University of Zimbabwe - Clinical Trials Research Centre
Saving Lives Through Innovative Research Strategies

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SOP Title:	**UZ-CTRC CTU SOP for Managing and Documenting Communication with Regulatory Bodies**		
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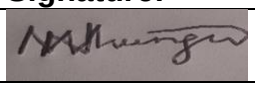
Central Regulatory Officers	Nathan Mhungu		**13 March 2025**
Approved For Use by:	**Name:**	**Signature:**	**Approval Date:**
CTU Coordinator	Gift T Chareka		**13 March 2025**

Contents

1. Purpose

1.1 The purpose of this Standard Operating Procedure (SOP) is to ensure that all Clinical Research Sites (CRS) (Zengeza, Seke North, Seke South, St Mary's, Harare Family Care, Milton Park and Spilhaus) follow a standardized process of obtaining regulatory approvals to conduct medical research in Zimbabwe.

1.2 It functions to guide CRS staff in preparing regulatory documents for submission to the various regulatory authorities (RAs) and Institutional Review Boards (IRBs).

1.3 Specifically, the purpose of the SOP is to seek institutional and regulatory approvals from regulatory bodies including Ministry of Health and Child Care, Harare City Council, Chitungwiza City Council, Parirenyatwa Group of Hospitals, Sally Mugabe Central Hospital, Zimbabwe National Family Planning Council, Joint Research Ethics Committee, Medical Research Council of Zimbabwe, Medicines Control Authority of Zimbabwe, Research Council of Zimbabwe, University of California San Francisco Committee on Health Research, University of Zimbabwe Clinical Trials Research Centre Institutional Biosafety Committee and National Biotechnology Authority of Zimbabwe as required (ZNFPC, JREC, MRCZ, MCAZ, RCZ and UCSF CHR, UZ-CTRC IBC & NBAZ)

1.4 To outline how CRSs document communications and follow up actions following submissions to IRBs/Regulatory authorities.

References

1.5 Charter for the UZ-CTRC Institutional Biosafety Committee

1.6 National Biotechnology Authority Act [*Chapter 14.31*]

1.7 Health Professions Act. Act 6/2000, 22/2001 (s. 4), 14/2002 (s. 43), 28/2004 (s. 29) Zimbabwe (2004)

1.8 https://osp.od.nih.gov/wp-content/uploads/NIH_Guidelines.pdf

1.9 www.nbaz.ac.zw

1.10 UZ-CTRC Document and Specimen Storage, Retention and Disposal SOP Version 7.0 dated February 2021

1.11 ICH-GCP guidelines E6 (R2) dated November 2016

1.12 MCAZ Good Clinical Trial Practice Guidelines Revision 2 dated 25 February 2022

1.13 MCAZ Clinical Trial Application Guidelines Revision 1 dated 4 March 2022

1.14 http://www.rcz.ac.zw/

1.15 http://www.mrcz.org.zw/

1.16 http://www.jrec.uz.ac.zw/

1.17 http://www.mcaz.co.zw

1.18 https://irb.ucsf.edu/submitting-covid-19-research-irb-new-studies-modifications

1.19 www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/GuidanceInformationSheetsandNotices/ucm219433.htm

1.20 https://www.hhs.gov/ohrp/regulations-and-policy/guidance/alphabetical-list/index.html

1.21 https://irb.ucsf.edu/sites/g/files/tkssra6501/f/post-approval-reporting-summary-sheet.pdf

1.22 https://www.hhs.gov/ohrp/regulations-and-policy/guidance/guidance-on-continuing-review-2010/index.html

Scope

This SOP applies to all staff involved in the generation of communication with regulatory bodies, these include but not limited to Regulatory Officers, Quality Affairs Manager, Investigator of Record (IoRs), Pharmacist of Record (PoRs) and Clinical Research Sites Coordinators. This SOP applies only to the processing of applications to be made that affect study conduct, obligations of the Clinical Research Site (CRS) to the study networks/sponsors, safety of participants, study samples, study results, data management, and subject matter relevant to meeting regulations of the in-country regulations on clinical trials, ICH Guidelines, NIH requirements, US FDA and any other sponsor required guidance.

The SOP is applicable to all research studies affiliated to or operating under the UZ-CTRC. The SOP will be used during a study's preparatory phase before contact with participants, during the study's activation, enrolment, follow-up till study close-out as appropriate and applicable.

Allowable Exceptions

This SOP is meant to be followed without deviation. However, it is an allowable exception to follow procedures specified in a protocol or Study Specific Procedure Manual (SSP) that may deviate from this SOP but ensuring compliance to all applicable laws.

ABBREVIATIONS AND DEFINITION OF TERMS

CRS Clinical Research Site
CRO Central Regulatory Office
CTU Clinical Trials Unit
CV Curriculum Vitae
DAIDS Division of AIDS
DHHS Department of Human Health Services
DPRS DAIDS Protocol Registration Services
DSMB Data and Safety Monitoring Board
EC Ethics Committee
FAQ Frequently Asked Question/s
FDA Food and Drug Administration, USA
GCP Good Clinical Practices
IB Investigator's Brochure
IBC Institutional Biosafety Committee
ICF Informed Consent Form(s)
IEC Institutional Ethics Committee
IoR Investigator of Record
IRB Institutional Review Board
IoR Investigator of Record
IRB Institutional Review Board
JREC Joint Research Ethics Committee for the University of Zimbabwe, Faculty of Medicine and Health Sciences and Parirenyatwa Group of Hospitals
MCAZ Medicines Control Authority of Zimbabwe
MoHCC Ministry of Health and Child Care
MRCZ Medical Research Council of Zimbabwe
NBAZ National Biotechnology Authority of Zimbabwe
NIH National Institutes of Health, USA
OCSO Office of Clinical Site Oversight
OHRP Office of Human Research Protection
PoR Pharmacist of Record
PI Principal Investigator
RCZ Research Council of Zimbabwe
STA Specimens Transfer Agreement
UCSF CHR University of California, San Francisco Committee on Human Research
ZNFPC Zimbabwe National Family Planning Council

Initial Application

Initial application is the first application submitted for a protocol which has not yet gone through the process of review by an IRB or a regulatory authority.

Renewal Application

An approved protocol that requires continuing review approval by an IRB or a regulatory authority not more than 12 months after the initial approval.

CRS Regulatory Team

This is a team situated at a CRS composed of the Investigator of Record, Study/CRS Coordinator, Medical Officer(s), Pharmacist of Record, Regulatory Officer (if present), and Administrative Assistant (if present). Note: A team leader should always be appointed for accountability per protocol (usually the IoR).

Role and Responsibilities

Responsibility	Role
Central Regulatory Officer	• Making submissions to regulatory bodies on behalf of IoR, through the designated email or physical copies as required • Developing tracking systems for all regulatory submissions and responses • Review of application packages and approval letters for accuracy, completeness and quality with assistance of Admin assistants and CRS Coordinators. • Track all required approvals to ensure all protocols always have valid approvals. • Support the PI and IoR to finalize the Regulatory Work Plan document. • Raise payment request(s) for all regulatory bodies and Institutional Review Boards and indicate the timeline for payment to each. • Perform Quality Audit Checks on master file documents. • Prepare required files for IRB/Regulatory submission • Follow up of submissions. • Ensuring that reminders for renewal applications are sent to IoR, CRS Coordinators and other designated key staff. Use of automated reminders and follow up emails can be utilized.
Principal Investigator	• Overseeing the regulatory submissions process • Assigning tasks to appropriate staff in support of the regulatory submission process • Ensure all protocols always have valid approvals.

