appointment and appointment of public officials; Legislative Decree No. 1047, Legislative Decree that approves the Law of Organization and Functions of the Ministry of Production and amendments; and the Supreme Decree Nº 002-2017-PRODUCE, which approves the Regulation of Organization and Functions of the Ministry of Production and modification;

IT IS RESOLVED:

Sole Article.- Accept the resignation formulated by Mr. Walter Javier Varillas Vílchez, to the position of Director of the Office of Security and National Defense of the General Secretariat of the Ministry of Production.

Register, communicate and publish.

PETER C. OLAECHEA ALVAREZ-CALDERON
Minister of Production

1538717-1

EXTERNAL RELATIONSHIPS

They move to retirement status as Director in the Diplomatic Service of the Republic

SUPREME RESOLUTION
Nº 162-2017-RE

Lima, June 27, 2017

VISTA:

The request for transfer to retirement status, dated June 26, 2017, presented by the Counselor in the Diplomatic Service of the Republic Gustavo Enrique Bonelli Vásquez, in accordance with the provisions of article 18, paragraph e) of the Law No. 28091, effective July 1, 2017;

The Ladder Report (OAP) No. 113/2017, of the Office of Personnel Administration, of the General Office of Human Resources, dated June 26, 2017;

CONSIDERING:

That, article 18 of Law No. 28091, Law of the Diplomatic Service of the Republic, provides that the retirement situation is one in which the member of the Diplomatic Service is definitively removed from the situation of activity, among other causes. , at your request in writing;

That, the transition to retirement status, upon written request, will be made effective through Supreme Resolution;

That, the Counselor in the Diplomatic Service of the Republic Gustavo Enrique Bonelli Vásquez, is not subject to the provisions of article 49 of the Regulation of the Law of the Diplomatic Service of the Republic, approved by Supreme Decree No. 130-2003-RE ;

In accordance with Law No. 28091, Law of the Diplomatic Service of the Republic and amendments; its Regulations approved by Supreme Decree No. 130-2003-RE and amendments; and, the Regulations of Organization and Functions of the Ministry of Foreign Affairs, approved by Supreme Decree No. 135-2010-RE;

IT IS RESOLVED:

Article 1.- Go to retirement status, upon written request, to the Counselor in the Diplomatic Service of the Republic Gustavo Enrique Bonelli Vásquez, as of July 1, 2017.

Article 2.- Thank the Counselor in the Diplomatic Service of the Republic Gustavo Enrique Bonelli Vásquez, for the services provided to the Nation.

Article 3.- This Supreme Resolution will be endorsed by the Minister of Foreign Affairs.

Register, communicate and publish.

PEDRO PABLO KUCZYNSKI GODARD
Republic President

RICARDO LUNA MENDOZA
Minister of Foreign Affairs

1538901-3

HEALTH

Clinical Trials Regulations Approved

SUPREME DECREE
N° 021-2017-SA

THE PRESIDENT OF THE REPUBLIC

CONSIDERING:

That, numerals I and scientific and technological in the field of health;

That, article 28 of the aforementioned Law provides that experimental research with people must adhere to the special legislation on the matter and the ethical postulates contained in the Helsinki Declaration and successive declarations that update the aforementioned postulates;

That, numeral 9 of article 3 of the Legislative Decree No. 1161, Law of Organization and Functions of the Ministry of Health has provided that the Ministry of Health is competent in health research and technologies;

That, article 4 of the aforementioned Law establishes that the Health Sector is made up of the Ministry of Health, as the governing body, the entities attached to it and those public and private institutions at the national, regional and local level, and natural persons that carry out activities linked to the powers established in said Law, and that have a direct or indirect impact on health , individual or collective;

That, literals a) and b) of article 5 of the Decree Legislative No. 1161 provides as governing functions of the Ministry of Health to formulate, plan, direct, coordinate, execute, supervise and evaluate the national and sectoral policy of Health Promotion, Prevention of Diseases, Recovery and Rehabilitation in Health, under its jurisdiction, applicable to all levels of government, as well as dictating technical standards and guidelines for the proper execution and supervision of national and sectoral policies;

That, literal a) of article 32 of Law No. 27657 provides that the National Institute of Health (INS) is a Public body attached to the Ministry of Health;

That, by Supreme Decree No. 017-2006-SA, the Regulation of Clinical Trials in Peru was approved, which was modified by Supreme Decree No. 006-2007-SA;

That, likewise, with Supreme Decree No. 020-2015-SA, temporary preventive measures, control and supervision of the clinical trials that are being developed in the country were established, to safeguard the rights of minors and native communities that participate in clinical trials, also providing that the National Institute of Health proposes to the Ministry of Health the draft of the new Testing Regulations

Clinicians;

That, through Ministerial Resolution No. 437-2015/MINSA, the pre-publication of the draft Regulation of Clinical Trials was ordered, in order to receive suggestions and contributions from public or private entities and citizens in general, during a period of fifteen (15) calendar days, a period that was extended by fifteen (15) additional business days in accordance with

as provided for by Ministerial Resolution No. 457-2015/
ONCE;

That, due to scientific and technological advances in the development of new research products, it is necessary to establish provisions that allow the qualification of research projects at the national level, with the purpose of protecting rights, safety, dignity and well-being. of research subjects, as well as ensuring that the data obtained in a clinical trial are reliable and solid;

In accordance with the provisions of paragraph 8 of article 118 of the Political Constitution of Peru, the Law
No. 26842, General Health Law, Legislative Decree
No. 1161, Law of Organization and Functions of the Ministry of Health and Law No. 29158, Organic Law of Power
Executive;

DECREE:

Article 1.- Approval

Approve the Clinical Trials Regulations, which consist of twelve (12) titles, one hundred and thirty-seven (137) articles, eight (8) final complementary provisions, two transitional complementary provisions and five (5) annexes, which form an integral part of this Supreme decret.

Article 2.- Endorsement

This Supreme Decree is endorsed by the Minister of Health.

COMPLEMENTARY PROVISION
REPEAL

Sole.- Repeal Repeal

Supreme Decree No. 017-2006-SA, which approved the Regulation of Clinical Trials in Peru and its amendment, as well as Supreme Decree No. 020-
2015-SA, which dictates temporary preventive measures, control and supervision of clinical trials.

Given at the Government House, in Lima, on the twenty-eighth days of the month of June of the year two thousand and seventeen.

PEDRO PABLO KUCZYNSKI GODARD
Republic President

PATRICIA J. GARCIA FUNEGRA
Minister of Health

CLINICAL TRIALS REGULATIONS

TITLE I

GENERAL DISPOSITION

Article 1. Object

The purpose of this Regulation is to establish the procedure for the authorization, execution and actions after the execution of clinical trials in the country.

Article 2. Operational definitions and abbreviations

For the purposes of this Regulation, the following operational definitions and abbreviations

2.1 Operational definitions

1. **Assent.-** It is the process by which the authorization or permission granted in documented form by the child or adolescent under 18 years of age, subject of research, is obtained to participate in the research.

The consent of children who can understand the explanations is requested. It is generally considered that children from 8 years old to adolescents under 18 years of age can give their consent.

2. **Good Clinical Practices.-** It is a standard for the design, conduct, implementation, monitoring, auditing, registration, analysis and reporting of clinical trials that provides a guarantee that the data and results reported are credible and accurate, and that the rights, integrity and confidentiality of the research subjects are protected, as provided by the International Conference on Harmonization of Technical Requirements for the Registration of Pharmaceutical Products for Human Use.

3. **Cancellation of the clinical trial.-** It is the definitive interruption of all activities of a clinical trial in all research centers, for justified reasons. This procedure is given at the request of the sponsor or as a sanction applied by the INS OGITT.

4. **Cancellation of the registration of a Research Center.-** Procedure under which the permanent deactivation of the registration of the research center in the Peruvian Registry of Clinical Trials (REPEC) is provided, implying the disqualification of the research center to carry out clinical trials. The registration of a research center will be canceled at the request of the legal representative of the research institution or as a sanction imposed by the OGITT of the INS.

5. **Blinding.-** Procedure in which one or more parties to the study are unaware of the treatment assignments. Generally, single blinding refers to research subjects being unaware of the assignment; Double blinding refers to the fact that the research subjects and investigators are unaware of the treatment assignment; and, triple blinding refers to the fact that the research subjects, the investigators, and the person analyzing the results are unaware of the treatment assignment.

6. **Closure of a Research Center for a clinical trial.-** Administrative procedure through which all the activities of a clinical trial that is carried out in a research center are canceled in advance. This procedure is given for justified cause, at the request of the sponsor or as a sanction applied by the OGITT.

7. **Confidentiality.-** Obligation to maintain, on the part of all participating persons and entities, the privacy of research subjects including their identity, personal medical information and all information generated in the clinical trial unless its disclosure has been authorized. expressly by the affected person or, in extraordinary circumstances and with fully justified reasons, by the competent authorities.

8. **Informed consent.-** It is the process by which the individual voluntarily expresses acceptance of participating in a clinical trial, after having received detailed information and explanation about all aspects of the research. The decision to participate in the research has been made without being subjected to coercion, undue influence or intimidation.

Informed consent is documented through a written, signed and dated consent form.

9. **Documentation.-** Includes all records of any type, such as documents, magnetic records, optical records, among others; that describe the methods and conduct of the study, factors that affect it and actions taken. It also includes: the protocol, copies of the requirements submitted to the regulatory authority, authorization of the clinical trial and approval of the Institutional Research Ethics Committee (CIEI), curriculum vitae of the researchers, informed consent form, researcher manual, reports of monitoring, audit certificates, correspondence, reference parameters, case registration form, periodic communications and final communication, original records such as clinical history, laboratory tests, clinical reports, subject diaries, among others related to the clinical trial.

10. **Amendment.-** Written description of change(s) or formal clarification of a research protocol and/or informed consent.

11. **Clinical Trial.-** For the purposes of this Regulation, a clinical trial is understood as any research carried out on human beings to determine or confirm the clinical, pharmacological, and/or other pharmacodynamic effects; detect adverse reactions; study the absorption, distribution, metabolism and

elimination of one or more products under investigation, in order to determine their effectiveness and/or safety. Research subjects are previously assigned to the research product and the assignment is determined by the research protocol.

12. **Multicenter clinical trial.-** Clinical trial carried out according to a single protocol but in more than one center and, therefore, carried out by more than one researcher and a coordinator who is responsible for processing all the data and analyzing the results. results.

13. **Research team.-** Group made up of professionals with skills and knowledge in the execution of a clinical trial and who play a direct and significant role in said execution, including doctors, nurses, pharmaceutical chemists, among other professionals led by a principal investigator. .

14. **Extension study.-** Clinical trial by which the treatment or monitoring of research subjects who give their informed consent for this is prolonged. It is carried out based on a research protocol and its objective is to obtain long-term safety or tolerability data.

15. **Adverse event.-** Any event or situation harmful to the health of the research subject, to whom an investigational product is being administered, and which does not necessarily have

a causal relationship with its administration. Therefore, an adverse event (AE) can be any unfavorable and unintended sign; including an abnormal laboratory finding, symptom or illness temporally associated with the use of an investigational product; whether or not related to it.

16. **Serious adverse event.-** Any adverse event that causes death, threatens the life of the research subject, makes hospitalization or its prolongation necessary, produces permanent or significant disability or disability, or gives rise to a congenital anomaly or malformation. . For the purposes of notification, events that, from a medical point of view, may endanger the research subject or require intervention to prevent one of the results initially indicated in this definition, will also be treated as serious.

17. **Extension of time for carrying out the clinical trial.-** Administrative procedure through which it is authorized to extend the total time initially scheduled for the execution of a clinical trial.

18. **Phases of Clinical Trials.-** Clinical trials have the following phases:

Phase I: First human trials of an investigational product. They comprise pharmacokinetic and pharmacodynamic trials to provide preliminary information on the effect and safety of the product, generally carried out in healthy volunteers or in some cases in patients, which guide the most appropriate administration regimen for subsequent trials.

Phase II: Second stage in the evaluation of an investigational product. Its objective is to provide preliminary information on the effectiveness of the product, establish its dose-response relationship, know the variables used to measure effectiveness and expand the safety data obtained in phase I, in patients affected by a certain disease or pathological condition. or in healthy volunteers for prevention studies.

Phase III: Trials aimed at evaluating the efficacy and safety of the experimental treatment, attempting to reproduce the usual conditions of use and considering the therapeutic alternatives available in the indication studied. They are carried out on a larger sample of patients than in the previous phase and which is representative of the general population to which the research product will be intended or on healthy volunteers for prevention studies.

Phase IV: Tests that are carried out once the product under investigation has health registration for its commercialization and according to the conditions established therein. They provide additional information on the effectiveness and safety profile (benefit – risk) after use in large populations over a prolonged period of time.

19. **Date of re-analysis.-.** Date assigned by the manufacturer to perform a new analysis on the investigational product, before the expiration date, to verify that the investigational product retains its physical-chemical and pharmaceutical properties, and is still appropriate for exclusive use in the clinical trial. .

20. **Expiration date.-** Date provided by the manufacturer in a non-codified manner that is based on stability studies of the investigational product and after which the investigational product should not be used. This date is established for each batch by adding a shelf life period to the manufacturing date.

21. **Subordinate groups.-** Includes students, workers in health facilities, employees of the public or private sector, members of the armed forces and the National Police of Peru, inmates in prisons or social rehabilitation centers and other special groups of the population. , in which their participation may be influenced by some authority or hierarchical structure.

22. **Reliable impossibility:** Situation in which it is not materially possible for one of the parents to grant consent for duly supported or documented reasons, and under the responsibility of the researcher.

23. **Progress report.-** Periodic report of each of the research centers that carry out a specific clinical trial, which must be presented to the INS from the date of authorization of the study, containing, among others, the following information: Number of patients screened, enrolled, in treatment, withdrawn, who completed the study, who remain to be enrolled; summary of serious adverse events, non-serious adverse events related to the investigational product and deviations that occurred in the corresponding period.

24. **Final report of the research center.-** Final report from each of the research centers that carry out a specific clinical trial containing, among others, the following information: Number of patients screened, enrolled, withdrawn, who completed the clinical trial, summary of serious adverse events, related non-serious adverse events to the product under investigation and deviations that have occurred since what was stated in the last progress report.

25. **National final report.-** Report presented after the clinical trial has ended in all research centers nationwide, containing, among others, the following information: Number of patients screened, enrolled, withdrawn, who completed the clinical trial, summary of serious adverse events, non-serious adverse events related to the investigational product and deviations that occurred. In the case of clinical trials carried out only in Peru, this report must also include the final results and conclusions of the clinical trial.

26. **International final report.-** Report that records the final results and conclusions of the clinical trial after all research centers have completed it internationally.

27. **Inspection.-** Official review carried out by the INS of the documents, facilities, records, quality assurance systems and any other source considered by the INS; and, that is related to the clinical trial at the research center, at the facilities of the sponsor or the Contract Research Organization (CRO), CIEI or any other facility that involves the clinical trial.

28. **Researcher.-** Professional in charge of carrying out the clinical trial in a research center due to their scientific training and professional experience.

29. **Principal investigator.-** Investigator responsible for a team of researchers carrying out a clinical trial at a clinical trial center.

30. **Investigator's manual.-** Confidential document that describes in detail and in an updated manner physical-chemical and pharmaceutical data, pre-

and clinical trials of the investigational product that are relevant to the study in humans. Its objective is to provide researchers and other authorized persons participating in the clinical trial with information that facilitates their understanding and compliance with the protocol.

31. **Countries with high health surveillance.-** Germany, Australia, Belgium, Canada, Republic of Korea, Denmark, Spain, United States of America, France, Holland, Italy, Japan, Norway, Portugal, United Kingdom, are considered as such. Sweden and Switzerland, according to the Regulation for the Registration, Control and Health Surveillance of Pharmaceutical Products, Medical Devices and Health Products.

32. **Placebo.-** Product with pharmaceutical form, without active ingredient and therefore devoid of specific pharmacological action, which can be used as a control in the clinical trial or for the purposes of maintaining blinding.

33. **Vulnerable population.-** These are people who relatively or totally cannot protect their own interests. Specifically, they may have insufficient power, education, resources, strength, or other attributes necessary to protect their interests.

People whose consent to volunteer in a research study may be unduly influenced by expectations, justified or not, of benefits associated with participation, or by a retaliatory response from senior members of the community, may also be considered vulnerable. a hierarchy in case they refuse to participate.

34. **Insurance policy.-** Contract between the insured and an insurance company in which the rights, obligations of both parties and coverage are established, which includes the risks assumed by the insurer and described in the policy, in relation to the contracted insurance. Among other information, this must contain what is necessary to identify the insured, insurer, date of issue, period of validity, description of the insurance, the risks covered and the sums insured, the specification of the premium that must be paid, the causes of termination of the contract, the procedure for claiming compensation in the event of an accident, clauses that clarify or modify part of the content of the policy contract, as well as the definition of the most important terms used in the policy and the other clauses that must appear in the policy, policy annexes, policy endorsements, in accordance with current legal provisions.

35. **Biological product.-They are** defined as pharmaceutical products that contain a biological substance, obtained from microorganisms, blood or other tissues, whose manufacturing methods may include one or more of the following elements: growth of strains of microorganisms in different types of substrates; uses of eukaryotic cells; extraction of substances from biological tissues, including human, animal and plant; products obtained by recombinant DNA or hybridomas and; the spread of microorganisms in embryos or animals, among others.

