log of which should be maintained.

- SOPs are made available to all Investigators.

1.2.8 Management and archiving of superseded SOPs

Old SOPs should be retained and clearly marked "superseded" and archived in a file by the BREC office. The process of evolution of previous SOPs of the BREC will be documented in defined format (AN3-V2/BREC-PGIMS SOP V2/01).

AN2-V2/BREC-PGIMS SOPV2/01
Template for SOP

Biomedical Research Ethics Committee	
Title: Title which is self-explanatory and is easily understood STANDARD OPERATING PROCEDURE (SOP)	
SOP No.: BREC-PGIMS SOP 1.1/1/June/2022	Page : a of b
Code:BREC-PGIMS SOP 1.1/1/June/2022	
Effective Date:16th June 2022	
Authors: Dr. Savita Verma (BREC Member Secretary) Dr. Aarti	Sign and Date (16.05.2022)
Approved & Accepted by: Dr. Sham Singla	Sign and Date (16.05.2022)

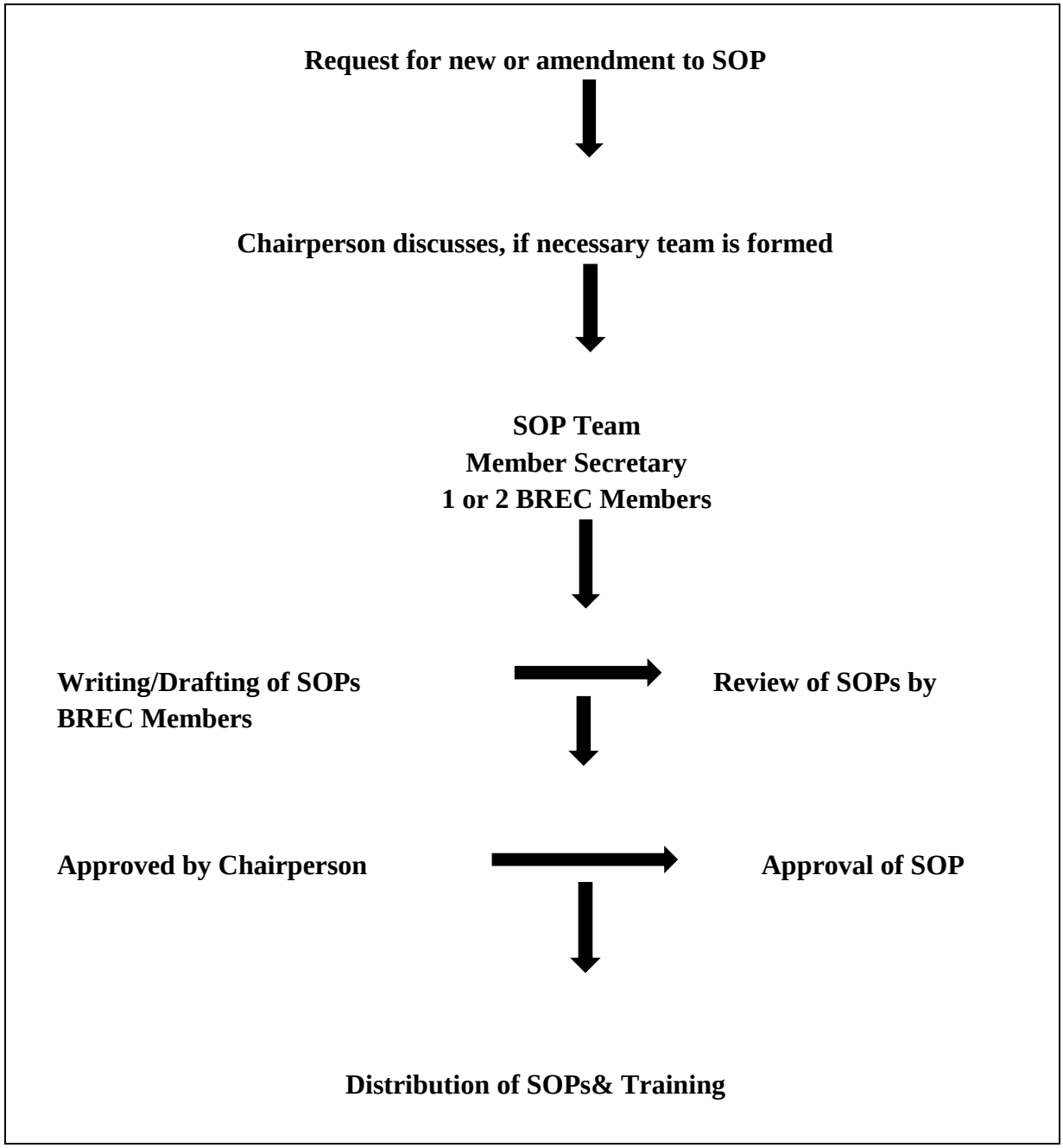
AN3–V2/BREC-PGIMS SOPV2/01
Document History of the SOPs

Name of the SOP	Version	Effective date (dd-mm-yy)

AN4–V2/BREC-PGIMS SOPV2/01
Log of the BREC Members Receiving Copy of SOPs

No.	Name of recipients	Designation	SOP code number	No. of copies	Signature	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

FLOW CHART


Request for new or amendment to SOP
Chairperson discusses, if necessary team is formed
SOP Team
Member Secretary
1 or 2 BREC Members
Writing/Drafting of SOPs
BREC Members
Review of SOPs by
Approved by Chairperson
Approval of SOP
Distribution of SOPs& Training

Chapter 2: Constitution of Biomedical Research Ethics Committee

The BREC has been established to formalize and specify the Institution's commitment to promotion of high ethical standards in clinical research, and teaching. This SOP applies to the formation of the BREC. The Biomedical Research Ethics Committee (BREC) is constituted by Directorate, PGIMS/UHS, Rohtak in accordance to the Gazette of India.

2.1 Mandate

- The BREC through its delegated sub-committee's functions independently for maintaining consistent ethical framework in research, and in the integration of ethical values into practice, policy relationships, and organizational activities.
- The purpose of BREC is to cultivate a pluralistic and democratic exchange of ethical values, concerns and to critically analyze them looking for opportunities to enhance the ethical integrity of the Institution.
- The mandate of BREC, PGIMS/UHS, Rohtak essentially targets ethical aspects of research and education.

The terms of reference for the BREC are as follows:

- To ensure that all proposed research projects (Academic and investigator initiated) conform to standard national and international ethical guidelines and that dignity, right and wellbeing of research participants is protected.
- Continuing education in research bioethics and ethical aspects of clinical practice by seminars, workshops and interactive discussions for BREC members, investigators, study coordinators, research staff, and officials of BREC office.
- The committee does not address or interfere in matters of an administrative nature, nor does the committee function as a grievance cell for staff members.

2.2 Responsibility

BREC has responsibility within the institution with the following objectives:

- To ensure the competent review and evaluation of all ethical aspects of research projects (Academic and investigator initiated) received, to ensure compliance with the appropriate laws and safeguard welfare of participants.
- Continuing education and training programs to ensure that BREC members are qualified to perform their specific duties, by education of professional, administrative, and support staff about ethical issues and current ethical standards and guidelines.
- Creation, developing revising and implementing ethical guidelines (SOPs).

2.3 Ethical basis

- The committee consists of members who collectively have the qualifications and experience to review and evaluate the scientific, medical, ethical and legal aspects of a proposed research project/Clinical Trials.
- In collaborative research, the BREC recognizes that the protocol it approves has to be approved by national and/or Biomedical Research Ethics Committees prior to implementation/start of study.
- In evaluating protocols and ethical issues, the BREC is aware of the diversity of laws, cultures and practices governing research and medical practices in various countries around the world.
- The BREC also seeks to be informed, as appropriate, by national/other local ethics committees and researchers of the impact of the research it has approved.

The BREC is guided in its reflection, advice and decision by;

- The ethical principles expressed in WMA Declaration of Helsinki (Adopted by the 18thWorld Medical Assembly, Helsinki, Finland, May 1964, and finally amended by the 64thWMA General Assembly, Fortaleza, Brazil, October 2013).
- It makes further reference to the International Ethical Guidelines like. The Nuremburg Code (1945), the Belmont Report 1979, the CIOM International Ethical Guidelines for
- Biomedical Research Involving Human Subjects (Geneva 1993), European Convention on Human Rights and Biomedicine 1997, Standard and Operational Guidance for Ethics Review of Health-Related Research with Human Participants (WHO 2011), International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use - Good Clinical Practice (ICH-GCP 2016).
- The BREC establishes its own Standard Operating Procedures taking recognition of Indian Good Clinical Practice Guidelines (2001) by Central Drugs Standard Control Organization(CDSCO) for clinical trials (and New Drugs and Clinical Trial Rules, 2019), National Ethical Guideline for Biomedical and Health Research Involving Human Participants by the Indian Council of Medical Research (ICMR 2017), National Ethical Guideline for Biomedical Research Involving Children (ICMR2017), NABH Guidebook to standards for accreditation of Ethical Committees (1st ed.,2015) and Helsinki Declaration (Oct., 2015).
- The BREC seeks to fulfill the requirements for international assurances and is established and functions in accordance with the national law and regulations.

2.4 Composition

The Ethics Committee will be multidisciplinary and shall consist of not less than seven members and a maximum of 15 members. One among its members, who is from outside the Institute, shall be appointed as Chairperson, one member (faculty member of the Institute) as Member Secretary, and rest of the members shall be from Medical, Scientific, Non-medical and Non-scientific fields including clinical experts and pharmacologist, persons of the community, a legal expert, a social worker/layperson/patient representative to represent different point of view. There shall be an appropriate balance of professional, ethical, legal, cultural, educational, and community interests with an equitable representation of all specialties and gender. The external members shall be in majority to ensure independence of the committee.

Members shall be conversant with the provisions of clinical trials and Good Clinical Practice Guidelines for clinical trials in India and other regulatory requirements to safeguard the rights, safety and well-being of the trial participants. Members are expected to be aware of local, social and cultural norms, as this is the most important social control mechanism.

The composition of BREC, PGIMS/UHS, Rohtak would be as follows:

1. Chairperson (Not affiliated to PGIMS/UHS)
2. Member Secretary (Affiliated to PGIMS/UHS)
3. One to two clinicians
4. Basic medical scientists
5. Pharmacologist(s).
6. At least one-woman member;
7. One or two legal experts or retired judge or medico-legal expert
8. One social scientist/representative of non-governmental voluntary agency/ philosopher/ethicist/theologian
9. Lay person/s from the community
10. 50% of the members will be be non-affiliated to the Institute.

Criteria for selection of members:

- Members are selected on their personal capacities, based on their interest, ethical and/or scientific knowledge and expertise, experience in domain field and profile.
- Conflict of interest will be avoided when making appointments, but where unavoidable, there will be transparency with regard to such interests.
- The members representing medical scientist and clinicians will be have postgraduate qualifications and adequate experience in their respective fields and be aware of their role and responsibilities as committee members.
- New members will be identified according to the requirement i.e. as per the composition specified in Section 2.5 of this SOP.

The following qualities are sought in BREC members:

- Interest and motivation
- Time and effort
- Commitment and availability
- Experience and education

- Respect for divergent opinions
- Integrity

2.5 Terms of appointment

2.5.1 Duration and renewal

- The BREC Members will be appointed by the Directorate, PGIMS/UHS, Rohtak for duration of 5 years. The Head of the Institute or appointee will issue office order/ letters of appointment to the Chairman, and Members and Directorate/Member Secretary can issue appointment letters to BREC members as per office order.
- The appointment procedure for membership will be followed so that it allows for continuity, the development and maintenance of expertise within the BREC, and the regular input of fresh ideas and approaches.
- The members can be continued and there is no limit on the number of times the membership is extended. Extension of membership will be decided by the Directorate, PGIMS/UHS, Rohtak
- Chairperson, Member Secretary and an BREC member will be appointed before the completion of the tenure of the existing appointed committee.

2.5.2 Conditions of appointment

- Name, profession, role in committee and affiliation of BREC members will be publicized.
- Members must accept the appointment in writing/online.
- Submit CV (AN7-V2/BREC-PGIMS SOP V2/02).
- Members must apprise themselves of the relevant documents, codes, GCP, ICH guidelines and the ICMR code & BREC, PGIMS/UHS/ SOPs. Copies of these documents will be provided by the BREC office on written request.
- An investigator can be a member of the BREC; however, the investigator-as-member cannot participate in the review and approval process for any project in which the member is PI, Co-PI or has any other potential conflict of interest.
- The designated member of the BREC, who accepts the membership will be sign the Conflict of interest, if any, must be disclosed (AN5-V2/BREC-PGIMS SOP V2/02) and the Confidentiality Document (AN1-V5/BREC-PGIMS SOP V2/02).

2.5.3 Resignation/replacement procedure

- If a regular member resigns, or ceases to be a member due to disqualification, or death, a new member will be appointed for the remaining term as per the Conditions of appointment stated above.
- BREC member who decides to resign will be send a written notification of resignation to the Directorate, PGIMS/UHS Rohtak.

- Directorate, PGIMS/UHS, Rohtak would appoint a new member, falling in the same category of membership (ex. NGO representative with NGO representative).
- Similarly, if internal faculty member proceeds on leave for more than 6 months, the Directorate, PGIMS/UHS Rohtak May replace with another faculty member

2.5.4 Termination/Disqualification procedure

A member May be relieved or terminated of membership in case of:

- Conduct unbecoming for a member of the Ethics Committee.
- If a member fails to attend more than 3 consecutive meetings of BREC, the matter shall be reviewed by the BREC. If deemed necessary, the BREC May decide to terminate the membership and recommend to the Directorate, PGIMS/UHS Rohtak through the Chairperson BREC for necessary replacement.
- In all such situations/circumstances, Directorate, PGIMS/UHS Rohtak/Member Secretary, BREC, will send a letter of termination to the member. Documentation of the termination will be recorded in the meeting minutes of the next BREC meeting and BREC membership circular will be revised.

2.6 Independent consultants

- The BREC May call upon, or establish a standing list of, independent consultants/ experts
- who May provide special expertise to the BREC on proposed research protocols, when the
- Chairperson or the BREC members determine that a study will involve procedures or information that is not within the area of expertise of the BREC members.
- These consultants May be specialists in ethical or legal aspects, specific diseases or methodologies, (e.g. genetic disorders, stem cell research etc.) or they May be representatives of communities, patients, or special interest groups.
- These consultants must sign the Confidentiality Document (AN2-V2/BREC-PGIMS SOP V2/02) regarding meeting, deliberations, and related matters.
- These consultants or subject experts cannot vote for decision. They May attend the BREC meeting as special invitee as per the requirement for the research protocol only.

2.7 Office bearers

The BREC will have the following office bearers who have the expertise and professional qualifications to review the submitted documents.

2.7.1 Chairperson

The BREC Chairperson will be be from outside the institution, capable of managing the BREC and the matters brought before it with fairness and impartiality. He/she will be not be a former faculty member of PGIMS/UHS, Rohtak. The task of making the BREC a respected part of the institutional community will fall primarily on the will

beers of this individual. The BREC must be perceived to be fair and impartial, immune from pressure either by the institution's administration, the investigators whose protocols are brought before it, or other professional and no professional sources.
The Chairperson will conduct all meetings of the BREC. If the chairperson is not available for reasons beyond control, then his/her designee will act as alternate Chairperson. In case, designee is not available, then an alternate Chairperson will be elected by the members present from among themselves.

2.7.2 Member Secretary (MS)

The Member Secretary will be a staff member of institute, responsible for coordinating and managing the activities of the committee including scheduling the meetings, describing the agenda and ensuring that the function of the committee is conducted as per the norms and policies described in this SOP.
In absence of Member Secretary of BREC, a PGIMS/UHS member of BREC May perform the function of the Member Secretary if necessary. In case of conflict of interest of MS, a PGIMS/UHS member of BREC May act as acting member secretary.

S. No.	Members of EC	Role/Description
1.	**Chairperson/** **Vice Chairperson** (optional) Non-affiliated Qualifications - A well-respected person from any background with prior experience of having served/ serving in an EC	• Conduct EC meetings and be accountable for independent and efficient functioning of the committee • Ensure active participation of all members (particularly non-affiliated, non-medical/ non- technical) in all discussions and deliberations • Ratify minutes of the previous meetings • In case of anticipated absence of both Chairperson and Vice Chairperson at a planned meeting, the Chairperson will be nominate a committee member as Acting Chairperson or the members present may elect an Acting Chairperson on the day of the meeting. The Acting Chairperson will be a non-affiliated person and will have all the powers of the Chairperson for that meeting. • Seek COI declaration from members and ensure quorum and fair decision making. • Handle complaints against researchers, EC members, conflict of interest issues and requests for use of EC data, etc.
2.	**Member Secretary/ Alternate Member Secretary** (optional) Affiliated Qualifications -	• Organize an effective and efficient procedure for receiving, preparing, circulating and maintaining each proposal for review

	• Will be a staff member of the institution • Will be have knowledge and experience in clinical research and ethics, be motivated and have good communication skills • Will be able to devote adequate time to this activity which will be protected by the institution	• Schedule EC meetings, prepare the agenda and minutes • Organize EC documentation, communication and archiving • Ensure training of EC secretariat and EC members • Ensure SOPs are updated as and when required • Ensure adherence of EC functioning to the SOPs • Prepare for and respond to audits and inspections • Ensure completeness of documentation at the time of receipt and timely inclusion in agenda for EC review. • Assess the need for expedited review/ exemption from review or full review. Assess the need to obtain prior scientific review, invite independent consultant, patient or community representatives. • Ensure quorum during the meeting and record discussions and decisions.
3.	**Basic Medical Scientist(s)** Affiliated/ non-affiliated Qualifications - • Non-medical or medical person with qualifications in basic medical sciences • In case of EC reviewing clinical trials with drugs, the basic medical scientist will be preferably be a pharmacologist	Scientific and ethical review with special emphasis on the intervention, benefit-risk analysis, research design, methodology and statistics, continuing review process, SAE, protocol deviation, progress and completion report • For clinical trials, pharmacologist to review the drug safety and pharmacodynamics.
4.	**Clinician(s)** Affiliated/ non-affiliated Qualifications - • Will be individual/s with recognized medical qualification, expertise and training	• Scientific review of protocols including review of the intervention, benefit-risk analysis, research design, methodology, sample size, site of study and statistics • Ongoing review of the protocol (SAE, protocol deviation or violation, progress and completion report) • Review medical care, facility and appropriateness of the principal investigator, provision for medical car, management and compensation. • Thorough review of protocol, investigators brochure (if applicable) and

		all other protocol details and submitted documents.
5.	**Legal expert/s** Affiliated/ non-affiliated Qualifications - • Will be have a basic degree in Law from a recognized university, with experience • Desirable: Training in medical law.	• Ethical review of the proposal, ICD along with translations, MOU, Clinical Trial Agreement (CTA), regulatory approval, insurance document, other site approvals, researcher's undertaking, protocol specific other permissions, such as, stem cell committee for stem cell research, HMSC for international collaboration, compliance with guidelines etc. • Interpret and inform EC members about new regulations if any
6.	**Ethical Review Procedures** **Social scientist/ philosopher/ ethicist/theologian** Affiliated/ non-affiliated Qualifications - • Will be individual with social/ behavioral science/ philosophy/ religious qualification and training and/or expertise and be sensitive to local cultural and moral values. Can be from an NGO involved in health-related activities	• Ethical review of the proposal, ICD along with the translations. • Assess impact on community involvement, socio–cultural context, religious or philosophical context, if any • Serve as a patient/participant/ societal / community representative and bring in ethical and societal concerns.
7.	**Lay person(s)** Non-affiliated Qualifications - • Literate person from the public or community • Has not pursued a medical science/ health related career in the last 5 years • May be a representative of the community from which the participants are to be drawn • Is aware of the local language, cultural and moral values of the community • Desirable: involved in social and community welfare activities	• Ethical review of the proposal, ICD along with translation(s). • Evaluate benefits and risks from the participant's perspective and opine whether benefits justify the risks. • Serve as a patient/participant/ community representative and bring in ethical and societal concerns. • Assess on societal aspects if any.

2.7.3 BREC office

BREC office is composed of In-charge BREC office (Member Secretary, BREC) and the administrative supporting staff. The supporting staff consists of staff members of

the PGIMS/UHS appointed by the Directorate, PGIMS/UHS Rohtak or contractual staff approved by the Directorate, PGIMS/UHS Rohtak.

The BREC office shall have the following functions:

- SOP operations.
- Organizing an effective and efficient tracking procedure for each proposal received.
- Preparation, maintenance and distribution of study files.
- Organizing BREC meetings.
- Preparation of agenda and minutes of the meetings.
- Maintaining BREC documentation and archive.
- To receive BREC processing fees as prescribed by the institute time to time and issue official receipts for the same.
- Communicating with BREC members and principal investigators (PIs).
- Providing necessary administrative support for BREC related activities to the Member Secretary, BREC.
- Arrangement of training for personnel and BREC members.
- The BREC May conduct workshops from time to time for institutional faculty members.

2.8 Roles and responsibilities of the BREC members/EC

The Committee's primary responsibilities will be protection of safety, rights, dignity and confidentiality of the research participants.

- Review and discuss research proposals submitted for evaluation.
- Review progress reports and monitor ongoing studies.
- Monitor SAEs and recommend appropriate action(s).
- Maintain confidentiality of the documents and deliberations of the BREC meetings.
- Declare conflict of interest, if any at each meeting and ensuring these are recorded in the minutes.
- To carry out work delegated by Chairperson and Member Secretary.
- To participate in continuing education activities in biomedical ethics and research.
- The EC must ensure ethical conduct of research by the investigator team.
- The EC will perform its function through competent initial and continuing review of all scientific, ethical, medical and social aspects of research proposals received by it in an objective, timely and independent manner by attending meetings, participation in discussion and deliberations.
- The EC will ensure that universal ethical values and international scientific standards are followed in terms of local community values and customs.
- The EC will assist in the development and education of the research community in the given institute (including researchers, clinicians, students and others), responsive to local healthcare requirements.

- The EC will ensure that privacy of the individual and confidentiality of data including the documents of EC meetings is protected.
- The EC will review progress reports, final reports and AE/SAE and gives needful suggestions
  regarding care of the participants and risk minimization procedures, if applicable.
- The EC will recommend appropriate compensation for research related injury, wherever required.
- The EC will carry out monitoring visits at study sites as and when needed.
- The EC will participate in continuing education activities in research ethics and get updated on relevant guidelines and regulations.
- The EC may see that conduct of same/similar research by different investigators from same institution is harmonized. 'Me too' research (replicative) should not to be encouraged and submission of same research to different funding agencies should not be accepted.
- To provide information and documents related to training obtained in biomedical ethics and research to the BREC office.

2.9 Quorum requirements

For full body review of each protocol the quorum of Ethics Committee shall be at least five members with the following representation:

1. Basic medical scientist (preferably one pharmacologist)
2. Clinician
3. Legal expert.
4. Social scientist or representative of non-governmental voluntary agency or philosopher or ethicist or theologian or a similar person
5. Lay person from community
   No decision is valid without fulfilment of the quorum.

2.10 Decision making

- Decision is arrived at by consensus. In exceptional case, if consensus not possible, voting is carried out.
- Opinions of absent members that are transmitted by email or telephone or fax May be considered by the attending members during discussion but May not be counted as votes or quorum for formally convened full board meetings.
- Any committee member with a conflicting interest in a proposal will abstain from deliberations and in decision making process on that proposal, except to provide information as requested by the committee. Such abstentions will be recorded in the minutes.
- In case of a tie the chairperson will have a casting vote.
- No decision is valid without fulfilment of the quorum.

2.11 Education and training for BREC members

- BREC members will be become conversant with all national and international ethics rules and guidelines like, NDCT-19 by CDSCO, National Ethical Guideline for Biomedical and Health Research Involving Human Participants and National Ethical
- Guideline for Biomedical Research Involving Children by ICMR, Standard and Operational Guidance for Ethics Review of Health-Related Research with Human Participants by WHO, ICH-GCP guidelines.
- The institute shall support participation of BREC members in bioethics workshop/conference once a year, for capacity building.