IoR	• Preparing submissions to regulatory bodies • Assigning tasks to CRS team • Ensuring that protocol implementation is only commenced following receipt of regulatory approvals
Administrative Assistants	• Assisting the IoR and CRO with administrative tasks in preparing regulatory applications e.g. consolidating/printing the application master file and photocopying required copies • Conducts second line QA/QC on all letters received from CRO
CTU Coordinator	• Overseeing the regulatory submission process to ensure submissions made are of acceptable standard, are complete and accurate
Quality Affairs Manager	• Ensuring that Shipment Transfer Agreements are available for submission to regulatory body(ies).
Monitoring and Evaluation Manager	• Overseeing the regulatory submission processes, analysing regulatory timelines, and assessing performance of the CRO.

2. General guidance

IRB/ Regulatory Authority Application Process

2.1 Submissions can be stratified into initial submissions, interim submissions, renewals, and close-out.
2.2 All submissions are the responsibility of the IoR
2.3 The correct letterhead should be used for all submissions.
2.4 Prior to any research activity being conducted, it is a requirement that the relevant IRB and regulatory body approvals be in place.
2.5 The Office of Human Research Protections (OHRP) requires that all federally funded research studies undergo continuing IRB/EC review at intervals appropriate to the degree of risk, but NOT LESS than once per year within 30 days of each IRB/EC continuing Review meeting where study was approved.
2.6 If review of any protocol is deemed necessary by IRB/EC at any interval of less than one year, then required timeframes of review (3-month, 6 months, etc.) will be noted on the approval letter at the time of initial review.
2.7 The renewal is expected to be in place preferably prior to or on the date of expiry of the current approval to avoid a lapse in approval. Lapses in approvals:
2.7.1 Per the DHHS regulations 13 and OHRP guidance on continuing review, if there is a lapse in continuing review (i.e., If an investigator has failed to provide continuing review information to their IRB/EC or the IRB/EC has not reviewed and approved a research study by the Continuing/Annual review date specified by the IRB/EC), the research at the CRS must stop, unless the IRB/EC finds that it is in the best interest of individual participants to continue participating in the research interventions or interaction. Enrolment of new participants cannot occur after the expiration of IRB/EC approval(s).

2.7.2 CRSs should contact their DAIDS Office for Clinical Site Oversight (OCSO) representative and/or DAIDS Program Officer or a sponsor designee when there is any lapse and for additional guidance and information.

2.7.3 CRSs should submit IRB/EC lapse documentation (i.e., the site's documentation of the lapse to the IRB/EC and the IRB/EC's response) to the DAIDS PRO.

Note: regulatory Authorities such as the RCZ, MCAZ and NBAZ are not ethics bodies. The above ORHP guidelines on anniversary dates and lapses do not necessarily apply.

2.8 If the current approval expires before the investigator applies for continuing review the IRB must be immediately notified for guidance.

2.9 All protocols must be renewed on a yearly (unless specified) basis even if participants are no longer being seen and/or only data is being analysed until the close out report is submitted to the IRBs and regulatory authorities

2.10 It is generally advised to submit initial applications at least four weeks prior to the next IRB meeting date.

2.11 With any application should the IRB or regulatory authority raise queries, CRSs are advised to respond to these queries in 7 days (if this is not possible sites should document the reasons and communicate with the CRO)

2.12 It is strongly recommended that all MRCZ renewal applications are submitted 12 weeks prior to expiry of current approval

2.13 Central Regulatory Office to follow-up on all applications to the different regulatory bodies

2.14 For all physical submissions retain a stamped copy of submission package for your records. However, if for any reason, submission must be made online or via email, an email submission print out can be used as evidence of submission. The email submission should be done from the Central Regulatory Office using the regsubmissions@uz-ctrc.org email address copying the relevant CRS coordinator, administrative assistant and any other designated person. Ensure that the email submission text is concise and specific. The subject line of the email should reflect what is being submitted in the body of the email.

2.14.1 Please note ALL reviewed and finalized submissions with signatures should be converted to PDF and be sent to 'regsubmissions@uz-ctrc.org.'

2.15 Once approval letters have been received from JREC, MRCZ, MCAZ, RCZ and IBC & NBAZ (where applicable) the stamped approval letters should be uploaded within one week to: DAIDS Protocol Registration Office if the protocol is NIH funded. Commercial, industry and other non-NIH funded protocols must follow sponsor requirements to complete the protocol registration process for site activation.

2.16 ALL regulatory/ IRB study submissions should be done from the Regulatory Office for accountability, centralized tracking and quality control. In cases where the CRO or designee is unavailable, applications can be submitted by site (admin assistant, coordinator, IoR, PoR or PI) but the CRO must be notified and copied in such email correspondence.

2.17 Where required, application fees should be made in consultation with the current fee schedules for the regulatory bodies. The application fee should be processed prior to the submission to avoid any delays in processing of the application.

2.18 Where an Investigator is a member of a regulatory body, a recusal application **should be** part of the annual renewal/ amendment application submission package. Recusal letters should be obtained to verify that they were not part of the review.

2.19 If required by sponsor, risk designation applications should be submitted to IRBs with every initial, annual renewal and amendment application.

2.20 It is advisable for sites to circulate draft submissions copying CRO to ensure that review before finalization is all inclusive.

2.21 Submissions to IRBs / Regulatory authorities will be made on days and times as stipulated by the bodies. CRO will provide updates to CRSs of any changes in submission times as advised by the regulators.

Note:

- Relevant Ministry of Health and Child Care support letters are required for applicable health research conducted in the country.
- It is important to note that, the Regulatory System in Zimbabwe is a stepwise process.
- Approval from institution where the research will be conducted should be sought first followed by JREC and IBC (where applicable). JREC initial submissions require MoHCC support letters for them to be reviewed.
- Simultaneous initial submissions can be made to MRCZ, MCAZ, NBAZ (where applicable) except for RCZ which requires prior regulatory approvals before accepting application. Where regulatory bodies raise comments which affect documents such as ICFs, Implementation materials, it is advisable to defer response to all bodies until a time where all comments are available so that revisions to materials can be done at once across all regulatory bodies.
- Ensure that the final approved protocol, Informed Consent Forms, Data Collection Instruments and all relevant materials are affixed with an MRCZ approval stamp before use. On the consent documents, please ensure that all pages which include the signature portions are affixed with an approved stamp.
  NB: - There is no need to obtain the 'APPROVED' stamp from other regulatory bodies on protocol documents

3. Initial applications

Pre-Submission Preparations

Background

- There are multiple steps necessary to collect all documentation required for submitting a new protocol to the regulatory authorities.
- Some steps may not apply to a protocol. The order of steps may vary, by protocol needs, or may begin simultaneously.
- The individuals assigned to work on specific steps may differ by protocol and by site preference.
- The underlying principle is that the process of preparing the regulatory submissions should be planned, coordinated, and monitored to maximize efficiency and address any anticipated matters likely to be queried by reviewers.