36. **Investigational product.-** It is a pharmaceutical product or medical device that is investigated or used as a comparator in a clinical trial, including products with health registration when they are used or combined, in the formulation or in the packaging, in a different way. to the authorized one, or when used to treat an unauthorized indication, or to obtain more information about its authorized use. For the purposes of this Regulation, the terms “pharmaceutical product” and “medical device” refer to what is stated in Law No. 29459, Law on Pharmaceutical Products, Medical Devices and Health Products.

37. **Complementary product.-** It is a pharmaceutical product or medical device used for the needs of a clinical trial as described in the study protocol, but not as an investigational product.

38. **Research protocol.-** Document that establishes the background, rationality and objectives of the clinical trial and precisely describes its design. methodology and organization, including statistical considerations and the conditions under which it will be executed. The protocol must be dated and signed by the investigator and the sponsor.

39. **Indigenous or Native Peoples:** They are those with direct descendants of the original populations of the national territory, with lifestyles and spiritual and historical links with the territory that they traditionally use or occupy, with social institutions and customs, with cultural patterns and manner of life different from those of other sectors of the national population and who at the same time have an indigenous or original identity. Peasant or Andean communities and native communities or Amazonian peoples may be considered indigenous or native peoples, under the same previous criteria.

40. **Adverse reaction.-** It is any adverse event in which there is a clearly defined causal relationship with an investigational product or there is at least a reasonable possibility of a causal relationship, which occurs regardless of the dose administered.

41. **Serious adverse reaction.-** It is any adverse reaction that results in death, is potentially fatal, requires hospitalization or prolongation of hospitalization, produces permanent or significant disability or disability, or causes a congenital anomaly or malformation. For the purposes of notification, those events that, from a medical point of view, may endanger the research subject or require intervention to prevent one of the results initially indicated in this definition will also be treated as serious.

42. **Unexpected adverse reaction.-** It is an adverse reaction whose nature or severity is not consistent with the information of the product under investigation, that is, it is not described in the researcher's manual and/or technical sheet.

43. **Suspected serious and unexpected adverse reaction.-** It is any serious adverse event in which there is at least a reasonable possibility of a causal relationship with the product under investigation and whose nature or severity is not described in the investigator's manual and/or file. technique.

44. **Controversial situations.-** That situation in which it is identified during the evaluation process of the clinical trial that the benefit/risk balance is debatable.

45. **Suspension of the clinical trial.-** It is the temporary interruption of the enrollment and/or administration of the investigational product, or of all the activities of a clinical trial in all research centers. This procedure is given for justified cause, at the request of the sponsor or as a security measure applied by the OGITT.

46. **Suspension of the registration of a Research center.-** Procedure under which the temporary deactivation of the registration of the research center in the REPEC is provided, implying the temporary disqualification of the research center to carry out new clinical trials or clinical trials in progress.

The registration of a research center will be suspended as a security measure imposed by the INS OGITT.

47. **Witness.-** A person of legal age, independent of the research team, who participates in the process of obtaining informed consent as a guarantee that the rights and interests of a potential research subject are respected.

2.2 Abbreviations

1. ANM: National Authority for Pharmaceutical Products, Medical Devices and Health Products.

2. GCP: Good Clinical Practices.

3. GMP: Good Manufacturing Practices.

4. CIEI: Institutional Research Ethics Committee.

5. CIOMS: Council of International Organizations of Medical Sciences in Collaboration with WHO.

6. FCI: Informed consent form.

7. ICH: International Conference on Harmonization of Technical Requirements for the Registration of Pharmaceutical Products for Human Use.

8. INS: National Institute of Health.

9. MINSA: Ministry of Health.

10. OGITT: General Office of Research and Technological Transfer.

11. OIC: Contract Research Organization.

12. REAS-NET: Virtual Reporting System Serious Adverse Events.

13. RENIPRESS: National Registry of Health Services Providing Institutions.

14. REPEC: Peruvian Registry of Clinical Trials.

Article 3. Scope

Natural or legal persons, public or private, national or foreign, who carry out or are linked to clinical trials on human beings in the national territory are subject to the provisions of this regulation.

Article 4. Purpose

Compliance with this regulation is intended to protect the rights, safety, dignity and well-being of research subjects, determine the obligations of the people and entities that participate in the approval and execution of clinical trials, as well as guarantee that the data obtained in a clinical trial are reliable and solid.

Article 5. Ethical Postulates

In accordance with the provisions of article 28 of Law No. 26842, General Health Law, clinical trials must comply with the special legislation on the matter and the ethical postulates contained in the Declaration of Helsinki, as well as the successive declarations that update the aforementioned postulates.

Likewise, the ethical postulates contained in national and international standards will apply to them.

that are current and applicable to them.

Article 6. Authorization to carry out clinical trials

The conduct of clinical trials requires prior authorization through a Directorial Resolution granted by the General Office of Research and Technology Transfer (OGITT) of the National Institute of Health (INS), or whoever takes its place, under the conditions and under the requirements established by the this Regulation.

Any modification of the conditions under which the authorization was granted and the amendments indicated in article 85 of this Regulation must also be previously authorized.

Article 7. Regulatory authority in clinical trials

The INS is the authority in charge at the national level of ensuring compliance with this Regulation and the related regulations that govern the authorization and execution of clinical trials, as well as issuing the complementary provisions required for its application.

Article 8. Responsibilities of the National Authority for Pharmaceutical Products, Medical Devices and Health Products (ANM)

It is the responsibility of the National Authority for Pharmaceutical Products, Medical Devices and Health Products (ANM) to issue a binding technical opinion on the safety and quality of the product under investigation that corresponds to the scope of its competence, on the research protocol of bioequivalence studies for demonstrate interchangeability, as part of the requirement for health registration in the country, as well as authorize, for exclusive research purposes, the import or manufacture of investigational products and complementary products; and authorize the use of an investigational product under post-study access conditions.

TITLE II

RESPECT FOR ETHICAL POSTULATES

Article 9. Conditions for the clinical trial

All clinical trials must be carried out in conditions of respect for the dignity, protection of the rights and well-being of research subjects; Your physical and mental integrity, as well as your privacy and the protection of your data, must be safeguarded; and, carried out with scientific integrity.

Article 10. Start of the clinical trial

A clinical trial may only be started when there is authorization to carry it out as indicated in article 6 of this Regulation. This authorization will be granted after the corresponding CIEI and the INS consider that the balance of benefit/
risk is favorable for the research subject or for society; Likewise, it can only continue if compliance with this criterion is permanently maintained.

Article 11. Informed consent

Written informed consent freely expressed by each of the research subjects will be obtained and documented before their inclusion in the clinical trial, in the terms provided in Chapter II of Title III of these Regulations.

The research subject may abandon the clinical trial at any time without any justification and without suffering any harm, withdrawing informed consent himself or his legally designated representative. The withdrawal of informed consent will not affect activities that have already been carried out or the use of data obtained based on informed consent before its withdrawal.

Article 12. Clinical trials for promotional purposes

In order to guarantee optimal protection of the health and rights of research subjects, trials aimed at promoting an investigational product cannot be carried out.

Article 13. Design

When designing the clinical trial, it will be taken into account to reduce to the minimum possible the pain, discomfort, fear caused by the study procedures and any other possible risk in relation to the disease, age or degree of development of the research subject. The research subject is always above any objective or methodological design of a clinical trial.

Article 14. Information to the research subject

The research subjects will have as a reference point the principal investigator, the CIEI that authorized the clinical trial and the OGITT of the INS where they can obtain more information about the clinical trial and their rights, which will also appear in the informed consent document.

Article 15. Clinical trials in populations vulnerable

Clinical trials in vulnerable populations must be of specific interest to them, that is, respond to the health needs or priorities of this group.

Likewise, it must be justified that the investigation does not can be carried out in a non-vulnerable population.

TITLE III

OF RESEARCH SUBJECTS

CHAPTER I

OF THE PROTECTION OF THE SUBJECTS OF INVESTIGATION

Article 16. Research subject

The research subject is the individual who participates in a clinical trial and can be:

a) A healthy person.
b) A person (usually a patient) whose condition is relevant to the use of the investigational product.

Article 17. Protection of the research subject

The conduct of clinical trials on research subjects is carried out in accordance with the provisions of this Chapter, without prejudice to the application of the general provisions established in Title II of this Regulation.

Article 18. Clinical trials in minors

Clinical trials may be carried out on minors in accordance with the provisions of Title II of this Regulation and when:

a) The protocol has been approved by a CIEI that has a specialist in pediatrics or has received advice on clinical, ethical and psycho-social aspects in the field of pediatrics if required.

b) Obtaining informed consent is adjusted as specified in Chapter II of this Title.
c) The minor who reaches the age of majority during the clinical trial must provide express informed consent before said research subject can continue participating in the clinical trial.

Article 19. Clinical trials in people with disabilities

Conducting clinical trials in those who do not are in a position to give their informed consent and that they have not given it prior to the beginning of their disability, requires in addition to the provisions of the Title II of this Regulation:

a) That the informed consent conforms to what specified in Chapter II of this Title.
b) That the protocol is approved by a CIEI that has experts in the disease under study or has obtained advice on the clinical, ethical and psychosocial aspects in the field of the disease and the group of affected patients.

Article 20. Clinical trials in women and men with reproductive capacity

The carrying out of clinical trials in women and men with reproductive capacity, except those clinical trials in which the objective of the study is to evaluate the product under investigation in a pregnant population or those who plan to become pregnant, can only be carried out when they comply with the following requirements: provided in Title II of this Regulation, the following conditions:

a) For research in women with reproductive capacity, the principal investigator will perform a pregnancy test to rule out pregnancy prior to the start of the study and both the investigator and the sponsor will ensure counseling on the importance of avoiding pregnancy for the duration of their participation in the study. and the accessibility of an effective contraceptive method at no cost to the research subject, chosen by the subject and that is not incompatible with the clinical trial.

The researcher will ensure their commitment to use the chosen method. This must be specified in the research protocol and in the informed consent.

If a pregnancy occurs during the study, the research protocol must establish: 1) The exclusion of the pregnant woman and 2) The application of procedures for the monitoring and control of the pregnancy, as well as the newborn up to at least six (6) months of age, with the objective of identifying any effect related to the product in research.

Only in exceptional cases and after evaluation, the surrogate mother may continue participating in the clinical trial, as long as the conditions established in article 21 of these Regulations are met.

b) For research in males with reproductive capacity, and according to the pharmacology, genotoxicity studies, reproductive and developmental toxicity and available clinical information on in utero exposure to the investigational product, the investigator and the sponsor will ensure accessibility to a method effective contraceptive at no cost to the research subject, chosen by the subject and that is not incompatible with the clinical trial, which must be specified in the research protocol and in the informed consent. The researcher will ensure their commitment to prevent the couple's conception during the development of the study, using the chosen contraceptive method.

If the partner of the research subject becomes pregnant, monitoring and control of the pregnancy must be ensured, as well as the newborn until at least six (6) months of age, with the objective of identifying any effect related to the product. in research.

Article 21. Clinical trials in pregnant women

The carrying out of clinical trials in pregnant women may only be carried out when, in addition to the provisions of Title II of this Regulation, the following conditions are met:

a) The informed consent of the pregnant woman and the father of the conceived child will be required, after being informed of the possible risks for the embryo, fetus or newborn, as the case may be.
b) The informed consent of the father of the conceived child in the case set out in the preceding paragraph may only be excepted in the event of death, irrefutable impossibility, loss of rights in accordance with current regulations or, when there is an imminent risk to the health or life of the child. the woman or the conceived.

c) Informed consent may be withdrawn at the request of the surrogate mother or the father of the child at any time, without any harm to them, as long as it does not affect or put the child or the mother at risk.

d) In the case of teenage pregnant women, the procedure will be as established in article 18 of this Regulation.

e) Research on pregnant women must be preceded by trials carried out on non-pregnant women that demonstrate their safety, with the exception of specific trials that require said condition.

f) When their objective is to improve the health of pregnant women and represent only a minimal risk for the conceived child or are aimed at increasing the viability of the pregnancy product, with a minimal risk for the pregnant woman.

g) During the execution of research on pregnant women, researchers will not have the authority to decide on the moment, method or procedure used to terminate the pregnancy, nor will they participate in decisions about the viability of the conceived child.

Article 22. Clinical trials during labor, puerperium and breastfeeding

The performance of clinical trials in women during labor, puerperium and breastfeeding may only be carried out when, in addition to the provisions of Title II of this Regulation, the following conditions are met:

a) Informed consent for investigations during labor must be obtained in accordance with the provisions of Chapter II of this Title, before labor begins.

b) The clinical trial has the potential to generate direct benefits that exceed the risks for the breastfeeding woman or child after birth.

c) The risk for the infant is minimal.
d) In the case of adolescents, the procedure will be as established in article 18 of this Regulation.
e) Informed consent may be withdrawn at the request of the woman or the father of the conceived child at any time, without any prejudice to them, as long as

when it does not affect or put at risk the conceived child or the mother.

Article 23. Clinical Trials in Fetuses and Obites

The performance of clinical trials on fetuses and deaths may only be carried out, in addition to the provisions of Title II of this Regulation, according to the following criteria:

a) Research on embryos is prohibited.

b) Research on fetuses can only be carried out if the techniques and means used provide maximum safety for the fetus and the pregnant woman.

c) Investigations with deaths, stillbirths, macerated fetal matter, cells, tissues, placenta, umbilical cord, embryonic remains and organs extracted from them, will be carried out with due respect for the pregnant woman or the product of the pregnancy in a situation of death or corpse and the applicable provisions in the Regulations of the Law on Cemeteries and Funeral Services, where applicable.

Article 24. Clinical trials in subordinate groups

The carrying out of clinical trials in subordinate groups may only be carried out when, in addition to the provisions of Title II of this Regulation, the following conditions are met:

a) When research is carried out in subordinate groups, one or more members of the population under study must participate in the CIEI, or another person from society capable of safeguarding the conditions and human rights that correspond to the group in question.

b) The participation, rejection or withdrawal of consent during the study of the research subjects does not affect their academic, employment, military situation or that related to the judicial process to which they were subject and the conditions of compliance with the sentence, in Their case; and, that the results of the research are not used to their detriment.

Article 25. Clinical trials in indigenous or native peoples The carrying out of

clinical trials in indigenous or native peoples may only be carried out when, in addition to the provisions of Title II of this Regulation, the following conditions are met:

a) When the product or knowledge generated by the research is available or applied for the potential benefit of said communities.

b) When the principal investigator has the approval of the corresponding regional health authority and the authorities belonging to the community to be studied. These approvals must be obtained prior to the informed consent of the research subjects included in the trial.

clinical.

c) Sponsors and researchers should develop culturally appropriate ways and means with anthropologists, sociologists, translators and interpreters to communicate the necessary information and comply with the informed consent process. Additionally, the procedure you plan to use to communicate the information to the research subjects should be described and justified in the research protocol.

d) It will not be appropriate to include them as research subjects when the individuals that make up a community do not have the capacity to understand the implications of participating in research, despite the use of a translator or interpreter.

e) In the case of including the storage of biological samples, additionally, authorization must be obtained from the corresponding regional and local government, and from the respective community authorities, who must consider the interest of the community involved.

Article 26. Clinical trials without direct benefit to the health of research subjects or healthy volunteers

The performance of clinical trials in healthy volunteers can only be carried out when the following conditions are met:

a) When the risk they assume is justified in
reason for an expected benefit for the community.

b) When the interventions to which the research subjects are going to be subjected are comparable to those that correspond to usual medical practice based on their medical, psychological or social situation and appropriate safety protection measures are taken.

c) When relevant knowledge can be obtained about the disease or situation under investigation, which is of vital importance to understand, alleviate or cure it and which cannot be obtained in any other way.

Article 27. Of care and compensation for the research subject

The principal investigator and the sponsor are responsible for providing free medical care and treatment to the research subject in the event they suffer any harm as a consequence of the clinical trial.

The sponsor is obligated to provide compensation for harm that a research subject may suffer as a result of the use of the investigational product or from a procedure or intervention performed for the purpose of research, such as non-therapeutic procedures.

Article 28. Of the insurance policy and the financial fund for the immediate and timely care of the research subject

For the purposes of the liability regime provided for in article 27, the sponsor must take out an insurance policy that covers damages to the research subject, as a result of their participation in the clinical trial. As long as the policy is activated, the sponsor must have a financial fund that immediately and timely guarantees the free medical care and treatment of the research subject, in the event that they suffer any adverse event as a consequence of the clinical trial. The insurance policy must have coverage in the country. In the case of an insurance policy from a foreign company, it must have a legal representative in Peru. In both cases, this information must be included in the informed consent.

The insurance policy must remain valid until the date of submission of the National Final Report. Once this period has concluded, the validity must be renewed whenever there is a possibility of late damages up to and including the culmination of a judicial process that could have been initiated as a result of damage to the research subject as a direct consequence of the clinical trial.

Article 29. Compensation to the research subject

For the purposes of the liability regime provided for in this Chapter, the following will be subject to compensation or compensation:

a) Any damage to the research subject such as
consequence of their participation in the clinical trial.

b) Any damage caused during the pregnancy or that would have been caused to the newborn if a pregnancy had occurred in the female research subject or in the partner of the male research subject, provided that it results as a consequence of their participation in the trial. clinical.

c) Economic damages that arise directly from said damage, provided that it is not inherent to the pathology under study or to the evolution of the disease of the research subject.

The sponsor's obligation to provide compensation is independent of the validity or available coverage of the insurance policy contracted.