2.12 BREC subcommittees

Subcommittees of BREC may be formed as when required for expedited review of new or revised proposal where major changes are not required and SAE reporting. The decisions of all the subcommittees will be reported to the next meeting of BREC by the Member Secretary.

2.12.1 Expedite review committee

It will consist of the Member secretary and two/three members designated by the chairperson. At least one member will be be non-affiliated with the institute. The subcommittees will be report to the main BREC. The approval granted through expedited review must be ratified at the next Full committee meeting.

2.12.2 SAE subcommittee

The subcommittee will consist of the Member Secretary, one senior faculty member of the Institute (Chairman of SAE subcommittee) and 1-2 other members of the BREC. At least one member will be be from outside the Institute.

The SAE subcommittee will review SAE reports with assessment of causality, compensation and regulatory compliance. The decisions of the SAE subcommittee must be approved at the next Full committee meeting.

AN1/BREC-PGIMS SOP V2/02
Confidentiality and Conflict of Interest Document for BREC Members

In recognition of the fact, that I, (name and designation …….....
.....……...……
……
herein referred to as the "Undersigned", have been appointed as a member of the Biomedical Research Ethics Committee (BREC), would be asked to assess research studies involving human subjects in order to ensure that they are conducted in a humane and ethical manner, with the highest standards of care according to the applied national, local regulations, institutional policies and guidelines.

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

Whereas, the BREC must meet the highest ethical standards in order to merit the trust and confidence of the communities in the protection of the rights and well-being of human subjects; the undersigned, as a member of the BREC is expected to meet the same high standards of ethical behavior to carry out its mandate.

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

The Undersigned agrees not to disclose or utilize, directly or indirectly, any confidential or proprietary information belonging to a third party in fulfilling this agreement.

Conflict of Interest

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

In accordance of the policy of the BREC, I shall not participate in the review, comment or approval of any activity in which I have a conflict of interest, except to provide information as requested by the BREC.

I will disclose to the Chairperson of the BREC any actual or potential conflict of interest that I May have in relation to any particular proposal submitted for review by the committee, and abstain from participation in discussions or recommendations in respect of such proposals.

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

- A member is involved in a potentially competing research program.
- Access to funding or intellectual information May provide an unfair competitive advantage.
- A member's personal biases May interfere with his or her impartial judgment.
- If an applicant submitting a protocol identifies a potential conflict of interest with the undersigned, then the investigator May request in writing to the Chairman; and the undersigned May be excluded from the review of the project.

In the course of my activities as a member of the BREC, I May be provided with confidential information and documentation ("Confidential Information"). I agree to take reasonable measures to protect the Confidential Information; subject to applicable legislation, including the access to it, as per the right to Information Act, not to disclose the Confidential Information to any person; not to use the Confidential Information for any purpose outside the Committee's mandate, and in particular, in a manner which would result in a benefit to myself or any third party; and to return all Confidential Information (including any agenda items) tithe BREC office upon termination of my functions as a Committee member.
Whenever I have a conflict of interest, I shall immediately inform the committee not to count me toward a quorum for consensus or voting.
I, …….... have read and I accept the aforementioned terms and conditions as explained in this Agreement.

Signature: _____

Name :_____

Date: _____

AN2-V2/BREC-PGIMS SOP V2/02
Confidentiality Document Form for Independent Consultants

I,…… ……... (name and designation) as a non-member of BREC understand that the copy (ies) given to me by the BREC is (are) confidential. I shall use the information only for the indicated purpose as described to the BREC and shall not duplicate, give or distribute these documents tony person(s) without permission from the BREC.
Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information as confidential.

Signature_____

Name_____

Date: _____

AN3-V2/BREC-PGIMS SOP V2/02
Invitation to Attend a Meeting as Independent Consultant

To,

_____
_____
_____

Sub: Invitation to attend Biomedical Research Ethics Committee meeting

Sir/Madam,

The Chairman BREC has nominated you as an independent consultant/observer to evaluate a research protocol submitted to the Biomedical Research Ethics Committee for approval.

You are requested to attend the meeting of BREC on …….at…….and to provide written opinion regarding the assigned research proposal (BREC code no……. and title of project…….). You will not have any voting right during the meeting and you will have to sign confidentiality document, which is enclosed for your kind perusal.

Kindly note that all the documents submitted to you are confidential. These will be not be disclosed to anyone and will be be returned to the BREC office, PGIMS/UHS/, Rohtak after the meeting.

Yours faithfully,

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

Enclosures:
1. Research protocol
2. Confidentiality document

AN4-V2/BREC-PGIMS SOP V2/02
Invitation to Attend a Meeting as Observer

To,
_____
_____
_____

Sub: Invitation to attend Biomedical Research Ethics Committee meeting

Sir/Madam,

The Chairman BREC has invited you as an independent observer to see functioning of the Biomedical Research Ethics Committee meeting.
You are requested to attend the meeting of BREC on …….at…….
You will not have any voting right during the meeting and you will have to sign confidentiality document, which is enclosed for your kind perusal.

Yours faithfully,

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

Enclosures:
1. Confidentiality document

AN5-V2/BREC-PGIMS SOP V2/02
Confidentiality Document Form for Observer Attendees to BREC, PGIMS/UHS Meetings

I, (name and designation) understand that I am invited to attend the BREC meeting scheduled on…….at……..am/pm as an Observer. In the course of the Meeting of the BREC some confidential information May be disclosed or discussed. Upon signing this form, I ensure to take reasonable measures to keep the information and discussion as confidential.

Signature_____

Name_____

Date: _____

AN6-V2/BREC-PGIMS SOP V2/02

Confidentiality Document Form for Non-members Requesting Copies of BREC/Documents

I,……..,..,., as a non-member of BREC, understand that the copy (ies)given to me by the BREC is (are) confidential. I shall use the information only for the indicated purpose as described to the BREC and shall not duplicate, give or distribute these documents to any person(s) without permission from the BREC. Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information as Confidential. I have received copies of the following BREC documents:

……
……
……
……

_____
Signature of the recipient

Name……

Designation and address

Date…….

AN7-V2/BREC-PGIMS SOP V2/02
List of Members of Biomedical Research Ethics Committee

Sr No	Name of Member	Qualification with specification	Designation/ Current organization	Role in Ethics committee	Affiliation with The Institute
1	Dr Sham Singla	MS, Surgery	Pro-Chancellor, SGT University, Gurugram	Chairperson	No
2	Dr Savita Verma	MD, Pharmacology	Professor, Pt. B D Sharma PGIMS, Rohtak	Member Secretary	Yes
3	Dr. Ashish Goel	MS, Surgery	Prof and Head, Medicine, AIMS, Mohali	Clinician	No
4	Dr. Pradeep Kamboj	MS, Orthopaedics	Sr. Professor, Pt. B D Sharma PGIMS, Rohtak	Clinician	Yes
5	Dr Sumit Sachdeva	MS, Ophthalmology	Professor, Pt. B D Sharma PGIMS, Rohtak	Clinician	Yes
6	Dr Reetu Hooda	MD, Obstetrics & Gynaecology	Professor, Pt. B D Sharma PGIMS, Rohtak	Clinician	Yes
7	Dr Aarti	MD, Anatomy	Professor, Pt. B D Sharma PGIMS, Rohtak	Basic Scientist	Yes
8	Dr Kapil Bhalla	MD, Pediatrics	Professor, Pt. B D Sharma PGIMS, Rohtak	Clinician	Yes
9	Dr Pawan Kumar Singh	MD, DM, PCCM	Associate Professor, Pt. B D Sharma PGIMS, Rohtak	Clinician	Yes
10	Dr Sunita Siwach	M.Sc, Ph.D	UGC, New Delhi	Scientific Member	No
11	Mrs N. Sankareswari	MA, Political Science	Indus Public School	Lay Person	No
12	Mr Varun Sharma	LLB	Assistant District Attorney, Prosecution Department, Haryana	Legal Expert	No
13	Prof. K.S. Sangwan	M.Phil., Ph.D	Superannuation, MDU, Rohtak	Social Scientist	No
14	Mrs. Prem Wati	JBT	Associated with Krish Hope Foundation, NGO	NGO/ Lay person	No

AN8-V2/BREC-PGIMS SOP V2/02
Conflict of Interest Declaration for BREC Members
(During BREC meeting)

To,

The Chairperson
Biomedical Research Ethics Committee
PGIMS/UHS, Rohtak
BREC Meeting: _____

Conflict of Interest

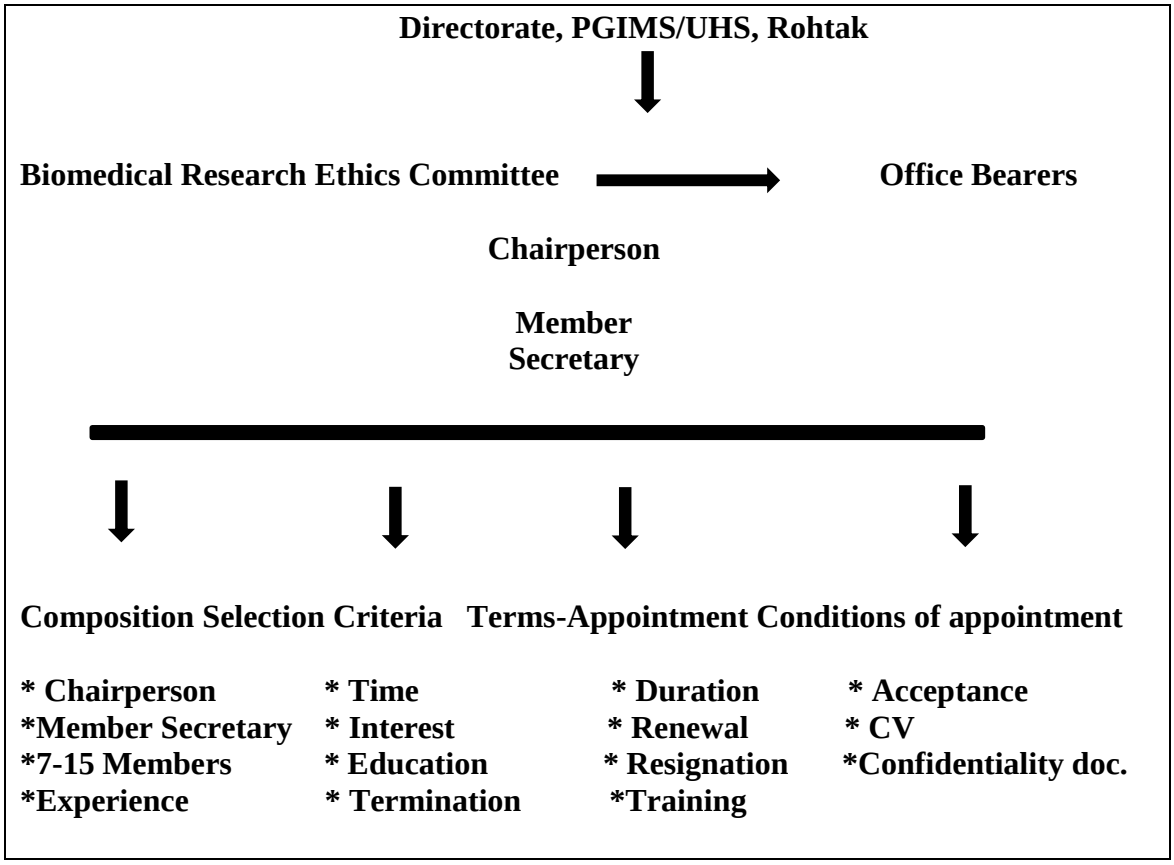
I hereby declare that I have conflict of interest in the following Agenda:
1.
2.
3.
4.

_____
Signature of member

Name_____

Date_____

Flow Chart


Directorate, PGIMS/UHS, Rohtak
Biomedical Research Ethics Committee
Office Bearers
Chairperson
Member Secretary
Composition
Selection Criteria
Terms-Appointment
Conditions of appointment
* Chairperson
*Member Secretary
*7-15 Members
*Experience
* Time
* Interest
* Education
* Termination
* Duration
* Renewal
* Resignation
*Training
* Acceptance
* CV
*Confidentiality doc.

Chapter 3: Management of Protocol Submissions

This SOP is designed to describe and act as a guideline for the BREC office of the BREC to manage research protocol submissions.

3.1 Type of Protocols

The type of protocols includes:

I. Submission of protocols for initial review.
II. Resubmission of protocols with modifications.
III. Protocol amendments and any other amendments.
IV. Continuing review of approved protocols.
V. Protocol completion/termination.

3.2 Detailed Process

It is the responsibility of the BREC office to receive, record and distribute the protocols for review by the BREC and communicate the decisions to PI in a prescribed format.

3.2.1 Receiving protocols

The PI can submit research proposal to the BREC for review and approval under any of the 5sections mentioned above (see section 3.1).

3.2.2 BREC office

The BREC office will:

- Check the application documents to ensure that all required forms and documents are submitted as per checklist (AN5-V2/BREC-PGIMS SOP V2/03). Refer to **Table 3.1 (section 3.2.3)** which should include**:**
    - Original Application form/Project submission form (AN1-V2/ BREC-PGIMS SOP V2/03)
    - Study protocol
    - Case Record Form
    - Other documents necessary for initial review (AN2 to5-V2/BREC-PGIMS SOP V2/03)
- Check completeness of necessary information and signature at all appropriate places in the application form submitted for initial review.
- Notify the applicants, if incomplete.
- State clearly the missing documents in the document receipt Form (AN5-V2/BREC-PGIMS SOP V2/03).
- Stamp, sign and put date of receipt on the cover letter confirming receipt of the documents.
- Return one copy of the document receipt form (AN5-V2/BREC-PGIMS SOP V2/03) to the applicant for their records

- Count number of copies (Initially 2 hard copies and one soft copy accepted by email/CD/pen drive).
- Store the hard copies and soft copy of the research project. The hard copies will be archived in the office of the BREC office and soft copy will be saved on BREC office computer and external hard disc drive/CD.

3.2.3 Table 3.1 Documents to be submitted for Initial review

Sr. No.	Document	Annexure	Remarks
1.	Original Application form/Project submission form with cover letter	AN1-V2/BREC-PGIMS SOP 03/V2	Attach copy of protocol and case report form
2.	Online submission (msec.brecpgims@gmail.com)		
3.	Undertaking by PI		If applicable
4.	Conflict of Interest Declaration by PI	AN4-V2/ BREC-PGIMS SOP 03/V2	
5.	Recent signed and dated curriculum vitae (CV) of Investigator or student		
6.	Participant/volunteer/control/child information documents, consent forms [legally accepted guardian in case of patient incapable of giving consent e.g. unconscious, mentally deranged and parent consent forms if participant is a child/ adolescent between 7–18 years of age] and assent form (child 7-18 yrs)		English and Hindi and any other language, if necessary
7.	Permission/Undertaking for use of Questionnaires		
8.	Permission from Head of the Institute/ Medical Superintendent for retrieval of data for retrospective study.		

9.	Decision of other concerned Ethics Committees		In collaborative studies
10.	BREC Processing Fees		As per BREC SOP
11.	Any other MOU/Agreement in International collaboration		
12.	Any other document		

In investigator initiated drug trials for academic purposes: the trial can be approved by the BREC and information sent to DCGI (as per recent guidelines)

* All clinical trials with any stem cells shall have prior approval of Institutional Committee for Stem Cell Research and Therapy (IC-SCRT).

3.3 Informed consent process

For biomedical and health research involving human participants, the investigator must obtain voluntary written informed consent of the prospective participant. It is based on the principle that competent individuals are entitled to choose freely whether to participate in research or not. Informed consent is a process that provides opportunity to the individual to accept or refuse to participate in the study. It protects the individual's freedom of choice and respects the individual's autonomy.

Table 3.2 Essential elements of an informed consent document

1.1 Essential elements:

i. Statement that the study involves research and explanation of the purpose of the research.
ii. Expected duration of the participation of subject.
iii. Description of the procedures to be followed, including all invasive procedures.
iv. Description of any reasonably foreseeable risks or discomforts to the Subject.
v. Description of any benefits to the Subject or others reasonably expected from research. If no benefit is expected Subject should be made aware of this.
vi. Disclosure of specific appropriate alternative procedures or therapies available to the Subject.
vii. Statement describing the extent to which confidentiality of records identifying the Subject will be maintained and who will have access to Subject's medical records.
viii. Trial treatment schedule and the probability for random assignment to each treatment (for randomized trials).
ix. Statement describing the financial compensation and the medical management as under:

a. In case of an injury occurring to the subject during the clinical trial, free medical management shall be given as long as required or till such time it is established that the injury is not related to the clinical trial, whichever is earlier.
b. In the event of a trial related injury or death, the sponsor or his representative or the investigator or centre, as the case June be, in accordance with the rule 39, as the case June be, shall provide financial compensation for the injury or death.

x. An explanation about who to contact for trial related queries, rights of Subjects and in the event of any injury.
xi. The anticipated prorated payment, if any, to the subject for participating in the trial.
xii. Responsibilities of subject on participation in the trial.
xiii. Statement that participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the subject is otherwise entitled.
xiv. Statement that there is a possibility of failure of investigational product to provide intended therapeutic effect.
xv. Statement that in the case of placebo controlled trial, the placebo administered to the subjects shall not have any therapeutic effect.
xvi. Any other pertinent information.

1.2 Additional elements, which June be required:

a) Statement of foreseeable circumstances under which the participation of the subject June be terminated by the Investigator without his or her consent.
b) Additional costs to the subject that June result from participation in the study.
c) The consequences of a Subject's decision to withdraw from the research and procedures for orderly termination of participation by Subject.
d) Statement that the Subject or Subject's representative will be notified in a timely manner if significant new findings develop during the course of the research which June affect the Subject's willingness to continue participation will be provided.
e) A statement that the particular treatment or procedure June involve risks to the Subject (or to the embryo or foetus, if the Subject is or June become pregnant), which are currently unforeseeable.
(f) Approximate number of Subjects enrolled in the study.

2. Format of informed consent form for Subjects participating in a clinical trial –

Informed Consent form to participate in a clinical trial
Study Title:
Study Number:
Subject's Initials: _____ Subject's Name: _____
Date of Birth/Age: _____
Address of the Subject _____
Qualification _____
Occupation: Student or Self-Employed or Service or Housewife or Others (Please click as appropriate).
Annual Income of the subject:
Name and address of the nominees and his relation to the subject (for the purpose of compensation in case of trial related death).

Place Initial box (Subject)

I. I confirm that I have read and understood the information Sheet dated _____ for the above study and have had the opportunity to ask questions. [ ]
II. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
III. I understand that the Sponsor of the clinical trial, others working on the Sponsor's behalf, the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that June be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. [ ]
IV. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purposes [ ]
V. I agree to take part in the above study. [ ]

Signature (or Thumb impression) of the Subject/Legally Acceptable Representative:
Date: _____/ ____ /
Signatory's Name: _____
Signature of the Investigator: _____ Date: ____ / ____ /

Study Investigator's Name: ___ _____
Signature of the Witness _____ Date: ____ / ____ /
Name of the Witness:_____

Copy of the Patient Information Sheet and duly filled Informed Consent Form shall be handed over to the subject his or her attendant.

3.4 Information of change in funding agency/status of approved project:

If there is change in funding status/agency of approved project; PI should inform same to BREC through the BREC office stating the title of project, BREC code and date of approval and PI should also state that there are no changes in title, design, methodology. The BREC office will notify to the BREC and PI will be given fresh approval letter for administrative purpose (if requested by PI).

3.5 Resubmission of protocols with corrections as per BREC suggestions

- For minor corrections as per the suggestions of the BREC, the PI will submit cover letter stating the changes along with one copy of the amended Protocol and related documents with clearly highlighted/demarcated sections which have undergone correction.
- For resubmitted/major changes in the protocol, the PI will submit 2 copies of the amended Protocol and related documents along with justification for amendment, and clearly highlighted/demarcated sections which have undergone amendment.
- When the protocol has been revised and is being submitted for review as a new study, the PI will submit 2 hard copies and one soft copy with related documents as per the checklist for initial review.
- The BREC office will verify the completeness and confirm that the copy contains the modification highlighted with respect to the earlier protocol.
- The BREC office will perform the steps 3.2.2 as mentioned in initial review application.

3.6 Research protocol amendments and other study related documents

- The PI will submit 2 copy of the protocol amendments or any other study related documents to the BREC office.
- DCGI approval letter is required for amended protocol in drug/device trials.
- The PI must highlight the modification/s in the amendment, along with a summary of changes and whether these changes would entail changes in the ICF. If yes, details of changes should be summarized.
- The Member Secretary in consultation with Chairperson will decide whether to:

a) Carry out an expedited review
b) Table for discussion at the full board meeting

This process is further elaborated in BREC-PGIMS SOP V2/06.

3.7 Annual continuing reviews of approved protocols

The BREC office will:

- Send reminders for annual report to Individual PI, 15 days prior to the expiry date of approval, which usually is one year from the date of approval letter

- The BREC office will receive 1 copies of Annual Study/Continuing Review Report/progress report/request letter for extension of approval and related documents of the project in the prescribed format (as per BREC-PGIMS SOP V2/08) for each approved protocol.
- The BREC office will verify for completeness of the documents and sign and date the documents. These will be tabled in the next full board meeting of BREC.

3.8 Project completion

- It is the responsibility of the PI to submit the final report within 6 months of completion of the project along with a copy of abstract/publication (if available).
- The BREC office will receive 2 copies of Study Completion Report in the prescribed format (as per BREC-PGIMS SOP V2/11).
- The BREC office will verify the completeness of the Study Completion Report Form (BREC-PGIMS SOP V2/11) filled by the PI and the study completion report will be tabled in the next full board meeting of BREC.

3.9 Clinical Trial Agreement (CTA) or Other Agreement for Sponsored Drug/ Device/ Collaborative Trials/ Study

After the approval from BREC, the sponsor/ principal investigator (PI) will submit the duly signed copies by the sponsor/ CRO of CTA/ other agreement on Rs. 100 quasi-judicial stamp papers (three copies) to the institute with counter signature by PI, for signature of the Directorate, PGIMS/UHS. CTA/ other agreement and indemnity will safeguard the interest and right of the research participant, investigator and institute.

The drug trial shall be started by the PI after the agreement is signed by all the parties. Also, DCGI and other required regulatory approvals should be obtained for the concerned trial, and copy of the same should be submitted to BREC office before starting the trial.

After signature of the CTA, a copy of the duly signed CTA should be submitted to the BREC office before starting the trial.

Material transfer agreement (MTA): For any study, where there is exchange of biological samples, by import or export from abroad, there has to be an MTA as per ICMR format; and it should be submitted along with the study protocol to the BREC. After the approval from BREC, PI has to obtain endorsement from HSMC, ICMR before starting the study.

3.10 Charges

Ethics Committee will charge fee for review of applications, documents & safety review of sponsored projects. The non-refundable fees for reviewing various categories of research study proposals in INR (Indian National Rupees) are mentioned below.

Sr. No.	Category of Review	Pharma industry sponsored Research	Govt. sponsored/ NGO Research
1.	New study protocol	50,000 INR	10,000 INR
2.	Protocol Amendment (per amendment review) (if applicable)	10,000 INR	-
3.	Archival Charges	50,000 INR	-

Note:

1. Charges June be revised in every 3 years after discussion in the full board Ethics Committee meeting
2. **Institutional Charges:** 15% of the cost of project/study will be charged as Institutional Charges.

