Quality Medicines for Malawi

PROCEDURE FOR CONDUCTING AND REPORTING GCP INSPECTIONS

1.0 INTRODUCTION

Pursuant to section 77(1) of PMRA Act 2019, 'the Authority shall monitor and inspect clinical trial sites during the course of the trial and at such intervals as it may determine', this guideline has been developed to facilitate the enforcement of best practices in the conduct of authorised clinical trials in Malawi.

As defined by the ICH E6 GCP, an inspection is the act by a regulatory authority of conducting an official review of documents, facilities, records, and any other resources that are deemed by the authority to be related to the clinical trial and that may be located at the trial site, at the sponsors and/or CRO's facilities, or at other establishments deemed appropriate by the regulatory authority.

Good Clinical Practice (GCP) inspection is necessary to ensure the protection of the rights, safety and wellbeing of study subjects and to assure the integrity of study data. It helps to determine whether the trials are conducted in accordance with GCP guidelines, ethical standards and other applicable regulatory requirements. The areas for the inspection, include but are not limited to, data and information relating to regulatory approvals, ethics review committee approval, protocols, case report forms, clinical trial reports, patient and patient data, sponsors, investigators and personnel involved in the trial, and laboratory data.

All clinical trials including bioavailability and bioequivalence studies, be designed, conducted, recorded and reported in accordance with the ethical principles that have their origin in the Declaration of Helsinki, and that are consistent with ICH GCP and the applicable regulatory requirements.

2.0 PURPOSE

The purpose of this document is to provide guidance to all the researchers using Investigational Medicinal Products (IMP) in their studies and (or) stake holders involved in the conduct of clinical trials on how GCP inspections are conducted by the PMRA.

3.0 SELECTION OF TRIAL SITES

The selection of trials for regulatory GCP inspection includes, but is not limited to the following criteria;

3.1 Nature of intervention or IMP.
3.2 Inclusion of vulnerable populations in the trial.
3.3 For multi-centre studies, sites with more participants will be prioritized.
3.4 Studies categorised high risk by PMRA.
3.5 For multi-centre studies, sites that report more deviations and ADRs will be prioritized.
3.6 Trial sites for which a complaint on the conduct of the study has been reported to PMRA.

4.0 OBJECTIVES OF GCP INSPECTIONS

PMRA may conduct GCP inspections under the following circumstances:

4.1 To verify the accuracy and reliability of clinical trial data that has been submitted to support registration of the medicine by the Market Authorisation Holder (MAH);
4.2 To investigate a complaint about the conduct of the study at a particular site;
4.3 Upon termination of the clinical site;
4.4 During ongoing clinical trials to provide real-time assessment of the investigator's conduct of the trial and protection of human subjects;
4.5 Monitoring serious adverse events notification reporting frequency;
4.6 Monitoring on safety handling of investigational products and other related items;
4.7 On request by the investigator.

5.0 TYPES OF GCP INSPECTIONS

GCP inspections may be protocol specific inspections or system specific inspections.

Protocol specific inspections: This type of inspection will seek to ascertain whether the trial protocol meets the standards of GCP e.g. to determine whether the dossier data submitted to regulatory authority are credible and accurate etc.

System specific inspections: Clinical trial systems that may be inspected include informed consent, process of obtaining the consent, handling of investigational products, pharmacovigilance, biological samples and monitoring etc.

An inspection may be conducted at an investigator site (trial site) which is already approved by PMRA, any laboratory used for clinical trial analyses and facility of the sponsor, Contract research organizations/facilities, acting under arrangements with a sponsor or investigator to perform some or all of the functions of the sponsor or investigator, may also subject to inspection.

Clinical trial sites may be inspected before the regulatory approval, while the trial is on-going, when subjects are currently being enrolled in a trial or completed on a routine basis or sometimes when triggers by a complaint or there is a suspicion of serious non-compliance integrity issues and/or scientific/ethical misconduct.

Generally, GCP inspections are announced. However unannounced inspections may be possible.

5.1 Routine GCP inspections

Routine inspections are inspections carried out as a routine surveillance of GCP compliance in the absence of specific trigger elements. These inspections are announced prior and apply to ongoing clinical trials. The duration of the inspection and the number of inspectors present on an inspection will vary depending on the complexity of the clinical trial and activities conducted at the site. Generally, they are scheduled for 2-5 days per site.