Article 30. Clinical trial in diseases of public health impact

When a public entity sponsors a clinical trial related to an area of importance in public health or that conforms to the health research policies and/or priorities determined by the MINSA, they will be exempt from the requirement established in literal t) of article 67. of this Regulation, in order to request authorization of the clinical trial.

Article 31. Universities that sponsor clinical trials

The universities of the country that sponsor a clinical trial are subject to the provisions of this Regulation, however, they may exempt themselves from the requirement established in literal t) of article 67 of this Regulation, in order to request authorization of the clinical trial.

Article 32. Promotion of recruitment of research subject

When mass media are used to recruit research subjects, such as posters, brochures, internet advertisements, posters, advertisements in magazines or newspapers, among others; These must have prior approval from the corresponding CIEI, in order to guarantee that:

a) The information disseminated makes it clear that the participation of the potential research subject occurs within the framework of a clinical trial.

b) The information disseminated is not coercive and does not state with certainty a favorable outcome or other benefits beyond what is indicated in the protocol and informed consent format.

c) There is no implicit or explicit indication that the investigational product is effective and/or safe or that it is equivalent or better than other existing products.

d) Advertisements do not offer "free medical treatment," when the intention is to say that participating in the research does not represent any cost to the research subject.

CHAPTER II

INFORMED CONSENT

Article 33. Obtaining informed consent

To obtain informed consent, The following considerations must be followed:

a) The informed consent process must be conducted by the principal investigator or a co-investigator trained and authorized to do so in the delegation of functions form. b) Verbal and written information related to the clinical trial must be provided to the potential research subject or, failing that, to their legal representative before obtaining their informed consent. This information must be presented in a clear, precise, complete, truthful manner and in language and language understandable to him, during a prior interview. During the informed consent process, new evidence-based tools and strategies can be used to improve the understanding of research subjects. It must be verified that he has understood the information received.

c) The research subject, or failing that, his/her legal representative, will be given sufficient time to reflect on his/her decision to participate in the clinical trial, have the opportunity to ask questions and answer his/her doubts in a manner satisfactory to him/her. and you can discuss your participation, if you wish, with family or your treating doctor.

d) Informed consent must be obtained before proceeding with the evaluation of eligibility criteria or any other study-specific procedure.

e) Informed consent is granted in writing through the respective format. This format must be signed, dated and with the time indicated by the research subject or his legal representative and by the researcher who conducted the process. A copy must be given to the research subject.

f) If the research subject does not know how to read and write, he or she will print his or her fingerprint as a sign of compliance. If the research subject has a disability that prevents them from signing or printing their fingerprint, another means of evidencing their consent may be accepted. In both cases, in addition, another person designated by him and who does not belong to the investigation team must sign as a witness.

g) The process of obtaining informed consent must be part of the clinical history of the research subject, including the start date and time, that the research subject was given sufficient time to reflect and ask questions, that the understanding of the information was verified. , two copies of the informed consent form were signed and one of them was delivered to the research subject or his legal representative.

The informed consent of minors must meet the same requirements of informed consent where applicable and must be carried out using language that takes into account the evolution of faculties based on their age and maturity to allow their understanding, and must record their name and/or signature as a sign of authorization.

Article 34. Requirements for the format of informed consent

The subject's informed consent form research is subject to the following requirements:

a) Be prepared by the main investigator, sponsor or both, with the information indicated in literal d) of this article and according to the Informed Consent Form model established in Annex 4 of this Regulation.

b) Be reviewed and approved by a CIEI of the institution where the clinical trial will be carried out, accredited by the INS, in accordance with the provisions of Chapter VII of Title IV of these Regulations.

c) The consent must be written in Spanish and in the language that the research subject identifies as his or her own; The wording must be understandable to him.

d) You must record, among others, the following information:

- The title of the clinical trial.
- The explicit invitation to participate in an experimental research study and the voluntary nature of participation.
- The justification, objectives and purpose of the clinical trial.
- The treatments or interventions of the trial: investigational product, active comparator and reference to placebo and blinding if applicable, as well as the probability of allocation for each intervention.
- The procedures to be used and their purpose, as well as the time, means and person responsible for informing the research subject of the results of the examinations carried out or the justification for not doing so.
- Approximate number of research subjects to include worldwide and in Peru.
- The expected duration of the research subject's participation.
- Discomfort, expected risks or unforeseeable risks.
- Free treatments and procedures used as part of the clinical trial design.
- The expected benefits that can be obtained.
- If there are alternative procedures that could be advantageous to the research subject.
- The commitments assumed by the subject of research if you agree to participate in the study.
- The guarantee of receiving an answer to any questions and clarification of any doubts about the procedures, risks, benefits and other matters related to the clinical trial and the treatment of the

research subject; about your rights as a research subject or contact in case of injuries, for which the name, address and telephone number of the main investigator and those of the president of the CIEI will be recorded as appropriate.

- The freedom to withdraw your consent at any time and stop participating in the study without prejudice to continuing your care and treatment.

- The assurance that the research subject will not be identified and that the confidentiality of the information related to their privacy will be maintained.

- That the representatives of the sponsor, the CIEI and the OGITT of the INS will have access to the clinical history of the research subject for the verification of the procedures and/or data of the clinical trial, without violating their confidentiality, and that, when signing the form informed consent, the research subject or their legal representative are authorizing access to this data.

- The commitment to provide updated information about the product or procedure under investigation or when the research subject requests it, although this could affect the research subject's willingness to continue participating.

- The circumstances and/or anticipated reasons why the clinical trial or the participation of the research subject in it could be terminated.

- The availability of medical treatment and the compensation to which the person responsible for the clinical trial would be legally entitled, in the case of damages that directly affect him or her, caused by the research, indicating the existence of the insurance contracted by the sponsor.

- The details of the financial compensation for additional expenses, such as transportation, accommodation, communication, and food if they exist; which will be covered by the clinical trial budget.

- If the woman or man is of reproductive capacity, they must be informed about the potential risks in the event of pregnancy for her or his partner, and that an effective contraceptive method chosen by the participant will be provided. and your partner.

- That if a pregnancy occurs in the research subject or his or her partner, he or she must report the fact to the researcher. Additionally, the format must establish
if such condition is considered cause for exclusion from the clinical trial. Likewise, it will indicate the application of the procedures for the monitoring and control of pregnancy and the newborn up to at least six (6) months of age with the objective of identifying any effect related to the research product.

The expenses that such monitoring requires will be financed by the sponsor. The sponsor will be responsible for the respective compensation for damages produced during the pregnancy or that may have been caused to the newborn as a consequence of the clinical trial.

- Specify the moment, means and responsible party by which the final results of the clinical trial will be provided to the research subject, which must be in a language understandable to them.

- Inform the research subject about post-study access and in accordance with the considerations indicated in Title X of this Regulation.

- The existence of a description of the clinical trial available in the Peruvian Registry of Clinical Trials and accessible through the INS institutional web portal

- The contact information of the OGITT of the INS, according to what is indicated in paragraph 21 of Annex 4 of this Regulation.

The informed consent form for minors must meet the same requirements as informed consent where applicable.

If the clinical trial contemplates the collection and storage of biological samples for future use, it must be made explicit in an additional informed consent form as indicated in the Clinical Trial Procedures Manual.

Article 35. Compensation to research subjects

Research subjects may receive reasonable compensation from the sponsor for any extraordinary expenses incurred and loss of productivity resulting from their participation, which will be specified in the informed consent. The CIEI will evaluate said compensation on a case-by-case basis; and will evaluate that it does not unduly influence the consent of the research subject.

Article 36. Minor research subject

When the research subject is a minor, the following are required:

a) Obtain the informed consent of both parents or the guardian of the minor, which may be withdrawn at any time without any harm to them. The consent of one of the parents may only be waived in the event of death, loss of rights in accordance with current regulations or duly documented reliable impossibility.

b) In the event that one of the parents is a minor, the consent of the direct ascending relative in a direct line is additionally required unless the father is a minor of 16 years of age or older and his relative incapacity has ceased due to marriage or by obtaining an official title that authorizes you to practice a profession or trade, in accordance with the provisions of the Civil Code.

c) Obtain the consent of the minor, from the age of 8, to participate as a research subject.

d) Give the minor information appropriate to his or her ability to understand about the clinical trial, the risks, discomforts and benefits.

e) Accept the withdrawal of informed consent or assent at the request of one of the parents/guardian or the minor at any time, without any harm to them, as long as it does not affect or put their health at risk.

f) Opt for the exclusion of the minor if there is a conflict of opinions between parent(s) and the minor regarding participation in the clinical trial.

It is not required to obtain informed consent from the parents if the research subject is a minor of 16 years of age or older and whose relative disability has ceased by marriage or by obtaining an official title that authorizes him or her to practice a profession or trade. in accordance with the provisions of the Civil Code.

Article 37. Research subject with mental or intellectual disability

When the research subject is a person with mental or intellectual disabilities, the following must be taken into account:

a) Obtain written informed consent from the research subject to participate in the clinical trial, after having received all pertinent information adapted to their level of understanding. Consent must employ tools and strategies to ensure understanding by research subjects. Informed consent may be withdrawn at any time, without any harm to the patient, as long as it does not affect or put his or her health at risk.

b) In the case of research subjects whose mental disability prevents them from expressing their free will, based on a full understanding of informed consent, this will be granted through their legal representative, after having been informed about the possible risks, inconveniences and benefits. of the clinical trial. Consent may be withdrawn at any time, through your legal representative, without prejudice to the person. Safeguards must be guaranteed by the different actors in the investigation.

Article 38. Research subject with physical or sensory disability

When the research subject is a person with a physical or sensory disability that prevents them from signing, but with other preserved capacities, they may grant

their written consent by printing their fingerprint, in the presence of at least one witness, designated by the research subject and who does not belong to the research team, who in turn will sign the informed consent form. If you do not have upper or lower extremities, another means, other than a fingerprint, may be accepted to demonstrate your consent. Consent must use tools and strategies to facilitate the understanding of research subjects and may be withdrawn at any time without harm to the person.

TITLE IV

OF THE PEOPLE AND ENTITIES THAT PARTICIPATE IN THE EXECUTION OF CLINICAL TRIALS

CHAPTER I

FROM THE SPONSOR

Article 39. The sponsor

The sponsor is the individual person, group of people, company, institution or organization, including academic ones, with legal representation in the country duly registered in the corresponding public registries, who assumes responsibility for the initiation, maintenance, conclusion and financing a clinical trial. The sponsor must be registered in the REPEC conducted by the INS prior to requesting authorization of a clinical trial.

When an independent investigator initiates and takes full responsibility for a clinical trial, he or she assumes the role of sponsor.

Article 40. Responsibilities of the sponsor

The sponsor is responsible for:

a) Obtain authorization from the INS to carry out the clinical trial before its start.

b) Ensure the approval of the CIEI of the research institution registered in the registry maintained by the INS, as well as authorization by the research institution where the clinical trial will be carried out, before its start.

c) Have a legal representative in Peru duly registered in the corresponding public registries, during the duration of the execution of the clinical trial, in case the sponsor is foreign. The legal representative is the one who channels all communication with the INS OGITT during the execution of the study, unless said responsibility is delegated to an OIC.

d) Ensure that all information about the investigational product and additional documentation corresponds to the research protocol and complies with Good Clinical Practices, as well as the requirements established in this Regulation, which must be kept updated during the execution of the study.

e) Keep the principal investigator, CIEI and the INS OGITT informed about new information regarding the investigational product of the ongoing clinical trial.

f) Select the investigator(s) of the clinical trial, ensure for yourself that they are competent, that they have sufficient time and agree to comply with Good Practices Clinics and ethical standards.

g) Have a documented record of the monitoring that is being carried out on clinical trials, including the availability of specially selected and specialized personnel (monitors).

h) Inform the OGITT of the INS when the first research subject is enrolled in Peru, as well as the end date of enrollment in the country.

i) Present progress and final reports to the INS OGITT.

j) Submit to the OGITT of the INS a copy of the publication of the authorized clinical trials.

k) Guarantee that the manufacturing of the product under investigation is carried out in accordance with Good Practices of Manufacturing or Manufacturing, as well as adequate packaging and labeling.

l) Maintain samples of the product under investigation, its manufacturing and control protocols, as well as records of the products under investigation.

m) Guarantee and supervise the notification of adverse events to the INS OGITT.

n) Notify critical or very serious and major or serious deviations from the clinical trial protocol within a maximum period of fifteen (15) calendar days from when the sponsor or OIC becomes aware of them.

o) Archive all documentation and data obtained in the country for at least ten (10) years after completing the study. From two (2) years onwards, it may be filed electronically, with prior communication to the INS.

p) Ensure access of research subjects, after the completion of the clinical trial, to the research product according to the considerations indicated in Title X of this Regulation. This must be specified in the informed consent.

q) Have and maintain the insurance policy in force.

r) Have a financial fund that guarantees immediate and timely care and free treatment of the research subject, in the event that they suffer any adverse event as a consequence of the clinical trial, as long as the insurance policy is activated, and must subscribe. a declaration to that effect.

s) Ensure free access to the investigational product, complementary products and procedures used as part of a clinical trial to research subjects during their participation in the study.

t) Grant compensation to the research subject, as indicated in article 27 of this Regulation.

In the event that the sponsor stops assuming sponsorship of the clinical trial and the investigational product, it will be assumed by whoever is in his/her replacement.

CHAPTER II

FROM THE RESEARCH ORGANIZATION BY CONTRACT

Article 41. The Research Organization by Contract

The OIC is the public or private organization, national or foreign, to which the sponsor transfers some of its tasks and obligations by signing a contract.

The OICs must have recognized legal status in Peru, which carry out their activities in the field of health. Universities can assume the responsibilities of a sponsor or an OIC.

Article 42. Final responsibility in the execution of the clinical trial

The sponsor may legally transfer any or all of its tasks and functions related to the clinical trial to an OIC, with final responsibility for the execution of the research protocol and the results of the clinical trial remaining with the sponsor.

Article 43. Research Organizations by foreign Contract

Foreign ICOs must have a branch in Peru, established in accordance with current laws and will assume all the responsibilities of the sponsor established in the contract.

Article 44. Obligations of Contract Research Organizations

The obligations of the OICs are:

a) Send to the OGITT of the INS an annual report of the total number of clinical trials that are being carried out in the country, as well as the specific responsibilities that have been assumed by the sponsor in each clinical trial.

b) Have standardized operating procedures for the processes, before, during and after carrying out a clinical trial.

Article 45. Registration of Contract Research Organizations.

The OICs will register in the REPEC conducted by the OGITT of the INS, for which they must present:

a) Registration request.
b) Legalized copy of the public deed.
c) Curriculum vitae of the legal representative of the OIC, which will accredit such condition with a simple copy of the current registration document that records said position, and of the monitors.

d) Institutional description (brochure), containing institutional objectives, structural and functional organization chart, selection procedures for research centers and researchers to carry out clinical trials, staff training plan in aspects related to clinical trials, good clinical practices and research ethics. and a summary of the studies in which he has participated.

e) Affidavit indicating that they carry out clinical trials in accordance with local Peruvian regulations and good clinical practices.

f) Proof of payment of the processing fee.

CHAPTER III

FROM THE MONITOR

Article 46. The monitor

The person chosen by the sponsor or OIC who is in charge of directly monitoring the conduct of the trial is called a monitor. Serves as a link between the sponsor and the principal investigator, when they are not the same person, and must meet the following requirements:

a) Be a health sciences professional
b) Be suitable due to their academic background, training and experience to adequately monitor the clinical trial.

c) Know the guidelines of Good Clinical Practices, Ethics in Research on human beings and Peruvian regulations for conducting clinical trials.

Article 47. Obligations of the monitor before the clinical trial

Before starting the clinical trial, the monitor is obliged to:

a) Ensure that the research team is informed about the content of the protocol and the obligations derived from it.

b) Know the procedures for handling the investigational product, in addition to the circumstances in which the patient's treatment codes can be opened.

Article 48. Obligations of the monitor during the clinical trial

During the clinical trial, the monitor is obliged to:

a) Be in permanent contact with the researcher and make regular visits to the research center.
b) Check that all patients have given their written informed consent before starting any trial procedure.

c) Verify the documents in which the clinical trial data have been collected, to identify possible errors, as well as to verify that no information has been omitted.

d) Perform random checks of recordable data in comparison with the original data, according to the study monitoring plan.

e) Check that the product under investigation is managed according to the research protocol.

f) Document and record relevant communications and visits that the monitor maintains with the researcher.

g) Ensure that the researcher has up-to-date documentation related to the clinical trial.

Article 49. Obligations of the monitor at the end of the clinical trial

At the end of the clinical trial, the monitor is obliged a:

a) Recover the medication and clinical use material left over or not used during the study, the envelopes with the treatment codes and all relevant documentation.

b) Verify that all information related to the clinical trial is filed correctly by the researcher and ensure the review of the reports so that they are sent to the CIEI and the OGITT of the INS.

CHAPTER IV

FROM THE LEAD INVESTIGATOR

Article 50. Of the main researcher

It is the natural person, medical professional or dental surgeon responsible for carrying out the clinical trial in a research center, belongs to the research institution and leads the research team.

Article 51. Requirements of the main investigator

To be a principal investigator you require:

a) Be a professional medical surgeon or dental surgeon who researches in the area of his specialty and competence, registered and authorized to practice in the respective professional association.

b) Be suitable due to their academic background, training and experience to assume responsibility for the appropriate conduct of the clinical trial.
c) Have enough time to drive appropriately the study within the agreed period.
d) Know the guidelines of Good Clinical Practices, Ethics in Research on human beings and Peruvian regulations for conducting clinical trials.