3.11 Reporting of SAE/protocol violation/protocol amendment is detailed in chapter 7, 9 And 10.

3.12 Site Monitoring procedures are detailed in Chapter 17 (BREC-PGIMS SOP V2/17).

AN1-V2/BREC-PGIMS SOP V2/03
Project Submission Form for Review by BREC
(02 copies and 01 softcopy required**)**

To be filled by BREC Office:

Project ID: _____Date of Submission of completed form: _____

A. Identification:

Project Title:				
Principal Investigator (PI)		**Department and designation**	**Tel. no./ E-mail**	**Signature**
Co-I/ Collaborator*/Student*				
1				
2				
3				
Project funded	**☐No ☐Yes ☐NA**	**Funding Agency: ☐Intramural ☐Extramural ☐Clinical Trial**	**Sponsor/CRO/Funding agency: …….**	
Student project	**☐No ☐Yes**	**MD ☐DM ☐MCh ☐PhD ☐SRF ☐Other**		
Collaborative	**☐No ☐Yes**	**☐National ☐International**	**Name of Institute/'s:**	
Study Duration				

B. Project Details

I. Study Design	☐Interventional ☐Others …….. ☐Observational		☐Single Centre ☐Multicentre
II. Participants			
1. From AHI*Controls Patients	Numbers ……..... …….....	Source …… …… …… …….	Total (if multicentre) …… … …… …… … ……
2. Gender	☐Both ☐Males only ☐Females only		
3. Clearly defined inclusion/ exclusion criteria:☐Yes ☐No			
4. Vulnerable subjects	☐No ☐Yes	☐Pregnancy☐Children☐Elderly☐Illiterate ☐Handicapped ☐Terminally/seriously ill ☐Mentally challenged ☐Economically/socially backward ☐Others	
5. Special group subjects:	☐No ☐Yes	☐Captives ☐Employees ☐Students ☐Nurses ☐Armed Forces ☐Healthcare workers ☐Another	
6. Advertising for recruitment of subjects	☐No ☐Yes	If yes, please attach copies of posters, flyers, brochures, websites etc.	
III. Specimen collection	☐No ☐Yes	If yes, complete AN2-V2/BREC-PGIMS SOP V2/03	

<table>
<tr><td>IV. Interventional Study</td><td>☐No
☐Yes</td><td>If yes, complete AN3-V2/BREC-PGIMS SOP V2/03</td></tr>
<tr><td>V. Risk and Benefits</td><td colspan="2">a. Does this study qualify for; ☐ Minimal risk'*
☐More than minimum risk ☐High risk

b. Is there benefit a) to the subject? ☐Yes ☐No;
☐Direct ☐Indirect
b) to the society? ☐Yes ☐No

c. Is the risk commensurate to the benefits to be accrued by the
subjects/ community/country? ☐Yes ☐No</td></tr>
<tr><td>VI. Privacy and Confidentiality</td><td colspan="2">Study Involves: ☐Direct Identifier (Subject identified by name/
Cr. No) ☐ Indirect identifiers (Patient identified by study ID)
☐ Completely Anonymized (Subject cannot be identified)

Confidential handling of data by staff:☐Yes ☐No</td></tr>
<tr><td rowspan="5">VII. Informed Consent Documents:a.Participant Information Document (PID)*
b. Informed Consent Forms (ICF's)</td><td colspan="2">☐ None (Waiver of consent form)</td></tr>
<tr><td>☐Written
☐Verbal
☐Audiovisual</td><td>Language: ☐Hindi ☐English ☐Others
-Study includes children: ☐Yes ☐No
If yes, Age group
……</td></tr>
<tr><td colspan="2">PID and ICF for: ☐Patient
☐Controls/volunteers ☐Parents/LAR
LAR-Legally acceptable/authorized representative/guardian</td></tr>
<tr><td colspan="2">PID and Assent form (children 7-18yrs): ☐Child</td></tr>
<tr><td colspan="2">Consent will be taken by: ☐PI/Co-PI ☐Nurse
☐Counselor ☐Research Staff ☐Student
☐Any Other</td></tr>
</table>

VIII. Archival of records by EC office for more than 3years (5years for clinical trials) after termination/completion of study: ☐Yes ☐No

If yes, for how many years……

Reasons for Archival ……

C. Identify the ethical Issues (if any) related with the study:

……
……
……
……

D. Brief proposal summary

Aim(s) and objectives, methodology describing the potential risks and benefits, outcome measures (maximum 500 words).

_____

Signature of PI

Name_____ Date_____

AN2-V2/BREC-PGIMS SOP V2/03
Specimen collection

1. Type	Nature	Amount	Frequency	Total amount	Comment

2. Collection of fetal tissue or abortus: ☐No ☐Yes
Specify……

3**. Use of pre-existing/stored/left over samples: ☐No ☐Yes**
Provide details……
……
……
……

4. Proper disposal of material: ☐Yes ☐No

5. Storage for banking/future research: ☐Yes ☐No

6. Will any sample collected from the patients be sent abroad? ☐Yes ☐No
If yes, give details and address of collaborators:
_____
_____
_____Sample will be sent abroad because: ☐Facility not available in India
☐Facility in India is inaccessible
☐Facility available but not being accessed
If so,
reasons_____
Has necessary clearance been obtained: ☐Yes ☐No

AN3-V2/BREC-PGIMS SOP V2/03
For Interventional studies only

1. Study involves use of: ☐Drugs* ☐Devices* ☐Vaccines* ☐Radiopharmaceutical
☐Recombinant DNA/Gene therapy ☐Stem cell ☐Indian/Alternate system of Medicine
☐Any other …….
*(need approval from *DCGI; BARC for radioactive substances and from DBT for gene therapy. Research in alternate system of medicine in accordance to AYUSH-GCP guidelines)*

2. Is it approved and marketed in: ☐India ☐UK & Europe ☐USA ☐Other Countries
Approved Indication, specify…….

3. Is it an Investigational New Drug? ☐Yes ☐No.
If yes:
a. Investigator's Brochure enclosed ☐Yes ☐No
b. Preclinical studies data available (If yes, provide summary ☐Yes ☐No
c. Clinical studies data available (If yes, provide summary ☐Yes ☐No
d. Clinical study in Phase: ☐I ☐II ☐III ☐IV☐NA
e. DCGI's permission obtained: ☐Yes ☐No, **if yes,** copy of letter enclosed ☐Yes ☐No

4. If phase I-III will the drug/device provided free? ☐Yes ☐No
If phase IV will drug/device provided at cost less than Hospital pharmacy? ☐Yes ☐No

5. Data monitoring
a. Is there plan for reporting of adverse events? ☐Yes ☐No
If yes, reporting will be done to: ☐Sponsor ☐BREC ☐DCGI
b. Is there a plan for interim analysis of data? ☐Yes ☐No
Mention Date Monitoring Plan
……
…….

6. **Provision for travel/treatment due to injury from study funds:** ☐Yes ☐No
If yes, by: ☐Sponsor ☐Investigator ☐Insurance Company ☐Any Other

7. Registered with Clinical Trial Registry – India: ☐Yes ☐No
If yes, copy of certificate enclosed: ☐Yes ☐No

Instructions/ Notes:

1. Submit two copies and one softcopy of form and all documents as per checklist.
2. Submit detailed Study/Project Protocol (Short review of literature, justification for study, aim, methodology, inclusion, exclusion criteria, and statistical analysis).
3. Submit case report form
4. Submit a page of recent, signed and dated curriculum vitae for **PI or investigator outside PGIMS/UHS** or of the **student (MD/MS/DM/MCh/PhD)** who has submitted thesis/project.
5. Mention sample size calculation in protocol
6. Mention source of controls/healthy volunteers.
7. PID should be in simple language avoiding technical terms
8. 'More than minimal risk': *Minimal risk* means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests (US-FDA 2014).
9. Consider the following while framing Participant Information Sheet/Document (PIS/PID):

• Understandable language • Purpose and procedures
• Alternatives to participation• Risks & discomforts
• Statement that study involves • Consent for future use of biological research sample
• Confidentiality of records • Benefits if any in future
• Sponsor of study • Right to withdraw
• Contact information • Free supply of drug, as applicable
• Statement that consent is voluntary • Compensation for study related injury

AN4-V2/BREC-PGIMS SOP V2/03
Conflict of Interest Declaration by PI

To,
The Member Secretary
Biomedical Research Ethics Committee
PGIMS/UHS, Rohtak.

Project entitled: …….

Name of PI:

Conflict of Interest

[ ] I hereby declare that I have no conflict of interest in my project.
[ ] I have following conflict of interest:

_____
Signature of PI
Name_____ Date_____

AN5-V2/BREC-PGIMS SOP V2/03

Receipt and Checklist of Submitted Documents to BREC office for Review (02 copies and a softcopy of all documents listed below)

Please give page no. to all documents (start from 1, 2, 3…….40 and so on,)
****Please provide version no. and date of each document*** **(for drug/device trial*)***

Type of Submission: New ( ) **Revised ( )**
Protocol Title:
Principal Investigator:
Type of document: Intramural/extramural/student project/investigator initiated/drug trial

As per **Table 3.1, Section 3.2.3** in SOP

Item No.	Mandatory Documents (*with version and date)	Yes	No	NA	Page No.
1	Project Submission Form (AN1-V2/BREC-PGIMS SOP V2/03)				
2	Study Protocol				
3	Case Report Form (form to enter data)				
4	Undertaking by the PI				
5	Conflict of Interest Statement by PI (AN4-V2/BREC-PGIMS SOP V2/03)				
6	CV of investigator outside PGIMS/UHS or of the student				
7	Participant Information document (PID) and consent forms CF) in English and Hindi (and if required in any other language)				
8	Child Information Document and assent form in English and Hindi (and if required in any other language				
9	Ethics Committee clearance of other centers				
10	Clinical Trials Registry- India(CTRI)				
11					
12	Advertisement/Information brochure				

13	Material Transfer Agreement (MTA)/MOU/Health Ministry Screening Committee (HMSC) approval				
14	BREC processing fee (applicable for sponsored trials)				
15	Any other Agreements/documents				
16	Document Receipt Form (AN15-V5/BREC-PGIMS SOP V5/03, in duplicate)				

Note: Please provide version no. and date of each document (for drug/device trial)

Documents submitted: () Complete ( ) Incomplete; will submit on……..
Comments:
Receiver Name, Sign & Date: _____ **(BREC office)** **Project submitted by Name & sign**: _____ **(Project or study team member)**

Flow Chart

Research protocol & related documents

↓

• Initial Review Application
• Resubmission of Protocols with Corrections
• Protocol Amendment and any other amendments
• Continuing Review of Approved Protocols

↓

Receive & verify as per document checklist

↓

Stamp the receipt of documents

↓

Complete document receipt form

↓

Store hard copies and soft copy of project

↓

Numbering the project

Chapter 4: Initial Review of Submitted Protocol

4.1 Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe how the BREC members will review an initially submitted protocol for approval.The BREC must review every research proposal on human participants and approve it before the research is initiated. The committee should evaluate the possible risks to the participants with proper justification, the expected benefits to participants/community and adequacy of documentation for ensuring privacy &confidentiality.

4.2 Scope

This SOP applies to the review and assessment of all protocols submitted for initial review and approval from the BREC. The specific points in the guidelines attached to the assessment form for initial review must be adequately addressed in the protocol itself and/or protocol related documents under review. Relevant comments made during discussion and deliberation about a specific protocol should be recorded in the minutes of the meeting. The decision reached by the BREC will be communicated to the PI.

4.3 Categorization of protocols

The Member Secretary, BREC or BREC office shall screen the proposals for their completeness before putting at the BREC meeting for review. It is categorized as exempt, full review or expedited. In case of an emergency proposal needing immediate approval; an adhoc meeting will be called by the Chairperson.

Types of Review

4.3.1 Exemption from review

Proposals that can be exempt from review include those with less than minimal risk where there are no linked identifiers, e.g.

- Research conducted on data that is in the public domain for systematic reviews or metaanalyses.
- Observation of public behavior when information is recorded without linked identifiers and disclosure would not harm the interests of the observed person.
- Quality control and quality assurance audits in the institution.
- Comparison among instructional techniques, curricula, or classroom management methods.
- Consumer acceptance studies related to taste and food quality.
- Public health programmes including programme evaluation where the sole purpose of the exercise is refinement and improvement of the program or monitoring.

4.3.2. Expedited review

Proposals that pose no more than minimal risk June undergo expedited review, e.g.

- Research involving non-identifiable specimen and human tissue from sources like blood banks, tissue banks, left over clinical samples.
- Research involving clinical documentation materials which are non-identifiable (data, documents, records)

- Modifications or amendment to approved protocol including administrative changes or correction of typographical errors and change in investigator(s).
- Revised proposals previously approved through expedited review, full review or continuing review of approved proposals.
- Minor deviations from originally approved research causing no risk or minimal risk.
- Progress/ Annual reports where there is no additional risk e.g. activity limited to data analysis.
- Expedited Review will be conducted by Chairperson, Member Secretary and 1-2 designated members.
- Expedited review of SAEs/ unexpected AEs will be conducted by SAE subcommittee.
- The approval granted through expedited review and the decisions of the SAE subcommittee must be ratified at the next Full committee meeting.
- Research during emergencies and disasters.

4.3.3. Full Committee Review

All research proposals presenting more than minimal risk that are not covered under exempt or expedited review should be subjected to full committee review, e.g.

- Studies involving vulnerable population even if the risk is minimal.
- Studies involving deception of participants (Refer Informed Consent Process for further detail).
- Research proposals that have received exemption from review, or have undergone expedited review/ undergone subcommittee review should be ratified by the full committee. Full committee has a right to reverse/or modify any decision taken by the subcommittee or expedited committee.
- Amendments of proposals/related documents (including but not limited to informed consent documents, Investigators Brochure, advertisements, recruitment methods etc.) involving an increase in risk.
- Major deviations and violations.
- Any new information that has emerged during the course of the research must also be reviewed and decisions taken if necessary to terminate the study or not in view of altered benefit–risk assessment.
- Research during emergencies and disasters through unscheduled meetings.
- Program evaluation research activities other than those mentioned in the exempt category.

4.4 Elements of review

The primary task of the BREC is review of research proposals and their supporting documents with special attention given to the informed consent process, documentation, and the suitability and feasibility of the protocol. BREC will consider the prior scientific review by the Research committee/department/funding agency/doctoral committee/scientific committee, and the requirements of applicable laws and regulations. Primary reviewer assigned by the Member Secretary will review and present the project in the meeting.

The BREC Member receives the letter for review (AN1-V2/BREC-PGIMS SOP V2/04) and assessment Form (AN2-V2/BREC-PGIMS SOP V2/04). The assessment form is designed to standardize the review process and to facilitate reporting, recommendations, and comments offered on each individual protocol.

The following will be considered (as applicable):

4.4.1 Scientific design and conduct of the study

- The appropriateness of the study design in relation to the objectives of the study.
- The statistical methodology (including sample size calculation), and the potential for reaching sound conclusions with the smallest number of research participants.
- The justification of predictable risks and inconveniences weighed against the anticipated benefits for the research participants and the concerned communities.
- The justification for the use of control arms; criteria for prematurely withdrawing research participants.
- Criteria for suspending or terminating the research as a whole.
- The adequacy of provisions made for monitoring and auditing the conduct of the research, the adequacy of the site, including the supporting staff, available facilities, and emergency procedures.
- The way the results of the research will be reported and published.

4.4.2 Care and protection of research participants

- Suitability of the investigators' qualifications and experience for the proposed study.
- Any plans to withdraw or withhold standard therapies for the purpose of the research, and the justification for such action.
- Medical care to be provided to research participants during and after the course of the research.
- Adequacy of medical supervision and psycho-social support for the research participants
- Steps to be taken if research participants voluntarily withdraw during the course of the research.
- Criteria for extended access to, the emergency use of, and/or the compassionate use of study products.
- Arrangements, if appropriate, for informing the research participant's general practitioner or family doctor, including procedures for seeking the participant's consent to do so.
- Description of any plans to make the study product available to the research participants following the research; a description of any financial costs to research participants.
- Rewards and compensations for research participants (including money, services, and/or gifts).
- Provisions for compensation/treatment in the case of the injury/disability/death of research participant attributable to participation in the research as per Gazette of India (2013).
- Valid Insurance policy for the participant and indemnity arrangements.

4.4.3 Protection of research participant confidentiality

- A description of the persons who will have access to personal data of the research
- Participants, including medical records and biological samples.
- The measures taken to ensure the confidentiality and security of personal information
- concerning research participants.

4.4.4 Participant information document and consent process

- A full description of the process for obtaining consent, including the identification of those responsible for obtaining consent.
- Adequacy, completeness, and comprehension of written and oral information to be given to the research participants, and, when appropriate, their Legally Acceptable Representative(s).
- Clear justification for the intention to include research participants who cannot consent, and a full account of arrangements made to obtain their consent /authorization.
- Assurances that research participants will receive information that becomes available during the research relevant to their participation including their rights, safety, and wellbeing.
- Provisions made for receiving and responding to queries and complaints from research participants or their representatives during a research project.
- In clinical trials of new chemical entity or new molecular entity, audio-visual recording of informed consent process is required when vulnerable participants are enrolled.

4.4.5 Community considerations

- Impact and relevance of the research on the local community and on the concerned communities from which the research participants are drawn.
- Steps taken to consult with the concerned communities during designing the research.
- Influence of the community on the consent of individuals.
- Proposed community consultation during the research.
- Extent to which the research contributes to capacity building, such as the enhancement of local healthcare, research, and the ability to respond to public health needs.
- A description of the availability and affordability of any successful study product to the concerned communities following the research.
- The way the results of the research will be made available to the research participants and the concerned communities.

4.4.6 Recruitment of research participants

- The characteristics of the population from which the research participants will be drawn (including gender, age, literacy, culture, economic status, and ethnicity) (Refer AP1/V2).
- The means by which initial contact and recruitment is to be conducted.
- The means by which full information is to be conveyed to potential research participants or their representatives.

- Inclusion criteria for research participants.
- Exclusion criteria for research participants.
- Students or staff recruitment in research (Ref. AP1/V2).

4.4.7 Risk-Benefit Analysis

While reviewing the research protocols, the following points should be carefully assessed
for risk/benefit analysis:

a. Collection of blood samples by finger prick, heel prick, ear prick, or venipuncture (ReferAP5/V2).
b. Prospective collection of biological specimens for research purposes by noninvasive means. E.g. skin, saliva, sputum, other body fluids etc.
c. Collection of data through noninvasive procedures routinely employed in clinical practice. E.g. Magnetic Resonance Imaging, sensory acuity, Electrocardiography,
d. Echocardiography, Electroencephalography, Ultrasound, Doppler Blood Flow and other similar procedures.
e. Research involving clinical materials (data, documents, records, or specimens) that will be collected solely for non-research (clinical) purposes.
f. Collection of data from voice, video, digital, or image recordings made for research purposes.
g. Research on individual or group characteristics or behavior not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior or research employing survey, interview, focus group, or quality assurance methodologies
h. Research involving collection and storage of genetic materials (Refer AP9/V2)
i. Research involving gene therapy and gene transfer protocols (Refer AP10/V2)

Where medical devices are employed, they must be cleared/ approved for marketing (Refer for detailed guidelines, Medical Device Rules 2016&2017: www.cdsco.nic.in/)

4.5 Responsibility

The BREC office is responsible for receiving, verifying, and managing the hard/soft copies of the received protocols and documents. In addition, the BREC office should create a protocol specific file, distribute the protocols to the BREC members for review by BREC and communicate the review results to the investigators. BREC members are responsible for receiving and reviewing the research protocols.

4.6 Detailed instructions

Distribution of the project documents

- The distribution of the project documents for BREC review will be as follows: Chairperson,
- Member Secretary and all members will get complete project proposal as hard/soft copy.

Assigning Primary reviewer

- Member Secretary, BREC assigns 1 or 2 Primary reviewers for each research protocol. A Primary reviewer is the member of BREC responsible for an initial detailed review of the assigned protocol.
- The Primary reviewer is informed preferably 10 days prior to the meeting through the agenda. A project evaluation form will also be sent along with the necessary document for each project assigned to the BREC Member. In case, the lead discussant is not in a position to review due to some reason including conflict of interest; he/she should inform the
- Member Secretary, BREC at the earliest, so that the research protocols can be assigned to other member.
- In the event of his/her absence, a Primary reviewer can send written comments on the research protocols to the Member Secretary, which will be tabled and discussed during meeting. However, a final decision on the research protocol will be arrived at, by consensus at the end of discussion among attending members and not solely based unwritten comments.
- The assigned lead discussant/s shall review the assigned research protocols offer their Observations, comments, and decisions to the BREC during the meeting and return all the documents including a completed evaluation form to the BREC office on the day of the meeting.

Responsibilities of BREC members

- Check the contents of the documents received and acknowledge receipt.
- Return the acknowledgement form/receipt back to the delivery person /BREC office.
- Check the meeting date and inform the BREC office immediately if unable to attend the meeting.
- Identify the project assigned for review.
- Notify the BREC office immediately regarding the missing documents, if any.
- The members must return the documents to the BREC office on the day of the scheduled meeting. In case, BREC member is not able to attend the scheduled meeting, the proposals should be returned at the next meeting.

4.7 Review of protocol

Review all elements as per section 4.4. The Chairperson will invite comments from BREC members following the presentation of Primary reviewer covering the element mentioned inAN1-V2/BREC-PGIMS SOP V2/04.

4.8 Study assessment forms

The primary reviewer for a particular project should use assessment form as a checklist while reviewing each research protocol. The duly filled, signed and dated assessment forms should be returned along with the research protocols to the BREC office at the end of the meeting. The assessment form is designed to standardize the review process. The study assessment form helps to ensure that all elements of research protocol are reviewed and are accordingly documented during the discussion/meeting Study Assessment Form template (AN1-V2/BREC-PGIMS SOP V2/04).

Note: **The completed assessment form is part of the official record of the decision reached by the BREC for the specific protocol**

4.9 Collection of assessment reports

The BREC office will collect the Study Assessment Forms AN1-V2/BREC-PGIMS SOP V2/04, the Comments from each reviewer and file in the original set of the study file.

4.10 At BREC meeting

The details of review procedures and communication of decision is described in detail in BREC-PGIMS SOP V2/04.

AN1-V2/BREC-PGIMS SOP V2/04
Study Assessment Form

BREC Code:	**Date of BREC meeting:**	**Date (DD/MM/YY):**
Protocol Title:		
Principal Investigators:		
Primary reviewer's name:		

Mark and comment on whatever items applicable to the study

Items	**Comments**
1 Objectives of the Study ( ) Clear ( ) Unclear	
2 Need for Human Participants ( )Yes ( ) No	
3 Methodology: ( ) Clear ( ) Need changes	
4 Background Information and Data ( ) Sufficient ( ) Insufficient	
5 Risks and Benefits Assessment ( ) Acceptable ( ) Unacceptable	
6 Inclusion Criteria: ( ) Appropriate ( ) Inappropriate	
7 Exclusion Criteria ( ) Appropriate ( ) Inappropriate	
8 Discontinuation and Withdrawal Criteria ( ) Appropriate ( ) Inappropriate	
9 Involvement of Vulnerable Participants ( ) Yes ( ) No	
10 Voluntary, Non-Coercive Recruitment of Participants ( ) Yes ( ) No	
11 Sufficient numbers of participants? ( )Yes ( ) No	
12 Control Arms (placebo, if any) ( ) Yes ( ) No	

13 Are qualification and experience of the Investigators appropriate? ( ) Yes ( ) No	
14 Disclosure or Declaration of Potential conflicts of Interest ( ) Yes ( ) No	
15 Facilities and infrastructure of Participating Sites ( ) Appropriate ( ) Inappropriate	
16 Community Consultation ( ) Yes ( ) No	
17 Involvement of Researchers and Institution in the Protocol Design, Analysis and Publication of Results ( ) Yes ( ) No	
18 Contribution to Development of Local Capacity for Research and Treatment ( ) Yes ( ) No	
19 Benefit to Local Communities ( ) Yes ( ) No	
20 Are blood/tissue samples being sent abroad? ( ) Yes ( ) No	
21 Are procedures for obtaining Informed Consent appropriate? ( ) Yes ( ) No	
22 Contents of the Informed Consent Document ( ) Clear ( ) Unclear	
23 Language of the Informed Consent Document ( ) Clear ( ) Unclear	
24 Contact Persons for Participants ( ) Yes ( ) No	
16 Privacy & Confidentiality ( ) Yes ( ) No	
26 Provision for Medical / Psychosocial Support ( ) Appropriate ( ) Inappropriate	
27 Provision for Treatment of Study-Related Injuries ( ) Appropriate ( ) Inappropriate	
28 Provision for Compensation ( ) Appropriate ( ) Inappropriate	

Comments:_____

If revision/rejection of project is recommended Yes [ ] No [ ]
Signature of Primary reviewer **Date:** _____

Flow Chart

Protocols

Exemption from Review Full Review Expedited Review

↓

Responsibilities: BREC office Receive, verify and distribute
Verify the contents of the package

↓

Responsibilities: BREC Members Review of protocol
Fill assessment form and submit during meeting

↓

Responsibilities: BREC office BREC meeting - Record the BREC discussion
Decision is communicated to the PI

↓

Storage of original documents with relevant correspondence

Chapter 5: Exemption from Ethical Review for Research Projects

5.1 Purpose and scope

This SOP applies to the all protocols submitted for exemption from review by the BREC. The purpose of this SOP is to describe which research projects can be exempted from ethics review and do not require the approval of the BREC. The Exemption Form AN1-V2/BREC-PGIMS SOP V2/05is designed to standardize the process of exemption.