- This section outlines what the required steps may be, indicating an approach to developing a work plan and how that plan could be executed and monitored.
- Where necessary, pre-submission meetings can be scheduled with regulatory bodies to appraise them of upcoming study and seek guidance on regulatory requirements

3.1 Pre-submission Activities for CRS Regulatory Team

3.1.1 Assemble Protocol documents.

a. In general, the protocol team releases the protocol materials by email to the key staff e.g., CTU PI, CRS Leader, CRS Coordinator
b. For studies being conducted within multiple sites, the person to be the local lead Principal Investigator for the protocol is assigned by the CTU and site leadership and carries ultimate responsibility for assembling the required protocol documents and the local research team.
c. IoR to request from the protocol team any additional protocol documents required to complete regulatory submissions.
d. Refer to table 3 for a list of documents required

3.1.2 Develop Regulatory Work Plan with CTU Departments

The IoR is to distribute the protocol materials received within 5 working days to and convene a roundtable meeting with relevant CTU personnel within 10 working days, such as:

3.1.2.1. Local PI and IoR(s)/designee

- ✓ Appoint the IoR(s) and assign one to coordinate the regulatory submissions with the Regulatory Officer.
- ✓ Appoint a signatory for all payment requests related to regulatory submissions and communicate that to the Head of Finance.
- ✓ Inform protocol team of the IoR in Zimbabwe to serve as the point contact for all communications about this protocol.
- ✓ Develop Stakeholders' Engagement Plan and arrange appointments or communicate with stakeholders who need to supply Letters of Support to accompany regulatory submissions (e.g.: Ministry of Health and Child Care AIDS and TB Director, Clinical Directors for participating Central Hospitals).
- ✓ Send the list of additional documentation required to complete regulatory submissions, per Section 5

3.1.2.2. CRS Leader(s) and CRS Coordinator(s)

- ✓ Support the protocol PI/IoR(s) to complete their responsibilities.
- ✓ Identify retention activities that need IRB approval (e.g.: differential participant reimbursement amounts, incentive package)

3.1.2.3. Central Laboratory, Central Pharmacy and Site Key Personnel

Review the relevant information in the protocol and identify additional documentation required to complete regulatory submissions, per **Section 5.**

3.1.2.4. Community Coordinator

Assign a date for the IoR to sensitize the relevant Community Advisory Board (CAB) about the protocol and timelines and receive their input about any sensitive issues identified for this protocol**.**

3.1.2.5 Finance, Grants and CTU Coordinator

- ✓ Verify whether the protocol is listed in the CRS Notice of Award for the financial year and inform the IoR.
- ✓ If it is not listed, write a letter to cover the requirement to submit a study budget and proof of funding.
- ✓ Determine the foreign laboratories to receive specimens collected from the protocol.
- ✓ Develop plan for obtaining signed Specimen Transfer Agreements from the recipient laboratories and order of their priorities.

3.1.2.6. Regulatory Office

- ✓ Support the PI and IoR to finalize the Regulatory Work Plan document.
- ✓ Raise initial submission payment request(s) for all regulatory bodies and Institutional Review Boards and indicate the timeline for payment to each.
- ✓ Perform Quality Audit Checks on master file documents.
- ✓ Prepare required files for IRB/Regulatory submission.
- ✓ Submit and follow up applications.

3.1.3. Execute Regulatory Work plan

Table 1 (Regulatory workplan)

ITEM	Responsibility	Maximum Activity timeline (Weeks)	Comments
Protocol Summary	IoR/Designee	2	This should present the local PI's plan to implement a multi-site protocol in the context of the current Zimbabwean setting and differs from the Protocol Schema supplied.

Regulatory Body Specific Application Forms	IoR/Designee	2	Input from Central Pharmacy, Central Lab and site HODs, as necessary
DPRS Clinical trial Application Form	IoR/Designee	2	This should be submitted together with the application for approval to all regulatory bodies, i.e., JREC, MRCZ, MCAZ, RCZ and NBAZ)
Translation	Translation team	2	• IoR and CRS Coordinator assign site staff to review the Shona ICFs, back translate them and reconcile against the English version. • The Translation team makes necessary revisions with the site staff input. • The final document is formatted, and a version date is assigned. • IoR signs the Translation Verification Statement to scan and upload to DAIDS PRO once all regulatory approvals are in place. • Translation team forwards completed translation certificates/signed and certified affidavit forms and invoices to the Central Regulatory Office for payment processing
Specimen Transfer Agreements	IoR/Lab/CTU Coordinator/QA and QC/CRO	4	• Develop STA annexures • Contact recipient labs /protocol teams for developing STA annexures and requesting for signed STAs Send them the RCZ template and annexure
Protocol Team request for additional documents	IoR/Designee	N/A	Refer to Section 7.1.5
Reg Submissions tracker	IoR/CRO	1	Refer to Table 2
Request for risk designation	IoR/Designee	2	• Should be signed off by IoR. • For studies involving minors less than 18 years of age, a separate risk designation request letter should be submitted at initial application. This applies to JREC and MRCZ applications only. • For studies involving pregnant women, foetuses and neonates, a separate

			request for confirmation of whether a study conforms to research involving pregnant women, foetuses and neonates should be submitted at initial application. This applies to JREC and MRCZ applications only.
Cover letters (Application Letter/Application for risk designation)	IoR/Designee	1	• Should be signed off by IoR. • For studies involving minors less than 18 years of age, a separate risk designation request letter should be submitted at initial application. This applies to JREC and MRCZ applications only. For studies involving pregnant women, foetuses and neonates, a separate request for confirmation of whether a study conforms to research involving pregnant women, foetuses and neonates should be submitted at initial application. This applies to JREC and MRCZ applications only.

3.1.4. Monitor Progress

In the Initial Application process, the Central Regulatory Officer monitors progress in executing the regulatory work plan by updating the regulatory trackers and circulating to relevant CTU personnel monthly via emails and/ or meetings.

3.1.5. Application Preparation

This is the process where site together with CRO consolidates all the work stated above from protocol receipt, inception preparation and planning. Data Collection: Pre-submission input needed from protocol team and sponsor.

If additional documentation is required from the protocol team and sponsor, this need is communicated by the IoR to the protocol team upon receipt of the email with the protocol released to the sites. A template of appropriate text for use when drafting a request letter appears below for adaptation to suit the specific protocol. Refer to Appendix 6 for template

3.1.6. Setting Submission Timeline Goals and Maintenance of Regulatory Submission Tracker

- The CRO and the Admin Assistant are responsible for developing the Regulatory timelines and submissions tracker/s.
- This tracker is used by the local team to assign target timelines for submission to each regulatory body and assess possible start dates for the protocol.