Article 52. Obligations of the principal investigator

The following are the obligations of the principal investigator:

a) Know all the information available about the investigational product and the contents of the clinical trial protocol.

b) Comply with the guidelines of Good Clinical Practices and Peruvian regulations for conducting clinical trials.

c) Ensure that staff and equipment are suitable and have sufficient time to assist research subjects and that staff are well informed about the clinical trial and the procedures that must be followed in any situation.

d) Obtain authorization from the research institution where the clinical trial will be carried out, prior to its start.

e) Obtain approval of the clinical trial by the CIEI of the research institution where the clinical trial will be carried out, before its start.

f) Start the clinical trial only after obtaining approval from the CIEI and authorization from the INS for the execution of the clinical trial at the research center.
g) Adequately inform the potential research subject, giving them sufficient time to discuss their participation, if desired, with family members or the treating physician, so that recruitment is carried out according to the research protocol.

h) Obtain and document informed consent of the research subject.
i) Ensure compliance with established guidelines in the protocol and facilitate the supervision of the CIEI.

j) Ensure that the investigational product is stored, dispensed, used and collected as established in the approved research protocol. Likewise, he is responsible for the accounting of the research product at the research center.

k) Facilitate inspection visits that the personnel designated by the INS OGITT carry out at the beginning, during the execution of a clinical trial or after its completion.

l) Guarantee the safety of research subjects and the decisions that influence their treatment.

m) Guarantee that all people participating in the execution of the clinical trial respect the confidentiality of the research subjects and the information obtained during the clinical trial.

n) Present progress and final reports to the research institution and the CIEI.

o) Monitor the safety of the product under investigation, as established in article 110 of this Regulation.

CHAPTER V

OF THE RESEARCH CENTERS

Article 53. Of research centers

A research center is understood to be the physical unit of the research institution where one or more clinical trials are conducted and that meets the minimum requirements established in Annex 3 of this Regulation and others that are appropriate to the nature of the study.

Article 54. Registration of research centers

Research centers in the public and private sectors will be registered in the REPEC conducted by the OGITT of the INS, at the request of the research institution, to carry out clinical trials.

The registration will be valid for three (3) years.

The requirements for registration or renewal are:

a) Registration request issued by the representative legal of the research institution.

b) Form prepared based on Annex 3 of this Regulation, duly completed.

c) National Registry of Health Services Providing Institutions - RENIPRESS in force of the research institution where the research center will operate and its categorization.

d) Proof of payment for registration as a research center.

Registration will be granted based on the evaluation of the documentation presented and the verification in the center of the characteristics required by this Regulation.

In the event of changes in the category of the research institution or modifications of the research center, the OGITT must be notified to adopt the respective actions.

Article 55. Approval of research centers

Research centers must have approval from the research institution to carry out the clinical trial.

The research institution will manage the research centers that operate in its facilities without affecting the normal performance of healthcare tasks, complying with the minimum requirements stipulated in Annex 3 of this Regulation.

CHAPTER VI

FROM THE RESEARCH INSTITUTION

Article 56. The research institution

A research institution is the name of public or private health establishments duly authorized and categorized by the corresponding health authority, or whoever acts in its place, such as hospitals, clinics, specialized health institutes, as well as those mentioned in article 57 of this Regulation where research centers that carry out clinical trials operate.

One or more research centers may operate in the research institution, provided that they comply with the minimum requirements established in Annex 3 of this Regulation.

Article 57. Primary care health facilities as research institutions

Health establishments not included in article 56 may function as a research institution if:

a) The clinical trial evaluates an investigational product intended for outpatient treatment and that does not entail an additional risk to that expected for that ailment or disease to be treated or prevented.

b) The principal investigator must ensure the resolution capacity of the health facility in emergency care or unexpected adverse reaction, including equipment, supplies and trained professionals that allow cardiopulmonary resuscitation and stabilization of the participant and their adequate and timely transfer to a health facility. with internment that can care for him.

In addition to what is stated in paragraphs a) and b) above, the INS, through the OGITT, will evaluate all the considerations of the research study so that the benefit-risk balance is favorable for the research subject.

CHAPTER VII

OF THE INSTITUTIONAL RESEARCH ETHICS COMMITTEES

Article 58. Institutional Research Ethics Committees

The Institutional Research Ethics Committee (CIEI) is the non-profit body of a research institution, public research institute or Peruvian university, made up of professionals from various disciplines and members of the community willing to participate, in charge of ensure the protection of the rights, safety and well-being of research subjects through, among other things, the review and approval/ favorable opinion of the study protocol, the competence of the researchers and the adequacy of the facilities, methods and material to be used when obtaining and documenting informed consent from research subjects.

Article 59. Institutional Ethics Committees in Research and Research Institutions

Each research institution may establish a CIEI and register it with the INS. Those research institutions that do not have a CIEI may use, at their choice, another CIEI accredited by the INS, preferably located in the same region.

Institutions must provide all necessary resources, such as human, infrastructure, logistical and financial resources for the CIEI to fulfill its mandate. To fulfill their mandate, it is also imperative that institutions guarantee that the committees enjoy institutional, professional, union, political, commercial and economic autonomy and independence.

Procedures on conflicts of interest, independence and transparency must be established and described in the CIEI regulations. With respect to independence, all types of undue influence to obtain particular results, decisions or actions of the committee, its members or staff must be prohibited.

With respect to transparency, independent internal and external evaluations of the CIEI must be considered.

carried out periodically by professionals without bias and with specific knowledge in the area.

Article 60. Functions of the Committees Institutional Research Ethics

The CIEI have the following functions:

a) Evaluate the methodological, ethical and legal aspects of the research protocols that are sent to you.

b) Evaluate amendments to the protocols authorized research.

c) Evaluate the suitability of the principal investigator and his team considering, among other things, the availability of time of the principal investigator and an adequate delegation of responsibilities within the team.

d) Evaluate the suitability of the research center facilities.

e) Carry out supervision, including active supervision at research sites, of clinical trials authorized by the INS, from their beginning until the receipt of the final report, at appropriate intervals according to the degree of risk for research subjects, when at least one (1) time a year. In the case of supervisions in pediatric populations and other vulnerable populations, specialists may participate in aspects related to these types of populations.

f) Send the reports of the supervisions carried out to the OGITT of the INS.

g) Evaluate reports of serious adverse events and international safety reports submitted by the principal investigator, the sponsor or the OIC.

h) Suspend or cancel a clinical trial, when they have evidence that the research subjects are exposed to an uncontrolled risk that threatens their life, health, safety or other reasons defined in the CIEI regulations, informing the institution of investigation, sponsor or OIC and to the OGITT of the INS of the suspension or cancellation.

Article 61. Constitution of the Committees Institutional Research Ethics

The research institution will select the members of the CIEI after a call. The CIEI is established taking into account the following:

a) The CIEI must be multidisciplinary, with the participation of civil society and be made up of at least five (5) regular members, who must ensure independence in their decisions.

b) Members should include persons with scientific expertise in the field of health, including also persons with expertise in behavioral or social sciences, members with expertise in ethical matters, members with expertise in legal matters; and, community representatives, whose primary function is to share their insights about the communities from which the research subjects are likely to come.

The CIEI may consider the assistance of expert consultants on different topics.

c) The list of all members of the CIEI, both internal and external, it must be publicly accessible.

d) One (1) full member, at least, must be from the community and not belong to the health field or the research institution.

e) Alternate members must be considered, whose number will be established by the internal regulations of the CIEI.

f) The CIEI will autonomously establish the procedure to select and define positions among its members, indicating the requirements and processes for the replacement and maintenance and responsibilities of each position.

g) The renewal of CIEI members will be defined in the regulations of each CIEI.

All members must have at least a basic training certificate in research ethics and one of its members must have training in Bioethics.

Article 62. Infrastructure requirements for Institutional Research Ethics Committees

The following are minimum infrastructure requirements for the operation of the CIEI:

a) Specific areas or environments that allow you to carry out your work, in conditions that guarantee confidentiality.

b) Computer equipment with sufficient capacity to manage all the information generated by the CIEI.

c) Administrative staff that allows the CIEI to appropriately exercise its functions.

Article 63. Accreditation of Committees Institutional Research Ethics

The accredited CIEI will be registered in the REPEC conducted by the OGITT of the INS.

The accreditation is temporary and must be renewed every three (3) years.

The requirements for accreditation are the following:

a) Application for accreditation / renewal of the accreditation addressed to the INS.

b) Resolution of the highest authority of the institution of research that enables the operation of the CIEI.

c) Copy of their regulations and Procedures Manual approved by the research institution to which they belong.

d) Affidavit that indicates compliance with the accreditation standards established in the Clinical Trial Procedures Manual. e) Undocumented curriculum vitae signed by each of the members of the CIEI.

Accreditation will be granted based on the evaluation of the documentation presented and the CIEI's verification of compliance with the accreditation standards established in the Clinical Trial Procedures Manual.

Article 64. Obligations for the operation of the Institutional Research Ethics Committees

To operate, the CIEI must:

a) Have regulations and a Procedures Manual approved by the research institution to which they belong.

b) Seek advice from specialists in specific diseases or methodologies, or from representatives of civil organizations, who do not participate in the preparation of the opinion of the research protocol, when the CIEI does not have the knowledge and experience necessary to evaluate a specific research protocol. investigation.

c) Replace the main investigator or collaborators of a research protocol with an alternate member, when they are members of the CIEI, leaving record in the minutes.

Article 65. Regulations of the Institutional Committee Research Ethics

The CIEI Regulations must establish the following:

a) Composition and requirements that its members must meet.

b) Frequency of meetings.

c) Specific quorum requirements to review and decide on a request, including the minimum number of members required, which must not have exclusive participation of members of the same profession or same sex and must include at least one member of the community, that does not belong to the health field, nor to the research institution.

Article 66. Committee Procedures Manual Institutional Research Ethics

The CIEI Procedures Manual must establish the following:

a) Administrative requirements for the presentation of files.

b) Procedure for monitoring the protocols authorized research.

c) Procedure for preparing and approving meeting minutes.

d) Filing procedure for related documentation.

TITLE V

OF THE AUTHORIZATION OF THE CLINICAL TRIAL

CHAPTER I
OF THE REQUIREMENTS

Article 67. Requirements for authorization of the clinical trial

The sponsor or OIC, to request authorization of a clinical trial, must submit the following documents, duly numbered:

a) Request for authorization of the clinical trial, according to the Registration Form established in the REPEC.

b) Copy of the current registration certificate of the research center(s) authorized to carry out clinical trials.

c) Copy of the approval document issued by the legal representative of the research institution(s) where the clinical trial will be carried out according to the model established in the Clinical Trial Procedures Manual.

d) Copy of the approval document of the research protocol and the informed consent form(s) issued by the respective CIEI accredited by the INS according to the model established in the Manual of Clinical Trials Procedures.

e) Affidavit from the sponsor indicating compliance with the responsibilities provided for in these Regulations, according to the model established in the Clinical Trial Procedures Manual of Clinical Trials.

f) In the case of a foreign sponsor: Copy of the proof of the delegation of functions to the sponsor's representative authenticated with The Hague Apostille.

g) Affidavit signed by the principal investigator indicating compliance with the obligations and requirements established in this Regulation, according to the model established in the Clinical Trial Procedures Manual.

h) Affidavit according to the model established in the Clinical Trial Procedures Manual, signed by the sponsor and principal investigator, which establishes that there is no financial conflict of interest in the execution of the clinical trial.

i) Affidavit signed by the sponsor and principal investigator on the conditioning of the research center where the clinical trial will be carried out, according to the model established in the Clinical Trial Procedures Manual.

j) Copy of the current insurance policy (insurance contract) acquired by the sponsor.

k) Sworn statement from the sponsor that it has a financial fund that immediately guarantees the free care and treatment of the research subject, in the event that they suffer any adverse event as a consequence of the clinical trial, as long as the activation of the research policy occurs. safe and according
model established in the Procedures Manual of Clinical Trials.

l) Investigation protocol, in Spanish version and in original language if it is different from Spanish (printed and electronic media) according to Annex 1 of this Regulation.

m) Informed consent format(s) according to Annex 4 of this Regulation, approved by the CIEI.

n) Updated Researcher's Manual, in Spanish version and in original language, if it is different from Spanish (printed and electronic medium). This may be replaced according to the conditions indicated in Annex 2 of this Regulation.

o) Information related to the quality of the product under investigation according to Annex 5 of this Regulation.

p) Updated, non-documented curriculum vitae of the entire research team at each research center, according to the model established in the Clinical Trial Procedures Manual.

q) Copy of the documents that accredit training in Good Clinical Practices and Ethics in Research in human beings of the entire research team, with a validity of no more than three (3) years.

r) Detailed total national budget for the clinical trial, according to the model established in the Manual of Clinical Trial Procedures.

s) List of supplies necessary for the development of the clinical trial, according to the format established in the Clinical Trial Procedures Manual.

t) Proof of payment of the processing fee.

In the case of multicenter clinical trials, the right to payment will be made by each of the research centers in Peru.

Article 68. Research products from authorized clinical trials

Authorization for clinical trials may only be requested when the investigational products used meet any of the following conditions:

a) They have authorization for research in human beings by Drug Regulatory Authorities of countries with high health surveillance.

b) They are produced in our country, have pre-clinical research and comply with the policies and/or research priorities determined by the MINSA.

c) To establish therapeutic equivalence of pharmaceutical products or similarity of biological products.

d) Are considered priorities for the public health of the country or are within the policies and/or research priorities determined by the MINSA.

e) Those products that, at the request of the ANM, require clinical trials to support their effectiveness and safety for health registration.

Article 69. Evaluation of the investigational product

At the request of the INS, the ANM will evaluate the safety profile of the investigational product based on the Investigator's Manual, the Protocol Summary, the Bibliography and other available information that is required; and, the quality of the product under investigation based on the information related to the quality of the product under investigation according to Annex 5 of this Regulation, issuing a binding opinion through a technical report within a maximum period of thirty (30) business days. . In the event that the product under investigation is not included in what corresponds to the ANM, it must be evaluated by the competent body.

In clinical trials with biological investigational products, the maximum period for issuing the technical report will be forty-five (45) business days.

In the case of bioequivalence studies to demonstrate interchangeability as part of the requirement for health registration in the country, the ANM will also issue a binding opinion on the research protocol through a technical report, within the same period in which the approval is issued. opinion of the safety profile and quality of the investigational product.

Article 70. Authorization of the clinical trial

The OGITT of the INS will issue the resolution authorizing the clinical trial after the evaluation of the research protocol, technical report that contains the binding opinion issued by the ANM and other requirements established in article 67 of this regulation, within a maximum period of forty (40) business days, which include the 30 days of the evaluation of the safety profile and quality of the investigational product by the ANM. If additional information is required to be presented by the interested party, the calculation of the evaluation period will be suspended until the requested information is received.

In clinical trials with biological investigational products and those controversial situations that imply the convening of technical commissions, the maximum period for authorization of the clinical trial will be sixty (60) business days, which includes the 45 days of the evaluation of the safety profile. and the quality of the product under investigation by the ANM.

The General Directorates in charge of strategic interventions for the prevention, control and reduction of risks and damages in tuberculosis or HIV/AIDS infection will be informed of the approval of clinical trials whose research product is intended for the prevention, diagnosis or treatment of the mentioned medical conditions.

Article 71. Validity of the authorization of the clinical trial

Authorization of the clinical trial is granted for the total period of time scheduled for its execution, which was recorded in the authorization request, which is the Registration Form according to REPEC.

Article 72. Call for technical commissions

The INS may convene technical commissions made up of health professionals with recognized experience in the field of research and independent of the pharmaceutical industry, when controversial situations arise in the authorization process for conducting clinical trials.

Article 73. Filing of reconsideration and appeal resources

In the event that the clinical trial is not authorized, the sponsor or OIC may optionally file an appeal for reconsideration against the resolution that denies authorization of the clinical trial, before the OGITT of the INS, which must be supported by new evidence.

The appeal will be filed when the challenge is based on a different interpretation of the evidence produced or when it involves questions of pure law, and must be addressed to the OGITT to elevate the action to the hierarchical superior.

Article 74. Public information on clinical trials

Once the authorization process is completed, the INS will post the following information regarding authorized and unauthorized clinical trials through its institutional web portal: Title of the study, sponsor and investigators, investigational product, condition studied, study design, number of subjects to include and others that have been considered within the World Health Organization trial registry data set.

CHAPTER II

OF THE MODIFICATION OF THE CONDITIONS OF CLINICAL TRIALS AUTHORIZATION

Article 75. Causes for modification of the clinical trial authorization conditions

They are causes of the modification of the conditions of authorization of the clinical trial the following:

a) Expansion of the number of research centers.
b) Expansion or modification of the list of supplies to be imported.
c) Change of sponsor or OIC.
d) Change of principal investigator.
e) Extension of test completion time clinical.
f) Closure of a research center for a clinical trial.
g) Suspension of clinical trial.
h) Cancellation of the clinical trial.