5.2 Type of Protocol for Exemption from review

The exemption from review June be seen in following situations:

1. Research on educational practices such as instructional strategies or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

Exceptions:

a. When research on use of educational tests, survey or interview procedures, or observation of public behavior can identify the human participant directly or through identifiers, and the disclosure of information outside research could subject the participant to the risk of civil or criminal or financial liability or psychosocial harm.
b. When interviews involve direct approach or access to private papers.

2. Proposals which do not involve live human participants or data derived from them are exempt from ethics review.

For example:

- Audits of educational practices
- Research on microbes cultured in the laboratory
- Research on immortalized cell lines
- Research on cadavers or death certificates provided such research reveals no identifying personal data
- Analysis of data freely available in public domain

In some circumstances research which meets above criteria June need to be reviewed by the BREC. ***This might be because of requirements of:***

- The publisher of the research
- An organization which is providing funding resources, existing data, access to participants etc.

5.3 Responsibility

The Member Secretary will record the decision in the Exemption Form with reasons. The BREC office is responsible for recording and filing the decision including the reasons for that decision (AN2-V2/ BREC-PGIMS SOPV2/05).

5.4 Detailed instructions for BREC office

5.4.1 Receive the submitted documents

- The BREC office will receive the Exemption from Review Application Form AN1-V/BREC-PGIMS SOPV2/05, Project Submission Form for Review by BREC (AN1-V2/BREC-PGIMS SOPV2/03)
- Protocol and other documents submitted by the investigators.
- Acknowledge the submitted documents
- Put it at the full board meeting of the BREC.

5.4.2 Exemption process

BREC June exempt a proposal from ethical review.

- The Member Secretary records the decision on the Exemption Form.

AN1-V2/BREC-PGIMS SOPV2/05
Review Exemption Application Form

BREC Code no.: _____ (To be filled by the BREC office)

1 **Principal Investigator's Name:** _____

2 Department: _____

3. Title of Project: _____
_____

4 **Names of other participating staff and students:**

5 **Brief description of the project:**

- Please give a brief summary (approx. 300 words) of the nature of the proposal, including the aims/objectives/hypotheses of the project, rationale, participants' description, and procedures/ methods to be used in the project [Please fill Project Submission Form for Review (AN1-V2/BREC-PGIMS SOPV2/03].

6 **State reasons why exemption from ethics review is requested?**

□Audits of educational practices.
□Research on microbes cultured in the laboratory.
□Research on immortalized cell lines.
□Research on cadavers or death certificates provided such research reveals no identifying personal data.
□Analysis of data freely available in public domain.
□Any other.

(This should include justification for exemption e.g. study does not involve human participants. If exemption is being requested on the basis of low risk involved in the study, please refer to AP15/V2).

Principal Investigator's signature: _____ Date _____

AN2-V2/BREC-PGIMS SOPV2/05

Decision of BREC Regarding Exemption from the Ethical Review

To,
Dr._____
Principal Investigator,
PGIMS/UHS, Rohtak.

Ref: BREC code.
Title of project:

Dear Dr.
Biomedical Research Ethics Committee reviewed and discussed your application (dated) for waiver to exemption from the ethical review during the BREC (number of meeting) meeting held on (date).

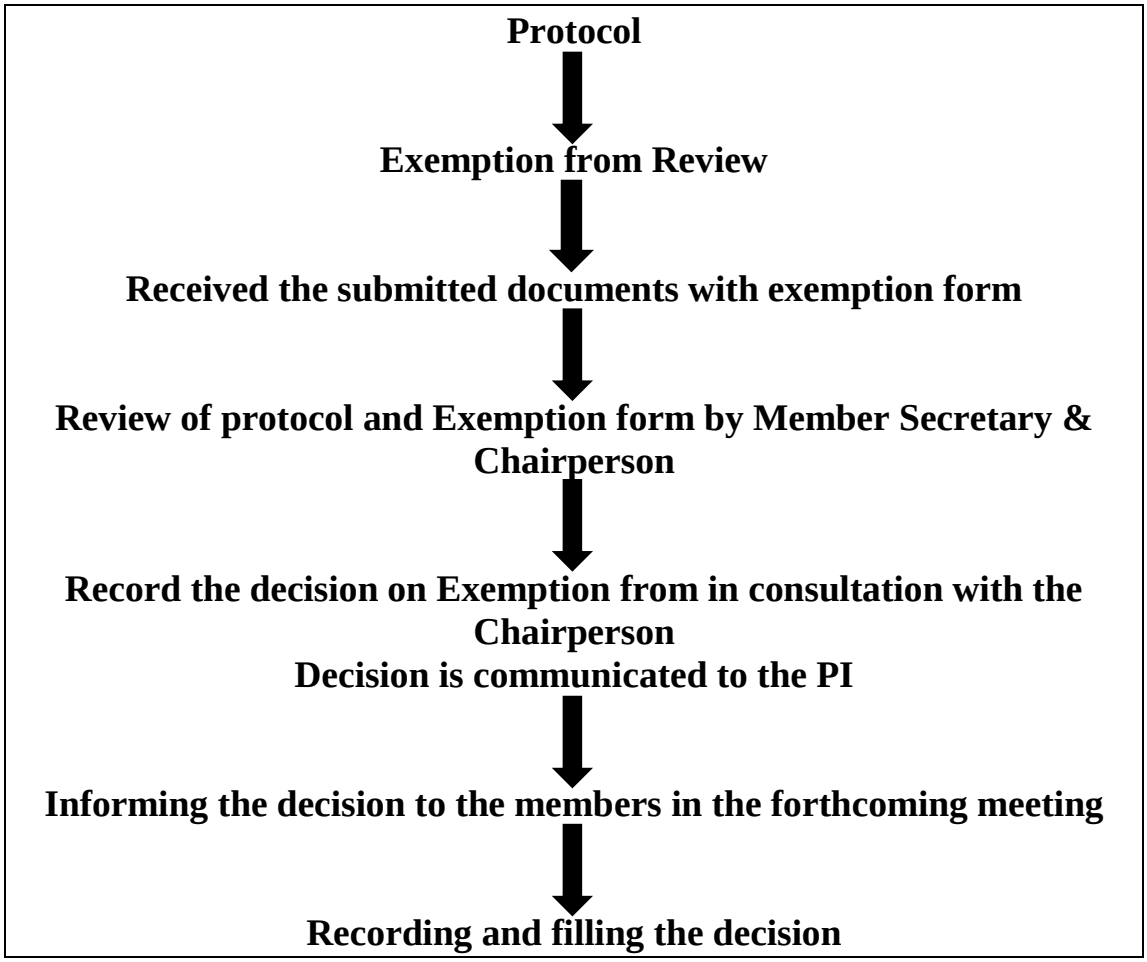
Exemption granted: Yes [ ] No [ ]

Cannot be exempted, Reasons, reasons
_____
_____

Thanking You,
Yours Sincerely,
Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

Flow Chart


Protocol
Exemption from Review
Received the submitted documents with exemption form
Review of protocol and Exemption form by Member Secretary & Chairperson
Record the decision on Exemption from in consultation with the Chairperson
Decision is communicated to the PI
Informing the decision to the members in the forthcoming meeting
Recording and filling the decision

Chapter 6: Agenda Preparation, BREC Meeting Procedures and Recording of Minutes

This SOP applies to administrative processes concerning the conduct of the meeting. The purpose of this procedure is to elaborate administrative process and provide instructions for preparation, review, approval, and distribution of meeting agenda, minutes, and notification letters of BREC, PGIMS/UHS/UHS meetings. The day, time, and venue of BREC meetings will be communicated at least 10-14 days' inadvance in routine circumstances.

6.1 Responsibility

It is the responsibility of the BREC office to prepare for the respective BREC meeting.

6.2 Detailed instructions

6.2.1 Agenda for full board BREC meeting

- Prepare the agenda of the BREC meeting
- Schedule protocols on the agenda on a first come first served basis.

6.2.2 Distribution of Protocol/Documents to the BREC Members

- Circulate meeting agenda with date, time, venue, and submitted documents to the BREC members preferably 10-14 days in advance of the scheduled meeting.
- Verify (verbally, by e-mail, or by phone) with the members whether all relevant documents are received.
- It is the responsibility of the BREC member to verify items on receipt and in the event of any missing items, intimate the BREC office immediately so that the relevant documents could be made available to the members before the meeting.

6.2.3 Preparation for the meeting

- Circulate meeting notice with agenda to investigators by email/circular, with request to be available on meeting date.
- All relevant guidelines and SOPs should be available at venue on the day of meeting.

6.2.4 Conduct of meeting

- Administrative Health related scenario as guided by Chairperson of Ethics Committee for such pandemic situation. When physical presence of all members is not possible, virtual presence by email/video calling should be done.
- Electronic documents June be accepted for review and timelines shortened for accelerated procedures.
- Emails or virtual or Tele/Video conferences should be attempted to ensure social distancing as face-to face meetings June not be suitable. Use suitable virtual software platform, preferably a video conference to enable face to face discussion or teleconference if connectivity is an issue.

- Agenda of virtual meetings should be kept short; however, EC June meet more frequently for fast track review within in 24-48 hrs.
- The EC June plan a prior review by subject experts/obtain clarifications from researchers before the meeting or/ invite independent consultants (non-voting) or representative from a specific patient group as special invitee. The special invitees invited for the web-meeting June be asked to leave the meeting before final decision making.
- During the review process, the Ethics Committees should consider the following: If written consent is not possible (e.g., physical isolation/severe COVID-19 patients), □ consent could be given orally/ use electronic methods to document and record. Due to inability of the participant to attend the site (for e.g., social distancing), the contact/communication can be made via phone, to enquire and identify adverse events, serious adverse events and ensure medical care and oversight with documentation. In an ongoing study, if the designated principal investigator (PI) is indisposed for a period,□ she/he June need delegate parts of her/his duties temporarily to others/ co-investigator and the same should be documented and reported to EC at the earliest.
- Withholding information in Public Health emergencies June be a threat to national security, and therefore the right balance must be maintained to protect individual privacy and confidentiality, and relevant disclosure to public health authorities.
- Suggest steps to protect participants of researchers from possible stigma or discrimination.
- EC members present during the virtual meeting should decide through consensus or cast online vote or via email expressing their decision. Any disagreement to be recorded with reasons.
- Secretariat is responsible to note the attendance/ participation in the virtual meeting.
- The members should reach BREC meeting room on scheduled time
- The Chairperson should determine that the quorum
    - Requirements are met.
- The Chairperson should ask for declaration of conflict of interest either verbal or written
    - on any protocol for discussion.
- If an BREC member has conflict of interest involving a project, then he/she should declare the same, before the meeting commences and leave the meeting room before the discussion on the same. This should be recorded in the minutes.
- The Member Secretary should table the minutes of the previous meeting and which should be confirmed.
- The BREC June invite investigators to attend the full board meeting related to their studies, and clarify doubts, if any.
- The meeting proceeds in the sequential order of the agenda; however, the Chairperson June change the order, if the situation so demands.
- The Member Secretary will request the lead discussant (primary reviewer) to discuss the research protocol. The primary reviewer will submit the duly filled study assessment format the end of the discussion or at the conclusion of BREC meeting.

- In case the primary reviewer cannot attend the meeting, Member Secretary, BREC or another BREC member June brief the BREC about the research protocol and also discuss the written comments/duly filled study assessment form, if provided by the primary reviewer.
- The Member Secretary, BREC/the BREC office staff minutes/records the proceeding of the BREC meeting.

6.2.5 Decision Making Process

BREC shall provide complete and adequate review of the research proposals submitted to them. The committee will review new project proposals, amendments, annual progress of ongoing projects, SAE reports, protocol violations and assess final reports of all research activities through a scheduled agenda.

- If BREC member has her/his own proposal for BREC review he/she will not participate in the BREC decision on that particular project.
- The documents required for a full review of the application should be complete and the relevant elements considered before a decision is made.
- Decisions will only be made at meetings where a quorum is present.
- Decisions will be arrived at through consensus. When a consensus is not possible, the BREC will vote. In case of tie the Chairperson can have a casting vote.
- If the full board approves a research proposal in principle subject to minor modifications, the revised project proposal submitted by the PI will be reviewed and approved by the
- Member Secretary, BREC or subcommittee of BREC on behalf of the full board, Member Secretary will report the decisions to the next BREC meeting. Such revised proposals will not be taken up for the full board review. However, in case of major changes, the revised documents will be discussed by 3-member subcommittee or in full board meeting.
- An BREC June decide to reverse its positive decision on a study if it receives information that June adversely affect the risk/ benefit ratio.
- Any advice that is non-binding will be appended to the decision.
- In cases of conditional decisions, clear suggestions for revision and the procedure for having the application re-reviewed will be specified.
- A negative decision on an application will be supported by clearly stated reasons. If the investigator wishes to appeal against the decision, he/she June do so.
- The discontinuation of a trial will be recommended if the BREC finds that the goals of the trial have already been achieved midway, unequivocal results are obtained or SAE have been observed.
- If necessary, the investigator June be invited to present the protocol or offer clarifications in the meeting. Representative of the patient groups or community can be invited during deliberations to offer their viewpoint.
- Subject expert/s June be invited as consultant to offer their views, but should not participate in the decision-making process. However, his/her opinion must be recorded.
- The proceedings of the BREC meetings will be documented and signed by the Member Secretary and the Chairperson.

6.2.6After the BREC meeting

A Preparing the minutes and the decision letters

- The Member Secretary will compile the proceedings of BREC meeting in a concise and easy-to-read style and will check spelling, grammar and context of the written minutes.
- The minutes of the meeting will be compiled.

B Approval of the minutes and the decision

- The minutes of the BREC meeting will be signed by Member Secretary, BREC.
- The minutes of the BREC meeting will be ratified in the subsequent BREC meeting.
- The BREC decisions will be communicated to the PIs by the Member Secretary.

C Filing of the minutes of the meeting

- Place the original version of the minutes in the minutes' file and copy of the minutes are filed in the corresponding research protocol file.

6.2.7 Communicating decisions

The decision will be communicated in writing by the Member Secretary to the PI, preferably within a period of 2 weeks of the BREC meeting at which the decision was made.The communication of the decision will include, but is not limited to, the following,

- BREC code of project and title of the research proposal reviewed.
- The clear identification of the protocol of the proposed research or amendment, date and version number (if applicable).
- The names and specific identification number version numbers/dates of the documents reviewed, including the potential research participant information sheet/material and informed consent form.
- The name and title of the Principal Investigator.
- The date and place of the decision.
- A clear statement of the decision reached.
- Validity of approval usually will be yearly; for multiyear projects, however changing on case to case basis.
- Any suggestions by the BREC.
- A dead line of 4 weeks will be given to PI. If Clarification is received after dead line, the project June not be put up in next meeting for approval. Conditional approval pending clarification will not be given. If PI fails to provide clarification, reminder will be send by
- BREC office stating that failure to respond will lead to closure of the file.
- In the case of a positive decision, the PI is notified of the following requirements through an approval letter.
    - A statement of the responsibilities of the PI; for example, confirmation of the acceptance of any requirements recommended by the BREC.
    - Registration with CTRI if applicable.
    - Communicate date of start of study to BREC
    - Submission of annual progress report.

- The need to notify the BREC in cases of protocol amendments (other than amendments involving only logistical or administrative aspects of the study).
- The need to notify the BREC in the case of amendments to the recruitments like the potential research participant information, the informed consent form or participant numbers.
- The need to report serious and unexpected adverse events related to the conduct of the study
- The need to report unforeseen circumstances, the withdrawn/ termination of the study, or significant decisions by another BREC.
- The information the BREC expects to receive in order to perform ongoing review.
- The final summary or final report.
- The schedule/plan of ongoing review of sponsored trials.

- In the case of a negative decision, the reasons should be clearly stated in the communication to the PI.
- The PI will also be notified of the duration of the approval, which normally will not exceed one year or duration of project whichever is later.
- All decision and approval letters will be signed by the Member Secretary, BREC
- The Member Secretary, BREC, will sign and date the approval letter and approval certificate in the original research protocol.

AN1-V6/BREC-PGIMS SOP V2/06
Agenda Format

I) Minutes

II) New Projects for Review

III) Report of approved clarification/revision by of 3 Member Committee/Member Secretary

IV) Amendments/Addendum

V) SAEs

VI) Letters/General notification

VII) Protocol violation

VIII) Progress report

IX) Closed out notification

X) Any other matter

AN2-V6/BREC-PGIMS SOP V2/06

Format for Approval Letter of Ethics Committee

To,
Dr._____
Principal Investigator,

Ref: BREC code & Project title:
Study/Protocol No.

Dear Dr.
Biomedical Research Ethics Committee reviewed and discussed your application (dated) to conduct the research study entitled "_____" during the BREC meeting held on (date).
The following members of the Biomedical Research Ethics Committee (BREC) were present at the meeting held on Date _____ Place _____
Name of member/Position on BREC/Affiliation/Gender
_____ Chairman of the Ethics committee
_____ Member secretary of the Ethics committee
_____ Name of each member with designation

The following documents were reviewed and approved:

1. Project Submission form (BREC Proforma).
2. Study protocol (including protocol amendments), dated_____, version no(s)_____.
3. Research committee/department/funding agency/doctoral committee/scientific committee approval
4. Patient information document and consent form (including updates if any) in Englishand/Vernacular language.
5. Investigator's brochure, dated_____, version no._____
6. Proposed methods for patient accrual including advertisement(s) etc. proposed to be used for the purpose.
7. Insurance policy/compensation for participation and for serious adverse events occurring during the study participation.
8. Investigator's Agreement with the sponsor
9. Investigator's undertaking
10. DCGI/DGFT approval
11. Clinical Trial Agreement (CTA)/Memorandum of Understanding(MOU)/Material Transfer Agreement (MTA), if applicable
12. Clinical Trials Registry-India (CTRI), in case of drug trial requires at time of submission but in other case this must be done after approval of the study but before initiation.

The study is approved in its presented form.

It is to be noted that neither you nor any of your study team members were present during the decision making procedures of this Biomedical Research Ethics Committee.

The BREC functions in accordance with the ICH-GCP/ICMR Guidelines/ New Drugs and Clinical Trial Rules-2019.

Following points must be noted: -

1) BREC should be informed of the yearly progress of the study.
2) PI and other investigators should co-operate fully with Monitor of the BREC, who will monitor the trial from time to time, if required.
3) At the time of PI's retirement/intention to leave the institute, study responsibility should be transferred to colleague after obtaining clearance from HOD. Status report, including accounts detail should be submitted to HOD and extramural sponsors and same June be communicated to BREC.
4) In case of any new information which could affect the study or any **SAE**, must be informed to BREC and sponsors. The PI should report SAEs occurring during the trial within 24 hrs of the knowledge of occurrence to BREC, sponsor and licensing authority. The detailed report of SAE's, after due analysis should be forwarded by PI and sponsor to BREC, licensing authority and Head of Institution within 14 days of the knowledge of occurrence of SAE's failing which the BREC approval will be withdrawn.
5) In the event of any protocol amendments, BREC must be informed and the amendments should be highlighted in clear terms as follows: -
    a) The exact alteration/amendment should be specified and indicated where the amendment occurred in the original project (Page No. Clause No. etc.)
    b) Alteration in the budgetary status should be clearly indicated and the revised budget form should be submitted.
    c) If the amendments require a change in the consent from, the copy of revised consent form should be submitted to Ethics Committee for approval.
    d) If the amendment demands a re-look at the toxicity or side effects to patients, the same should be documented.
    e) If there are any amendments in the trial design, these must be incorporated in the protocol, and other study documents. These revised documents should be submitted for approval of BREC, only then they be implemented.
    f) Approval for amendment changes must be obtained prior to implementation of changes.
    g) Without including all the above points, the amendment is unlikely to be approved by the Ethics Committee.
6) Any deviation/violation/waiver in the protocol must be informed to the BREC.
7) **Closure report** must be submitted to the BREC after completion of the project.

Thanking You,
Yours Sincerely,

Signature of the Member Secretary _____ Date _____

AN3-V6/BREC-PGIMS SOP V2/06
Format for Communication of BREC decisions project/trials

To,
Dr._____
Principal Investigator,
_____.

BREC code and Project title:
Study/Protocol No.:

Dear Dr.
The above referenced project was tabled, reviewed and discussed during the Institutional
Ethics Committee meeting held on (date) _____
List of documents reviewed.
The following members attended the meeting.
The committee suggested the following changes or additional information in project proposal:
a.
b.
c.
The approval will be granted subject to the compliance with all the above suggestions of theBREC.
PI advised to submit above clarifications within 4 weeks, failing which the project will not be considered in next BREC meeting for ethical approval.
Kindly resubmit the 1 copy of revised proposal or documents within 4 weeks for re-review by the Member Secretary/three Member Sub-committee.

Thanking you,
Yours Sincerely,

Signature of the Member Secretary _____ Date _____

AN4-V6/BREC-PGIMS SOP V2/06
Format for Three-Member Subcommittee of BREC Approval for Project

Deliberation by the 3 members' committee for the review of the clarification made by the PI regarding the objections raised about the research protocol presented during BREC meeting held, on_____

BREC code:
Title of projects:

The clarification made by the Principal Investigator was reviewed by the 3MembersCommittee comprising of:
1
2.
3.
After due deliberation the committee made the following decisions regarding the clarifications presented by the PI.