- It is modified to suit the specific needs of a protocol and team.
- It is updated by both the CRO and Admin Assistants (for comparison) whenever a submission is made (actual submission date), comments are received (comments) or an approval is received (actual approval date).
- It may be shared with the protocol trials specialist to present progress in reaching the regulatory targets and highlight the timeline for receipt of documents that are not available to the site, as per example in the template below. (*Look at next section on IRB Application Process when completing this template for guidance when setting dates.)*

Table 2 (Regulatory Tracker)

[New Protocols Tracker CRO.xlsx]

3.2. Initial/New Study Application Requirements

Regulatory Submissions/Review Flow Chart:

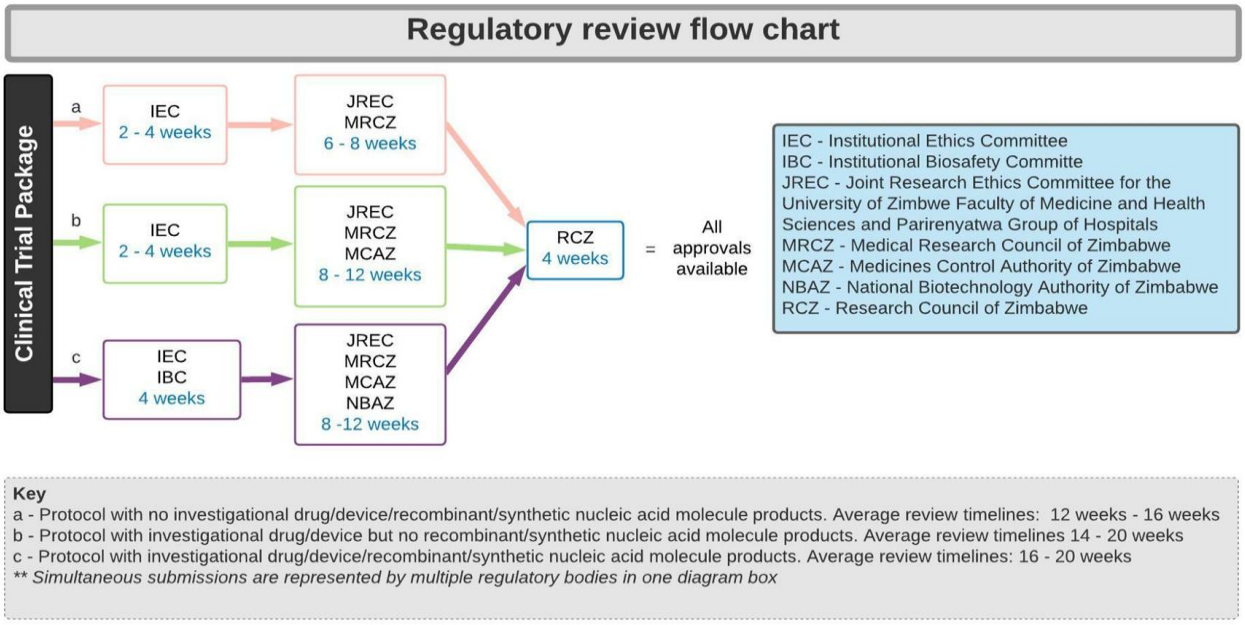


Table 3 (New Study Applications)

Regulatory Body	Required documents	Meeting dates	Submission process	Review timelines	Comments
Ministry of Health and Child Care (MoHCC), Harare City Council, Chitungwiza City Council, Parirenyatwa Hospital	• Application letter • Full Protocol • Protocol summary • ICFs and Data Collection tools for Chitungwiza City Council only).	N/A Protocols reviewed on a rolling basis when submitted	Hard copy submission	4 weeks	These are permission granting institutions which provides support and participant access to the UZ-CTRC. Please note that these do

Regulatory Body	Required documents	Meeting dates	Submission process	Review timelines	Comments
Sally Mugabe Hospital	• Application fee required for Harare City Council				not constitute an Ethics Committee
UZ-CTRC Institutional Biosafety Committee	• Application letter • Application form • Full protocol • Protocol summary • Investigator's Brochure • Curriculum Vitae(s) • FDA 1572 or Sponsor/Investigator Agreement • Other materials requested	N/A Protocols reviewed on a rolling basis when submitted	Electronic/hard copy submission	4 weeks	The IBC ensures that recombinant and synthetic nucleic acid research conducted at the CTU follows applicable local and international requirements. All clinical trials that involve study products involving bioengineered molecules, which according to the National Biotechnology Act [Chapter 14:31], NIH Guidelines or any relevant biosafety legislation requires approval by a competent biosafety review committee.

Regulatory Body	Required documents	Meeting dates	Submission process	Review timelines	Comments
NBAZ Trials Release Application	• Same as UZ-CTRC IBC. Application fee required	N/A Protocols reviewed on a rolling basis when submitted	Electronic/ hard copy submission	4-6 weeks	National Biosafety Authority of Zimbabwe is responsible for supervising the contained use, trial release and general release of biotechnology products like GMOs as per the National Biotechnology Act (Chapter 14.31). All protocols involving GMOs e.g., vaccines are regulated by this authority.
NBAZ Facility Registration	• Application fee for registration. • Application form and return • Institutional Biosafety manual, if any amendments have been made to the copy approved by NBA • Invite the Authority's inspectorate for an inspection audit.	N/A	Electronic/ hard copy submission	4-6 weeks	National Biosafety Authority of Zimbabwe is responsible for supervising the contained use, trial release and general release of biotechnology products like GMOs as per the National Biotechnology Act (Chapter 14.31). All facilities managing GMOs e.g., vaccines are

Regulatory Body	Required documents	Meeting dates	Submission process	Review timelines	Comments
					regulated by this authority.
UCSF CHR	• Protocol • Informed Consent Form (English and Shona) • Investigator's Brochure • Package inserts • Implementation materials including Guides, recruitment materials etc	N/A	Electronic	8 weeks	This is an independent ethics committee at UCSF. Submissions to UCSF CHR are only applicable for studies where Prof ZM Chirenje or other UCSF Investigator is a Principal Investigator or Investigator of Record. Trials being conducted in response to a health emergency qualify for expedited review following set guidelines.
JREC	• Refer to appendix 1	Protocols reviewed on a rolling basis when submitted	Electronic submission	4-6 weeks	The JREC is constituted as an independent ethics committee through the Deanery of University of Zimbabwe-Faculty of Medicine and Health Sciences

Regulatory Body	Required documents	Meeting dates	Submission process	Review timelines	Comments
					(UZ-FMHS) and the Parirenyatwa Group of Hospitals Refer to www.jrec.uz.ac.zw for application forms and other requirements Trials being conducted in response to a health emergency qualify for expedited review following set guidelines.
MRCZ	• Refer to appendix 2 • If application for exemption from full ethical review, it is only submitted to MRCZ. Exemption requirements are: - ▪ Cover letter ▪ Full protocol ▪ Study summary ▪ Permission letters	Last Thursday of every month	Email/hard copy submission	4-6 weeks	This an independent body set up to provide ethical review. It serves as the National Ethics Committee Refer to www.mrcz.org.zw for application forms and other requirements Trials being conducted in response to a health emergency qualify for

Regulatory Body	Required documents	Meeting dates	Submission process	Review timelines	Comments
	• Studies which qualify for exemption include ancillary studies that make use of identified stored data, use of samples in storage, minimal risk procedures, procedures ordinarily experienced during routine settings, evaluation of a program and activities meant to improve quality of a program. For additional information, see notes below table.				expedited review following set guidelines. These include review within 10 working days.

Regulatory Body	Required documents	Meeting dates	Submission process	Review timelines	Comments
MCAZ	• Refer to appendix 3	1st Wednesday of every month	Online application	8-12 weeks	MCAZ is the Drug Regulatory Body in Zimbabwe responsible for review and approval of all clinical trials involving medicines on human participants Trials being conducted in response to a health emergency qualify for expedited review following set guidelines. These include review within 15-30 days. Refer to www.mcaz.co.zw Please note the online platform for submission is www.e-ctr.mcaz.co.zw
RCZ	• Refer to appendix 4	Last Thursday of every month	Hard copy submissions	4-6 weeks	It is the body which regulates the conduct of research in Zimbabwe being conducted by foreign researchers or

Regulatory Body	Required documents	Meeting dates	Submission process	Review timelines	Comments
					being conducted in collaboration and on behalf of foreign researchers. RCZ regulates the shipment of research samples by reviewing shipment applications. Initial registration application submission to RCZ is subject to availability of MRCZ, JREC and MCAZ approvals & Completed and certified translation certificates.