Article 76. Modification by extension of the number of research centers

To request the modification by expanding the number of research centers, the sponsor or OIC You must present the following documents, duly numbered:

a) Request to expand the number of research centers.

b) Report justifying the reasons for expanding the number of research centers.

c) Copy of the current registration certificate of the research center(s) authorized to carry out clinical trials.

d) Copy of the approval document issued by the legal representative of the research institution(s) where the clinical trial will be carried out, according to the model established in the Clinical Trial Procedures Manual.

e) Copy of the approval document of the research protocol and the informed consent form(s) issued by the respective CIEI accredited by the INS, according to the model established in the Manual of Clinical Trials Procedures, for the research center additional.

f) Informed consent format(s) according to Annex 4 of this Regulation, approved by the CIEI.

g) Sworn statement signed by the main investigator indicating compliance with the obligations and requirements established in this Regulation, according to model established in the Clinical Trial Procedures Manual.

h) Affidavit according to the model established in the Clinical Trial Procedures Manual, signed by the sponsor and principal investigator, which establishes that there is no financial conflict of interest in the execution of the clinical trial.

i) Affidavit signed by the sponsor and principal investigator on the conditioning of the research center where the clinical trial will be carried out, according to the model established in the Clinical Trial Procedures Manual.

j) Updated, non-documented curriculum vitae of the entire research team at each research center, according to the model established in the Clinical Trial Procedures Manual.

k) Copy of the documents that accredit training in Good Clinical Practices and Ethics in Research in human beings of the entire research team, with a validity of no more than three (3) years.

l) Have a current insurance policy

m) List of additional supplies necessary for the execution of the clinical trial (if required), according to the format established in the Clinical Trial Procedures Manual.

n) Proof of payment of processing fees for each additional research center.

Article 77. Modification by extension or modification of the list of supplies to be imported.

To request the modification by expansion or modification of the list of supplies to be imported, the sponsor or the ICO must present the following documents, duly numbered:

a) Request to expand or modify the list of supplies.

b) Report justifying the reasons for the extension or modification of the list of supplies.

c) Additional or modified detailed list of supplies necessary for the execution of the clinical trial, according to the model established in the Clinical Trial Procedure Manual.

Article 78. Change of sponsor or Contract Research Organization

To communicate the change of the sponsor or OIC, the sponsor or the current OIC must present the following documents, duly numbered:

a) Letter communicating the change of sponsor or OIC.

b) Report justifying the reasons for the change of sponsor or OIC.

c) Resignation letter from the sponsor or the OIC.
d) Acceptance letter from the new sponsor or OIC.
e) Copy of the letter informing the CIEI that approved the study, if it has become aware of the new sponsor or the new OIC.

f) Copy of delegation of responsibilities from the foreign sponsor to the new OIC, issued no older than ninety (90) calendar days, duly apostilled as established by the Apostille Convention or Hague Convention of October 5 of 1961, when applicable, or legalized by the Ministry of Foreign Affairs of Peru.

g) Proof of payment of processing fees.

Article 79. Change of principal investigator
To communicate the change of the principal investigator, the sponsor or the OIC must present the following documents, duly numbered:

a) Request to change principal investigator.
b) Report justifying the reasons for the change of principal investigator.

c) Resignation letter from the previous principal investigator.
d) Acceptance letter from the proposed principal investigator.

e) Updated, undocumented curriculum vitae of the proposed principal investigator, according to the model established in the Clinical Trial Procedures Manual.

f) New informed consent format(s) approved by the CIEI that approved the study, recording the data of the proposed principal investigator. g) Copy of the document issued by the CIEI that approved
the study, which indicates that the proposed principal investigator has been informed or the document approving the informed consent form by the CIEI referred to in literal f.

h) Proof of payment of processing fees.

Article 80. Request for extension of time for conducting the clinical trial
To request an extension of the time to conduct the clinical trial, the sponsor or OIC, thirty (30) calendar days prior to the end of the clinical trial, must present the following documents, duly numbered:

a) Request for extension of time.
b) Report justifying the reasons for the time extension request.

c) Approval of the extension of time granted by the legal representative of the research institution(s) where the clinical trial will be carried out.

d) Approval of the extension of time by a CIEI with registration in the INS.
e) Have a current insurance policy.
f) List of additional supplies necessary (if required), for the execution of the clinical trial, according to the format established in the Clinical Trial Procedures Manual.

g) Proof of payment of processing fees.

This authorization will have a maximum validity of twelve (12) months from its issuance.

Article 81. Request for cancellation of the clinical trial

To request the cancellation of the clinical trial, the sponsor or the OIC must present the following documents, duly numbered:

a) Request for cancellation of the clinical trial.
b) Report justifying the reasons, duly supported, for which the cancellation of the clinical trial is being requested.

c) Report including all data obtained up to the moment of cancellation.

d) Report on the measures to be adopted with the research subjects, if applicable.
e) Copy of the letter of knowledge from the CIEI that approved the study.

Article 82. Request for closure of a research center for a clinical trial
To request the closure of a research center, the sponsor or OIC must present the following documents, duly numbered:

a) Request for closure of the research center.
b) Report justifying the reasons, duly supported, for which the closure of the research center for the clinical trial is being requested.

c) Report including all data obtained up to the time of closing.

d) Report on the measures to be adopted with the research subjects, if applicable.
e) Copy of the letter of knowledge from the CIEI that approved the study.
f) Final report of the research center (except if
was sent prior to the request to close the center.)

Article 83. Request for suspension of the clinical trial

To request the suspension of the clinical trial, the sponsor or the OIC must present the following documents, duly numbered:

a) Request for suspension of the clinical trial.
b) Report justifying the reasons, duly supported, for which the suspension of the clinical trial is being requested.

c) Report including all the data obtained up to the moment of suspension.
d) Report on the measures to be adopted with the research subjects, if applicable.
e) Copy of the letter of knowledge from the CIEI that approved the study.

Article 84. Formalization of authorized modifications

Modifications to the authorization conditions
They will be formalized with the respective Directorial Resolution.

CHAPTER III

OF THE AMENDMENTS

Article 85. Authorization of amendments to the research protocol and/or informed consent.

Amendments to the research protocol and/or informed consent only proceed with prior authorization from the OGITT of the INS.

Article 86. On the non-applicability of amendments to the research protocol
The INS OGITT will not authorize amendments to the research protocol that compromise the safety and rights of the research subjects or the reliability and solidity of the data obtained in the clinical trial.

Article 87. Request for authorization to change title of a clinical trial
When the amendment is made to the title of the clinical trial, authorization will be required with a resolution granted by the OGITT of the INS, for which the sponsor or the OIC must present the following documents, duly numbered:

a) Request to change the title of a clinical trial
b) Report justifying the change of title to the essay clinical.
c) Approval of the change of title of the clinical trial by a CIEI accredited by the INS.
d) Have a current insurance policy
e) Proof of payment of the processing fee.

Article 88. Request for authorization of amendment report

Other amendments will be authorized ex officio, for which the sponsor or the ICO must present the following documents, duly numbered:

a) Request for an amendment report, which includes the list of documents to be amended (document, version and date).

b) List of the amendment changes.
c) Justification of the proposed changes.
d) Protocol and/or respective informed consent with highlighted changes or change control, in Spanish version and in original language if it is different from Spanish.
e) Protocol and/or final informed consent with the amendment integrated in the Spanish version and in the original language if it is different from Spanish (printed and electronic media).

f) Document of approval of the amendment to the research protocol and/or informed consent by a CIEI accredited by the INS.

g) Have a current insurance policy
h) Proof of payment of the processing fee.

TITLE VI

OF THE PRODUCT UNDER INVESTIGATION

Article 89. Financing of research products

Investigational products for use in clinical trials will be financed by the sponsor and provided free of charge to the research subject.

Article 90. Manufacturing in the country of the products under investigation
The manufacture in the country of products under investigation for use in the scope of a clinical trial will be authorized by the ANM, and will be subject to Good Manufacturing Practices and other regulations issued by the MINSA.

Article 91. Labeling of products under investigation

The immediate labeling of investigational products and complementary products that do not have authorization for marketing in Peru must be printed with indelible ink and in Spanish or English, indicating at least: Data that identifies the sponsor, the clinical trial and the product. , indicating: Expiration date or re-analysis, manufacturing batch number, pharmaceutical form, route of administration, special storage and conservation conditions, and stating the phrases: “For research use only” and “Sale prohibited” or consideration

similar.
The immediate labeling of investigational products must contain as information: Name of the product, concentration of the active ingredient, route of administration, name of the manufacturer or logo, batch number and date of
expiration.
In double-blind trials, the batch number and the name of the manufacturer will not be included in the labeling, but in the document containing the identification of the treatment, the product identification codes may be included instead.

When the expiration dates of the products being compared differ, or when their storage conditions are particular and different, the most restrictive indication of either product must appear on the labeling of both.

Article 92. The Dispensing Unit for Clinical Trials

The dispensing of the investigational products will be carried out through a Dispensing Unit for Clinical Trials dependent on the Pharmacy Service or Department of the research institution where the clinical trial is carried out.

To maintain the quality of the research product, the Good Storage Practices and Good Dispensing Practices approved by the MINSA and the specifications of the study sponsor will be followed.

Article 93. Responsibility of the Dispensing Unit for Clinical Trials.
The Dispensing Unit for Clinical Trials dependent on the Pharmacy Service or Department is responsible for:

a) Keep records in which entry and exit dates and quantities of the product under investigation will be noted.
b) Carry out the inventory of the products under investigation.

c) Control leftover research products, used and unused, for final disposal as established in the protocol.

Article 94. Authorization for the import of the investigational product and complementary products The ANM authorizes the import of the investigational
product and complementary products, when required, through a directorial resolution, which will specify the validity of the authorization. The ANM will grant this authorization within three (3) business days of submitting the request.

To request authorization to import the product under investigation, the prior presentation of the following documents is required:

a) Application for import authorization of the product(s) under investigation and complementary products.
b) Copy of the authorization of the clinical trial granted by the OGITT of the INS.
c) List of products under investigation, complementary products and supplies to be used in the clinical trial.

d) Proof of payment of processing fees to
NOTE

Article 95. Manufacture or import of special products

The manufacture or import of pharmaceutical products, narcotics, psychotropics, precursors for medical use and other substances subject to health control, as well as blood products, are governed by the specific regulations approved by the MINSA.

Article 96. Final destination of unused and/or returned investigational products

a) The sponsor or OIC is responsible for the destruction of unused and/or returned investigational product. Therefore, investigational product should not be destroyed without prior written authorization from the sponsor or the ICO.

b) Investigational products will only be destroyed once any discrepancies in their final accounting have been investigated, explained and resolved.
c) All destruction procedures for the product under investigation must be documented. The records must detail the quantities destroyed and allow traceability of the product under investigation.

d) The destruction of the products under investigation will be carried out in the presence of a notary public, with the knowledge of the ANM and the OGITT of the INS.

Article 97. Exception to the destruction of a unused and/or returned investigational product
This procedure will be excepted in the
following circumstances:

a) Its use is contemplated for post-study access to the investigational product according to article 116 of this Regulation.

b) For the purposes of returning the investigational product to the country of origin for accounting and final destruction, as stated in the clinical trial protocol or in the sponsor's procedures, and must be accredited to the ANM.

c) It is considered a donation through an agreement with the research institution, as long as the research product has a health registration in Peru, is used under the approved conditions of use, the labeling of the research product is changed and its use is prohibited. sale.

Article 98. Final destination of the products unused and/or returned complementary
Unused and/or returned complementary products may be destroyed, returned to the country of origin or donated, and must be accredited to the ANM.

TITLE VII

OF THE ADMINISTRATIVE FILE AND THE PERUVIAN REGISTRY OF CLINICAL TRIALS

CHAPTER I

OF THE TECHNICAL ADMINISTRATIVE FILE

Article 99. Access to information related to the clinical trial

Authorized INS OGITT personnel will have access to all information related to clinical trials. Authorized ANM personnel will have access to information related to the safety and quality of the clinical trial investigational product.

Said personnel are obliged, under responsibility, to maintain the confidentiality of the information they access, following information security procedures that include the signing of a confidentiality agreement.

Article 100. Conservation of clinical trial records

The OGITT of the INS maintains the archive of clinical trial files and will keep them for ten (10) years after the completion of the clinical trial. After which they can go to the INS Central Archive. After two (2) years, it may be archived in an electronic version.

If disputes arise regarding the safety of the investigational product, they will be kept for an additional period of ten (10) years.

Article 101. Final destination of leftover printed materials

The printed materials left over from the execution of the clinical trial must be incinerated at the end of the trial with the knowledge and authorization of the OGITT of the INS.

CHAPTER II

FROM THE PERUVIAN REGISTRY OF CLINICAL TRIALS

Article 102. Of the Peruvian Registry of Clinical Trials

The INS OGITT is responsible for the REPEC and its update, which is accessed through the INS institutional portal.

Article 103. Information contained in the Peruvian Registry of Clinical Trials- REPEC

The REPEC contains information on: Title of the study, sponsor and investigators, investigational product, condition studied, study design, number of subjects to be included and others that have been considered within the data set of the World Organization for Trials Registry. health.

TITLE VIII

OF THE REPORTS AND PUBLICATION OF CLINICAL TRIALS

CHAPTER I

OF PROGRESS AND FINAL REPORTS

Article 104. Progress reports

The progress report of each of the research centers, in which the clinical trial is carried out, will be sent by the sponsor or OIC to the OGITT of the INS, quarterly or semiannually, in accordance with the authorization resolution issued and according to the established format. in the Manual of Clinical Trial Procedures.

The progress report must be sent in printed and electronic media.

Article 105. Final reports

The sponsor or the OIC will send to the OGITT of the INS:

a) The final report of each of the research centers, within thirty (30) calendar days following the closing visit carried out by the monitor. The content of the report must follow the format established in the Clinical Trial Procedures Manual.

b) The final national report, within sixty (60) calendar days following the date of presentation of the final report of the last research center. In the case of clinical trials carried out only in Peru, the presentation of the report will take place within a maximum period of six (6) months after the end of the clinical trial. The content of the report must follow the format established in the Clinical Trial Procedures Manual. The OGITT will send the ANM a copy of the national final report of clinical trials carried out only in Peru within thirty (30) business days following its receipt.

c) The final international report, within twelve (12) months after the completion of the clinical trial in all research centers internationally. The content of the report must follow the format established in the Clinical Trial Procedures Manual.

CHAPTER II

OF THE PUBLICATION OF THE CLINICAL TRIAL

Article 106. Publication of results of authorized and carried out clinical trials

The INS must make available to citizens, through the REPEC web portal, a summary and the results of each of the clinical trials authorized and carried out, in coordination with the sponsor.

Article 107. Obligation to send publication in scientific magazine

After the clinical trial is published in a national or international scientific journal, the sponsor will send a copy of said publication in print and electronic media to the INS and the research institution.

This publication must strictly reflect the final report submitted and treatments of yet to be determined efficacy will not be made known in a premature or sensational manner, nor will the results obtained be overstated.

TITLE IX

OF THE SECURITY MONITORING OF THE PRODUCT UNDER INVESTIGATION

CHAPTER I

OF THE RESPONSIBILITIES

Article 108. Responsibility of the sponsor or contract research organization

The sponsor or the ICO is responsible for:

a) Continuously evaluate the safety of products under investigation, using all the information at your disposal.

b) Implement a safety monitoring system for the product under investigation.

c) Notify the OGITT of the INS of all serious adverse events, serious adverse reactions and suspected unexpected serious adverse reactions that occurred in a clinical trial authorized in the country.

d) Notify the CIEI of suspected serious and unexpected adverse reactions that occurred in a clinical trial authorized in the country.

e) Send to the OGITT of the INS and the CIEI the reports, according to the format of the Council of International Organizations of Medical Sciences in Collaboration with WHO (CIOMS), of all serious adverse reactions and suspicions of serious and unexpected adverse reactions that occurred to global level.

f) Send updates to the Investigator's Manual to the INS OGITT, the CIEI and the principal investigators.

g) Send the annual reports to the OGITT and the ANM safety of investigational products.

h) Notify the OGITT of the INS, the CIEI and the main investigators of any finding that could

adversely affect the safety of research subjects, have an impact on the conduct of the study or alter the benefit/risk balance. A report will be prepared independently, without prejudice to the periodicity indicated in Chapter II of this Title and sent to the INS and the corresponding CIEI within a maximum period of seven (7) calendar days.

i) Maintain detailed records of all adverse events reported to you by the principal investigators.

Article 109. Responsibility of the main investigator

It is up to the main researcher:

a) Notify serious adverse events, serious adverse reactions and suspicions of serious and unexpected adverse reactions to the sponsor or to the OIC and the CIEI, when the event occurs or becomes known within a period of no more than one (1) calendar day. The initial notification will be followed by detailed written reports. In the initial notification and in the follow-up notifications, the research subjects will be identified by means of a specific code number for each of them.

b) Notify the sponsor or the OIC and the CIEI of any serious adverse reaction of the investigational product that has occurred after the completion of the clinical trial in a research subject treated by it, if it becomes aware of it.

c) Notify the sponsor or the OIC of non-serious adverse events classified in the research protocol as determining factors for safety evaluations, within the periods specified in the aforementioned protocol.

d) Provide the sponsor or the OIC, the OGITT of the INS and the CIEI with all the complementary information they request.

CHAPTER II

OF THE NOTIFICATION OF THE ADVERSE EVENTS AND ADVERSE REACTIONS

Article 110. Of the notification of serious adverse events, serious adverse reactions and suspicion of serious and unexpected adverse reactions.