5.2 Triggered GCP inspections

This is an inspection requested where there is a concern due to either the actual issues observed or the potential impact of deviations from GCP on the conduct of the study as a whole or at a particular site or when a serious violation or breach of GCP standards has occurred. This type of inspection may be done announced or unannounced and applies to ongoing or completed clinical trials.

6.0 GCP INSPECTION PROCESS

6.1 Inspection Team

GCP inspectors in Clinical Trials Unit of the Authority shall perform the inspection. A member of the CTRC may accompany the inspection team as an external expert. The inspection team will be constituted considering on the phase or type of trial, the investigational product, and other variables considered relevant on a case by case basis. The inspectors should be well qualified and have valid GCP certification obtained within 3 years as per ICH-GCP. The team will have a lead inspector responsible for coordinating the inspection, collating the information from team members, and finalizing the inspection report.

6.2 Notification of inspection

In general, the inspectee of a clinical trial will be notified 1-4 weeks prior to the proposed announced inspection date and asked to confirm availability. The notification will identify the study and the proposed sites to be inspected. In relation to triggered inspections, the PMRA may provide a shorter notice period.

The following information may be requested from the inspectee to be submitted to PMRA

6.2.1 Participant status per trial site (number randomised, drop-out rate, and number of serious adverse events reported per site), at trial initiation or during the trial.

6.2.2 Copies of study standard operating procedures along with amendments e.g. (monitoring procedure, informed consent procedure, serious adverse event reporting procedure, drug supply procedure).

6.2.3 Trial-specific document such as Trial Master File (TMF) or Investigator Site File (ISF), a copy of the current protocol and protocol amendment and informed consent form, source data verification guidelines, product handling instructions, laboratory manual, randomisation code, breaking procedure, monitoring plans and reports.

6.2.4 Updated CV of principal investigator or investigators, and members of the DSMB.

6.2.5 Arrangements for direct access to any computerised systems upon which trial date or essential documents are stored.

6.2.6 Any other documentation deemed necessary by the inspectors.

An inspection plan, outlining the units to be inspected and the schedule of meetings to be held with the investigator and(or) sponsor will be provided prior to the inspection to the inspectee. The trial master file comprising the essential documents which will enable both the conduct of the trial and the quality of the data produced to be evaluated must be available by direct access and shall provide the basis for the GCP inspection.

6.3 Pre – inspection preparation

The inspection dates will be confirmed with the inspectee and he/she may be required to submit the aforementioned data to PMRA within 14 days of the receipt of the notice of GCP inspection, along with relevant essential documents. The inspection plan is finalized by PMRA before the inspection.

Each team member should become familiar with all the relevant documents, including the study protocol(s), clinical trial report(s), case report forms, adverse event reports, trial site information, and other related documentation.

6.4 Conduct of GCP inspection

The inspectors should present proof of their identity at the start of the inspection. Inspections usually consist of an opening meeting, document review, interview sessions, visit to site facilities and a closing meeting as indicated in the inspection plan. An opening meeting will be conducted with study staff by the inspectors, where the inspectors will explain the GCP inspection plan, and also confirm that the resources, essential documents and facilities required for the inspection are available. If resources such as access to a photocopier, printer etc. are required, this shall be communicated to the inspectee prior to the date of inspection.

The inspectee is required to present a general overview of the clinical trial at this meeting, information regarding the recruitment of subjects, informed consent process, investigational product management, safety reporting, biological sample handing etc. During inspection, the inspectors may interview study staff and participants to determine how the trial is conducted and may also visit facilities used to conduct clinical trial being conducted.

All the essential documents concerning a clinical trial must be available for inspection. A TMF/ISF for a clinical trial must contain all documents which individually and collectively permit evaluation of the conduct of a trial and the quality of the data produced. The TMF/ ISF must be established from the onset of the trial and kept updated on an ongoing basis as the trial completes different stages. All the essential documents contain a minimum list of documents generated before, during and after the trial, which must be stored in the TMF/–ISF with the sponsor and investigator, respectively. If certain documents are assessed not to be of relevance to the TMF/ISF, it must include a reason for omitting these documents in a timely manner.

The inspectee must ensure that a list of source data is available with a description of where source data etc. can be found. Source data may be both electronic and on paper. A list of such data includes medical records, laboratory reports, diaries, dispensing logs, ECG print-outs, Case Report Forms (CRF), X-ray images, radiological reports, etc. The list of source data must be prepared before the trial is initiated. It must be signed and dated by the principal investigator or by a person whom the principal investigator has delegated or assigned this task. The list must be available in the TMF/ISF.