---------- ----------

Signature and date **Signature and date**
(Member) **(Member)**

Signature and date
(Member Secretary)

AN5-V6/BREC-PGIMS SOP V2/06
Intimation of Start of Study

1. **BREC code Number:**

2. **Study/Protocol No. (For drug/device trials/any other):**

3. **Title of the drug/multicentre trial:**

4. **Principal Investigator (Name & Department):**

5. **Sponsor:**

6. **Contract Research Organization (CRO) if any:**

7. **Date of approval by BREC:**

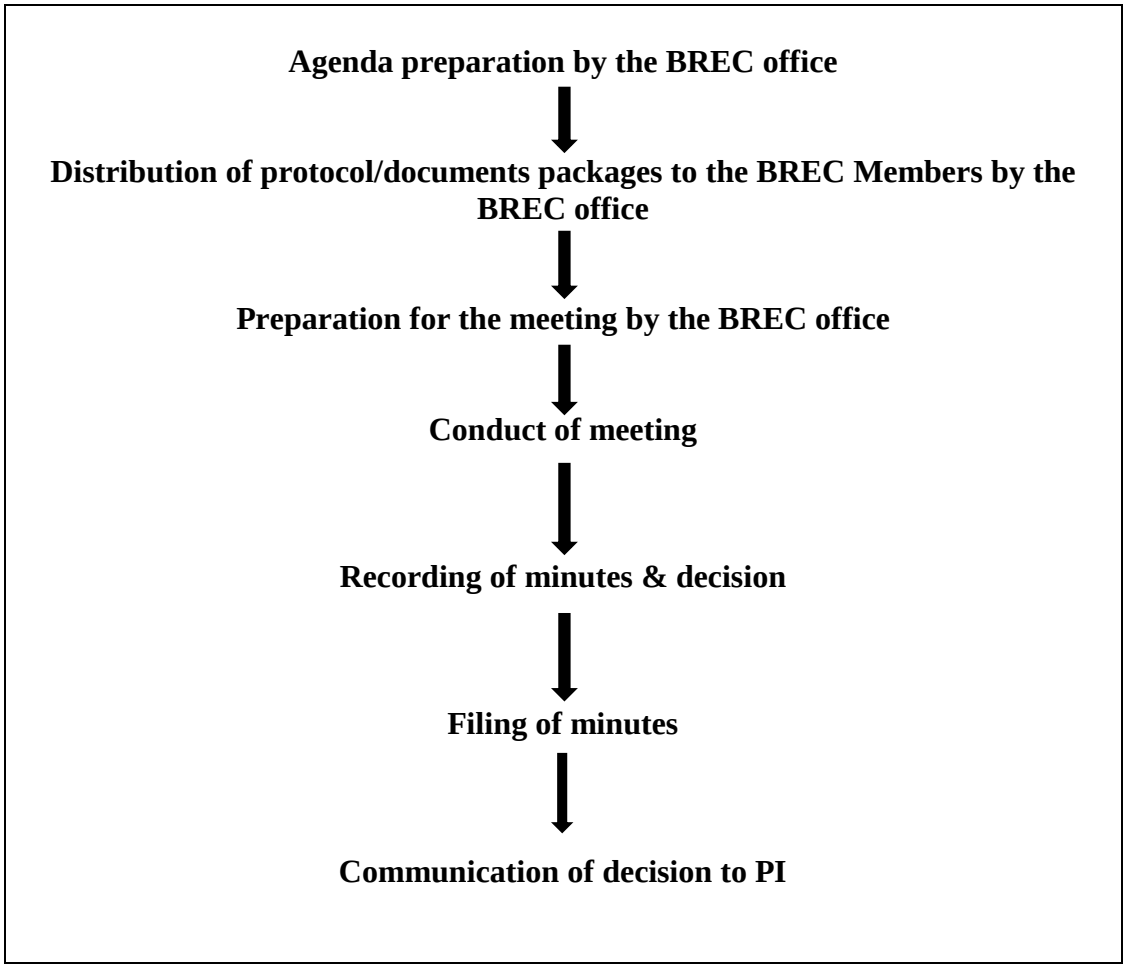
8. **Date of start**:

_____
Signature of PI

Name_____

Date_____

Flow Chart


Agenda preparation by the BREC office
Distribution of protocol/documents packages to the BREC Members by the BREC office
Preparation for the meeting by the BREC office
Conduct of meeting
Recording of minutes & decision
Filing of minutes
Communication of decision to PI

Chapter 7: Review of Amendments/Notifications

Purpose & Scope:

The purpose of this procedure is to describe how protocol amendments or any other amendments/letters are reviewed by the BREC. This SOP applies to amended study protocols/ documents and letters that are submitted for BREC approval. Amendments made to protocols or any other amendments related to the study June not be implemented until reviewed and approved by the BREC.

7.1 Procedures

7.1.1 Receipt of the amended protocol

- The amendment forwarded by the PI is received by the BREC office. The amendment along with the covering letter should be accompanied by Amendment Reporting Form
- It is the responsibility of the Bioethics cell to manage protocol amendments, documents and letters.
- The BREC office should follow the procedures as in BREC-PGIMS SOP V2/03(Procedures for Management of protocol submission).

7.1.2 Review of amended protocols/documents/letters: Review as per BREC-PGIMS SOP V2/04

7.1.3 Minor amendments and notifications

Minor amendments (those that do not increase the risk or decrease the potential benefit to subjects) June be approved in the 3-member subcommittee meeting.

Minor notifications June be noted by the Member Secretary, BREC and reported in BREC meeting. This June include but June not restrict to: Renewed insurance policy, DCGI and DGFT approvals, Administrative notes, etc.

7.2 Decision

- If the BREC approves the amendments, the BREC staff communicates this decision to the PI
- If the BREC does not approve the amendments, the Member Secretary should notify the investigator in writing of the decision and the reason for not approving the amendment.

- If the BREC recommends or suggests modifications to any of the documents, or the amendments, the Bioethics cell sends a written communication to the investigator about the specific changes asking him or her to make the necessary changes and resubmit the documents to BREC.

7.3 Storage of documents

File the amendments in the corresponding research protocol file.

AN1-V2/BREC-PGIMS SOPV2/07

Amendment Reporting Form

1. BREC Code No.	
2. Study/ Protocol No. (For drug/device trials/any other):	
3. Protocol Title	
4. Principal Investigator:	
5. Please mention version no. and date of amended Protocol/Investigators brochure/Addendum	
6. Have you highlighted the amended portion in the document or tabulated details of changes?	
7. Have you highlighted the amended portion in the document or tabulated details of changes?	**Yes/No**
8. Does this amendment lead to any change in trial protocol? If yes: please specify the changes	**Yes/No**
9. Does this amendment entail any changes in Participant information documents (PID)?	**Yes/No**
10. If yes, is the amended PIDs is enclosed	**Yes/No** **If No, reasons for not submitting**
11. Does it require signing of new consent form by participant already on trial	**Yes/No**
12. No. of active trial participants	**Yes/No**
13. Any other additional comment including changes to budgetary or staff requirement:	**Yes/No**

Signature of PI

Name: _____

Date_____

AN2-V2/BREC-PGIMS SOPV2/07

Format for Project Amendment/Document Amendment Approval letter

To,

Dr._____
Principal Investigator,
_____

BREC code no.
project title:
Study/Protocol No. (For drug/device trials/any other):

Dear Dr.,

We have received the following document/s on (date)_____

1.
2.

At the BREC meeting held on (date)_____, the above-mentioned documents were reviewed. After deliberation, the committee has decided to approve the aforementioned study-related documents.

The members who attended this meeting held on _____date and place of meeting_____ at which the above-mentioned document was discussed, are listed below.

1.
2.
3.

Yours Sincerely,

Signature of the Member Secretary _____Date _____

Name of the Member Secretary _____

AN3-V2/BREC-PGIMS SOPV2/07

Format for Project Amendment/Approval letter

To,
Dr._____
Principal Investigator,
_____

BREC code no.&Project Title:
Study/Protocol No. (For drug/device trials/any other):

Dear Dr.
We have received the following document/s on (date)_____

1.
2.

At the BREC meeting held on (date)_____, the above-mentioned documents were reviewed. After deliberation, the committee has decided to approve the aforementioned study-related documents.
The members who attended this meeting held on _____date and place of meeting_____ at which the above-mentioned document was discussed, are listed below.

1.
2.
3.

The committee suggested the following:

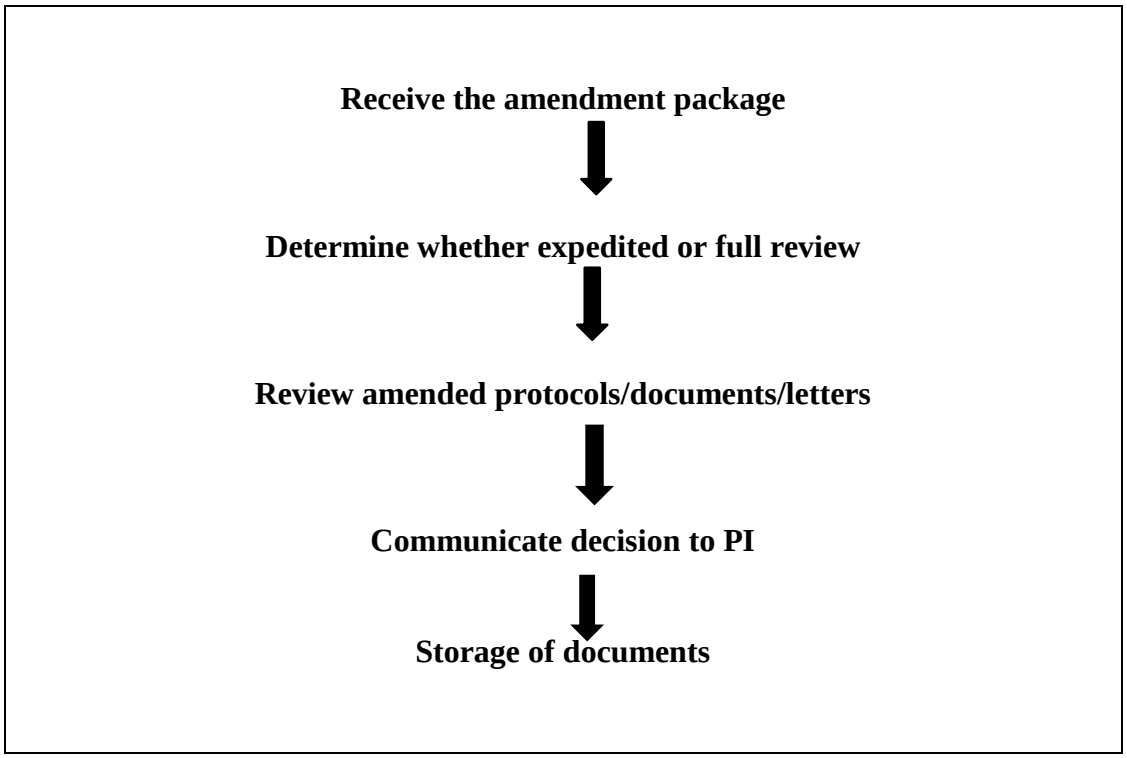
a.
b.
c.

The approval will be granted subject to the compliance with all the above suggestions of the BREC. Kindly resubmit one of revised proposal or documents within 4 weeks for re-review by the Member Secretary/three Member Sub-committee/BREC.

Yours Sincerely,

Signature of the Member Secretary _____ Date_____

Flow Chart


Receive the amendment package
Determine whether expedited or full review
Review amended protocols/documents/letters
Communicate decision to PI
Storage of documents

Chapter 8: Continuing Review of Study Protocols

Purpose & Scope:

The purpose of continuing review is to monitor the progress of the study which was previously approved; not just the changes in it to ensure continued protection of the right and welfare of research participants.

This SOP applies to continuing review of study protocols involving human participants, at intervals appropriate to the degree of risk but not less than once a year. Depending upon the degree of risk to the participants, the nature of the studies and the vulnerability of the study participants and duration of the study, the BREC June choose to review a study more frequently.

8.1 Responsibility

- It is the responsibility of principal investigator (PI) to submit the periodic/annual progress report of the approved ongoing studies.
- The Chairperson is responsible for determining the date of continuing review if the project will be reviewed more frequently. This decision is taken during the BREC meeting wherein the project is finally approved.
- The BREC is responsible for reviewing the progress made in the protocol, the occurrence of unexpected events or problems, and the rate of accrual of participants. The protocol, informed consent documents and assent documents are examined to ensure that the information remains accurate.
- PI will also apply for extension of approval of the project if necessary, along with the submission of the annual project progress report.
- Any PI who fails to submit the report for review within the stipulated time, will have to clarify the delay in writing, this will be forwarded to the Chairperson, BREC.

8.2 Procedures

The BREC Office will:

- Check the master file of projects approved by the BREC for the due date of continuing reviews.
- It will inform the PI well in advance (one to two months) before the due date for the continuing review in writing, (AN3-V2/BREC-PGIMSSOPV2)

requesting for 6 copies of the annual/periodic progress report to allow the study team sufficient time to collate the information and to prepare a report required for the continuing review.

- It will verify that the following documents are submitted:
  1. Continuing Review Application Form (AN1-V2/BREC-PGIMSSOPV2/08or AN2-V2/BREC-PGIMSSOPV2/08 with signature of PI.
  2. The Progress Report with information about the number of participants enrolled to date and since the time of the last review, an explanation for any "yes" (ticked on the Continuing Review Application Form AN1-V2/BREC-PGIMSSOPV2/08 or AN2-V2/BREC-PGIMSSOPV2/08 answers on the application form and a discussion of scientific development, either through the result of this study or similar research elsewhere that June alter risks to research participants.
  3. Summary of the progress since the time of the last review.
  4. Request letter for extension of approval of the project, if requested by PI.
- The BREC follows the procedure for review and decision making same as for an initial review.
- The Member Secretary will consult the Chairperson whether to include the annual project report/s in the forthcoming BREC meeting for discussion. After consultation with Chairperson, it can be reviewed by Member Secretary/Chairperson and informed in the full board meeting or sent to two more BREC members nominated by Chairperson for review.

8.3 Decision making

The BREC members could arrive at any one of the following decisions at the BREC meeting:

1. Noted and the project can be continued without any modifications.
2. Modifications recommended - Protocols for which modifications have been suggested by the BREC June not proceed until the conditions set by the BREC in the decision have been met. Protocols should be amended and submitted to the BREC within one four weeks for re-review.

3. Disapproved further continuation.

- This decision is recorded by the Member Secretary on AN4-V2/BREC-PGIMSSOPV2/08.
- The BREC Chairperson will sign and date the BREC decision on Continuing Review Report after a decision has been reached.
- The BREC Office will maintain and keep the BREC decision forms and minutes of the meeting relevant to the continuing review as part of the official record of the review process.

8.4 Communicate the BREC decision to the PI

The Member Secretary BREC will notify the PI of the decision (AN5-V2/BREC-PGIMSSOPV2/08) within 14 working days.

AN1-V2/BREC-PGIMS SOPV2/08

Continuing Review Application Form/Annual status Report form

(For Non-Interventional Study)

1. **BREC code no.**
2. **Title of the project:**
3. **Principal Investigator (Name & Department):**
4. **Sponsor:**
5. **Date of sanction by BREC**
6. **Date of start:**
7. **Duration of project:**
8. **Objectives of the study:**
9. **Total number of patients to be recruited for the study:**
10. **Progress report as per objectives (summary in 160 word):**

_____

_____

_____

_

11. **Protocol deviation if any with reasons/justifications:**

_____

Signature of PI

Name_____ Date_____

AN3-V2/BREC-PGIMS SOPV2/08

Reminder Letter by the BREC to PI

Name of Principal Investigator: -

Address of Principal Investigator: -

BREC code no. & Project Title:

Study/Protocol No. (For drug/device trials/any other):

The above referenced project was approved by the BREC on…….and is due for continuing annual review by the BREC. You are requested to submit an annual status report in the prescribed format **AN1-V2/BREC-PGIMS SOPV2/08** on or before……

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

AN4-V2/BREC-PGIMS SOPV2/08

BREC Decision on Continuing Review Report

BREC code no:

Project Title:

PI:

Review: Annual Progress Report

Date of BREC meeting:

Further the review and approval of resubmitted protocol is subjected to:

- Reviewed in Full Board

Decision:

- Noted and the project can be continued without any modifications
- Modifications recommended, requiring protocol resubmission
- Protocol discontinued
- Extension of project (if extension necessary, Yes/No, if Yes, period of extension)

State the recommendations:

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

AN5-V2/BREC-PGIMS SOPV2/08

Project Annual Report Approval Letter

PI Name:

PI address:

Project Title:

BREC code no.

Study/Protocol No. (For drug/device trials/any other):

This is with reference to your letter regarding the annual status report of the above-mentioned project. The Annual Study Status Report was discussed and noted in the BREC meeting held on _____ The BREC has noted the progress report. The following recommendations are suggested (wherever applicable);

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

Flow Chart

Determine the date of continuing review

↓

Notifying the PI or study team

↓

Manage continuing review package upon receipt

↓

Verify the contents of the package

↓

Prepare meeting agenda

↓

Protocol review process

↓

Storage of original documents

↓

Communicate the BREC decision to the PI

Chapter 9: Reporting of Protocol Deviation/Non-Compliance/Violation/Waiver

Purpose & Scope:

These SOPs provide instructions for taking action and maintaining records, when investigators/ trial sites, fail to:

- Follow the procedures written in the approved protocol.
- Comply with national/international guidelines for the conduct of human research.
- Respond to the BREC requests.

This SOP applies to all BREC approved research protocols involving human subjects.

9.1 Responsibility

- The PI should forward protocol deviation/non-compliance/violation/waiver reports to the BREC. Protocol Waiver is analogous to a Protocol Deviation, except that prior BREC approval must be obtained before implementing the necessary departures from the protocol. Therefore, Protocol Waivers are anticipatory, while Protocol Deviations are not. e.g. Protocol Waiver means a prospective decision by a sponsor or investigator to permit accrual of a subject who does not satisfy the approved inclusion/exclusion criteria for enrolment.
- The BREC office will receive deviations /violations/waiver reports submitted by the PI. Reporting of deviation/ noncompliance/ violation/ waiver in any other reporting format will not be accepted. It will be placed in the meeting agenda.
- BREC members should review and take action on such reports.

9.2 Detailed instructions

9.2.1 Detection of protocol deviation/non-compliance/violation/waiver

A. The BREC members performing monitoring of the project at trial site can detect protocol deviation/non-compliance/violation, if the project is:

- Not conducted as per protocol/national/international regulations
- When scrutinizing annual/periodic reports/SAE reports
- Any other communication received from the Investigator/trial site/sponsor/study monitor/ CRO

B. BREC officecan detect protocol deviation/non-compliance/violation from failure to

- Comply with statutory requirements
- Respond to requests from BREC within reasonable time limit
- Respond to communication made by BREC

C. Communication/complaint/information received from research participant who has been enrolled or any individual who has been approached for enrollment

D. Any report/communication brought to the notice of the Member Secretary/Chairperson of BREC

E. Communication received from the Directorate, PGIMS/UHS, Rohtak informing BREC about an alleged protocol violation/non-compliance/protocol deviation.

9.2.2 Noting protocol deviation/non-compliance/violation/waiver by the BREC office

- The members of site monitoring committee who have performed monitoring of a particular trial site and detect protocol deviation/non-compliance/violation will inform the BREC office in writing within 24 hours [one working day].
- Whenever protocol deviation/non-compliance/violation have been observed, the BREC office will ensure that the issues as well as the details of non-compliance involving research investigators are included in the agenda of the BREC meeting.

9.2.3 Board Discussion, Decision and Action

- If the protocol deviation/non-compliance/violation is detected by BREC member during monitoring visit he/she will present the protocol deviation/noncompliance/violation information.
- If detected by the BREC office forwarded by PI, the Member Secretary will present the protocol deviation/non-compliance/violation/waiver information.
- The deviations/violations will be scrutinized for gravity and implications in the formal full board BREC meeting. The BREC members will review the

information available and take a decision depending on the seriousness of the violation.

- The decision will be taken to ensure that the safety and rights of the research participants are safeguarded. The decision will be taken by consensus and if no consensus is arrived at, voting will be conducted.
- The BREC decision will be communicated to PI.

The actions taken by BREC could include one or more of the following:

- Inform the PI that BREC has noted the violation/noncompliance/deviation and inform the PI to ensure that deviations/noncompliance/violations do not occur in future and follow BREC recommendations.
- Enlist measures that the PI would undertake to ensure that deviations/noncompliance /violations do not occur in future.
- Reprimand the PI.
- Call for additional information.
- Suspend the study till additional information is made available and is scrutinized.
- Suspend the study till recommendations made by the BREC are implemented by the PI and found to be satisfactory by the BREC.
- Suspend the study for a fixed duration of time.
- Inform the Directorate, PGIMS/UHS, Rohtak for suitable action.
- Revoke approval of the current study
- Keep other research proposals from the PI/ Co-PI under abeyance.
- Review and / or inspect other studies undertaken by PI/Co-PI.

9.3 Notifying the investigator

- The BREC office records the BREC decision and prepares a notification letter.
- The Member Secretary signs and dates the letter.
- The BREC office sends a copy of the notification to the investigator.
- The BREC office sends a copy of the notification to the relevant national authorities, the sponsor or the CRO of the study and other trial sites, in case of multi-centric trial, if so, recommended by BREC.

9.4 Records and follow up by BREC office.

- Keeps the original copy of the notification letter in the "non-compliance' file.
- Stores the file on the shelf with an appropriate label.
- Follows up the action after a reasonable time.
- Maintains a file that identifies investigators who are found to be non-compliant with national/international regulations or who fail to follow protocol approval stipulations or fail to respond to the BREC request for information/action.

AN1-V2/BREC-PGIMS SOPV2/09

Deviation (D)/Waiver (W)/Violation (V) Reporting Form)

1. BREC Code No. **2. Study/ Protocol No. (For drug/device trials/any other):** **3. Protocol Title** **4. Principal Investigator:**
5. Specify if D/W/V
6. Date of occurrence: dd/mm/yyyy (Not applicable in case of Waiver)
7. No of similar D/W/V occurred the same trial:
8. Patient No. and name: **9. Complete Details of D/W/V (attach separate sheet if necessary):**
10. Action taken by PI/Co-PI/guide: (Not applicable in case of Waiver)
11. Impact on trial subject (if any): (Not applicable in case of Waiver)
12. Whether D/W/V informed to sponsor/CRO:

Signature of PI

Name: _____

Date_____

AN2-V2/BREC-PGIMS SOPV2/09

Form for communicating decision of Deviation (D)/Waiver (W)/Violation (V) to PI

BREC Code No.

Study/ Protocol No. (For drug/device trials/any other):

Protocol Title

Principal Investigator:

Subject:

Reviewed by the BREC

Final decision at the full board meeting held on _____

Action taken:

[ ] Noted

[ ] Request the Principal Investigator to take immediate action to prevent such deviations/non compliances/violations in future

[ ] Specific recommendations stated below to be followed

_____

_____

[ ] Suspend the study till the BREC recommendations are implemented

[ ] Suspend the study till information available

[ ] Terminate approval of the current study

Reasons for termination:

_____

_____

Any other comment

_____

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

Flow Chart

Detection of Protocol/noncompliance/Violation, Request for waiver by PI

Noting protocol deviation/non- compliance/waiver

Board discussion, decision and action

Notify the PI of BREC action

Maintain record

Chapter 10: Review of Adverse Events (AE) Reports

10.1 Purpose:

The purpose of this SOP is to provide instructions on the review and follow-up reports of serious adverse events (SAEs) and unexpected events for study approved by the BREC. The reporting is in accordance to the Gazette, Govt. of India. Unanticipated risks are sometimes discovered during the course of studies. Information that June impact on the risk/benefit ratio should be promptly reported to and reviewed by the BREC or SAE monitoring sub-committee (formed by BREC) to ensure adequate protection of the welfare of the study participants. The unanticipated risks June as well include any event that in the investigator's opinion, June adversely affect the rights, welfare or safety of participants in the study.

10.2 Scope:

This SOP applies to the BREC and SAE monitoring sub-committee review of SAE and unexpected events reports, both on site and off site, including follow up reports submitted by investigators.

10.3 Responsibility

It is the responsibility of the PI to report any AE/SAE (onsite or offsite) in the enrolled participants as per rules of Govt. of India.

The primary responsibility of the BREC or SAE monitoring sub-committee is to review and address SAE and unexpected events involving risks to research participants. BREC should also make sure that researchers are made aware of the policies and procedures concerning reporting and continuing review requirements for SAE.

In case, the investigator fails to report any SAE within the stipulated period, he shall have to furnish the reason for the delay to the satisfaction of DCGI along with the report of the SAE.

10.4. Detailed instructions

A. On site SAEs

10.4.1 SAE related activities before BREC meeting

- The BREC office will verify that the reports are complete, signed and dated by the PI. In case the BREC office notes that the report is incomplete, it will be forwarded to Member Secretary, BREC for decision and also revert back to PI.

- The BREC office should receive the reports of SAEs occurred for BREC approved studies within the stipulated time of the occurrence of the SAE.
- If the SAE is 'Death', the BREC office should receive the SAE reporting form (AN1-V2/BREC-PGIMS SOPV2/10) within the stipulated time of its occurrence.
- If the PI has not adhered to the above stipulated time period, the BREC office will notify the discrepancies in the reporting time and time of occurrence of SAE to the PI.