The sponsor or OIC will notify the INS OGITT of serious adverse events, serious adverse reactions, and suspected serious and unexpected adverse reactions as follows:

a) All serious adverse events, serious adverse reactions and suspicions of serious and unexpected adverse reactions that occurred in the country within a maximum period of seven (7) calendar days, from the occurrence of the event or as soon as the event becomes known, to through the Virtual Serious Adverse Event Reporting System (REAS-NET).

b) It will complete, if necessary, the information in the initial report, within the following eight (8) calendar days, otherwise it must send follow-up reports. When the monitoring has been completed, it will send its final report and after opening the blind, if applicable, according to the format established in the REAS-NET.

c) Submit quarterly or semiannually, under responsibility, the CIOMS reports of serious adverse reactions and suspected serious and unexpected adverse reactions that have occurred internationally, whether they have occurred in the authorized clinical trial or in other clinical trials with the same investigational product. or in a different context of use. These reports are

They must be sent electronically.

The sponsor or the OIC and the principal investigator must take the necessary urgent measures to protect research subjects. These measures must be communicated to the OGITT of the INS and the CIEI within a maximum period of seven (7) calendar days, from the occurrence of the event or as soon as it becomes aware of the event.

Article 111. Of notification to the ANM

The OGITT of the INS will notify the ANM of serious adverse reactions and suspicions of serious and unexpected adverse reactions to the investigational product, occurring in a clinical trial authorized in the country, within a maximum period of fifteen (15) business days after received the notification.

CHAPTER III

OF THE OPENING OF THE BLIND

Article 112. Contingency plan

Any clinical trial that uses blinding, in any of its forms, must have a contingency plan that will be included in the research protocol, with the purpose of opening the blind in the shortest possible time in the event of any condition that threatens the safety of the research subject.

Article 113. Opening of the cecum

It is the responsibility of the main researcher to open the blind if required for the safety of the research subject.

The OGITT of the INS, after evaluating the case, may order the opening of the blind when the safety of the research subject is compromised.

Article 114. Preservation of the blind character

The blind nature of the clinical trial will be maintained for the researcher, and for the people in charge of analyzing and interpreting the results and drawing up the conclusions of the study, whenever possible.

TITLE

POST-STUDY ACCESS

Article 115. Post-study access to the investigational product

Post-study access is understood as the free availability, for the research subject, of the investigational product that was the object of study in a clinical trial - even when it has a health registry in the country - after the completion of the study or when your participation in it ends. Post-study access must be provided for before the start of the study and this information must be provided in the informed consent process.

For your requirement, the severity of the medical condition in question and the expected effect of withdrawing or modifying your treatment will be considered (if the interruption of treatment may negatively affect your health or well-being), the absence of satisfactory therapeutic alternatives in the country for the medical condition of the research subject, there is sufficient information on efficacy and safety and the benefit-risk balance of the intervention is positive.

To use a research product under the post-study access conditions, it must have been shown to be beneficial for the research subject, at the discretion of the principal investigator, and its use will be maintained as long as there is benefit.

If the pathology is part of the management of some General Directorates of the MINSA, or those that act in their place, the sponsor must ensure accessibility to the research product until it is accessible through said directorates.

Article 116. Authorization of post-study access to the research product:

Post-study access authorization may be granted through the following mechanisms:

- Authorization of a clinical trial that corresponds to an extension study, which will be granted by the OGITT in accordance with the provisions of article 67 of this Regulation.

- Authorization from the ANM for a research product, which must have been shown to be beneficial for the research subject, at the discretion of the

principal investigator and its use will be maintained as long as there is benefit.

The principal investigator considering post-study access to the investigational product for the research subject must communicate this to the sponsor of the clinical trial, who in turn must request permission.

authorization before the ANM.

Article 117. Requirements for post-study access to the research product if authorization by the ANM is required.

Authorization from the ANM is granted for each specific case. This request will be made by the sponsor who conducted the clinical trial. The requirements for this authorization are:

a) Authorization request addressed to the ANM
b) Written informed consent of the research subject or his or her legal representative (signed by the research subject and the principal investigator)
c) Clinical report in which the principal investigator justifies the need for said treatment.
d) Official medical prescription duly completed.
e) Compliance of the person responsible for the institution or establishment where the treatment will be applied, as appropriate.

f) Updated researcher's manual, as appropriate. g) Copy of the directorial
resolution authorizing the
clinical trial from which the specific case is derived.

Article 118. Communication of results

The sponsor will communicate to the ANM the results of the treatment within the established period, as well as suspicions of adverse reactions to medications that may be due to it, without prejudice to the communication of adverse reactions to the decentralized health agency at the corresponding territorial level.

TITLE XI

OF THE SUPERVISION OF THE CLINICAL TRIALS

Article 119. Authority in charge of supervision

In order to ensure the quality and integrity of the data or other elements related to a clinical trial and protect the rights and well-being of research subjects, the OGITT of the INS will supervise the conduct of clinical trials that are carried out in the country. .

Article 120. Supervision

Supervision is understood as the technical-administrative diligence ordered by the OGITT of the INS, in order to verify that the conduct of the clinical trial complies with the provisions of this Regulation.

Article 121. Inspections

Supervision is carried out through ordinary and extraordinary inspections and with qualified multidisciplinary personnel.

Inspections will be carried out based on the Guide
of Inspections approved with INS resolution.
Inspections may be carried out at the beginning, during the execution and at the end of the clinical trial at the respective research center, at the place of manufacture of the investigational product and/or at the facilities of the sponsor, the OIC, the CIEI and the investigator. major.

The INS will publish the results of the inspections according to the procedures established in the Inspection Guide.

Article 122. Powers of inspectors

a) Review the clinical trial documentation to verify compliance with the protocol and its amendments.
b) Review the informed consent of the research subjects to verify that the safety,
Well-being and rights of patients are protected.

c) Review the record of data reported and analyzed according to the protocol, to verify the quality and integrity of the data.

d) Request a copy of the documentation subject to the inspection.

e) Take samples of the product under investigation.
f) Interview the research subjects in accordance with what is indicated in the Inspection Guide. Adequate justification must be considered in each case, the information collected must be done with appropriate methods and the confidentiality of the research subjects must be preserved.

Article 123. Confidentiality.

Inspectors are obliged, under their responsibility, to maintain the confidentiality of the information they access during the inspection.

Article 124. Scheduling of ordinary inspections

The ordinary inspections scheduled by the
OGITT of the INS, will be carried out based on the following criteria:

a) By research protocol:

Yo. Vulnerable population.
ii. Research phase.
iii. Impact of the study on public health.
iv. Safety criteria for the product under investigation.

b) By research center:

Yo. High recruitment.
ii. Background of the researcher.
iii. High number of clinical trials.
iv. Relevant information received in security reports and/or progress reports at the discretion of the INS.

When a research center is notified by a High Health Surveillance Drug Regulatory Agency to carry out an inspection visit in our country, the sponsor or OIC must notify the OGITT of the INS, the date and time of this inspection visit. inspection within five (5) business days of receiving notification from the High Health Surveillance Drug Regulatory Agency.

The OGITT will coordinate, with the High Health Surveillance Drug Regulatory Agencies, its participation in the inspection visit as an observer.

Article 125. Extraordinary inspections

Extraordinary inspections are carried out at any time in order to prevent or correct any circumstance that endangers the health of the research subject and in the event of a complaint.

Article 126. Notification for carrying out inspections

To carry out ordinary inspections, the establishment or service subject to the inspection, as well as the sponsor or OIC, if applicable, must be notified in advance in writing of the date and time in which it will be carried out. The notification will be made no less than two (2) days in advance.

skilled

Extraordinary inspections will be carried out without the requirement of prior notification.

Article 127. Participation of the ANM

To verify compliance with the standards of Good Manufacturing Practices, Good Storage Practices and other related standards, the INS OGITT will coordinate with the ANM the participation of personnel from that area in the inspection team.

Article 128. Inspection record

Once the inspection is completed, the inspector will draw up the corresponding report in duplicate, indicating the

place, date and time of the inspection, the details of the findings found, the recommendations if applicable, the manifestation of the parties, as well as the subjects under investigation if applicable.

TITLE XII

ABOUT SECURITY MEASURES, INFRINGEMENTS AND SANCTIONS

Article 129. Competent authority

In application of the rules that guarantee the safety of the research subject established by this Regulation and other mandatory rules that emanate from it, the OGITT of the INS will apply security measures and sanctions directed at the sponsor, OIC, research institution or main investigator.

Article 130. Security measures

Before, during or after the clinical trial is carried out, the INS OGITT, depending on the severity of the case, will apply one or more security measures that include, among others:

a) Intensification of monitoring.
b) Notification to the sponsor of the clinical trial.
c) Notification to CIEI.
d) Notification to the Research Institution.
e) Notification to the National Health Authority.

f) Notification to the ANM.
g) Notification to the corresponding professional associations.

h) Immobilization of the product under investigation.
i) Suspension of the clinical trial.
j) Suspension of the clinical trial in a research center.

k) Suspension of the registration of a research center for new clinical trials or clinical trials in progress.

Article 131. Violations

They constitute violations of the provisions contained in this Regulation the following:

a) Prevent the action of the inspectors of the duly accredited regulatory authority.
b) Use any investigational product on subjects without having the authorization referred to in article 67 of this Regulation.

c) Carry out clinical trials without prior authorization of the regulatory authority.
d) Make modifications to the conditions of authorization of the clinical trial or amendments to the research protocol without having been previously authorized by the regulatory authority. A deviation from the protocol in a research subject required to eliminate an immediate risk or a CIEI-approved change applicable to a research subject that does not constitute an amendment to the protocol does not constitute a violation.

e) Failure to comply with the obligation to communicate to the OGITT of the INS, adverse events of the product under investigation.

f) Communicate to the OGITT of the INS the adverse effects detected after the deadline established in this Regulation.

g) Non-compliance by the people and entities participating in the clinical trial with the duty to guarantee the confidentiality and privacy of the research subject.

h) Carry out the promotion, information or advertising of the product in the research phase.
i) Failure to comply with security measures established by the OGITT.
j) Carry out the clinical trial without adjusting to the content of the protocols on the basis of which the approval was granted. authorization.
k) Carry out the clinical trial without having the informed consent of the research subject or, where appropriate, of the person legally indicated to grant it.

l) Failure to comply with the duty to inform the person about the clinical trial in which they participate as a research subject.

m) Fabricate or falsify the information required by this Regulation or the data related to the test.

n) Failure to comply with the other mandatory provisions established by this Regulation and the rules that emanate from it.

Article 132. Sanctions

Without prejudice to considering compliance with the principle called non bis in idem as mandatory, except in the event of a continuation of infractions, those who incur infractions classified in article 131 of this Regulation; They will be subject to one of the following administrative sanctions:

a) Warning.
b) Fine between half (0.5) and one hundred (100) Tax Tax Units.
c) Closure of a research center for a trial clinical.
d) Cancellation of research center registration
e) Cancellation of the clinical trial
f) Restrict the researcher from carrying out future trials for a period to be determined by the INS OGITT according to the level of severity of the infraction.

The scale of fines for each type of violation is determined by Supreme Decree. The fine must be paid within a maximum period of fifteen (15) business days, counting from the day after the sanction was notified. In case of non-compliance, the authority that imposed the fine will order its coercive collection in accordance with the legal procedure.

Article 133. Criteria for the imposition of sanctions

The sanctions will be imposed by the OGITT of the INS through a Directorial Resolution applying the criteria established in article 135 of the General Health Law.

Article 134. Clinical trials without authorization

In the event that the OGITT of the INS detects the conduct of a clinical trial without the corresponding authorization, it will order the cancellation of the clinical trial and/or invalidation of the data obtained in it, without prejudice to the corresponding civil and/or criminal actions and / or communication to the Public Ministry, the ANM and/or the corresponding professional associations.

Article 135. Clinical trials in which there is falsification or fabrication of the required information or the data obtained.

In the event that the OGITT of the INS detects falsification or fabrication of the information required by this Regulation or of the data related to the study, as well as any other offense or crime related to the clinical trial in accordance with this Regulation, it will order the cancellation and /or invalidation of said clinical trial, in accordance with the provisions of article 132 of this Regulation, without prejudice to the corresponding civil and/or criminal actions and/or communication to the Public Ministry, the ANM and the corresponding professional associations. .

Article 136. Infringement by foreign sponsors

If the sponsor(s) participating in the cases established in articles 134 and 135 of this Regulation, were foreigners, the INS will inform the authorities of their respective country(ies) so that they can arrange the appropriate legal actions.

Article 137. Notification and publication of sanctions

137.1 The OGITT of the INS will notify the security measure and/or the sanction imposed to the people and entities that participate in the execution of the trial.

clinical, without prejudice to the civil and/or criminal actions that may arise and/or the communication to the Public Ministry, the National Health Authority, the ANM and the corresponding professional associations.

137.2 Once the resolution determining the imposition of a sanction is final or the administrative route has been exhausted, the INS OGITT will publish, on the INS institutional web portal, the name of the person or institution that has been subject to the sanction. . Said publication will remain for one year, unless the sanction is for a longer period, being removed ex officio or at the request of a party at the end of said period.

COMPLEMENTARY PROVISIONS FINALS

First.- Aspects not provided for in this Regulation

Aspects not provided for in this Regulation will be resolved by the OGITT of the INS within the framework of the Good Clinical Practice standards of the International Conference on Harmonization of Technical Requirements for the Registration of Pharmaceutical Products for Human Use, as well as national and international standards. international agreements that are in force and applicable to it.

Second.- From the Clinical Trial Procedures Manual

Within a maximum period of ninety (90) calendar days from the effective date of this Regulation, the INS OGITT will prepare the Clinical Trial Procedures Manual, which will be approved by INS Resolution.

Third.- Deadline for the formation of Dispensing Units

A maximum period of one year from the validity of this Regulation will be granted for research institutions to comply with the formation of the Dispensing Units referred to in Article 92 of this Regulation.

Fourth.- Temporary application of this Regulation for products under investigation that correspond to herbal medicines, dietary products and sweeteners, galenic products and medical devices.

The specific aspects for the execution of clinical trials with herbal medicines, dietary products and sweeteners, galenic products and medical devices will be determined by Supreme Decree. Said proposed rule will be prepared by the OGITT of the INS within a maximum period of one hundred eighty (180) calendar days from the effective date of this Regulation. Until the relevant standard is approved, clinical trials with these investigational products are governed by the standards indicated in this Regulation, where applicable.

Fifth.- Use of radiopharmaceuticals

In addition to this Regulation, the use of radiopharmaceuticals will be governed by the radiological protection standards of the competent body.

Sixth.- Issuance of standards on biological samples

The standards related to biological samples in clinical trials will be approved by INS Resolution.

Seventh.- Intangible Fund for research purposes and protection of research subjects

The funds from the contract between the public sector research institution and the sponsor will be considered as intangible funds only for research purposes and the operation of the Institutional Research Ethics Committees.

Eighth.- Creation of the National Registry of accredited Institutional Research Ethics Committees

Create the National Registry of Accredited Institutional Research Ethics Committees. A maximum period of one (1) year will be granted, from the approval of the Manual of Clinical Trial Procedures, for the registered CIEI to comply with the requirements established in article 63 of this Regulation.

COMPLEMENTARY PROVISIONS TRANSIENT

First.- Transitory regulation

a) Administrative procedures initiated before the entry into force of this regulation will be governed by the previous regulations until their conclusion.

b) However, the provisions of these regulations that recognize rights or powers of those administered vis-à-vis the administration are applicable to the procedures in progress.

Second.- Dissemination of this Regulation

The INS, under the responsibility of its owner, must carry out dissemination, information and training actions on the content and scope of this Regulation in favor of its staff and the user public. These actions may be carried out through the Internet, printed copies of this Regulation, talks, posters or other means that ensure adequate dissemination of the same.

ATTACHMENTS

ANNEX 1

GUIDE TO THE RESEARCH PROTOCOL

The clinical trial protocol must include the following aspects:

1. **GENERAL INFORMATION**

to. Title of the clinical trial indicating the design, population, interventions and, where applicable, the acronym or abbreviation of the trial. If the original title is in English, a single title in Spanish must be assigned for all purposes.

b. Protocol code assigned by the sponsor specifically for each Research protocol and identical for all versions thereof

c. Other Identifiers of the clinical trial and registry name. If it has not been registered yet, name of the registry where it is proposed to be registered.

d. The date and version number, which will be updated in the event of amendments to this document.

2. **SUMMARY OF THE PROTOCOL**

Containing the following information:

- Title of the clinical trial.
- Protocol Code.
- Name of the product under investigation.
- Clinical trial phase.
- Estimated duration of the clinical trial.
- Objectives of the study.
- Study hypothesis.
- Justification of the use of the investigational product clinic.
- Study design.
- Treatment with the investigational product in evaluation and comparator: Specify concentration, dose, routes of administration and duration of treatment.
- Sample size: Specify the sample size.
- Assessment criteria or results and method of analysis thereof.

3. **BACKGROUND AND JUSTIFICATION**

to. Description of the research question and justification for undertaking the clinical trial as well as the rationale for the proposed development phase.

b. Summary or detailed description of the research background of the product in

evaluation, relevant to the pharmacokinetics, tolerance, safety and efficacy in the treatment of the pathology proposed to be investigated. All relevant and specific information available from non-clinical and clinical studies must be recorded, including both bibliographic references and unpublished data.

c. Justification of the dose, dosage schedule, route and mode of administration and duration of treatment.

d. Rationale for comparator selection

and. Justification for the selection of the study population

F. Justification of the design and criteria considered valuation.

4. **OBJECTIVES, VALUATION CRITERIA RESULTS AND SPECIFIC HYPOTHESES.**

to. Objectives: Based on the developed justification and the design of the study, specify the objectives of the trial, differentiating it when appropriate, the general from the specific or the primary from the secondary. For multi-arm trials, the objectives should clarify how all treatment groups will be compared (for example: A versus B; A versus C).

b. Hypothesis: If your proposition is feasible in the problem statement.

c. Primary and secondary endpoint, and other assessments of progression or outcome, including the specific measurement variable (e.g., systolic blood pressure), analysis metric (e.g., change from baseline or baseline) , final value, or time to event), the aggregation method (e.g., median, proportion), and the time of measurement of each variable. The primary endpoint is the variable capable of providing the most clinically relevant and convincing evidence directly related to the primary objective of the trial. The primary endpoint should be the variable used in sample size calculations, or the primary outcome used to determine the effect of the intervention. Secondary endpoints correspond to other variables used to measure the effect or influence of the intervention studied. A secondary outcome may involve the same event, variable, or experience as the primary outcome, but measured at different time points than the primary outcome.