Additional Information on Submission of Ancillary Studies Submission to MRCZ

- Ancillary Study PI discusses the proposed work with the UZ-CTRC PI(s) for the main study(s)
- UZ-CTRC PI/designated ESI makes the submission to MRCZ with the following: –
    - Cover letter explaining the nature of the proposed work, the link to the main study(s), its relevance and parties involved.
    - Network approved concept sheet.
    - Completed MRCZ application form.
    - Main study ICFs with permissions for other studies highlighted.
    - Study Application fee of USD$200.
- MRCZ review the exemption request and issue an approval letter.
- If specimen shipment is required, refer to the UZ-CTRC Processing of Signed Specimen Transfer Agreements SOP

4. Renewal applications

4.1 General guidance

4.1.1 Renewal Applications should be instituted well in advance before expiry (refer to table 2)

4.1.2 Ethics Renewal applications- Refer to OHRP guidelines for the avoidance of lapse, maintenance of fixed anniversary dates, scenarios where expedited or full board review is required.

4.1.3 Continuing review is required for UCSF CHR, JREC, MRCZ, RCZ and MCAZ even if data analysis or participant follow up is underway

4.1.4 Ensure that the correct version and date of the protocol and ICFs is quoted or submitted

4.1.5 Ensure required application fees are processed in line with current fee schedules

4.1.6 Ensure hard copy file submission is correctly labelled with submission type, name of PI, Full protocol title, details of contact person)

4.1.7 Ensure that correct forms are used.

4.1.8 Include risk designation and recusal applications where applicable.

4.2 Renewal Application Requirements

Table 4 (Renewal Applications)

Regulatory Body	**Required documents**	**Meeting dates**	**Submission process**	**Submission timelines**	**Comments**
IBC	• Cover letter • Progress report • Biosafety Incident report • SAE Log	N/A Protocols reviewed on a rolling basis when submitted	Electronic/hard copy submission	4-6 weeks before expiry	IBC renewal applications are not required if there is no more Investigational Product management or administration being carried out
NBAZ Trial Release and Facility Registration	• Cover letter • Renewal Application Form • Biosafety incident report	N/A Protocols reviewed on a rolling basis when submitted	Electronic/hard copy submission	4-6 weeks before expiry	NBAZ renewal applications are not required if there is no more Investigational Product management or administration being carried out. These requirements apply to both renewal of permits of

					trial release and the facility registration permits which expire biannually.
UCSF CHR	• Renewal Application form	N/A	Electronic	8 weeks before expiry	
JREC	• Application letter • Application form • Approved Full protocol • Approved Informed Consent Form (English and Shona) **where applicable** • Request for risk designation for studies enrolling minors • Application fee	Protocols reviewed on a rolling basis when submitted	Hard copy/Electronic submission	4 weeks before expiry	Ensure that renewal application procedures and approval process adhere to OHRP guidelines
MRCZ	• Same as for JREC	Last Thursday of every month	Email/hard copy submission	12 weeks before expiry	Ensure that renewal application procedures and approval process adhere to OHRP guidelines
MCAZ	• Cover Letter • Annual Progress	1st Wednesday of every month	Email/hard copy	At the anniversary of initial approval or 3 months	Annual reports will be required to be submitted to the Authority in line with Section 23 and 24 of the Medicines and

	report Form			before expiry for trials with approval letters with an expiry date	Allied Substance Control Act, if the study final report has not been submitted and the study has not been officially closed.
RCZ	• Cover letter from institution of affiliation • Progress Report • Completed RA2 Form • Study summary • Proof of funding • Proof of payment	Last Thursday of every month	Hard copy submissions	4-6 weeks before expiry	NB- RCZ renewal Forms are signed by the Dean of UZ FMHS, Registrar of UZ and Vice Chancellor of UZ. Initiate completion and signing of the RCZ renewal form 4 weeks prior the target submission date.

5. Interim Submissions

5.1 AMENDMENTS

General Guidance

- In cases where there is a change to be necessitated to the original application package submitted for regulatory review, an application for amendment should be submitted to IRBs/ Regulatory Authorities before the changes can be implemented. However, changes which need to be effected immediately for the safety and wellbeing of the participant can be implemented before approval by regulatory bodies but this should be reported forthwith to regulatory bodies detailing the nature of the amendment and justification for effecting changes before approval **(refer to http://www.mrcz.org.zw/faqs/ and MCAZ guidelines Revision 1 dated June 2020**).
- Documents affected by the amendment need to be submitted (these can be the protocol, Informed Consent Forms, Data Collection Tools, addition of Data Collection Tools etc.)
- For initial submissions, requests for amendment can only be done upon issuance of MRCZ conditional approval letter.
- In cases where an amendment is submitted to any IRB while the parent protocol initial application is still under review the approval date of the amendment should not precede the initial application approval date.

- When a new change to the protocol or clarification is made when there is an outstanding response to a previous submission of the same protocol from any one of the applicable IRBs/Regulatory Authorities, the IoR/PI will review the impact of the new submission on participant safety and data integrity and contact the DAIDS PO on the decision whether to delay the new submission or make a new submission even when there is an outstanding response from the IRBs/Regulatory authorities.
- All amendments should be submitted in real time to JREC, MRCZ as well as MCAZ and NBAZ where applicable.
- RCZ is notified of amendments at the next applicable annual renewal.
- Application for risk designation should be made for JREC and MRCZ only
- Consult the fee schedules for processing of payments
- If allowable, expedited review can be applied for.

Table 5 (Amendment Applications):

Regulatory Body	**Required documents**	**Meeting dates**	**Submission process**	**Response turnaround**	**Comments**
IBC	• Cover letter • Amendment description • Revised documents	N/A Protocols reviewed on a rolling basis when submitted	Electronic/Hard copy	4-6 weeks	**n/a**
NBAZ	• Cover letter • Amendment Description • Revised documents	N/A Protocols reviewed on a rolling basis when submitted	Electronic/hard copy submission	4-6 weeks	Do not submit amendment applications for protocols which are no longer actively administering or preparing study product
UCSF CHR	• Amendment Form • Revised documents	N/A	Electronic	8 weeks	Trials being conducted in response to a health emergency qualify for expedited review following set guidelines.

JREC	• Application letter • Application form • Revised documents • Request for risk designation for studies enrolling minors • Application fee	Protocols reviewed on a rolling basis when submitted	Hard copy/Electronic submission	3-4 weeks	Trials being conducted in response to a health emergency qualify for expedited review following set guidelines.
MRCZ	• Same as for JREC	Last Thursday of every month	Email/hard copy submission	4-6 weeks	Trials being conducted in response to a health emergency qualify for expedited review following set guidelines.
MCAZ	• Cover Letter • Amendment Form • Revised documents • Application fee	1st Wednesday of every month	Email application/hard copy submission	4-8 weeks	Trials being conducted in response to a health emergency qualify for expedited review following set guidelines.
RCZ	• Amended documents submitted at the point of Annual Renewal for their Information	Last Thursday of every month	Hard copy submissions	4- 6 weeks	This is a submission for RCZ's noting and not approval before implementation

6. Termination and Close-Out

General principle

- To terminate IRB and Regulatory authorities' approval, all research related to protocol must have ceased, including participants enrolment, participants follow-up, and work with

identifiable information related to the study participants, including medical or research records and data analysis utilizing identifiable data collected from study participants.