The activities and documents to be examined during the routine type of GCP inspection undertaken by the PMRA are outlined below;

6.4.1 Protocol specific inspections may include:

6.4.1.1 Trail Master File
6.4.1.2 Legal and administrative aspects
6.4.1.2.1 Communication with the ethics Committee
6.4.1.2.2 Communication with the Regulatory Authority
6.4.1.2.3 Other Communications
6.4.1.3 Organisational aspects
6.4.1.4 Implementation of the trial at the investigator site
6.4.1.5 Facilities and equipment
6.4.1.6 Management of biological samples
6.4.1.7 Organisation of the documentation
6.4.1.8 Monitoring and auditing
6.4.1.9 Use of computerised systems
6.4.1.10 Informed consent of trial participants
6.4.1.11 Details of impartial witness if any
6.4.1.12 Review of the trial participant data
6.4.1.13 Adverse event reporting

6.4.1.14 Management of the investigational medicinal product(s)
6.4.1.15 Protocol deviations
6.4.1.16 Other, as required

6.4.2 System Inspection may include:

6.4.2.1 Organisation and personnel
6.4.2.2 Facilities and equipment
6.4.2.3 Sponsor/CRO Operating Procedures
6.4.2.4 Implementation and termination of the clinical trial
6.4.2.5 Monitoring
6.4.2.6 Investigational Medicinal Product
6.4.2.7 Sample management
6.4.2.8 Safety and adverse events reporting
6.4.2.9 Data handling and clinical trial report
6.4.2.10 Documentation archiving
6.4.2.11 Sponsor audit and quality assurance system
6.4.2.12 Management process for protocol deviations
6.4.2.13 Delegation of duties

At the end of GCP inspection, there will be an exit meeting where the inspectors will present the GCP inspection findings and grading (see Appendix E) to the inspectees and ensure that results of the inspection are clearly understood. A debriefing to the inspectee shall be provided with an appropriate time frame for Corrective and Preventive Action (CAPA) plan as will be described in the written report.

7.0 REPORTING OF GCP INSPECTION

Following the inspection, the inspectors will come up with a preliminary report which shall be approved by the CTRC before sending it to the inspectee. It is acceptable that as this is a preliminary report that pre-dates any responses of the principle investigator/sponsor, a final decision on compliance and(or) reliability of the data for assessment might not be possible at that time. The preliminary conclusion in the preliminary inspection report may change dependent upon the assessment of the inspection responses from the PI/sponsor.

The written inspection report should be signed by all inspectors in the inspection team after consolidating their inputs from the draft inspection report reviewed. A report outlining findings and(or) deficiencies observed during inspection will then be issued to the inspectee within seven (7) working days from the last day of inspection. In general, written reports are issued in paper format and(or) an electronic copy is sent to a nominated contact if requested.

The inspection findings should be classified as critical, major and minor as per definitions in section E of the inspection checklist below. The inspection report shall be produced to summarise and evaluate the potential implications of any minor, major and/or critical findings described within the inspection report with respect to the impact on the integrity of the trial data, rights, wellbeing and safety of the study participants and the compliance of the trial with GCP including ethical principles.

The response to the inspection report should be requested from the principle investigator within ten (10) calendar days of receipt of the inspection report. Upon receipt of the responses, the inspection team will review the responses within seven (7) working days whether or not they are acceptable and what impact, if any, they have on the original inspection findings.

The preliminary inspection report should not be amended and re-issued as a result of the review of the responses from the PI/Sponsor. However, a summary of the evaluation of the responses should be written by the inspectors indicating the final number of critical, major and minor findings, then reviewed and appropriately signed by the lead inspector of the inspection team/chairperson of the committee.

The inspection report shall be tabled at the subsequent CTRC meeting for discussion. The CTRC may invite the inspectee for a discussion in case of defence or clarifications as needed. Inspectees may appeal against the CTRC recommendations within four (4) weeks of receipt of the final report and a final decision on the appeal shall be by the Board.

In cases where there is no response from the investigator within the ten (10) calendar days' time frame, the absence of the reply should be recorded in the report and invite the PI/sponsor for disciplinary measures as per PMRA Act 2019 and Regulations.