10.4.2 Actions to be taken by Member Secretary, BREC

- If the SAE reported is 'death', the Member Secretary will send to SAE monitoring subcommittee, and it will report to the Chairperson, BREC for further action.
- The Member Secretary will table SAE report (as submitted by SAE monitoring subcommittee) at the next scheduled BREC full board meeting

10.4.3 Actions to be taken by SAE Subcommittee

The SAE subcommittee will look at the report of SAEs submitted by PI (on site) and will report to the Chairperson, BREC.

Decision of subcommittee will be reported in the next BREC meeting (AN2-V2/BREC-PGIMS SOPV2/10).

10.4.4 Actions to be taken by Chairperson

The Chairperson, BREC on basis of the information and comments received from the Member Secretary, BREC, and SAE monitoring sub-committee and applying his/ her judgment will direct the BREC office to any one or more actions listed below, but are not limited to;

- Suspending enrolment of new research participants till further review by the BREC.
- Suspending all trial related procedures (except those intended for safety and wellbeing of the participant) till further review by the BREC.
- Suspend some trial-related procedures (to be listed).
- Calling for an emergency review by full board.

- This review should be initiated within 48 working hours (2 working days) of receipt of information.
- This review could be done through a meeting, teleconference, email or telephonic conversation.
- The BREC office will take appropriate steps to ensure that BREC members are informed about this full board emergency review.
- The chairperson could direct the Member Secretary, BREC, to invite one or more experts if necessary. These experts could participate after they agree to the confidentiality clause and abide by the rules and regulations of BREC.
- Soliciting opinion of one or more expert in writing. The information can be provided to expert after he/ she/ they agree(s) to the confidentiality clause and abide by the mandate of BREC. The expert would be requested to provide an opinion in writing within 14 working days, depending upon the gravity and seriousness of the matter.
- Report at the next BREC meeting for discussion**.**

B. Off-site SAEs

- Off Site SAEs where adverse event reports that are serious, unexpected and related (definitely, probably and possibly) to the drug need prompt reporting to the BREC with reporting of center-wise SAE's.
- The SAEs that are expected (if listed in the informed consent) or unexpected but unrelated to the drug (classified as per the Offsite Safety Report Classification form (AN3-V2/BREC-PGIMS SOPV2/10)have to be logged (AN4-V2/BREC-PGIMS SOPV2/10) by the PI and to be submitted every 3 months and/or submitted along with continuing review report. The log has to be maintained continuously until the end of the study.
- Those off site SAEs which qualify for prompt reporting, (classified as per the Offsite Safety Report Classification form AN3-V2/BREC-PGIMS SOPV2/10) will be reported to the BREC office, and forwarded to Member Secretary, BREC for further action.

- If a trend is observed in SAEs by PI, such a trend will be reported to the BREC office, action on such reports will be taken by the Member Secretary, BREC as per 10.3-10.4.
- The BREC office will require complete set of "Off-site Safety Reports" and/or the log. The BREC will review the log of (AN4-V2/BREC-PGIMS SOPV2/10) the SAEs every 3 months and at the time of continuing review/submission of annual status report.
- **The PI must comment possible effect of previously reported and current SAE reports on ongoing study while submitting the documents.**

10.5 During the BREC meeting (On site or off-site SAEs)

- If appropriate, specific action or combination of actions will be taken, based on the consensus decision of the BREC discussion. Some of these are listed below:
  - Terminate the study.
  - Suspend the study till review is completed.
  - Suspend the study till additional information is obtained. o Suspend the study for a fixed duration of time.
  - Suspend the study till amendments requested for by the BREC are accepted.
  - Suspend enrolment of new research participants.
  - Suspend certain activities under the protocol (while going on with activities intended to protect the safety, well-being of participants who have already been enrolled).
  - Recommend an amendment to the protocol, the ICD, Participant information sheet, investigator brochure and/ or any other document.
  - Request additional details. o Request further follow up information.
  - Direct the PI to inform participants already enrolled in the study about the SAE and obtain their consent regarding continuation in the research trial, if necessary.
  - Direct the PI to inform participants already enrolled in the study about the SAE and request them to undertake additional visits, additional procedures, additional investigations, etc. as prescribed in the amendment.
  - Note the SAE report in the BREC.

- Recommend for compensation and send to DCGI.
- Any other action (as per schedule Y).

10.6 After the review of SAE

- The BREC office will send a formal letter signed by the Member Secretary to the investigator/s with instructions for specific actions as per the BREC decision and compliance to actions recommended by the BREC within 14 days of receipt of the BREC letter.
- The BREC will instruct the PI to forward follow-up reports of the SAE to the BREC.
- The BREC office keeps a copy of the letter in the master file of the research protocol.
- In case a PI fails to respond to the BREC letter, the matter will be discussed at the next full board meeting and a decision will be taken for specific action.
- Inform the DCGI (within 30 days) of BREC decision in case of drug trials.
- BREC will decide if it is necessary to suspend recruitment/modify protocol/PID.

10.7 Time line for reporting of SAE('s)/SAE for 'death' (as per Gazette, Govt. of India)

Responsibility of PI

- The researcher is responsible for reporting all SAEs to the BREC within 24 hours of knowledge. Reporting of SAE June be done through email or fax communication (including on nonworking days)
- A report (after due analysis) has to be submitted by the PI to DCGI, Chairman of BREC and the Head of Institution where the trial is being conducted, ***within 14 days of the knowledge of occurrence of SAE.***

Responsibility of BREC

- The BREC shall forward its report on the SAE, after due analysis, along with opinion on the financial compensation, if any to be paid by the sponsor, to DCGI ***within 30 days of the occurrence of the SAE***

Responsibility of DCGI

- DCGI shall forward the report of the Investigator, sponsor and the BREC to the chairman of the independent Expert Committee of DCGI. The Expert Committee of DCGI shall examine the report of SAE and give its recommendations to DCGI for the purpose of arriving at the cause of SAE ***within 105 days of occurrence of the SAE***. In case of clinical trial related death, the Expert Committee shall also recommend the quantum of compensation to be paid by the sponsor/representative.
- DCGI, after considering the recommendations of Expert committee, shall decide the quantum of compensation to be paid by the sponsor/representative and pass orders ***within 150 days of occurrence of the SAE.***

Responsibility of sponsor/PI

- The sponsor/representative shall pay the compensation in case of clinical trial related injury or death as per the order of the DCGI ***within 30 days of the receipt of such order.***

AN1-V2/BREC-PGIMS SOPV2/10

Onsite Adverse Drug Event Reporting Form

14. BREC Code No.

15. Study/ Protocol No. (For drug/device trials/any other):

16. Protocol Title

17. Principal Investigator:

18. Suspected Adverse Reaction (diagnosis):

19. Report date:

20. Date of onset of SAE:

21.Report type:

a. Initial:

b. Follow up---------- If Follow-up report, state date of Initial report----------

c. Final:

22. Patient information:

a. Patient Initial and Case No./Subject ID.

b. Age:

c. Gender:

d. Height:

e. Weight:

23. Information related to no. of recruitment/prior SAE and death

	Total number of recruitments at	**Total number of SAE (prior) occurred at**	**Number of similar SAEs (prior) occurred for same study at**	**Total number of deaths at**
This site				
Other site (s)				

24. Tick whichever is applicable for serious adverse event

A. Expected event [ ]Unexpected event [ ]
B. Hospitalization [ ] Increased hospital stay [ ] Death [ ] Others[ ]
C. In case of Death, state probable cause of death…….
D. (If other, please specify:
……
E. No permanent significant functional/cosmetic impairment [ ]
Permanent significant functional/cosmetic impairment [ ]
Not applicable [ ]

25. If there was a research related injury/hospitalization, the cost of treatment/hospitalization was borne by:
Patient [ ]Institute [ ]Sponsor/CRO [ ]

26. Suspect drug information

a) Suspect drug (include generic name) device/intervention:
b) Indication(s) for which suspect drug was prescribed or tested:
c) Daily dose and regimen:
d) Route(s) of administration:
e) Dosage Form and Strength:
f) Therapy dates (start and stopped date):

27. Did the reaction decline after stopping the drug/procedure (Dechallenge&Rechallengeinformation):
YES [ ] NO [ ] NA [ ]

28. Concomitant drugs history and lab investigations:

a) Concomitant drug (s) and date of administration:

b) Relevant test/laboratory data with dates:

c) Patient relevant history (e.g. diagnosis, allergies):

29. Description of adverse event

a) Start date (and time) of onset of reaction:

b) Stop date (and time) or duration of reaction:

c) Setting (e.g. hospital, out-patient clinic, home, nursing home):

d) Full description of reaction(s) including body site and severity, as well as the criterion (or criteria) for regarding the report as serious.

e) In addition to a description of the reported signs and symptoms, whenever possible, describe a specific diagnosis for the reaction, indicate if this is follow-up report and if so, include follow-up information only:

30. Describe the medical treatment provided for adverse reaction (if any) to the research subject. This is an update on treatment given during hospitalization:

31. Outcome:

Resolved [] Ongoing [ ] Death [ ]

32. Was the research subject continued on the research protocol?

Yes [ ] No [ ] NA (Mark 'NA' in case of death) [ ]

33. Has this information been communicated to sponsor/CRO/regulatory agencies?

Yes [ ] No [ ]

Provide details if communicated (including date):

34. In your opinion, does this reaction require any alteration in trial protocol?

Yes [ ] No [ ]

If yes then please specify:

35. Causality Assessment:

36. Details about the Investigator

- Name:

- Address:
- Telephone number/email:
- Profession (specialty)

Signature of PI

Date_____

Upon receipt of this report, the BREC will decide whether additional information is needed or whether further investigation of the reaction is required.

AN2-V2/BREC-PGIMS SOPV2/10

Form to Record Recommendations by BREC

Noted and follow up report requested (if applicable) No [ ] Yes [ ]

Changes to the protocol recommended? No [ ] Yes [ ]

If yes then recommendations:

_____

_____

Changes to the informed consent form recommended? No [ ] Yes [ ]

If yes then recommendations:

_____

_____

Request for additional information [ ]

Additional Information needed:

_____

_____

(Till additional information is received, new recruitment should be withheld)

Terminate the project [ ]

Reasons for termination:

_____

_____

Any other including communicated of information to sponsor/CRO/regulatory agencies

_____

_____

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

AN3-V2/BREC-PGIMS SOPV2/10

Off-site Safety Reports Classification Form

Note to PI:

The following questions will act as a guide for submission of the "Safety Reports". This form is merely providing guidance for reporting / logging of Offsite Safety Reports.

If the answer to initial three questions (1-3) is ***"Yes", prompt reporting is required and such off-site Safety Reports need to be reported to BREC along with the log.***

If any one answer is "No", it needs to be logged as prescribed format (AN4-V2/BREC-PGIMS SOPV2/10). This log should be submitted to the BREC office every 3 months and/or along with Continuing Review report.

BREC Code No.:

Project No.

Project Title:

Subject ID.:

Type of SAE (initial/follow up/any other):

Sr. No.	**Questions**	
1.	**Is adverse event serious? Yes/No**	
2.	**Is adverse event related to the trial medication/procedure? Yes/No**	
3.	**Is adverse event unexpected? Yes/No**	
4.	**Does warrant any change in protocol, PID? Yes/No**	**If yes, please provide details**

Date of Reporting:

Signature of the PI _____ Date _____

Name of the PI _____

AN4-V2/BREC-PGIMS SOPV2/10

Off-site Safety Reports Log

Note to PI:

1. Please log in details of Off-Site Safety Report.
2. The following log has to be maintained continuously until the end of the study.
3. This log should be submitted to the BREC office every 3 months and/or along with Continuing Review report.
4. The log must be submitted to the BREC office immediately, if prompt reporting is required and/or if a trend related to the occurrence of SAE is observed.
5. Please note the complete sets of Offsite Safety Reports need to be sent to BREC office as and when received.

BREC Code No.:
Study/Protocol No. (For drug/device trials/any other):
Project Title:
PI:

No. of Participants enrolled in PGIMS/UHS, Rohtak: _____

No. of Participants enrolled globally: _____

No. of subjects on trials at PGIMS/UHS, Rohtak: _____

No. of SAE at PGIMS/UHS, Rohtak: _____

No. of deaths at PGIMS/UHS, Rohtak: _____

No. of deaths globally: _____

S. No.	**Subject ID/ SAE No.**	**Country**	**Date of Onset**	**Adverse event**	**Out Come**	**Remarks**

Is any change in protocol, PID required on the basis these and of previously reported SAE? Yes/No, if yes, please provide details.

Signature of the PI _____ **Date _____**

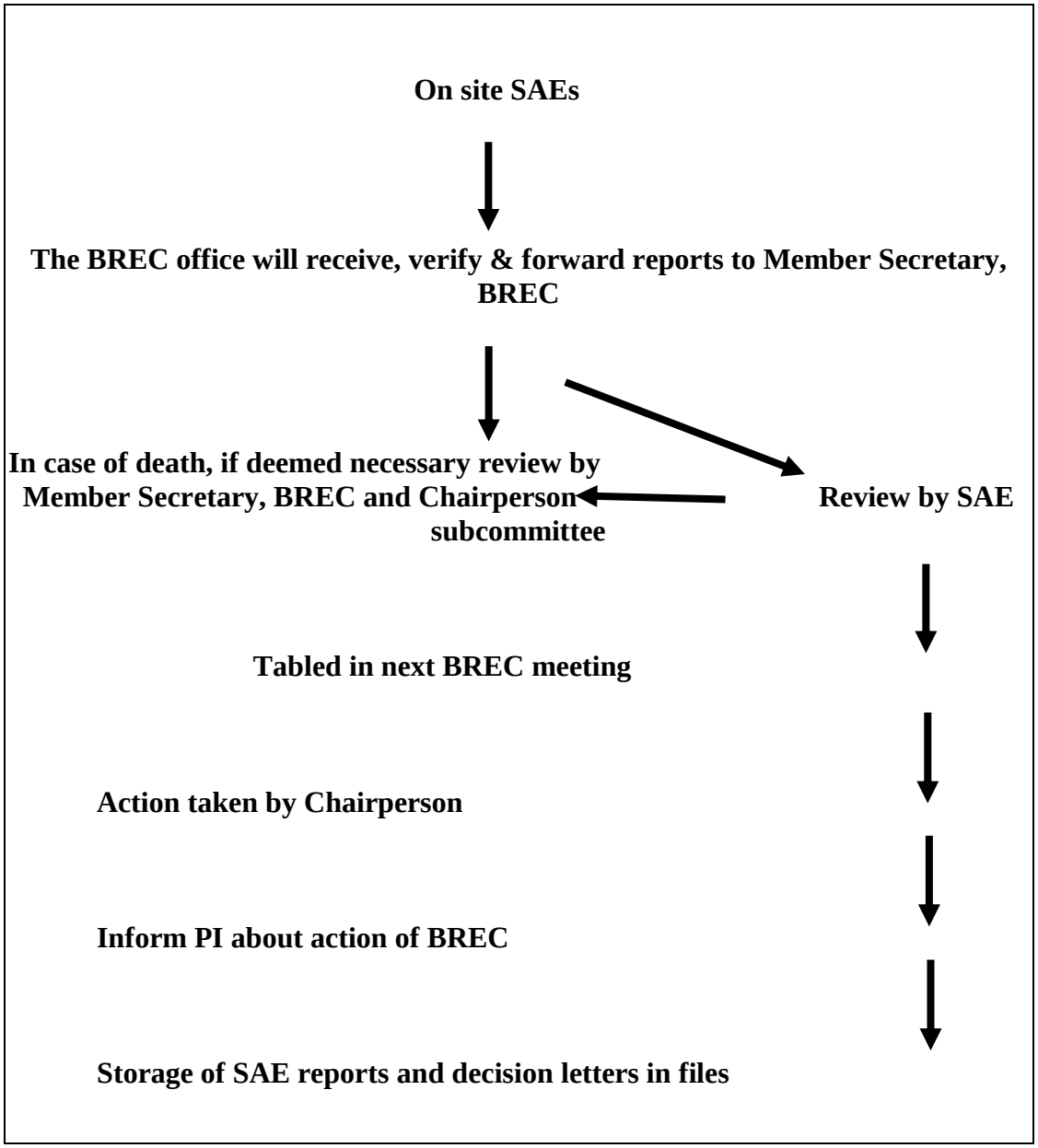
Name of the PI _____

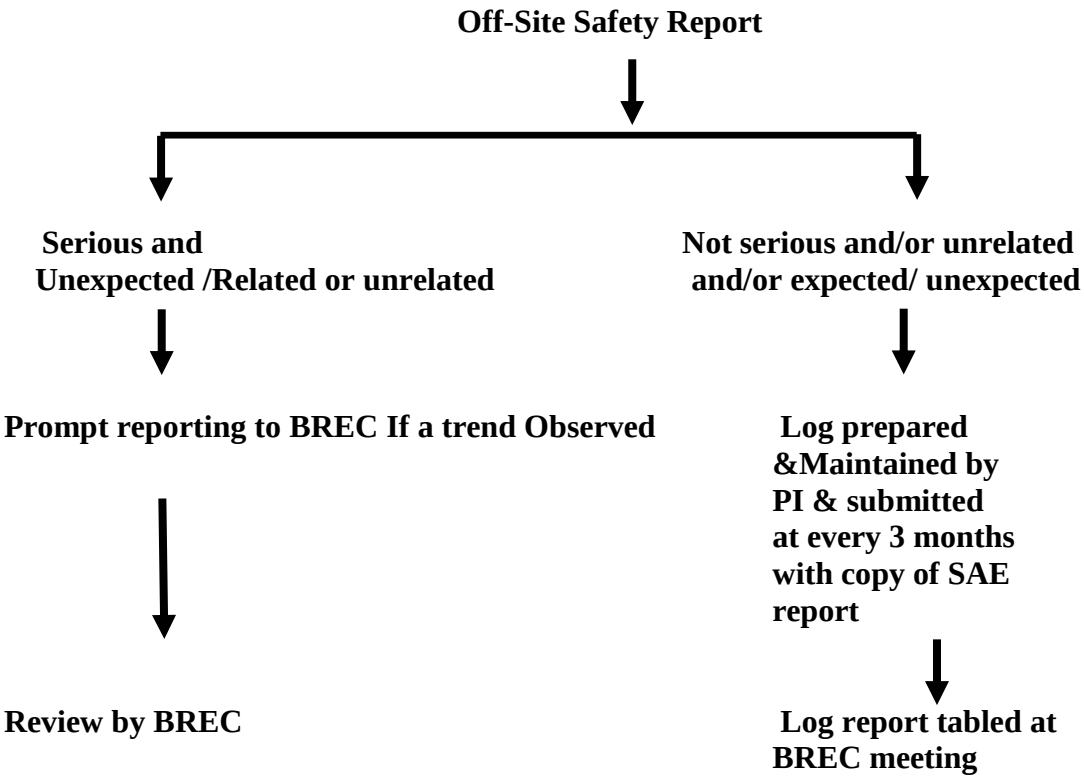
AN5-V2/BREC-PGIMS SOPV2/10

Form to Record SAE assessment by SAE monitoring subcommittee

1. Details of the communication between you & Investigator along with other details etc. with regard to the event.
2. Details of examination of event by the SAE monitoring subcommittee, minutes of meeting including cause of death & recommendation on compensation, if any.
3. Details of the documents considered during the assessment of the SAE.
4. Indicate with justification and documentary evidence to as whether the SAE (death) is related/no related to each of the following criteria mentioned under GSR 53 (E) dated 30.01.2013 and rule 122 DAB of the Drugs and Cosmetics Rules.
    a) Adverse effects of investigational product(S);
    b) Violation of the approved protocol, scientific misconduct or negligence by the sponsor or his representative or the investigator;
    c) Failure of investigational product to provide intended therapeutic effect;
    d) Use of placebo in a placebo-controlled trial;
    e) Adverse effect due to concomitant medication excluding standard care necessitated as part of approved protocol;
    f) For injury to a child in-utero because of the participation of parent in clinical trial;
    g) Any clinical trial procedures involved in the study.
5. Inform the risk Factor depending on the Seriousness and severity of disease, presence of co-morbidity and duration of disease the subject at the time of enrolment in the clinical trial between a scale of 0.5 to 4 as per the compensation formula decided by BREC (available on website: cdsco.nic.in).
    a) 0.50 terminally ill patients (expected survival not more than (NMT) 6 month).
    b) Patient with high (expected survival between 6 to 27 months)
    c) Patient with moderate risk.
    d) Patient with mild risk.
    e) Healthy Volunteers or subject of no risk

Flow Chart


On site SAEs
The BREC office will receive, verify & forward reports to Member Secretary, BREC
In case of death, if deemed necessary review by Member Secretary, BREC and Chairperson subcommittee
Review by SAE
Tabled in next BREC meeting
Action taken by Chairperson
Inform PI about action of BREC
Storage of SAE reports and decision letters in files


Off-Site Safety Report
Serious and
Unexpected /Related or unrelated
Not serious and/or unrelated
and/or expected/ unexpected
Prompt reporting to BREC If a trend Observed
Log prepared
&Maintained by
PI & submitted
at every 3 months
with copy of SAE
report
Review by BREC
Log report tabled at
BREC meeting
BREC decision communicated to PI

Chapter 11: Review of Study Completion Reports

Purpose&Scope:

The purpose of this SOP is to provide instructions on the review of Study Completion Report for every study previously approved by the BREC. Review of the Study Completion Report which is an obligatory review of each investigator's activities presented to the BREC as a written report of study completed.

11.1 Responsibility

- It is the responsibility of the PI to submit Study Completion Report for the concerning project to the BREC office within 6 weeks of completion of the study as per the Study Completion Report form (AN1-V2/BREC-PGIMS SOPV2/11) or AN2-V2/BREC-PGIMS SOPV2/11). Any alternate form for Pharma company driven trials (provided by the Sponsor, etc.) June be used, provided that the information submitted covers all the points mentioned in Study Completion Report forms. Site closure information Pharma company driven trials should also be submitted.
- It is the responsibility of the BREC members to review the study completion report and notify its approval or request for further information, if necessary.

11.2 Detailed Instructions

11.2.1 Before Board Meeting

- The BREC office will receive Study Completion Reports from the PI and check for completeness before submission for the Board meeting

11.2.2 During Board Meeting

- BREC member(s) should review and discuss the Final Report in the BREC meeting.
- If appropriate to the discussions, the Chairperson June call for consensus to accept it or request further information or take any other action as suggested by BREC.

11.2.3After Board Meeting

- The BREC office will note the decision in the meeting minutes and the study will be considered as closed if the document is accepted.
- The BREC decision is communicated to the investigator. In case further information/action are requested, the same should be followed by the PI and communicated to the BREC office within 4 weeks. This update will be tabled in the full board meeting of BREC (AN3-V2/BREC-PGIMS SOPV2/11).
- The BREC office will archive the entire study protocol and the report for a period of 5 years or longer as per the requirement of the study.