- **If a protocol is still analysing data, valid IRBs and applicable regulatory approval letters are required.**
- Completed termination form/close-out form and final comprehensive report to include Dissemination plan or report if it has already been carried out, and a list of publications from the study. This should be done within 30 days of study close out.

Table 6 (Study Close-out)

Regulatory Body	Required documents	Meeting dates	Submission process	Comments
IBC	• Cover letter • Progress report • List of Publications • Results dissemination plan • Biosafety Incident log	N/A Protocols reviewed on a rolling basis when submitted	Electronic/hard copy submission	
NBAZ	• Cover letter • Study report • Destruction certificates of remaining products	N/A Protocols reviewed on a rolling basis when submitted	Electronic/hard copy submission	
UCSF CHR	• Cover letter • Study report if available • Study publications if available	N/A	Electronic	
JREC	• Application letter • Close out Application form • Publications if available	Protocols reviewed on a rolling basis when submitted	Hard copy/Electronic submission	Forms can be accessed from www.jrec.uz.ac.zw
MRCZ	• Same as for JREC	Last Thursday of every month	Email/hard copy submission	Forms can be accessed from www.mrcz.org.zw

MCAZ	• Cover Letter • Study Report • Publications available	1st Wednesday of every month	Online application/hard copy	NB- Preliminary report require submission 3 months from completion and final report required 6 months after completion together with any publications. (To consult CRO to confirm any changes on this requirement)
RCZ	• Cover letter • Close out Form • Publications available • Destruction certificates of samples outside Zimbabwe	Last Thursday of every month	Hard copy submissions	Forms can be accessed from www.rcz.ac.zw

7. IRB/Regulatory Authority Contact Details and Fees

Table 7 (Regulatory contact details and fees)

Regulatory Body	Address & Contact Details	Fees Schedule
MoHCC, Chitungwiza or Harare City Council, ZNFPC	Check address for relevant committee	Contact the body directly for guidance
UCSF IRB	Human Research Protection Program & IRB 3333 California St., Suite 315 San Francisco, CA 94118, USA Website: https://irb.ucsf.edu/	No fees are charged for UCSF investigators

Regulatory Body	Address & Contact Details	Fees Schedule
	Email : irb@ucsf.edu Tel : 1-415-476-1814	
JREC	The Chairman JREC Office #4, 5th Floor, Health Sciences Building. e-mail jrec.office@gmail.com jrec@medsch.uz.ac.zw website www.jrec.uz.ac.zw . Tel: +263-4-791631/ 708127/707707/730553	Initial Application ➢ Normal review $100 USD ➢ Expedited review USD 200 Renewal Application ➢ Normal review $50USD Penalty for late renewals ➢ $50USD Amendment Application ➢ USD75
MRCZ	The Chairperson Medical Research Council of Zimbabwe 10 Cambridge Road, Avondale, Harare PO Box CY573 Causeway Harare Tel: +263-242-791792/ 791193/792747, Telefax: +263-242-253979 Website: www.mrcz.org.zw	Initial Application ➢ Normal review -$500USD ➢ Expedited review - $1000USD ➢ 1% of study budget levy fee Annual Renewal & Amendments ➢ Normal review - $100USD ➢ Expedited review - $200USD ➢ Penalty - $100 per month after expiry Shipment of non-research samples ➢ $20 USD ➢
MCAZ	The Director General Medicines Control Authority of Zimbabwe 106 Baines Avenue Harare Tel : 263-242-736981-5, 708255/792165, 2901327-31, 0772 145 191/2/3 E-mail : mcaz@mcaz.co.zw Website: www.mcaz.co.zw	**Protocol Administration Fees** a) Refer to fee schedule on MCAZ website: http://www.mcaz.co.zw/index.php/downloads/category/26-fee-schedule
IBC	The Chairperson	Contact the IBC directly

Regulatory Body	Address & Contact Details	Fees Schedule
	University of Zimbabwe Clinical Trials Research Centre Institutional Biosafety Committee 15 Phillips Avenue Belgravia Harare Harare Tel:- +263 242 704890	
NBAZ	The CEO NBAZ 21 Princess Drive Newlands Harare Tel: +263-242 -782155, 782167, 782856/9 Email: marketing@nba.ac.zw / enquiries@nba.ac.zw / nba@nba.ac.zw Website: http://www.nba.ac.zw	Use CTRC negotiated rates (letter from NBAZ dated 01 February 2018) ➢ Initial application $1500 ➢ Amendment $300 ➢ Annual Renewal $500 ➢ Non-compliance $1000
RCZ	The Executive Director Research Council of Zimbabwe 11 Stafford Road Mt Pleasant Harare Email: secretary@rcz.ac.zw, website: www.rcz.ac.zw	Initial & Renewal Applications: ➢ PI registration only - $500 USD ➢ Expedited review – $1000 USD ➢ PI registration & one STA - $500USD ($500 for any additional STA) ➢ Penalty - $500 per month after expiry of PI registration

8. Regulatory Communication Documentation, Storage and Retention

Please refer to the current Document and Specimen Storage, Retention and Disposal SOP.

9. Regulatory Submissions Tracking

9.1 Roles and Responsibilities

Investigator of Record

Responsible for review and approval of all IRB/Regulatory authorities' (all entities on the FDA Form 1572 or DAIDS IoR form) communications including initial, interim, and final submissions.

CRS Coordinator (Non-Pharmacy related submissions)

Responsible for timely preparation of (as per specified timelines) documents for:

- Initial & subsequent submissions
- Tracking progress of submissions, The CRS Coordinator maintains a tracker for all submissions made to all applicable IRBs and Regulatory Authorities. This tracker is reviewed at least once every month to ensure all outstanding submissions are followed up, approvals obtained, and filed as required or comments made for any outstanding approvals
- Maintenance of study related communications pertaining to the submission/s i.e., e-mail communications, written summaries of telephone conversations in Note to File (NTF) format.
- Completion, monthly review and updating of the IRB Submission tracker (Appendix 1)
- Timely follow up actions

Pharmacist of Record (Pharmacy related submissions only)

- Initial & subsequent submissions
- Tracking progress of submissions
- Maintenance of study related communications pertaining to the submission/s i.e., e-mail communications, written summaries of telephone conversations in Note to File (NTF) format.
- Completion, monthly review and updating of the IRB Submission tracker (Appendix 1)
- Timely follow up actions

The Regulatory Officer/s

Responsible for:

- Receiving, review of submissions for completeness and onward submissions to IRB /Regulatory Authorities per IRB submissions SOP.
- Maintenance of study related communications pertaining to the submission/s i.e., e-mail communications, written summaries of telephone conversations in Note to File (NTF) format.
- Providing CRS Coordinators with expected timelines for their submissions.
- Providing the CRS Coordinators with proof of submissions made to IRB/Regulatory authorities i.e., forwarded e-mail communications, NTFs, summaries of discussions/comments from the IRB/Regulatory authorities within 2 working days.
- Completion, monthly review and updating of the IRB Submission trackers

The Quality Affairs Manager and Monitoring & Evaluation Manager

Responsible for:

- Monthly review of the IRB Submission tracker.
- Review the regulatory procedures using this SOP

Procedures

Initial, interim, and final submissions

The Investigator of Record:

- Shall inform the CRS Coordinator by e-mail of any new submissions as requested by the Sponsor, local requirements or per ICH GCP guidelines by e-mail as per defined timelines or within 5 days of receipt.
- Responsible for resolving IRB/Regulatory queries in a defined time frame.