GCP INSPECTION CHECKLIST

ABBREVIATIONS / ACRONYMS

ADR	Adverse Drug Reaction
ALSS	Advanced Life Support Systems
CRF	Case Report Form
CoA	Certificate of Analysis
CPR	Cardio-pulmonary resuscitation
CRO	Clinical Research Organisation
CV	Curriculum Vitae
DSMB	Data Safety Monitoring Board
GCP	Good Clinical Practices
GLP	Good Laboratory Practices
ICH	International Conference on Harmonisation
IEC	Independent Ethics Committee
IRB	Institutional Review Board
IP	Investigational Product
NA	not checked or not applicable
PI	Principal Investigator
RA	Regulatory Authority
SAE	Serious Adverse Event
SOP	Standard Operating Procedure

GCP INSPECTION CHECKLIST

Names of Inspectors	
Date of Inspection	
Name and address of the site	
Protocol number	
Stage of study:	
Before trial commencement	
During clinical conduct	
After completion of trial	
Name of principal Investigator	
Name of Sub (Co) Investigator	
Study Title	
Regulatory Authority Protocol approval No. **Version & date:**	
Amendment History approval	
Version & date:	
Ethics Protocol approval **Version & date:**	
Informed consent (ICON) Version approved & date:	
Amendment History approval	
Version & date:	
Screening date of 1st participant	
How many participants enrolled?	
How many participants withdrew from the study?	
How many participants completed the study?	

Observations are classified into the categories "Critical", "Major", "Other (Minor)" see section E below. The recommendations are listed at the end of the report.

A. FACILITY INSPECTION	YES	NO	NA
1 Consulting Area			
1.0 Does the area for individual participant informed consenting provide the required privacy to maintain confidentiality?			
1.1 Is the consulting area where the PI/designated Physician evaluates the participants during visits adequate in size?			
1.2 Are there lock-up cupboards for confidential documents?			
1.3 Is the trial specific equipment available in the consulting room?			
1.4 If not, is the area where procedures are performed adequate and easily accessible?			
1.5 Does the PI manage and maintain the trial visits? To add to inspection training that this could be not applicable in the case of field sites			
2 Procedure Room			
2.1 Is all equipment e.g. Baumanometer, scale, lung function machine (asthma, COPD) as per protocol calibrated and validated?			
2.2 Are SOPs on how to use equipment available?			
2.3 Is the blood sampling area kept according to infection control procedures?			
2.4 Waste handling according to applicable guidelines, e.g. from the RA or site or government?			

A.	FACILITY INSPECTION	YES	NO	NA
2.5	Is the emergency trolley available in the procedure area? As per the requirements for vaccines and medical devices 2.5.1 Does the facility have emergency power back up to maintain drug temperatures and sample storage? 2.5.2 Is the trolley locked and are the keys available and controlled? 2.5.2. Is the emergency trolley frequently checked and documentation as proof available? 2.5.3. Are expiry dates clearly checked and controlled? 2.5.4. Oxygen and accessories available, checked and signed? 2.5.5. Are PI and sub-investigators ALSS trained? 2.6. Are clinical staff CPR trained?			
3	**Pharmacy (Investigational Product storage area)**			
3.1	Is the pharmacy access controlled, temperature and humidity controlled?			
3.2	Are vaccines stored as per required temperature and humidity?			
3.3	Is the preparation of investigational product management done according to the approved protocol by suitable qualified staff?			
3.4	In case of vaccines, are a spillage SOP available and the study team trained to handle such an incidence?			
3.5	Are electronic or hand-written temperature logs available?			
3.6	Is an SOP on how to handle electricity or temperature failure in the pharmacy available?			
3.7	Are the different studies Investigational Products in separate lock-up cupboards and clearly identified'?			
3.8	Are vaccines transported and handled as per cold chain requirements?			
3.9	Have any temperature deviation occurred? If yes, what was the temperature recorded and estimated duration of exposure?			
4	**Archive**			
4.1	Is there an agreement between Sponsor and Trial Site/CRO on the archiving of documentation?			
4.2	Is this clause documented in the protocol or contract			
5	**Clinical Laboratory**			
5.1	Is the clinical laboratory at the same site?			

A. FACILITY INSPECTION	YES	NO	NA
5.2 If not, are procedures in handling biological samples clearly documented? (If clinical laboratory is nearby arrange for a GLP inspection)			
5.3 Are all equipment and testing procedures used in the laboratory validated?			
5.4 Is the laboratory accredited for the tests to be performed?			
6 Waste disposal			
6.1 Is the disposal of biological specimens and sharps appropriate?			