AN1-V2/BREC-PGIMS SOPV2/11

Study Completion Report form
(For Interventional Study)

<table>
<tr><td colspan="2">(To be Filled by PI)</td></tr>
<tr><td colspan="2">1. BREC Code No.
2. Study/ Protocol No. (For drug/device trials/any other):
3. Protocol Title:</td></tr>
<tr><td colspan="2">4. Principal Investigator:
5. Phone number, email ID:</td></tr>
<tr><td colspan="2">6. Sponsor:
7. Address:
8. Phone, E mail:</td></tr>
<tr><td>9. Study Initiation Date:</td><td>10.</td></tr>
<tr><td>11. Study Completion Date:</td><td>12.</td></tr>
<tr><td>13.Number Screened:
14.Number Enrolled:
15. Target Number:</td><td>16.</td></tr>
<tr><td>17. Date of first Subject enrolled:
18. Date of last Subject enrolled:
19. Date of first Subject completed study:
20. Date of last Subject completed study:</td><td>21.</td></tr>
<tr><td>22. No. of study arms:</td><td>23.</td></tr>
<tr><td>24. Duration of the study:</td><td>25.</td></tr>
<tr><td>26. Objectives:</td><td>27.</td></tr>
<tr><td>28. SAEs at the center:
29. (Total number and type)</td><td>30.</td></tr>
<tr><td>31. Whether all SAEs intimated to the BREC (Yes/No):</td><td>32.</td></tr>
</table>

33. No. of patients withdrawn/lost to follow up (drop out):	**34.**
35. Reasons for withdrawal: **36. Protocol deviations/violations:** **37. (Number and nature)**	**38.**
39. Storage of document for more than 5 years, Yes [ ] No [ ] **40. If yes, for how many years? _____**	
41. Results (please attach a separate sheet if necessary):	
42. Conclusion:	
Signature of PI **Date_____**	

Please submit thesis summary/manuscript (if applicable)

AN2-V2/BREC-PGIMS SOPV2/11

Study Completion Report form
(For Non-Interventional Study)

BREC code no.

Title of the project:

Principal Investigator (Name & Department):

Sponsor:

Date of sanction by BREC: _____ Date of start: _____

Date of termination: _____

Duration of project:

Objectives of the study:

Total number of patients to be recruited for the study: _____

Number actually recruited: _____

Protocol deviation/violation (number):

Result:

_____

_____

Conclusion:

Storage of document for more than 5 years, Yes [ ] No [ ]

If yes, for how many years? _____

Signature of the PI _____ Date _____

Name of the PI _____

Please submit thesis summary/manuscript (if applicable)

AN3-V2/BREC-PGIMS SOPV2/11

Notification for Acceptance of Study Completion Reports

Reviewed by the BREC

Full Board meeting held on (date)_____

Comments (if any):

_____

_____

Action taken:

Noted [ ]

Requires more information/ action as follows [ ]:

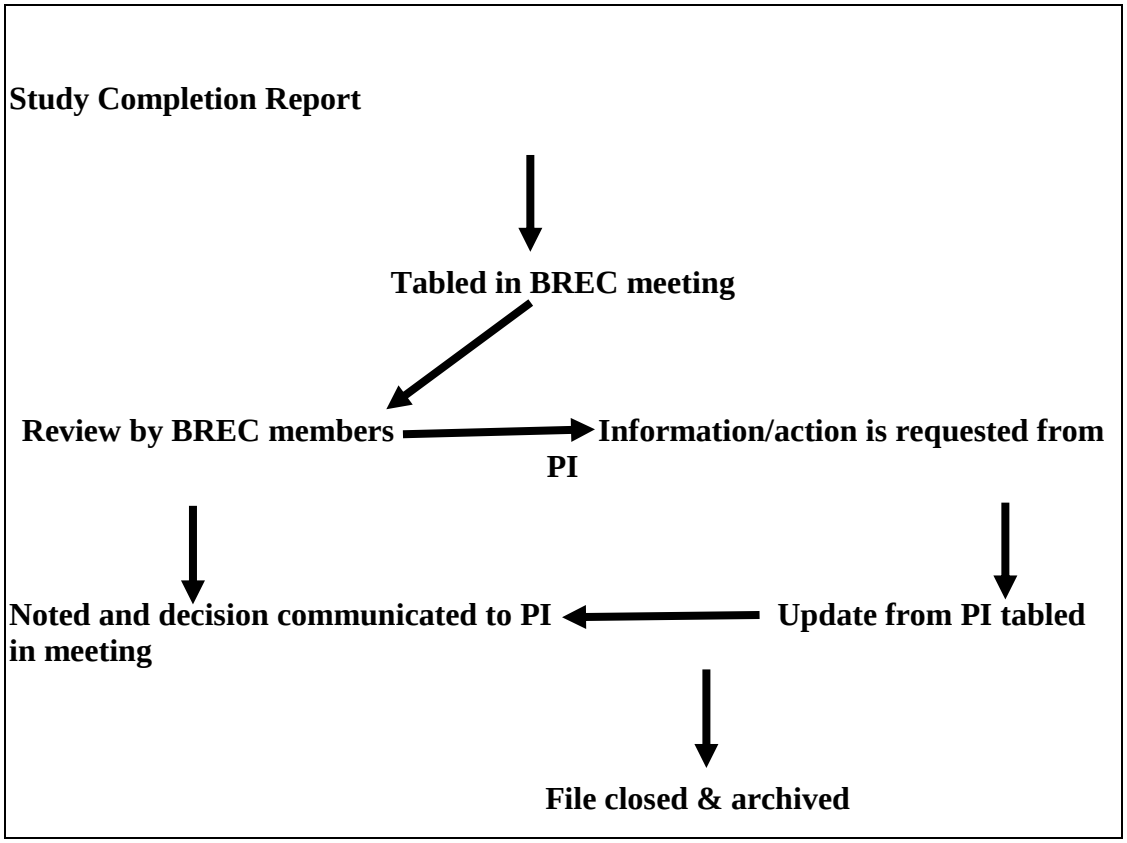
_____

_____

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary_____

Flow Chart


Study Completion Report
Tabled in BREC meeting
Review by BREC members
Information/action is requested from PI
Noted and decision communicated to PI in meeting
Update from PI tabled
File closed & archived

Chapter 12: Management of Premature Termination/Suspension/ Discontinuation of the Study

Purpose&Scope:

The purpose of this SOP is to describe how the BREC proceeds and manages the premature termination/suspension/discontinuation of a research study. Protocols are usually terminated at the recommendation of the BREC, PI, sponsor or other authorized bodies wherein subject enrollment and subject follow-up are discontinued before the scheduled end of the study. This SOP applies to any study approved by BREC that is being recommended for termination/ suspension/discontinuation before its scheduled completion.

12.1 Responsibility

It is the responsibility of the BREC to terminate any study that it has previously approved when the safety or benefit of the study participants is doubtful or at risk. The BREC office is responsible for management of the premature termination/suspension/discontinuation process.

12.2 Detailed instructions

12.2.1Receiving recommendation for study termination/suspension/ discontinuation

- The BREC office will receive recommendation and comments from PI, sponsor or other authorized bodies for premature termination of study protocol and place them before the board.
- The BREC members/ Chairperson can prematurely terminate study if protocol noncompliance/ violation is detected and BREC decision is to terminate the study.
- SAE occurring at trial site June require the study to be prematurely terminated for the safety of the patients.
- The BREC office will inform the PI to prepare and submit a protocol termination report.

- The BREC office will receive the Premature Termination Report (AN1-V2/BREC-PGIMS SOPV2/12) submitted by the PI and check for completeness. It should contain a brief written summary of the protocol, its results, and accrual data. The BREC office will initial and date it upon receipt.

12.2.2 Review and decision on termination/suspension/discontinuation report

- BREC will review the Premature Termination Report (AN1-V2/BREC-PGIMS SOPV2/12) at regular full board meeting and make appropriate recommendation(s).
- If the report is unclear, a query can be sent to the PI for more information.

12.2.3 Notifying the PI

- The BREC office will make notification letter acknowledging the approval of termination or query letter to request additional information regarding the premature termination within 14 days after the meeting (AN2-V2/BREC-PGIMS SOPV2/12).
- If a query is sent to PI, the reply letter will be reviewed in the next full board meeting and steps in 12.4.2 will be performed by the BREC office.

AN1-V2/BREC-PGIMS SOPV2/12

Premature Termination/Suspension/Discontinuation Report

<table>
<tr><td colspan="2">1. BREC Code No.
2. Study/ Protocol No. (For drug/device trials/any other):
3. Protocol Title:</td></tr>
<tr><td colspan="2">4. Principal Investigator:</td></tr>
<tr><td colspan="2">5. Sponsor:</td></tr>
<tr><td>6. BREC Approval Date:</td><td>7. Date of Last Progress Report Submitted to BREC:</td></tr>
<tr><td>8. Starting Date:</td><td>9. Termination Date:</td></tr>
<tr><td>10. No. of Participants Enrolled:</td><td>11. No. of Participants Completed:</td></tr>
<tr><td>12. No. of Ongoing Participants:</td><td>13. No. of Drop Outs:</td></tr>
<tr><td>14. SAE (Total No.):</td><td>15. SAE Event:</td></tr>
<tr><td colspan="2">16. Summary of Results (please attach a separate sheet if necessary):</td></tr>
<tr><td colspan="2">17. Reason for Termination/Suspension/Discontinuation:
18. Safety concern
19. Lack of efficacy
20. Others</td></tr>
<tr><td colspan="2">21. Storage of document for more than 5 years, Yes [ ]No [ ]
22. If yes, for how many years? _____</td></tr>
<tr><td colspan="2">Signature of PI

Date_____</td></tr>
</table>

AN2-V2/BREC-PGIMS SOPV2/12

Notification from BREC for Premature Termination/Suspension/ Discontinuation of the Study

BREC code no.

Study/Protocol No. (For drug/device trials/any other):

Title of the project:

Principal Investigator (Name & Department):

Reviewed by the BREC

Full Board meeting held on (date)_____

Action taken:

Approval of the Premature Termination of the project [ ]

Requires more information/ action as follows [ ]

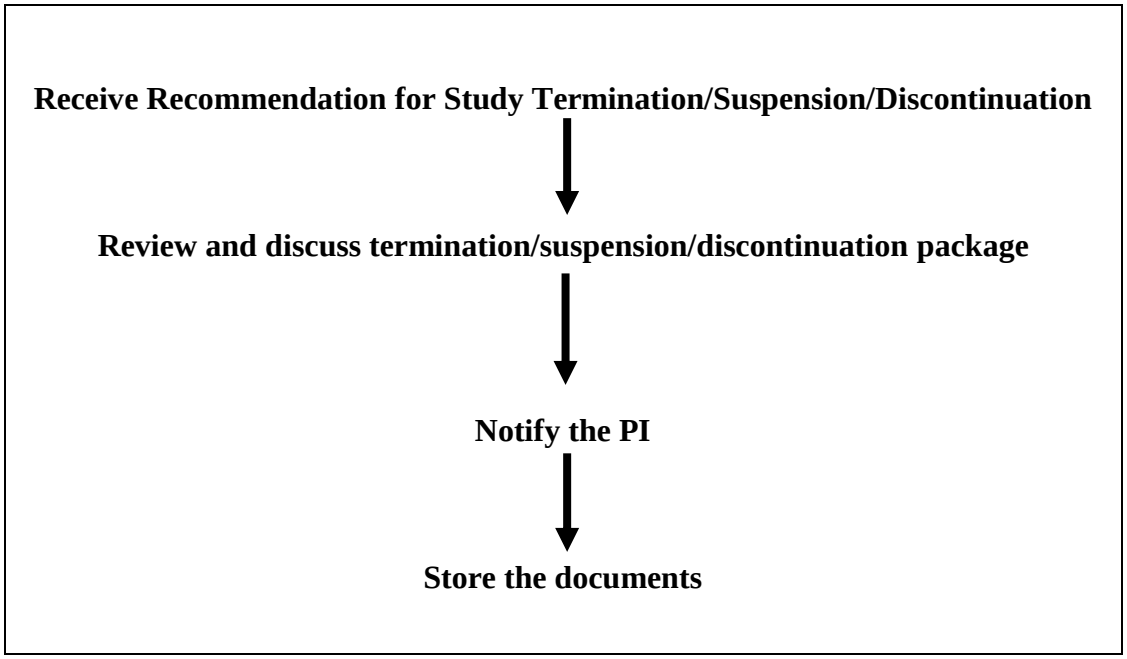
_____

_____

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

Flow Chart


Receive Recommendation for Study Termination/Suspension/Discontinuation
Review and discuss termination/suspension/discontinuation package
Notify the PI
Store the documents

Chapter 13: Request for Waiver of Written Informed Consent

Purpose:
The purpose of this SOP is to describe the type of research projects for which the BREC June grant waiver for requirement of obtaining written informed consent and the format of the application form to be used by the investigators for requesting waiver of consent.
Scope:
This SOP applies to the all protocols with a request of granting consent waiver submitted for review by the BREC. The decision should be taken by the BREC members at the expedited subcommittee/full board meeting.

13.1 Type of research projects which June qualify for consent waiver

The investigator can apply to the EC for waiver of consent if the ***proposed research should present no more than minimal risk to the participants and the waiver will not adversely affect the rights and welfare of the participants***. A request to waive written informed consent must be accompanied by a detailed explanation. The investigator is also required to provide assurance regarding protection of identity of research participants and maintenance of confidentiality about the data of the research participants. As per the ICMR 2017guidelines (http://ncdirindia.org/Ethics/Download/ICMR_Ethical_Guidelines_2017.pdf)in the following conditions consent waiver June be granted by BREC:

1	Research cannot practically be carried out without the waiver and the waiver is scientifically justified (e.g. disease burden estimation in HIV, genetic studies etc.).
2	Retrospective studies, where the participants are de-identified or cannot be contacted. e.g. a retrospective review of patient case records
3	Research on anonymized biological samples/ data.
4	Surveillance programmes/ programme evaluation studies.
5	Research on data available in public domain.
6	Research on humanitarian emergencies and disasters, when the participant June not be in a position to give consent. However, information about the study should be given to the patients whenever he/she gains consciousness, or to relative/ legal guardian when available later.

The requirement for obtaining consent can be waived of by the BREC, if there is a possible legal, social or economic risk to the participant entailed in signing the consent form as they might be identified as such by signing the consent form, In case of telephonic interviews, waiver of written informed consent June be requested but this does not mean that verbal consent cannot be utilized.

For verbal consent/telephonic interviews, the following documents need to be submitted by the PI:

- A script for verbal consent - a verbal consent script provides all of the elements of consent in a more informal style. In addition, each subject should be provided with an information sheet that describes the study and gives contact names and numbers.
- The interview schedule will confirm that the interview is a simple 5-minute call and that no questions are asked that compromise a person's confidentiality or position.
- Normally, investigators will be asked to keep a log of those who were approached about the study, and offered verbal consent. A simple chart can indicate the subjects as participant 1,2,3. A column can indicate that verbal consent was given and a date.
- Since a specific number of study participants are to be recruited. It is important that investigators keep some record to indicate that they are not enrolling more subjects than they originally requested.

13.2 Detailed instructions

- The PI will submit request for waiver of consent along with the study documents to the BREC office, in the given format AN1-V2/BREC-PGIMS V2/13 stating the reasons for the consent waiver
- The BREC members will review the request taking into consideration the types of studies for which waiver of consent June be granted.
- The BREC will ensure that there are adequate mechanisms described in the protocol for protection of the identity of the research participants and maintaining confidentiality of the study data.
- The decision regarding approval/disapproval of waiver is informed to the PI in writing. If the waiver is not granted, the BREC will provide reasons for the same in the given formatAN2-V2/BREC-PGIMS V2/13.

AN1-V2/BREC-PGIMS V2/13
Application Form for requesting Waiver of Consent

1. **Principal Investigator's name**: _____

2. **Department**: _____

3. **Title of project**: _____
_____
_____

4. **Names of other participating staff and students:**
_____
_____

5. **Request for waiver of informed consent:**

Please check the reason(s) for requesting waiver (Please refer the back of this annexure for criteria that will be used by BREC to consider waiver of consent).

1. Research involves 'not more than minimal risk'
2. There is no direct contact between the researcher and participant
3. Emergency situations as described in ICMR Guidelines (ICMR 2006 Guidelineshttp://www.icmr.nic.in/ethical_guidelines.pdf)
4. Any other (please specify)

_____

Statement assuring that the rights of the participants is not violatet

_____

State the measures described in the Protocol for protecting confidentiality of data and privacy
of research participant

_____

Signature of PI **Date_____**

Name_____

AN2-V2/BREC-PGIMS V2/13

Decision of BREC Regarding Waiver of Consent

To,

Dr._____
Principal Investigator,
_____

Ref: BREC code.
Title of project:

Dear Dr.
Biomedical Research Ethics Committee reviewed and discussed your application (dated) for waiver to written informed consent during the BREC (number of meeting) meeting held on (date).

Waiver granted: Yes [ ] No [ ]
If not granted, reasons

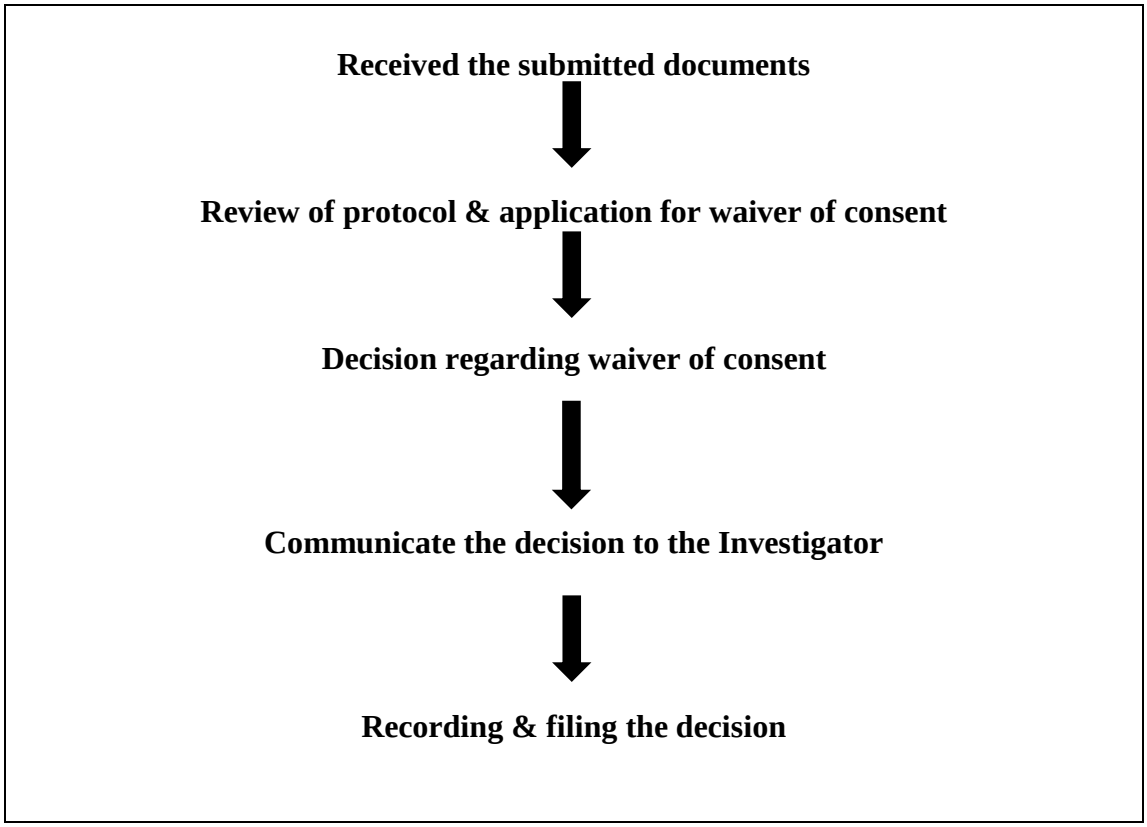
_____
_____

Thanking You,
Yours Sincerely,

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

Flow Chart


Received the submitted documents
Review of protocol & application for waiver of consent
Decision regarding waiver of consent
Communicate the decision to the Investigator
Recording & filing the decision

Chapter 14: Maintenance of Active Project Files, Archival of Closed Files and Retrieval of Documents

This SOP provides instructions for maintenance of active study files and other related documents approved by the BREC, PGIMS/UHS ROHTAK, and storing of closed files and retrieval of documents.

14.1 Responsibility

It is the responsibility of BREC office staff to ensure that all study files are prepared, maintained, and kept securely for a period of five years after the closure of the project (under a proper system that ensures confidentiality and facilitates retrieval at any time) or till the time stipulated in the project whichever is later.

14.2 Maintenance of the active study files

- Master file is the file comprising of all essential documents and correspondence related to the study/protocol. Trial master files shall be established at the beginning of the trial, in the BREC office.
- The approved study files will assign unique identifiers (serial BREC code no.).
- All related documents together of the approved study files appropriately should be collected together.
- All active files will be kept in a secured file cabinet with controlled access. A log book of authorized individuals accessing the files will be maintained.
- All closed study files will be separately archived.
- Final disposal of study/master files, on completion of archival period, will be done by a committee constituted by Chairperson, BREC.

14.3 Accessibility/retrieval

Master files will be made available for inspection and copying by authorized representatives of regulatory authorities after receiving the request in writing. In case, any investigator needs a copy of any document from the master file, he/she should make a written request (AN1-V2/BREC-PGIMS SOP V2/14). The staff of the BREC office will furnish a copy of the required document within a week with BREC Member Secretary's approval.

14.4 Disposal of closed files and copies of protocols and documents

The records for any study in master file will be maintained in the BREC office for a period of 5 years or longer if required in the protocol following closure of the study. After completion of archival period, the records for closed files will be shredded by the Bioethics cell and disposed off, without any notification to PI. This will be done preferably within 1year of completion of archival period. A log book of disposed documents will be maintained (AN2-V2/BREC-PGIMS SOP V2/14).

AN1-V2/BREC-PGIMS SOP V2/14

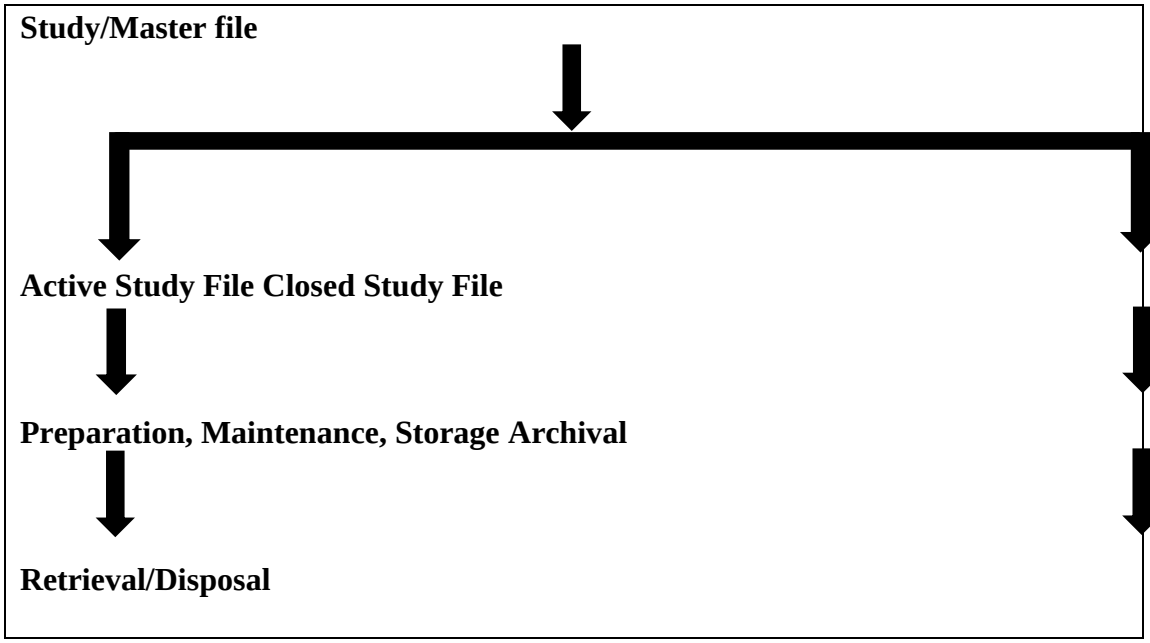
Document Request Form

BREC code no.:	**Project Title:**
Name of PI:	**Requested by:**
Documents requested:	
Purpose of the request:	
Principal Investigator's Signature:	
Signature of the requesting person:	
Permissionof Member Secretary, BREC YES/NO **Signature of the Member Secretary _____ Date _____** **Name of the Member Secretary _____**	

AN2-V2/BREC-PGIMS SOP V2/14
Format of Written Online/Off log

Project No.	Title	PI	No of files	EC approval	Study Initiation Date	Study Closure Date	Name & Sign of Authorized Individual

Flow Chart


Study/Master file
Active Study File Closed Study File
Preparation, Maintenance, Storage Archival
Retrieval/Disposal

Chapter 15: Documentation of the BREC Activities

This SOP describes the procedures for documenting all BREC activities.