5. **TEST DESIGN**

to. Type of trial (e.g., parallel group, cross-group, factorial, single group), reason for allocation, and framework (e.g., superiority, equivalence, non-inferiority, exploratory) including a schematic diagram of the design, procedures and periods.

b. The expected duration of participation of research subjects and a description of the sequence and duration of all trial periods. c. Description of measures taken to minimize or avoid bias, such as randomization, which includes the method for generating the allocation sequence and mechanisms for concealment, and blinding, which includes who will be blinded, how blinding will be implemented and maintained, the circumstances under which the opening of the cecum is allowed according to this regulation and the way to proceed in those cases.

d. Description of the dose, dosing schedule, route and mode of administration and duration of treatment.

and. Pre-inclusion or washout periods; time of wait for drug purification, if applicable.

F. Description of the criteria for completion or interruption of the clinical trial.

6. **SELECTION OF RESEARCH SUBJECTS**

to. Description of the inclusion and exclusion criteria of the subjects.

b. Criteria for withdrawal of individual research subjects from treatment or clinical trial, including procedures for collecting data on withdrawn research subjects, procedures for replacement of subjects, and follow-up of subjects who have been withdrawn from treatment or the clinical trial.

7. **DESCRIPTION OF THE TREATMENT**

to. Description of the treatments or interventions for each group with sufficient details to allow them to be reproduced. b. Generic name, manufacturer,

constituents, pharmaceutical form, route of administration, dosage schedule. The description of non-pharmacological study interventions requires information related to: any material that will be used in the intervention, each of the procedures, activities and/or processes used, who will provide the intervention and, if applicable, their experience, the mode of delivery (for example, in-person or by some other mechanism, and whether it will be provided individually or in groups), the number of times the intervention will be delivered and over what period of time including the number of sessions, time and its duration, intensity or dose (e.g. 8 one-hour sessions, once/week for 8 weeks, then once/month for 4 months) and the location where the intervention occurs, e.g. hospital, home of the research subject, etc.

c. Declaration of compliance with the provisions of this regulation regarding the packaging and labeling of the product under investigation.

d. List relevant concomitant care and interventions permitted, including rescue treatment, and not permitted during the clinical trial.

and. Criteria for discontinuing or modifying interventions assigned to each subject in the trial (for example, change in dose due to harm to the participant, at the request of the participant, or due to improvement or worsening of the disease).

F. Strategies to improve treatment compliance, as well as any methods to monitor compliance (e.g., medication return, laboratory testing).

g. Description of the procedures to trace, store, administer the research product to the research subjects, as well as its destruction and return.

8. **EVALUATIONS AND PROCEDURES OF THE STUDY**

to. Schedule for recruiting, conducting interventions, including run-in and washout periods, procedures at each study visit for assessment, recording, and analysis of endpoints.

b. A flow chart must be included that specifies the procedures or activities to be carried out during the study as a function of time; with details in the footer.

9. **ADVERSE EVENTS**

to. The procedures for obtaining, recording and monitoring adverse events by the investigator and their notification to the sponsor, must indicate the minimum information that must be specified for adverse events that occur to a subject during the trial (description, severity, duration, temporal sequence, detection method, treatment administered, if applicable, alternative causes or predisposing factors, type and duration of follow-up).

b. Indicate the causality criteria to be used.

c. Indicate the procedures for the immediate notification of serious or unexpected adverse events in accordance with the provisions of this regulation.

10. **STATISTICAL CONSIDERATIONS**

to. Sample size: Estimated number of participants needed to achieve the study objectives and explanation of how this number was determined, including the clinical and statistical assumptions supporting the sample size calculation.

b. Approximate duration of the recruitment period based on the number of patients available and strategies to achieve adequate recruitment to achieve the planned sample size: location from which subjects will be recruited, form (media, patient registry), rates expected recruitment. c. Specify the statistical tests that are planned to be used in the analysis of the primary and secondary endpoints. Specify where details of the statistical analysis plan that are not listed in the protocol can be found. d. Methods for any further analysis (e.g.

(for example, subgroup analysis or adjusted analysis).
and. Definition of the analysis population(s) (it is not enough to simply mention that the analysis will be carried out by intention to treat or by protocol, the protocol must indicate the definition considered) and any statistical method to treat missing data (for example, multiple imputation).

F. Indicate whether any interim analyzes and stopping rules are planned, including who will have access to the interim results and who will make the final decision to terminate the trial.

11. **DATA COLLECTION AND MONITORING OF THE CLINICAL TRIAL**

to. Data collection methods: Plans to evaluate and collect baseline, outcome, and other study data, including any processes to improve data quality (e.g., duplicate measurements, training of raters) and description of the data. instruments used in the study (e.g., questionnaires, laboratory tests) along with their reliability and validity, if known. Indicate where the data collection forms can be found, if they are not found in the protocol.

b. Plans to promote participant retention and achieve complete follow-up, including a list of data that will be collected from participants who drop out or deviate from the trial.

c. Composition of the data monitoring committee, summary of its role and notification procedure, statement on its independence from the sponsor and on its conflicts of interest. Specify where other details about your statutes that have not been included in the protocol can be found. Alternatively, explain why this committee is not needed.

d. Description of monitoring arrangements u audits of the conduct of the clinical trial.
and. Declaration from the sponsor guaranteeing that the researchers will allow monitoring, audits, CIEI supervisions and inspections of the clinical trial by the OGITT of the INS, including direct access to the clinical trial documentation.

12. **DATA MANAGEMENT AND RECORD PRESERVATION**

to. Plans to enter, encrypt, protect and store the data, including any processes to improve its quality (for example, duplicate entry or review of the range of values), with respect to the privacy of the information and in accordance with protection regulations of personal data.

b. Specify where details of the data management procedure that are not listed in the protocol can be found.

13. **ETHICAL ASPECTS**

to. General considerations: Acceptance of the national and international standards in this regard.

b. Information that will be provided to the subjects and provisions for obtaining informed consent.

c. Plans by the investigators, sponsor or OIC to notify and obtain approval of amendments to the CIEI and INS OGITT research protocol, prior to implementation.

d. Specify who will have access to the data of the research subjects in order to guarantee their confidentiality according to national regulations and international recommendations.

and. Guarantee of the existence of an insurance policy, indemnity and compensation in accordance with the provisions of this regulation.
F. Provisions for post-study access to the investigational product.

14. **PUBLICATION OF RESULTS**

Investigator and sponsor plans to communicate trial results to research subjects, health care professionals, the public, and other relevant groups (for example, in a publication, presentation of information in results databases, or other arrangements to disseminate the data), including any publication restrictions.

15. **BIBLIOGRAPHICAL REFERENCES**

Prepared according to standard publication standards.

16. **ATTACHMENTS**

ANNEX 2

INVESTIGATOR'S MANUAL

It contains clinical and non-clinical data that are relevant to the use of the investigational product in the clinical trial. Its objective is to provide researchers and others involved in the trial with information that allows them to understand the key aspects of the intended use of the investigational product in the trial, such as; doses and intervals and modes of administration and procedures to monitor safety.

The information must be presented in a concise, simple, objective, balanced and non-promotional manner, understandable to potential researchers and allowing for an unbiased assessment of the risks and benefits and relevance of the proposed clinical trial. It should be taken into account that this document will serve as a reference for the evaluation of the expected nature or not of the serious adverse reactions that could occur during the conduct of the trial.

The investigator's manual must be validated and updated regularly by the sponsor, at least once a year whenever the nature of the investigational product allows it. If the latter occurs, it is under the responsibility of the sponsor, who will send the updated information on the product in research not yet included in the manual. Updates to the document must maintain the summary format required for the initial document. They must make it clear which information has been modified with respect to the previous version sent.

In the case of products under investigation that have health registration in Peru, are used under the conditions of use authorized by the ANM, the Researcher's Manual may be replaced by the technical sheet.
authorized.

In the case of investigational products that have health registration in the country and when the investigational product is used under conditions other than those authorized by the ANM, the authorized insert will be provided, along with the scientific information that justifies the use of the product. under investigation under test conditions.

The length and format of this document will depend on the characteristics of the product under investigation (guide ICH on GPC standards o insert/o technical sheet o

equivalent document). It will conform in its structure and content to the ICH guideline on good clinical practice standards (Topic E6 step 5 Note of Guidance on Good Clinical Practice CPMP/ICH/135/95), which consists of:

FIRST PAGE:

It must contain the name of the sponsor, investigational product, investigation number, chemical name, generic (if any), Therapeutic Group (ATC classification) (if any), edition number, date of publication, replaces the previous edition number, date.

CONTENT

Confidentiality statement (optional)

INDEX

SUMMARY

A brief summary should be provided highlighting the relevant physical, pharmaceutical chemistry, pharmacological, toxicological, pharmacokinetic, metabolic and clinical information available that is relevant to the clinical development stage of the investigational product.

INTRODUCTION

A brief introductory paragraph should be provided that includes the chemical name (and generic and trade name where approved) of the investigational product, all active ingredients, the pharmacological class of the investigational product, and its expected position within this class (e.g. , advantages), the rationale for conducting research with the investigational product and the prophylactic, therapeutic or diagnostic indication in advance. Finally, the introductory paragraph should provide the general proposal and approach that will be followed when evaluating the investigational product.

PROPERTIES PHYSICS, CHEMICALS, PHARMACEUTICALS AND FORMULATION

A description of the substance of the investigational product (including the chemical and/or structural formula) will be given, as well as a brief summary of the relevant physical, chemical and pharmaceutical properties.

In order for appropriate safety measures to be taken during the course of the study, a description of the formulation to be used, including excipients, must be provided and justified if clinically relevant.

Instructions for storage and handling of the dosage form should also be provided. Any structural similarity with other known compounds should be mentioned.

PRECLINICAL STUDIES

Introduction:

The results of all relevant non-clinical studies should be provided in summary; pharmacological, toxicological, pharmacokinetic and metabolism of the product under investigation.

This summary should mention the methodology used, the results and a discussion of the relevance of the findings for the therapeutic effects investigated and for possible unexpected unfavorable effects in Humans.

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

- Tested species.
- Number and sex of animals in each group.
- Unit dose (for example, milligram/kilogram (mg /kg)).
- Dose interval.
- Route of administration.
- Duration of the dose.
- Information on systemic distribution.
- Duration of follow-up after exposure.
- Results, including the following aspects:
  - Nature and frequency of pharmacological or toxic effects.
  - Severity or intensity of pharmacological or toxic effects.
  - Time for the appearance/occurrence of effects.
  - Reversibility of effects.
  - Duration of effects.
  - Dose response (dose/response).

Wherever possible, a tabular/list format should be used to enhance the clarity of the presentation.

The following sections should discuss the most important findings of the studies, including the dose response (dose/response) of the observed effects, relevance to humans, and any other aspects that will be studied in humans. If applicable, the findings of the effective and non-toxic dose in the same animal species should be compared (for example, the therapeutic index will be analyzed). The relevance of this information to the proposed human dose should be mentioned. Where possible, comparisons should be made in terms of blood/tissue levels rather than mg/kg.

(a) Non-Clinical Pharmacology

A summary of the pharmacological aspects of the investigational product and, where appropriate, its significant metabolites studied in animals should be included. This summary should incorporate studies that evaluate potential therapeutic activity (for example, efficacy model, receptor binding and specificity), as well as those that evaluate safety (for example, special studies to evaluate pharmacological actions other than the desired therapeutic effects).

(b) Pharmacokinetics and Metabolism of the product in animal research

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

(c) Toxicology

A summary of the toxicological effects found in relevant studies conducted in different animal species should be described with the following titles where applicable:

- Single dose.
- Multiple dose.
- Carcinogenicidad.
- Special Studies (for example, irritation and sensitization).
- Reproductive toxicity.
- Genotoxicity (mutagenicity).

CLINICAL STUDIES

Introduction:

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

(a) Pharmacokinetics and Metabolism of the Product in Humans

A summary of information on the pharmacokinetics of the investigational product should be submitted, including the following, if available:

- Pharmacokinetics (including metabolism, as appropriate, and absorption, plasma protein binding, distribution and elimination).
- Bioavailability of the investigational product (absolute, when possible and/or relative) using a reference dosage form. Population subgroups (e.g., sex, age, and altered organ function).

- Interactions (for example, interactions between the investigational product and other medications and food effects).

- Other pharmacokinetic data (for example, results from population studies conducted within clinical studies).

(b) Safety and Efficiency

A summary of information on the safety, pharmacodynamics, efficacy and dose response (dose/response) of the investigational product (including metabolites, where applicable) obtained in previous studies in humans (healthy volunteers and /or patients). The implications of this information will be discussed. In these cases where multiple clinical studies have been completed, using summaries of safety and efficacy across multiple studies by indications in subgroups can provide a clear presentation of the data. Tabular summaries of adverse reactions for all indications studied could be useful.) Important differences in the patterns/incidences of adverse reactions across indications or subgroups should be discussed.

The Investigator's Manual should provide a description of possible risks and anticipated adverse reactions, based on previous experiences with the investigational product and related products. A description of the precautions or special monitoring that will be carried out as part of the use of the investigational product must also be given.

EXPERIENCE POSTERIOR TO ITS COMMERCIALIZATION

The Investigator's Manual must identify the countries where the investigational product has been marketed or approved.

Any significant information arising from the marketed use should be summarized (for example, formulations, dosages, routes of administration and adverse reactions of the investigational product). The Investigator's Manual must also identify all countries where the research product did not receive approval/
registration to be marketed or was withdrawn from the market or whose registration was suspended.

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

The overall objective of this section is to provide the investigator with a clear understanding of the possible risks and adverse reactions as well as the specific tests, observations and precautions that may be needed in a clinical study. This understanding should be based on the physical, chemical, pharmaceutical, pharmacological, toxicological and clinical information available about the investigational product. You should also be given guidelines for the recognition and treatment of possible overdose and adverse reactions based on previous experience in humans and the pharmacology of the investigational product.

SUMMARY OF INFORMATION AND GUIDE FOR THE INVESTIGATOR

BIBLIOGRAPHIC REFERENCES

References to Publications and Reports. Are References should be at the end of each chapter.

ANNEX 3

MINIMUM REQUIREMENTS OF A RESEARCH CENTER

CONDITIONING	OBSERVATIONS
Hospitalization area	
office area	It is an environment independent of healthcare environments.
Nursing area	
Waiting room	
Hygienic services for the research team	
Hygienic services for research subjects	
Administration and management area of the research center.	It is an environment independent of the care environments. It must have spaces for physical documentary and electronic archiving in adequate security conditions for the trial information. It should include spaces for discussion and meeting of the research team.
Investigational product storage area	It must comply with the conditions authorized in the protocol for storage.
Investigational Product Dispensing Unit	You must comply with the authorized conditions in the dispensing of medications and other pharmaceutical products.
Sampling area	
Clinical laboratory area	
Processing area and sample storage	
Area for emergencies and medical emergencies	
Access for emergencies and medical emergencies	It must have operational mechanisms for the transfer and transportation of patients.
EQUIPMENT	
Calibrated equipment	
Medical emergency team	
Computer equipment	Computer(s), laptop, printers, server or others that are required, according to the characteristics of the clinical trials it manages.
HUMAN RESOURCES	
Principal Investigator of Clinical Trial	You must have the necessary time to fulfill the responsibilities AND you must ensure a good delegation of responsibilities in the team.
Research team	They must ensure that they have the necessary time available to fulfill all their responsibilities within the clinical trial.
Administrative staff of the research center	They must comply with the responsibilities assigned within the protocol and procedures, as well as have sufficient time to ensure good execution of the clinical trial.

(1) These are minimum requirements, and others may be required according to the complexity of the clinical trial(s) and the investigational product.

(2) For research centers without confinement, it is not a minimum requirement to have a hospitalization area, but there must be an agreement with a health establishment with confinement within a nearby area.

(3) The clinical laboratory must comply with quality standards and Good Laboratory Practices, duly certified or accredited. Research institutions that do not have a clinical laboratory within their facilities may rely on external support from said service. In the case of national clinical laboratories, they must also be registered with RENIPRESS.

ANNEX 4

GUIDE FOR THE FORMAT OF INFORMED CONSENT

1) **Title of the Clinical Trial.**
2) **Informed Consent - Peru Version / Date.**

3) **Sponsor(s), research institution, principal investigator, Institutional Research Ethics Committee (CIEI) and local Regulatory Authority.**

4) **Introduction:**

a) Invitation to participate in the clinical trial, explain the differences between research and usual medical care and those aspects of the study that are experimental.

b) Reasons why the person has been chosen to invite them to participate in the clinical trial.
c) Voluntary participation free of coercion and undue influence and freedom to terminate your participation.
Make it clear that participation is voluntary and include the measures that will be taken to avoid coercion of research subjects:

- Ask all the questions you consider.
- Take the time necessary to decide whether or not you want to participate.
- Take an unsigned copy with you to read it again, if necessary.