B. DOCUMENTATION

Essential Documents are those documents that individually and collectively permit evaluation of the conduct of a trial and the quality of the data produced. These documents serve to demonstrate the compliance of the investigator, sponsor and monitor with the standards of GCP and all applicable regulatory requirements. (ICH GCP section 8.1) WHO reference?

Check the *availability* of the following documents:

(During the planning stage, the following documents should be generated ***before*** the conduct of the trial) **General**	YES	NO	NA
1.1 Approved, signed and final version of the Protocol (including amendments)			
1.2 Final version of the Investigator's Brochure			
1.3 Information Leaflet, information regarding the trial in lay terms			
1.4 Informed Consent Form (translation) and applicable procedure			
1.5 Sample of the case report forms (CRF) as per protocol requirements			
1.6 Any other written information (e.g. advertisements)			
1.7 IEC approval of advertisement for participant recruitment			
1.8 Financial aspects of the trial as predefined in an agreement between the Investigator and the sponsor			
1.9 Guaranteed indemnity / insurance document / statement			
1.10 Signed agreements between involved parties e.g. Investigator/CRO, Investigator/Sponsor			
1.11 Source documents and CRF verification procedure (SOP) available?			
1.12 Clear documentation of transfer of responsibilities			
1.13 All approval documentation:			

(During the planning stage, the following documents should be generated ***before*** the conduct of the trial) **General**	**YES**	**NO**	**NA**
• Independent Ethics Committee approval (Clearly stated which dated version of protocol and informed consent is approved.) • Regulatory approval. (Clearly stated which dated version of protocol and informed consent is approved.)			
1.14 List of Ethics Committee members			
1.15 Latest signed and dated CV's of investigators			
1.16 Proof of GCP training of all study team members			
1.17 Pre-trial GCP site assessment report (only at the Sponsor site)			
1.18 List of DSMB members			
1.19 Verify the availability of the Local Safety Monitor's CV			
1.20 Trial initiation visit , agenda and study team attendance list			
1.21 Verify the availability of the Serious Adverse Event reporting forms and reporting procedures/timelines (including supporting SOP's)			
Laboratory			
1.22 Normal values / ranges for medical / laboratory / technical procedures as supplied by the laboratory / contract laboratory			
1.23 Laboratory Certification			
1.24 Laboratory Accreditation			
1.25 Quality Control or quality assessment of laboratory by the sponsor			
1.26 Validation methods where applicable			
Investigational Product			
1.27 Sample labels of IP (only at Sponsor)			
1.28 All shipping records of IPs (dates, batch numbers)			
1.29 Proof that conditions as stated in the protocol have been maintained during shipment and storage of products			
1.30 CoA of IPs (Check stability, expiry dates)			
1.31 Vaccine accountability records e.g. quantities ordered and received			
1.32 Decoding procedures for blinded trials			

(During the planning stage, the following documents should be generated ***before*** the conduct of the trial) **General**	**YES**	**NO**	**NA**
1.33 Master randomization list (only at Sponsor site)			
1.34 Instruction for handling of investigational product and trial related materials			
1.35 Proof that the correct diluent has been packed according to the correct storage condition and shipped with the vaccine?			

2 ICH GCP section 8.3 (In addition to having on file the aforementioned documents the following documentation should be added to the files ***during*** the conduct of the trial) **Documentation**	**YES**	**NO**	**NA**
2.1 Updates of Investigator's Brochure e.g. ADRs			
2.2 Any approved amendments to o protocol o informed consent			
2.3 IEC and regulatory approval of any new investigators, and their CVs			
2.4 Proof of GCP training			
2.5 Updates of normal values / ranges for medical / laboratory / technical procedures as supplied by the laboratory / contract laboratory			
2.6 Vaccine accountability documentation and correct use of the product according to the protocol and IP management			
2.7 Shipment documentation of any new batches of IPs including CoA, batch release and temperature control.			
2.8 Communications other than monitoring visits o Letters o Meeting minutes and agendas o Notes of telephone calls			
2.9 Signed Informed Consents			
2.10 Source documents, e.g. X-rays, serology printout, diary cards			
2.11 Signed and dated CRFs			
2.12 SAE reporting to sponsor			
2.13 Reporting of any serious unexpected ADR and relevant safety information to NRA and IEC where required			