15.1 Responsibility
It is the responsibility of the BREC office staff to maintain all records.

15.2 Detailed instructions
15.2.1 BREC records. It will include the following:

1. BREC member's records.
    a. Acceptance letters of each member.
    b. Signed and dated recent Curriculum vitae and confidentiality agreement letters of each member.
    c. Records for each BREC member's participation in National/International Bioethics related activities
    d. Documentation of resignation/termination.
2. BREC members list
3. BREC attendance roster.
4. BREC meeting agenda and minutes.
5. Standard Operating Procedures.
6. Archival of current and completed/terminate study files.
7. Annual/ continuing/ completion reports.

15.2.2 Access to BREC records
BREC records will be made available for inspection by authorized representatives of regulatory
authorities'/funding agency after receiving the request (AN1-V2/BREC-PGIMS SOP V2/15) in writing and log will be maintained (AN2-V2/BREC-PGIMS SOP V2/15).

AN1-V2/BREC-PGIMS SOP V2/15
Request/Compliance Form

To,

The Member Secretary,
BREC, PGIMS/UHS ROHTAK,

Dear Sir,
I would like to inform you that I want to take documents for following purpose. I will ensure you I will not divulge any information from the documents to anyone without your written authorization.

Purpose_____

List of documents,
_____
_____
_____
_____

You're faithfully,

Signature: _____

Date: _____

Name and designation_____

Address_____

AN2-V2/BREC-PGIMS SOP V2/15
Log of Requests for Copies of BREC Documents

No./ date of request	Documents requested (including file number if relevant)	No. of Copies	Name address of the individual requesting copies	Reason for request	Signature of the individual receiving the copy and date	Name and Signature of the BREC staff providing the copy and date

Flow Chart

BREC records

↓

BREC member's records

BREC members list

BREC attendance roster **BREC office Staff**

→

BREC meeting agenda and minutes

Standard Operating Procedure

←

Annual/Completion reports Access to Records

Chapter 16: Dealing with Research Participant's Requests and Complaints

This SOP applies to all requests concerning the rights and well-being of subjects participating in studies approved by the BREC. This procedure provides guidelines for dealing with and accommodating requests by participants/patients regarding their rights as a participant or to resolve their complaints in any approved research study.

The BREC considers protection of the rights and welfare of the human subjects participating in a clinical research approved by the BREC as its primary responsibility. Informed Consent documents reviewed by the BREC contain the statement, "The queries related to the study and rights of participants June be addressed to the BREC, Member secretary (with the BREC address and phone number)".

16.1 Responsibility

It is the responsibility of the BREC office for providing required information to the research participants in case of queries received from research participants as per the guidelines/regulation of Right to Information (RTI) Act.

It is the responsibility of the BREC to initiate a process to give information to the participants or to identify and address any injustice that has occurred, if complaints are received from research participants.

16.2 Detailed instructions

- The Member Secretary/the BREC office receive an inquiry or request from research participant /patient.
- The request and information are recorded in the request record form (AN1-V2/BREC-PGIMS SOP V2/16)
- The BREC office will inform the Chairperson about the query /complaint received from the research participant.
- The Chairperson/Members designated by the Chairperson will provide information required by the research participant as per RTI Act.
- In case of complaint received from a research participant, the Chairperson initiates a process to identify and address any injustice that June have occurred.
- The Chairperson will direct the Member Secretary to consider the matter for discussion in a full board meeting or to call an emergency meeting of 2 or more BREC members for discussion or enquiry in order to resolve the matter.
- The Chairperson/Member Secretary/designated BREC members will assess the situation and mediate a dialogue between the research participant and the investigator to resolve the matter.
- The BREC will insist on factual details to determine reality between truth and individual perception.

- The final decision will be informed to the research participant by the BREC office. The information including any action taken or follow-up will be recorded in the form AN1-V2/BREC-PGIMS SOP V2/16 and the form is signed and dated.
- The BREC members shall be informed about the action taken and the outcomes in the forthcoming BREC meeting.

16.3 Filing the request document

The request details and copy of response by BREC office will be kept in the study file.

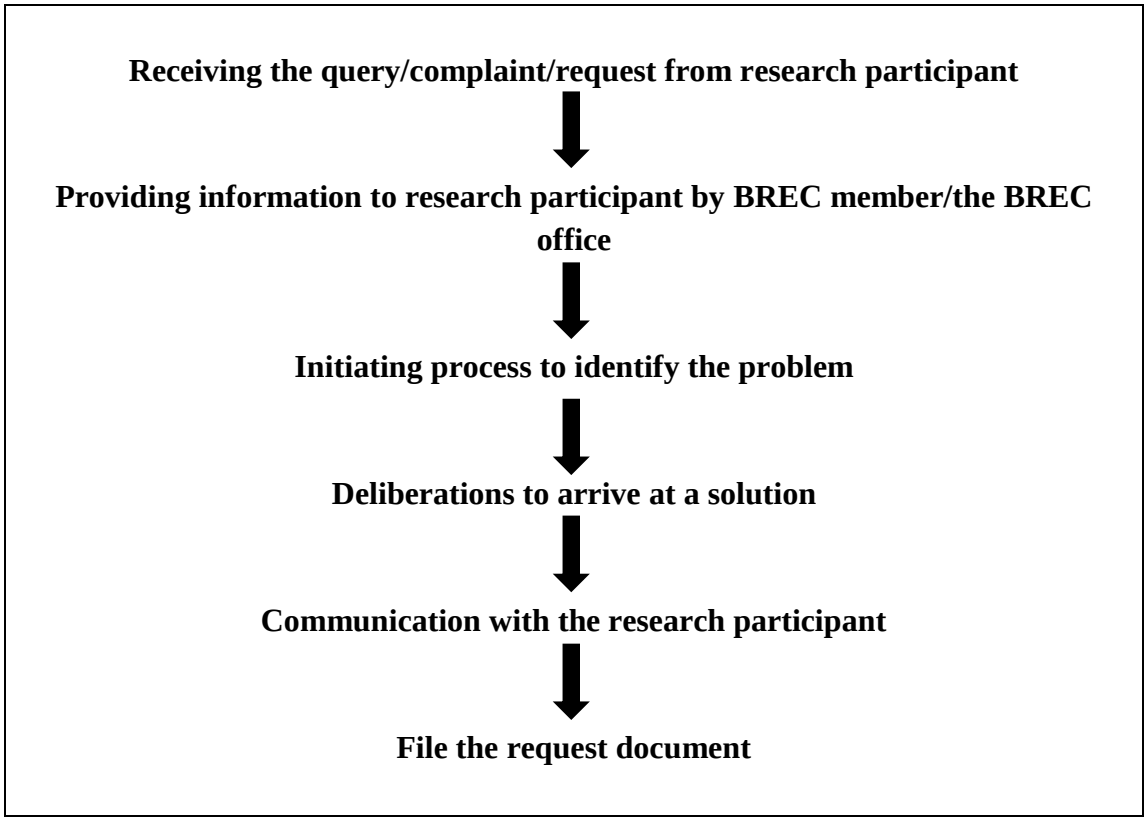
AN1-V2/BREC-PGIMS SOP V2/16
Request Record Form

Date Received:	
Received by:	
Request from:	oTelephone call No o Fax No o letter / Date o E-mail / Date o Walk-in: Date / Time o Other, specify
Participant's Name:	
Contact Address: **Phone:**	
Title of the Participating Study:	
Starting date of participation:	
What is requested?	
Action taken:	
Outcome:	

Signature of the Member Secretary _____ Date _____

Name of the Member Secretary _____

Flow Chart


Receiving the query/complaint/request from research participant
Providing information to research participant by BREC member/the BREC office
Initiating process to identify the problem
Deliberations to arrive at a solution
Communication with the research participant
File the request document

Chapter 17: Site Monitoring and Post-Monitoring Activities

17.1 Purpose

The purpose of this standard operating procedure (SOP) is to describe the procedures for site monitoring of an Biomedical Research Ethics Committees (BREC) approved protocol to ensure participant rights, safety and wellbeing.

17.2 Scope

This SOP applies to all BREC approved studies for which a **routine or for-cause on-site** monitoring June be undertaken by the BREC.

17.3 Responsibility

It is the responsibility of the BREC to decide for conduct on-site monitoring. It is further the responsibility of the designated BREC member(s) to perform on-site monitoring of selected study site(s).

17.4 Detailed instructions

17.4.1 Selection of study sites

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

17.4.2 Before the visit

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

- The BREC will identify and select one or more BREC members (henceforth referred to as monitors) to conduct monitoring of a site.
- The selected member/members will be given a letter in this regard.
- The agenda of monitoring will be decided by the identified monitors in consultation with the Member Secretary and Chairperson.
- The Bio-Ethics Cell will decide the date of the monitoring in consultation with the monitors and the PI.

- The final date will be communicated to the PI (with a request to be available) and monitors.
- The monitor/monitors will receive documents from Bio-Ethics Cell and review the relevant project documents and make appropriate notes.
- Monitors will carry with them Site Monitoring Visit Report Forms- AN-1/ BREC-PGIMS SOP V2/17 and AN-2/BREC-PGIMS SOP V2/17 (if applicable) collected from the Bio-Ethics Cell.

17.4.3 During the visit

- The Monitor will follow the check list and:
- Check the log of delegation of responsibilities of study team.
- check if the site is using latest BREC approved current versions of the protocol,
- informed consent documents, case record forms, diaries, advertisements, etc. observe the informed consent process, if possible, review randomly selected participant's files to ensure that participants are signing the correct informed consent. check investigational product accountability is adequately controlled and documented throughout the product flow at the study site (arrival, dispensing, use, return from the subject and return/destruction after the study).
- check for storage times, conditions and expiry dates to be acceptable and sufficient supplies available, wherever applicable.
- verify that the investigator follows the approved protocol and all approved amendment(s), if any.
- ensure that the investigator and the investigator's trial staff are adequately
- informed about the trial.
- verify that the investigator and the investigator's trial staff are performing the
    - specified study functions, in accordance with the approved protocol and any other written agreement between the sponsor and the investigator/institution, and have not delegated these functions to unauthorized individuals.
- verify that the investigator is enrolling only eligible subjects.
- determine whether all SAEs are appropriately reported within the time as per
    - the applicable regulatory requirement(s). Case record forms would be checked to review the safety data i.e. Adverse Events (AEs) and SAEs for the volume or severity of adverse events.
- review the project files of the study to ensure that documentation is filed appropriately.
- review the source documents for their completeness.
- collect views of the study participants, if possible.
- The Monitor will fill the Site Monitoring Visit Report Form- AN-1/BREC-PGIMS SOP V2/17and AN-2/BREC-PGIMS SOP V2/17 (if applicable), sign and date it.

17.4.4 After the visit

- The Monitor will submit the completed Site Monitoring Visit Report Form- AN-01/SOP 17/V2 and AN-02/SOP 17/V2(if applicable) to the BREC Bio-Ethics Cell within 7 working days of conducting a site monitoring visit or at the time of full board meeting (whichever is earlier).
- The report should describe the findings of the monitoring visit.
- The Member-Secretary will present the monitoring report at the next full board BREC meeting and the concerned Monitor will provide additional details/ clarifications to members, as required.
- The BREC will discuss the findings of the monitoring process and take appropriate specific action by voting or combination of actions, some of which are listed below:
    - Continuation of the project with or without changes,
    - Restrictions on enrollment,
    - Recommendations for additional training,
    - Recruiting additional members in the study team,
    - Revising/ providing qualifications/ experience criteria for members of the study team, termination of the study,
    - Suspension of the study, etc.
- If the Monitor has findings that impact on safety of the participant the Monitor will inform the Member Secretary on the same day. The Member Secretary will discuss with the Chairperson and any one of the actions described above will be taken.
- The final decision taken at the full board BREC meeting by the Chairperson will be recorded in the Site Monitoring Visit Report Form- AN-01/SOP V2/17.
- The Bio-Ethics Cell will convey the decision to the Principal Investigator in writing within 14 working days of the meeting.
- The Bio-Ethics Cell will place the copy of the report in the protocol file.

BREC-PGIMS SOP V2/17
Site Monitoring Visit Report
(Please tick the box corresponding to the answer)

1.1 **Date of Inspection:**	
1.2 **Inspection Team Members:**	I.
2. **Name and address of** 3. **Clinical Trial Site:**	
3.1 **Name, address & Contact details of Principle Investigator:**	
Sponsor:	
Protocol Title	
Protocol Study Number	
Investigational Product	
Date of Study Started	
Qualification and Experience of the study staff	
Personal present during Inspection (with name and role/designation)	

Protocol approval status
• **CDSCO approvals**
  • **Ethics Committee (EC) approval**
  • **CTRI Reg. No.**	

Regulatory Inspectional History (if any)	
Whether valid financial agreement between the Sponsor, Investigator & Institution available.	
Is the valid clinical trial Insurance available?	

Whether SOP for various activities are established and documented.	
Assure that signed & dated, Curriculum Vitae is available for the Investigator, Sub Investigator /Co-Investigator	
Confirm the educational qualification of the Investigator with registration by Medical Council of State/India.	
Confirm the GCP, Schedule Y and protocol specific training of Investigator, Sub- Investigator/Co-Investigator and its team.	
Determine whether authority for conducting various clinical trial activities were delegated properly by Investigator to competent personnel (obtain the list of personnel and duty delegation log).	
Check and review the informed consent for the screening of the subjects.	
Check site screening log & enrolment log	
Whether ICF have all the elements enlisted in Appendix V of Schedule Y.	
Whether ICF is approved by Ethics Committee prior to consent process.	
Whether IC has been obtained from each subject prior to participation of the subject in the study.	
Whether signature/thumb impression of the subjects/legal representative have been affixed with date.	
Is the completed ICF signed and dated by the investigator?	
Check whether re-consenting is done for changes in ICF, if any.	
Audio-Visual recording of Informed Consent Process	
Verify condition, completeness, legibility, accessibility of the investigators source data file. (source data includes study subject's files, recording from automated instruments, tracings, X-ray and other films, laboratory notes, photograph negatives, magnetic media, hospital records, clinical and office charts, subject's diaries, evaluation checklists and pharmacy dispensing records)	
Whether subject received the test drug with respect to dose and frequency according to the protocol	

Determine whether safety/ efficacy end point data(Clinical, laboratory examination results) were collected and reported in accordance with the protocol	
Verify whether SOP for all procedures conducted at site are available i.e. have a copy of Site Specific and Trial specific SOPs	
Is adequate space available for document retention?	
Recruitment Status:	
i. Screened:	
ii. Screen failure:	
iii. Enrolled:	
iv. Withdrawn: Reason:	
v. Discontinued: Reason:	
vi. Completed:	
vii. Active:	
Are the present study team members (PI and CO-PI) as per the list approved by the BREC?	**Yes:** **No:**
Are site facilities appropriate?	**Yes:** **No:**
Is the recent version of informed consent document (ICD), after BREC approval, used:	**Yes:** **No:**
Whether appropriate vernacular consent has been taken from all patients?	**Yes:** **No:**

Any others findings noted about the ICDs?	**Yes:** **No:**
Is recent BREC approved version of protocol used?	**Yes:** **No:**
Has the eligibility, inclusion exclusion criteria been adhering to?	**Yes:** **No:**
Any Adverse Event found?	**Yes:** **No:**
Any SAEs found?	**Yes:** **No:**
Were the SAEs informed to BREC within timelines specified by CDSCO?	**Yes:** **No:** **NA:**
No. of deaths reported: I. **Death unrelated to participation in the trial:** II. **Death related to participation in the trial:** III. **Any other non-death related injury:**	**Yes:** **No:** **NA:**
Compensation paid for study related injury or death	**Yes:** **No:** **NA:**
Are there any protocol non-compliance deviations/ violations?	Yes
Have the protocol non-compliance deviations/ violations been informed to BREC?	Yes, duly notified to BREC
Are all case record forms up to date?	**Yes**
Are storage of data and investigating products locked?	**Yes**

Final Decision at the BREC meeting held on

_____

Signature of Chairperson, BREC with date: _____

BREC-PGIMS SOP V2/17
Monitoring of Audiovisual recording of AV consent Process

1. Facility where informed consent process should be carried out - (well lit, free from noise, privacy ensured):
• Yes _____ No_____
• Remarks: _____

2. The consent is taken in language the participant/LAR understands best and is literate in.
• Yes ____ No_____
• Remarks: _____

3. Introduction of each person (person conducting the informed consent discussion participant/ legally acceptable representative (LAR) / impartial witness) involved during informed consent process and information about necessity for audiovisual recording
• Yes _____ No_____
• Remarks: _____

4. Information to the participant/ LAR and impartial witness (as applicable) that the process of taking the consent is being recorded for the purpose of documentation as required by the government rules.
• Yes _____ No_____
• Remarks: _____

5. Information to the participant/ LAR and impartial witness (as applicable) that the confidentiality of information and privacy of participants is assured.
• Yes _____ No_____
• Remarks: _____

6. Information to the participant/ LAR and impartial witness (as applicable) that the recording June be shown to government agencies or members from the BREC.
• Yes _____ No_____
• Remarks: _____

7. Explanation or narration by the person conducting the informed consent discussion.
• Yes _____ No_____
• Remarks: _____
8. Questions asked by the potential participant/LAR are answered satisfactorily.
• Yes _____ No_____
• Remarks: _____

9. Allowing ample time and opportunity to read/understand the information in the informed
consent document or discuss the same with family members.

• Yes _____ No_____
• Remarks: _____

10. Reading out by the participant/LAR (or having read out by impartial witness) the statements mentioned in Informed Consent and stating whether participant agrees or not for each statement.
• Yes _____ No_____
• Remarks: _____

11. Documentation of signatures of all those involved in the Informed Consent Process.
• Yes _____ No_____
• Remarks: _____

12. Clarity and completeness of AV recording
• Yes _____ No_____
• Remarks: _____

13. Storage of recording in password protected laptop/ desktop computer and/ or hard drive and labeled CD with access allowed only to the principal investigator and designated members of the study team.
• Yes _____ No_____
• Remarks: _____

Flow chart

Activity	**Responsibility**
1. Selection of Study Sites →	BREC Member Secretary/Chairperson
2. Identification of BREC Members for Monitoring during meeting →	Chairperson
3. Inform Principal Investigator in Writing →	BREC office
4. Review of BREC Protocol file prior to Visit and collect site Monitoring Visit report from BREC office →	BREC Member
5. Review of monitoring site →	BREC Member (Monitor)
6. Complete the monitoring →	BREC Member (Monitor)
7. Communication of BREC decision to PI →	BREC office

Chapter 18: Research Involving Potentially Vulnerable Groups

18.1 Purpose:

It describes the requirements concerning review of research that involves groups that could be potentially vulnerable to coercion in regard to autonomy and present conditions that June affect risk/benefit determinations or bearing unequal burden in research.

18.2 Scope:

It covers the policies and procedures applies to all research dealing with vulnerable population

18.3 Responsibility:

EC members are responsible for receiving, verifying and reviewing the research protocols pertaining to vulnerable populations. The Chair Person/ Member Secretary will assign appropriate primary reviewers who have thorough understanding of the ethical review process with appropriate expertise to conduct the reviews of such research as per Risk benefit assessment tool and checklist

18.4 Policies for reviewing the protocol with vulnerable population:

18.4.1 Vulnerable persons are those who are relatively (or absolutely) incapable of protecting their own interests. More formally, they June have insufficient power, intelligence, education, resources, strength, or other needed attributes to protect their own interests. Individuals whose willingness to volunteer in a research study June 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 June also be considered vulnerable. 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 persons include patients with incurable diseases, people in nursing homes, unemployed or impoverished people, patients in emergency situations, ethnic minority groups, homeless people, nomads, refugees, minors, and those incapable of giving consent. This list June not be exhaustive as there June be circumstances in which other groups are considered vulnerable, women for example, in an orthodox patriarchal society.

The protocol should be reviewed keeping in mind the following points when it concerns research that involves groups that could be potentially vulnerable to coercion

- Measure to protect autonomy,

- Risk/benefit determinations with respect to the vulnerability
- Bearing unequal burden in research.

Any member of the BREC or Secretariat who would be dealing with such protocols should be well versed with the potential harm or risk of such population participating in the study. Special justification is required for inviting vulnerable individuals to serve as research participants and, if they are selected, the means of protecting their rights and welfare must be strictly applied.

18.4.2 The Chair Person / Member Secretary June appoint two or more members of the BREC who have a thorough understanding of the ethical review process and experience in the field of research to review such type of protocols. The reviewers should be familiar in the concept of vulnerability and protections for participants with diminished autonomy.

BREC Secretariat will:

- BREC Secretariat will provide a suitable checklist according to the participants to be recruited in study to the investigator. Inform the investigator to download the appropriate application form and informed consent document/ assent form. If the checklists are not available (for e.g. critically/terminally ill or socially/economically disadvantaged/HIV/Leprosy patients/marginalized population) the investigators want to include the above-mentioned population in the study. They have to mention in the protocol details regarding justification of including the vulnerable population for the study, risk and benefits to the study participants along with mechanism of minimizing risks, measures to protect their autonomy, measures for recruitment of such participants along with measures taken for protection of privacy and confidentiality.
- BREC can recommend for written / verbal Informed consent /audio–visual consent /audio consent (leprosy patients) in the vulnerable population. All the protocol dealing with vulnerable population will be considered for full board review.
- BREC Secretariat will provide appropriate reference material or help reviewer to locate such material related to vulnerable populations when specifically requested for, by a reviewing member.

18.5 Review the protocol:

- BREC Members will review the protocol and the informed consent document or assent form.
- The Member Secretary will confirm that the BREC recommendations have been incorporated in the revised protocol and in the final draft of informed consent document or assent form.

18.6 Approval:

- The protocol will be approved by the BREC with the appropriate checklist.
- Wherever necessary the BREC approval should state that if in future the vulnerability status of the participants changes for e.g.; unconscious patient gaining consciousness, then the protocol and ICD should be amended and resubmitted to the BREC for reconsideration and approval following which the participant should be re-consented and reconsidered for the same.

Chapter 19 Handling of Pandemic/Epidemic Condition (Like Covid-19)

19.1 Purpose:

The purpose of this standard operating procedure (SOP) is to describe the procedures for Handling of Pandemic/Epidemic Condition (Like Covid-19) to ensure safety of research participants.

19.2 Scope:

This SOP applies to all BREC approved studies for the safety of research participants.

19.3 Responsibility:

BREC is following ethical review procedure as per the National Guidelines for Ethics Committees Reviewing Biomedical & Health Research during Pandemic/Epidemic Condition (Like Covid-19)

Site has directional flow chart to avoid contamination of such pandemic condition (like Covid-19). Site has provision to provide additional safety measures to subjects during pandemic/epidemic condition. (like Covid-19)

19.4 Decision:

1. **Telephonic/video conference or virtual BREC meeting and approval for study.**
2. **If the patient has any symptom of such disease/pandemic condition (Like Covid-19)**

- ✓ Home care guidance
- ✓ Call clinic to determine if reevaluation is needed
- ✓ Home isolation guidance
- ✓ If reevaluation is needed call ahead and wear face mask

3. **The Site Have Procedure in Place to Screen the Subjects During Pandemic Condition (Like Covid-19)**

- ✓ Thermal scanning
- ✓ Hand Gloves
- ✓ Disinfectant of site
- ✓ Mask
- ✓ Sanitizer
- ✓ Social Distancing

Note:-Above mentioned conditions can be change according to:-

- ✓ The type of agent (influencing the normal activity of human being),
- ✓ National Guidelines for Ethics Committees regarding the situation,
- ✓ DCGI regulation,
- ✓ WHO guidelines