The CRS Coordinator:

- Files the e-mail communication the IoR electronically or as a physical copy in the protocol's regulatory file.
- Informs all relevant persons e.g., Regulatory Officers, CRS Administrator/s, CRS staff, etc about the pending submission and discuss submissions requirements timelines. Documentation of this engagement shall be kept on file by the CRS Coordinator. Timely notification of upcoming submissions to the CRO is crucial in ensuring that relevant reg fees payments are processed before the IRB submission is made.
- Submits the application package to the Regulatory Officer's within the agreed/set timeline as physical copies or by e-mail.
- Keep a record of this submission on file as copy of the e-mail submitted and by way of a completed, signed and dated entry on the IRB Submission Tracker (Appendix 1).
- Responsible ensuring queries from IRB/Regulatory Authorities are resolved within agreed/set timelines and resubmitted to the Regulatory Officer/s as described above.

The Regulatory Officer/s:

- Keeps a record of the submission on file as copy of the e-mail received and submitted to the IRBs/Regulatory Authorities as well as a completed, signed and dated entry on the IRB Submission Tracker.
- Receives responses from the IRB/Regulatory authorities.
- Submits the IRB/ Regulatory Authority responses to the CRS Coordinator within 1 day of receipt following the IRB Submissions SOP and update the IRB Submission Tracker.
- Shall conduct weekly reviews of the IRB Submission Tracker to make follow up on any outstanding submissions.

- Shall keep on file evidence of these follow actions as well as update the CRS Coordinator by way of an e-mail, which shall be kept on file.
- In case of any deviations/non-conformances shall be responsible for development of a Corrective/Preventative Action Report to be shared with IoRs, CRS Coordinators, CTU Coordinator, M&E Manager, CRS Administrator, Quality Affairs Manager.
- Provides a monthly report on all regulatory submissions made in the month, responses received and any outstanding submissions via e-mail with IoRs, CRS Coordinators, CTU Coordinator, M&E Manager, CRS Administrator, Quality Affairs Manager.
- Providing training to applicable staff on this SOP.

LIST OF APPENDICES

APPENDIX 1: JREC INITIAL APPLICATION CHECKLIST (COORDINATOR)

DOCUMENT	MARK ONCE AVAILABLE
Shona and English Consent Forms where necessary	☐
Shona and English Questionnaire where necessary	☐
Approval letters from Clinical Directors-Parirenyatwa, Harare or Chitungwiza Hospitals	☐
A covering letter from the researcher	☐
A completed JREC application form signed and dated	☐
Clinical Trial Application Form	☐
A Full protocol	☐
A Protocol Summary (if main protocol is more than 5 pages)	☐
Researchers'/ Investigator(s) curriculum vitae (signed, and dated)	☐
Risk designation application	☐
*All supplemental material (e.g., questionnaires and other assessment tools)	☐
Permission from the institution where the research will be done	☐
*The most recent investigators brochure for clinical trials	☐
*An itemized budget	☐
*Any other relevant correspondence	☐
*Any other supplemental material necessary for the decision-making process	☐

INSTRUCTIONS

Mark all boxes once available

All documents with an asterisk (*) if unavailable mark N/A

_____**PI or designee date**

_____**checked and signed at CRO**

APPENDIX 2: MRCZ INITIAL APLICATION CHECKLIST (COORDINATOR)

DOCUMENT	MARK ONCE AVAILABLE
Completed MRCZ application form	☐
Clinical Trial Application Form	☐
Research proposal summary *(maximum 4 pages)*	☐
Full research proposal and an electronic version as well. (Includes LoAs and CMs)	☐
Informed consent forms: *English & Vernacular Versions (Appropriate vernacular language)*	☐
Data Collection Tools (English and Shona) If available	☐
Recruitment Materials (English and Shona) if available	☐
CVs for the P.I and Co-Investigators	☐
PI GCP certificates	☐
PI application/Cover Letter	☐
JREC approval/Submission	☐
Drug brochure or supplementary information if applicable.	☐
Permission letter from head of institution where data is to be collected (*For research in schools, a letter from ministry of Education is a requirement).*	☐
Proof of funding on Sponsor's Letterhead	☐
Risk designation application	☐
Recusal form where applicable	☐

INSTRUCTIONS

NOTE THAT ONCE ALL BOXES HAVE BEEN MARKED THE PACKAGE IS READY FOR REVIEW AND FINAL SUBMISSION TO MRCZ

_____**PI or designee date**

_____**checked and signed at CRO**

APPENDIX 3: MCAZ APPLICATION CHECKLIST (COORDINATOR)

DOCUMENT	MARK ONCE AVAILABLE
Cover Letter	☐
Application fee	☐
Copies of letters applying for ethics committee approvals	☐
Clinical Trial Application Form	☐
Fully completed Application form (MC 10) to be submitted in triplicate	☐
All documents and electronic copies to be submitted in duplicate	☐
Final version of the Clinical Trial Protocol including relevant questionnaires	☐
Patient Information Leaflet and Informed Consent Form	☐
Investigators Brochure and /or Package Insert	☐
Signed investigator(s) CV (s) in required format	☐
Signed Declaration by Principal investigator (s)	☐
Signed Joint Declaration by Sponsor/National Principal Investigator	☐
Signed declaration by Co-or Sub-investigators	☐
Signed declaration by regional monitor and/ or study coordinator	☐
Pharmacy Plan for the local trial site	
MCAZ Pharmacy License	
Indemnity and Insurance Certificate and/or letter endorsing generic insurance certificate	☐
Copies of recruitment advertisements if applicable	☐
Ethics Committee (s) approval in country of origin and local MRCZ approval/Proof of Submission	☐
Proof of approval of study by the National Regulatory Authority in country of origin	☐
Electronic versions of the application form plus all the relevant protocol materials on CD or flash drive.	☐
Financial Declaration by sponsor and Principal Investigator	☐
Proof of provision of Data and Safety Monitoring Board/Committee	☐
Proof of application to the local Bio Safety Board for biological products e.g., Vaccines	☐
Abbreviated pharmaceutical dossier for a new investigational drug (IND) product including stability data generated from 3 batches to support the shelf-life claim and storage conditions. (N.B) if study products are generic products not yet registered and specifically manufactured as 'trial batches' for the study then a pharmaceutical dossier is also required.	☐