- Talk about the study with your family, friends and/or your GP, if you wish.
- That you can choose to participate or not in the study, without any of your rights being affected.
- That you can withdraw your participation at any time without giving explanations and without penalty or loss of the benefits to which you would be entitled.

5) **Justification, Objectives and purpose of the Research:**

Explain in local and simplified terms why this study is being carried out? and what are the objectives?

6) **Number of people to enroll (worldwide and in Peru)**

7) **Expected duration of the research subject's participation**

Including number and duration of visits to the research center and total time involved).

8) **The circumstances and/or anticipated reasons under which the study or the subject's participation in the study may be terminated.**

9) **Treatments or interventions of the clinical trial.**

a) Description of the product under investigation experimental. Must include:

- Name of the research product
- Explanation of the reasons for its development
- Previous experience with the product
- Whether it is approved or not in Peru and other countries.

b) Description of the comparator
c) Explanation in case of use of an inactive drug or placebo and the reasons for its use: It is important to ensure that the participant understands what a placebo is or what it means to use an inactive drug as well as the reasons for its use.

10) **Randomization and blinding.**
Must include:

a) Explanation of the randomization and what is the probability of receiving one drug or another in terms understandable to the research subject.

b) Explanation of blinding, reasons for its use as well as the possibility of obtaining information on the assigned treatment in emergency cases.

11) **Study procedures:**

a) Explanation of the study procedures to be followed (interviews, questionnaires, auxiliary examinations, diet to follow): Describe or explain the procedures to be carried out and all medications to be given (including premedication, rescue medication, or other medication necessary for a study procedure, such as local anesthesia in the case of biopsies) and may include a simplified schedule and/or calendar of visits and procedures.

b) Biological samples to be collected: type, quantity and number of times to be extracted. It is necessary to explain how many times and how much quantity is needed, in measures that the subject understands.

c) Final destination of remaining biological samples.
Explicitly mention that the biological samples obtained will be used only for ongoing research and that they will be destroyed when the clinical trial is completed, unless storage for future use is contemplated.

d) Storage of biological samples or their remnants for future studies:
If it is planned to store remaining samples beyond the end of the clinical trial and/or biological samples are going to be extracted for storage and future studies, it must be incorporated into a specific informed consent form. to this end.

e) Information on test results
carried out. Must include:

- Your results will be explained to you
- Who will inform you
- When will you be informed
- Justification in case of not revealing data temporarily or permanently.

12) **Risks and discomforts derived from the clinical trial**

a) Risks of the experimental research product, the comparator as well as any other medication used for the purposes of the clinical trial. Clearly indicate, in a language that the subject understands, the reasonably anticipated risks or discomforts (according to the Investigator's Manual or technical sheet) as well as the possibility of serious or other unexpected events, or non-relief or worsening of the symptoms. symptoms of the study pathology.

b) Risks and discomforts of the clinical trial procedures. c) Risks and prevention and
protection measures against pregnancy of the research subject or his or her partner.
Must include:

- Potential risks in the event of pregnancy for the fetus or infant embryo.
- Pregnancy tests: initial and additional
- Free access and a list of contraceptive methods to be chosen by the research subject and their partner, which are appropriate for the trial, as well as the time their use is necessary.

- Procedure to follow in the event of pregnancy of the research subject or his or her partner: immediate communication to the researcher, suspension of treatment, withdrawal from the study, monitoring of the pregnancy and the newborn for 6 months, compensation in case of damages as a result of the trial clinical.

13) **Commitments assumed by the subject of research if you agree to participate in the study.**

14) **Alternatives available.**
Specify if there are therapeutic, prevention or diagnostic alternatives currently available in the country.

15) **Benefits derived from the study**

In general, it cannot be assured that the investigational product will directly benefit the subject, since this is what we want to test, so it is more appropriate to use the phrase: "you may or may not benefit from the study drug" or Your medical condition may improve, stay the same, or even worsen with

"medication under study".

The benefits can be divided into benefits for the individual and benefits for their community or for the entire society if an answer to the research question is found.

16) **Compensation and treatment in case of damage or injury due to your participation in the trial.**

a) Free medical care and treatment in case of injury or any adverse event as a result of the administration of the investigational product (experimental and comparator) or any of the procedures or interventions carried out under the clinical trial.

b) Insurance policy: coverage and validity

c) Compensation for the research subject, his or her family or dependents in the event of disability or death resulting from said research.

Do not include any text that restricts or contradicts the provisions of articles 27, 28 and 29 of these regulations.

17) **Commitment to provide updated information about the product or procedure under investigation, although this could affect the willingness of the research subject to continue participating.**

18) **Costs and payments**

a) Free treatments and procedures as part of the clinical trial

b) Financial compensation for additional expenses (transport, accommodation, communication, and food).
Indicate amount.

19) **Privacy and confidentiality**

In order to point out that the confidentiality of the information related to your privacy will be maintained and the security that the research subject will not be identified. The content of this section must be within what is permitted by Law No. 29733, Personal Data Protection Law and its regulations.

It must incorporate the following:

a) What data about the subject will be accessed? And what information will be collected?

b) Use that will be given to the research subject's data.

c) How will the data of the research subject be stored and protected? And who will have access?

d) Access to your data by representatives of the sponsor, the CIEI and the INS.

e) Management of your data and biological samples in case withdrawal of informed consent.

f) Non-identification of the subject in case of publications or scientific presentations of the clinical trial.

20) **Situation after completion of the clinical trial, post-study access to the investigational product.**

Whether the investigational product will be available to research subjects in whom it has been shown to be beneficial, after they have completed their participation in the clinical trial, when and how it will be available.

21) **Clinical trial information**

a) Availability of the clinical trial information, publicly available in REPEC, and must indicate the address of its website: http://www.ensayosclinicos-repec.ins.gob.pe

b) Information on the final results of the clinical trial. Specify the moment, means and responsible person by which the final results of the clinical trial will be provided to the research subject.

22) **Contact details**

a) Contacts to answer any questions or concerns and in case of injuries

- Principal researcher(s): Address, email and telephone numbers.

- President of the CIEI: Address, email and telephone.

b) Contact details of the Regulatory Authority (INS). Include the following text:

"When you consider that your rights are violated or if you have any complaint, you can contact the INS (General Office of Investigation and

Technology Transfer, OGITT), regulatory entity for clinical trials, through the following telephone number: 7481111
Annex 2191 or by written communication through the following email:
consultaensayos@ins.gob.
eg, or through a formal document presented through the institution's party table or go in person to the OGITT at the following address: Cápac Yupanqui 1400, Jesús María, Lima 11".

Section to be filled out by the research subject:

- I ..... (Name and surname) .....
.....

- I have read (or someone has read to me) the information provided in this document.

- I have been informed about the objectives of this study, the procedures, the risks, what is expected of me and my rights.

- I have been able to ask questions about the study and all have been answered appropriately. I believe I understand all the information provided about this clinical trial.

- I understand that my participation is voluntary.

- I understand that I can withdraw from the study at any time, without having to give reasons and without this affecting my medical care.

- By signing this document, I agree to participate in this clinical trial. I am not giving up any rights.

- I understand that I will receive a signed and dated copy of this document.

Full name of the research subject .....
.....

Signature of the research subject .....
.....

Date and Time.....

Full name of the legal representative (as applicable) ……

Signature of legal representative
……

Date and Time.....

In the case of an illiterate person, he must print your fingerprint on the informed consent.

Section to be filled out by the witness (as applicable)

I have witnessed the exact reading of the informed consent form for the potential research subject and they have had the opportunity to ask questions.

I confirm that the research subject has given his consent freely.

Full name of the witness……..

Witness signature…….

Date and Time..... .....

Section to be filled out by the researcher

I have explained the clinical trial to the research subject and answered all of their questions.
I confirm that he understands the information described

in this document and agree to participate voluntarily.

Name of the Researcher .....
Signature of the Investigator .....
Date and time (same date when the participant signs) .....

ANNEX 5

INFORMATION RELATED TO QUALITY OF THE RESEARCH PRODUCT TO BE PRESENTED AS PART OF THE REQUIREMENTS FOR THE AUTHORIZATION OF A CLINICAL TRIAL

For the purposes of authorizing a clinical trial, the presentation of the following documents is required:

1. **Regarding the research product (not including the comparator):**

a) Project for labeling the product under investigation, as established in article 91 of this Regulation. b) Certificate of batch release analysis or documents that include technical specifications of the batch/series result of the finished product.

c) Accelerated or long-term stability studies as appropriate.

d) Current certificate of Good Manufacturing Practices from the manufacturer of the product under investigation, issued by the competent authority of the country of origin or document that guarantees compliance.

2. **In the case of products under investigation (comparators):**

a) **Unmodified Comparator:** If the comparator is a marketed product that comes from countries with high health surveillance and/or countries with mutual recognition, it will be used under the same authorized conditions, without any modification to its packaging, except for reconditioning that does not affect the original conditions of the primary packaging, the following occurs:

Yo. Labeling project as established in article 91 of this Regulation.

ii. A document issued by the manufacturer or sponsor indicating the name and address of the manufacturer, the name of the marketing authorization holder and the marketing authorization number, indicating the regulatory authority of the country from which it originates.

iii. Lot release analysis certificate or document issued by the manufacturer or sponsor signed by the Technical Director or qualified person responsible for product quality

b) **Re-Packaged Comparator:** If the comparator is a marketed product that comes from countries with high health surveillance and/or countries with mutual recognition, which will be used under the same authorized conditions, and which has been modified in the packaging to allow blinding, the following is presented:

Yo. Labeling project as established in article 91 of this Regulation.

ii. Document issued by the manufacturer or sponsor indicating the modification made to the packaging, the name(s), address(es) and responsibilities of all manufacturers involved in the modification; the name of the marketing authorization holder and the marketing authorization number, indicating the regulatory authority of the country from which it comes.

iii. Certificate of analysis of the batch of the repackaged comparator, including proof of product identification, indicating the analytical method, signed by the Technical Director or qualified person responsible for the quality of the product, that the manufacturing was carried out in compliance with the GMP.

iv. Documentation from the competent authorities certifying that the person in charge of repackaging is authorized to manufacture investigational or comparator drugs (Manufacturing License).

These requirements may also be applied to comparators (investigational products) used on open label, provided that they are marketed products, that come from countries with high health surveillance and/or from countries with mutual recognition, that are used without any modification to their packaging. except re-packaging.

In the case of comparators whose repackaging may affect the finished product, proof must be presented that the authorization conditions have not been altered.

c) **Modified Comparator:** If the comparator is a marketed product that comes from countries with high health surveillance and/or countries with mutual recognition, that will be used under the same authorized conditions, and that has been modified in its pharmaceutical form to allow the blinding, the following is presented:

Yo. Document issued by the manufacturer or sponsor indicating the modification made to the pharmaceutical form, the name(s), address(es) and responsibilities of the manufacturers involved in the modification; the name of the marketing authorization holder and the marketing authorization number, indicating the regulatory authority of the country from which it comes.

ii. Certificate of analysis of the batch of the modified comparator or document issued by the manufacturer or sponsor that includes the tests and acceptance criteria, depending on the degree of modification of the authorized product and according to the corresponding pharmaceutical form, signed by the Technical Director or qualified person responsible for the quality of the product, that the corresponding modification was made in compliance with the GMP and scientific support that the stability or bioavailability of the product has not been affected.

iii. Documentation from the competent authorities certifying that the person in charge of the modification is authorized to manufacture investigational or comparator drugs (Manufacturing License).

If the comparator is a marketed product and does not come from countries with high health surveillance and/or countries with mutual recognition, all the quality documentation indicated for non-comparator investigational products must be provided.

If the comparator is a placebo, you must present an official document issued by the manufacturer indicating the name of the substance used and its corresponding certificate of analysis.

If the comparator is a product with a current health registration in Peru, only an affidavit issued by the sponsor will be necessary indicating the name and address of the manufacturer, the name of the holder of the health registration and the health registration number. If necessary, the sponsor or executor of the authorized clinical trial may locally acquire medicines with health registration in the country used as comparators, for use in clinical research.

3. **In the case of complementary products.**

Complementary products that do not have a health registration in Peru or in countries with high health surveillance and/or countries with mutual recognition must meet the requirements indicated in section 1. If the product has a current health registration in Peru or in countries with high health surveillance and/or countries with mutual recognition, only an affidavit issued by the sponsor will be necessary indicating the name and address of the manufacturer, the name of the holder of the health registration or marketing authorization and the number of the health registration or marketing authorization, indicating the regulatory authority of the country from which it comes.

If these are biological products and medical devices, the ANM will establish the certificates or other documents that are required due to health needs.

1538902-2

TRANSPORTATION AND COMMUNICATIONS

They appoint an official responsible for sending job offers from the Ministry of Transportation and Communications (Unit Executor 001: General Administration) to the General Directorate of the National Employment Service of the Ministry of Labor and Employment Promotion

MINISTERIAL RESOLUTION
N° 546-2017 MTC/01

Lima, June 28, 2017

SEEN: Memoranda Nos. 0969 and 0970-2017-MTC/10.07 of the General Administration Office; and,

CONSIDERING:

That, Law No. 27736, Law for the Radio and Television Transmission of Job Offers, regulates public service notices in which public and private jobs are offered;

That, article 2 of Supreme Decree No. 012-2004-TR, Dictate regulatory provisions of Law No. 27736, referring to the radio and television broadcast of job offers in the public and private sector, establishes that every public organization and State company is obliged to refer to the Red Cil Proempleo Program of the Ministry of Labor and Employment Promotion the offers of public positions that they plan to compete for.

Positions classified as trustworthy in accordance with the rules of current public labor regulations are excluded from this obligation to compete and submit the offer;

That, likewise, the aforementioned legal provision establishes that public organizations and State companies will designate the official responsible for sending the entity's job offers, and that the designation must be made through a resolution of the head of the entity published in the Official Gazette. Peruvian;

That, article 2 of Executive Presidency Resolution No. 107-2011-SERVIR/PE, approves rules and guidelines for the adaptation of internal instruments according to which entities exercise disciplinary power over workers hired under the labor regime special of Legislative Decree No. 1057, approves the Model Call for Administrative Contracting of Services, which indicates that the publication of the contracting process will be carried out in the National Employment Service; That, through Ministerial Resolution No. 105-2017-MTC/01, Mr. Stalin Elizalde Zeballos Rodríguez, Director of the Personnel Office of the General Administration Office, was appointed as the official responsible for forwarding job offers from the Ministry of Transportation and Communications (Executing Unit 001: General Administration) to the General Directorate of the National Employment Service of the Ministry of Labor and Employment Promotion;

That, through Ministerial Resolution No. 450-2017-MTC/01.04 the resignation formulated by Mr. Stalin Elizalde Zeballos Rodríguez was accepted; and Mr. Nicandro Agustín Vásquez Reyes was appointed to the position of Director of the Personnel Office of the General Administration Office of the Ministry of Transportation and Communications;

That, the Regulation of Organization and Functions of the Ministry of Transportation and Communications, approved by Supreme Decree No. 021-2007-MTC, in the article 41, establishes that the Personnel Office is the organic unit in charge of managing the Ministry's human resources; That, in response to the requirement formulated by the General Office of Administration through Memorandum No. 0970-2017-MTC/10.07, it is necessary to conclude the appointment made by Ministerial Resolution No. 105-2017-MTC/01 and designate the official responsible for sending job offers from the Ministry of Transport and Communications (Executing Unit 001: General Administration) to the General Directorate of the National Employment Service of the Ministry of Labor and Employment Promotion;

In accordance with the provisions of Law No. 29370, Law of Organization and Functions of the Ministry of Transportation and Communications; its Regulations of Organization and Functions approved by Decree Supreme No. 021-2007-MTC; Law No. 27736, Law for the Radio and Television Transmission of Job Offers and its regulatory provisions, approved by Decree Supreme No. 012-2004-TR;

IT IS RESOLVED:

Article 1.- Terminate the designation made by Ministerial Resolution No. 105-2017-MTC/01.

Article 2.- Designate the Director of the Personnel Office of the General Administration Office, as the official responsible for sending job offers from the Ministry of Transportation and Communications (Executing Unit 001: General Administration) to the Directorate General of the National Employment Service of the Ministry of Labor and Employment Promotion.

Article 3.- Notify this Ministerial Resolution to the Director of the Personnel Office of the General Administration Office.

Article 4.- Order the publication of this Ministerial Resolution on the Transparency Portal of the Ministry of Transportation and Communications, on the same day of its publication in the Official Gazette El Peruano.

Register, communicate and publish.

BRUNO GIUFFRA MONTEVERDE
Minister of Transport and Communications

1538846-1

EXECUTING AGENCIES

PROMOTION AGENCY PRIVATE INVESTMENT

They appoint Director of the Directorate of PROINVERSIÓN Investor Services

RESOLUTION OF THE EXECUTIVE MANAGEMENT
N° 115-2017

Lima, June 26, 2017

VISTA, the resignation presented on June 12, 2017 by Mr. Carlos Alberto Herrera Perret to the position of Director of the Investor Services Directorate;

CONSIDERING:

That, according to numeral 37.1 of article 37 of Legislative Decree No. 1224, Legislative Decree of the Framework for the Promotion of Private Investment through Public Private Partnerships and Asset Projects, PROINVERSIÓN is the specialized technical organization attached to the Ministry of Economy and Finance with