2	**ICH GCP section 8.3** (In addition to having on file the aforementioned documents the following documentation should be added to the files ***during*** the conduct of the trial) **Documentation**	**YES**	**NO**	**NA**
2.14	Progress reports to IEC			
2.15	Participant screening log			
2.16	Participant identification code list			
2.17	Participant enrolment log			
2.18	Study team signature sheet with delegated functions by PI			
2.19	Retained biological samples (records, storage conditions)			
2.20	All deviations e.g. inclusive/exclusive criteria (waiver) recorded			

3	**ICH GCP section 8.4** (Documentation ***after*** completion or termination of the trial)			
3.1	IP accountability at site (final reconciliation)			
3.2	Documentation on disposal of IPs			
3.3	Completed participant identification code list			
3.4	Audit Certificate (if applicable), i.e. if carried out			
3.5	Final trial close-out monitoring report			
3.6	Final report by investigator to IEC and regulatory authority (refer to ICH GCP section 4.13)			
3.7	Clinical study report (refer to ICH GCP section 5.22)			
3.8	Treatment allocation and decoding documentation that have occurred available.			
3.9	Is a follow up plan available (post trial period) for participants with adverse events related to the IP as per protocol?			

C.	**INFORMED CONSENT PROCESS**	**YES**	**NO**	**NA**
1	Was the informed consent form version used the same as the one approved by the IEC/IRB?			
2	Was a written SOP used to solicit informed consent?			
3	Were all the participants given a copy of a signed informed consent form?			

C.	INFORMED CONSENT PROCESS	YES	NO	NA
4	Did all the participants sign the consent form prior to any study related procedure?			

D. GENERAL INFORMATION

1 Ask for an organogram of the Trial Site/CRO and note the following points:

1.1 Number and categories of people employed;

1.2 Description of the qualifications, training and experience of the personnel;

1.3 Work load of study team;

1.4 Number of concurrent clinical studies performed on site and identification of participants to avoid confusion and mix-ups of IP's administration.

2 Ask for a description of the quality assurance system set up at the trial site.

3 Check the existence, availability, accessibility and validity of the operating procedures; ask for a list of the Standard Operating Procedures used for the trial.

4 Verify the availability of 100 % of all documentation particularly the ICF, CRF and source documents.

5 Perform verification of Informed Consent forms as per PMRA requirements.

6 Perform at least 25 % Source documentation versus CRFs verification

7 Perform a100 % accountability of IP

E. GCP INSPECTION FINDING GRADING

Critical (CR)	
Definition	Conditions, practices or processes that adversely affect the rights, safety or wellbeing of the subjects and/or the quality and integrity of data. Critical observations are considered totally unacceptable.
Possible consequences	Rejection of data and/or legal action required.
Remark	Observation classified as critical may include a pattern of deviations classified as major, bad quality of the data and/or absence of source documents. Manipulation and intentional misrepresentation of data belong to this group.

Major (MA)	
Definition	Conditions, practices or processes that might adversely affect the rights, safety or wellbeing of the subjects and/or the quality and integrity of data.

	Major observations are serious deficiencies and are direct violations of GCP principles.
Possible consequences	Data may be rejected and/or legal action required.
Remark	Observations classified as major, may include a pattern of deviations and/or numerous minor observations.

Minor (MI)	
Definition	Conditions, practices or processes that would not be expected to adversely affect the rights, safety or wellbeing of the subjects and/or the quality and integrity of data.
Possible consequences	Observations classified as minor, indicate the need for improvement of conditions, practices and processes.
Remark	Many minor observations might indicate a bad quality and the sum might be equal to a major finding with its consequences.

Comments	The observations might lead to suggestions on how to improve quality or reduce the potential for a deviation to occur in the future.

Responsibility for the finding	The responsibility for addressing the finding will be stated. This could be sponsor/CRO, investigator, IEC etc.

F. REFERENCES

1 ICH Guideline for good clinical practice, recommended for adoption at step 4 of the ICH process on 1 May 1996.

2 Guidance on General Considerations for Clinical Trials (ICH-E8)

3 Guidelines for good clinical Practice (GCP) for trials on pharmaceutical products. WHO Technical Report Series, No. 850, Annex 3, 1995.

4 Procedure for reporting of GCP inspections requested by the committee for medicinal products for human use (CHMP) dated 28th March 2017, EMA/INS/GCP/158549/2016 Rev. 1, good clinical practice inspectors working group (GCP IWG).