INSTRUCTIONS

NOTE THAT ONCE ALL BOXES HAVE BEEN MARKED THE PACKAGE IS READY FOR REVIEW AND FINAL SUBMISSION TO MCAZ

_____PI or designee date

_____checked and signed at CRO

APPENDIX 4: RCZ CHECKLIST

Application for Initial registration – Normal Review	**MARK ONCE AVAILABLE**
Application letter from Institution of Affiliation	☐
MRCZ Cover letter	☐
Valid MRCZ approval letter	☐
RA1(registration)	☐
Proof of funding	☐
PI and Co-investigators' CVs	☐
Study summary	☐
Study protocol	☐
English & Shona informed consent forms	☐
Signed Affidavits by Translators, indicating academic qualifications, past work on translations. This should be signed by local police. Structure of affidavit available from CRO.	
Questionnaire if applicable	☐
GCP certificate	☐
Temporary Employment Permit where applicable	☐
Identification Documents if applicant is a Permanent Resident	☐
Proof of payment of RCZ registration fee	☐
Application for expedited review of initial application	
Refer to requirements for normal review above but as a prelude to that process, submit a request for expedited review providing a clear justification for request. Upon approval of request within 3-5 days, submit the application following the checklist of required documents together with a registration fee plus the expedited review fee. Expedited review will ordinarily take 10 working days.	
To be completed if application is for shipment of bio-specimens.	
Application letter from Institution of Affiliation	☐
MRCZ Cover letter	☐
Valid MRCZ approval letter	☐
Valid RCZ registration certificate if study is registered	☐
Specimens Transfer Agreement form (This should be submitted without alterations)	☐
Shipment Logs if shipment application is for renewal	☐
Employee verification letter if recipient(s) have not provided their National ID Numbers	☐
Study summary	☐
Study protocol	☐
English & Shona informed consent forms	☐
PI CV and GCP certificate	☐
Stated finite date of destruction of left-over bio-specimen in annexure III	☐
Commitment to avail a copy of the record of destruction within two months of date stated above	☐

APPENDIX 5: INTERIM SUBMISSIONS

DOCUMENT	UCSF CHR	JREC	MRCZ	MCAZ	RCZ	SPONSOR	NBAZ	REPORTING TIME FRAME	Documents required
Letter of Amendment (LoA)	YES	YES	YES	YES	N/A	N/A	Yes	≤5 working days of receipt (see Section 10.1 for exceptions)	Refer to table 5
Risk designation	YES	YES	YES	N/A	N/A	N/A	N/A	When applying for new study, annual renewal and amendments	Cover letter
Shipment outside Zimbabwe of non-research samples	N/A	N/A	Yes	N/A	N/A	N/A	N/A	When shipment is due	Cover letter describing samples to be shipped, destination laboratory and justification
Revised protocol	YES	YES	YES	YES	YES	N/A	Yes	≤30 days from receipt, annually to RCZ (see Section 10.1 for exceptions)	Refer to table 5
Clarification MEMO (CM)	YES	YES	YES	YES	N/A	N/A	Yes	≤5 working days of receipt	Cover letter Clarification Memo
DSMB report/s	YES	YES	YES	YES	N/A	N/A	N/A	≤5 working days.	Cover letter DSMB Report
Safety MEMOs	YES	N/A	YES	YES	N/A	N/A	N/A	≤3 working days of receipt	Cover letter Safety Memo
Adverse Event report/s	YES (Only if PI determines them to be, definite, probably or possibly	N/A	YES	YES	N/A	YES	N/A	Unless exemption is granted, ≤7 working days of site awareness to MRCZ and MCAZ. SAE log also submitted annually to	Cover letter AE report NB: For MCAZ submit via online platform https://e-

	related, serious and unexpected.							MRCZ and JREC	pv.mcaz.co.zw/
Serious Adverse report/s	YES (Only if PI determines them to be definite, probably or possibly related, serious and unexpected.	N/A	YES	YES	YES	YES	N/A	≤3 working days of site awareness to MRCZ and MCAZ. SAE log also submitted annually to MRCZ and JREC	Cover letter AE report NB: For MCAZ submit via online platform https://e-pv.mcaz.co.zw/
Expedited adverse events report/s	YES (Only if PI determines them to be Definite, probably or possibly related, serious and unexpected.	N/A	YES	YES	N/A	YES	N/A	≤3 working days of awareness	Cover letter AE report NB: For MCAZ submit via online platform https://e-pv.mcaz.co.zw/
Protocol deviations	YES	YES	YES	YES	N/A	YES	N/A	≤7 working days of awareness to MRCZ, MCAZ	Cover letter PD report
Protocol violations	YES	YES	YES	YES	N/A	YES	N/A	≤ 3 working days of site awareness	Cover letter PD report
Initial Investigator Brochure	YES	YES	YES	YES	N/A	YES	N/A		Cover letter Initial Investigator's Brochure
Updated investigator's brochure/	YES (Only if this	N/A	YES	YES	N/A	N/A	N/A		Cover letter

package inserts	results in risk language)								Updated Investigator ’s Brochure
Updated/revised informed consent forms	YES	YES	YES	YES	N/A	YES	YES	Prior to implementation	Cover letter Revised ICFs
Updated/revised recruitment materials	YES	YES	YES	YES	N/A	YES	N/A	Prior to implementation	Cover letter Revised recruitment materials
Shelf-life Extension of a drug	N/A	N/A	YES	YES	N/A	N/A	N/A	≤ 7 working days of receipt	Cover letter Stability data for the product
Study Implementation materials	Yes	Yes	Yes	Yes	N/A	N/A	N/A		Cover Letter Study Implementation materials
PI/Investigator of Record changes	N/A	YES	YES	YES	YES	YES	N/A	Prior to implementation	Cover letter Amendment form/Change in PI Form CV and GCP for new Investigator Acceptance of role by new Investigator
Study extension	N/A	YES	YES	YES	YES	N/A	N/A	Prior to current approval expiry	Cover letter Extension application form
Study Close out	YES	YES	YES	YES	YES	YES	YES	Prior to approval expiry	Cover letter Close out Form Study report (if available) Study publications

Withdrawal of Application before implementation	YES	YES	YES	YES	YES	YES	YES	≤ 14 working days of notification	Cover letter Withdrawal form if available
Notification of study commencement	YES	YES	YES	YES	YES	N/A	Yes	≤ 14 working days from commencement of screening/enrolment	Cover letter
Study results prior to external dissemination or presentation	N/A	YES	YES	YES	YES	N/A	YES	Prior to presentation externally	Cover letter Study results

Note: For Adverse Events and Serious Adverse Events, only submit to UCSF IRB if the event is related to study participation. Safety memos will be submitted to UCSF IRB on a case-by-case basis; contact the UCSF Research Coordinator.
In cases where sites are not sure if a submission is supposed to be made, kindly consult the individual regulatory bodies for guidance

APPENDIX 6: TEMPLATE LETTER TO REQUEST FOR ADDITIONAL DOCUMENTS

Dear Protocol Team,

We are in receipt of protocol version [X.0] for [protocol title] and look forward to implementing this project at our site. For the local team to complete regulatory submissions efficiently, we request your assistance to source additional documents.

These documents are specified in the attached checklist which we will use to track our progress in receiving them.

Once again, we thank you for this opportunity to work with you.

Revision History:	**Version** 7.0	**Effective Date** 30 October 2020	**Description** Version 7.0
	8.0	**11 May 2021**	**Version 8.0**
	9.0	**16 May 2022**	**Version 9.0**
	10.0	**11 Nov 2022**	**Version 10.0**
	11.0	**25 March 2024**	**Version 11.0**
	12.0	**13 March 2025**	**Version 12.0**