**GCP Lab Feasibility Questionnaire**

The questions are derived from guidance provided by the European Medicines Agency and the Medicines and Healthcare products Regulatory Agency (MHRA). The questionnaire has been designed for laboratories processing and analysing research samples and is based on the questionnaire published on the UKCRC website (http://www.ukcrc-ctu.org.uk/page/Guidance).

Please complete all relevant sections and return to the JRO Sponsor Regulatory Advisor/ Regulatory Manager - ATMP at your earliest convenience, along with the following:

* Index of the lab file which will be used to collect all the essentials documents and allow to re-construct the analysis
* Organisational Chart
* Current SOP and Policy Document List

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| **Laboratory Details** | |
| Laboratory Name |  |
| Laboratory Address |  |
| Summary of range of clinical and research services provided by the laboratory |  |
| Details of current accreditation scheme (status, standards, date of last inspection) if present |  |
| **Please identify and add contact details for the following personnel** | |
| Laboratory Manager or equivalent |  |
| Laboratory GCP lead | Someone familiar with the specific requirements for processing research samples and an understanding of the general principles of GCP. |
| QA Manager or equivalent |  |
| Archivist or equivalent | Someone responsible for ensuring laboratory records (results, SOPs, contracts etc.) are retained in accordance with laboratory and organisational policies. |

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| **Organisation and Personnel** |  | **Comments** |
| 1. Does your laboratory have a quality management system covering each of the following:  * Document control and retention * Sample processing and analysis * Facilities and equipment * Data Acquisition, Review and Approval * Data Transfer * Computer System Validation * Method Validation * Personnel records and training * Quality Control * Quality Assurance | Yes  No | These processes may be described in SOPs or policies and may be provided as standard practice for all laboratory activities or may be research specific. Please list any relevant SOPs. |
| 1. Are new or modified procedures required to process research samples, in accordance with Good Clinical Practice? | Yes  No | Where processing of new research samples differs from existing procedures, are new/updated procedures produced? |
| 1. Do all staff maintain a current training record and a job description describing the individual’s role and responsibilities? | Yes  No |  |
| 1. Does the training record include evidence of training for those activities performed on research samples? | Yes  No | Where the research procedure differs from usual practice. |
| 1. Does the SOP/Policy document for training cover the following?  * Documentation of training on laboratory equipment use * Documentation of training on research specific processes * General research training requirements including GCP * Assessment and documentation of staff review and development * Procedures to re-validate staff training after a certain time period? If Yes please record the frequency of revalidation in the comments section. * Competency assessment to perform the required assay (if required) | Yes  No | Proportionate GCP training is required for staff processing research samples (see UKCRC guidance). |

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| **Patient Safety** |  | **Comments** |
| 1. Have you filed a risk assessment of this trial from a GCP perspective, i.e. in terms of impact of the results on patient safety and data validation of the trial | Yes  No | Please provide details of the outcome of such risk assessments, including if the trial was classified as high risk. |
| 1. Do laboratory reports contain normal range values and identify results outside of normal ranges? | Yes  No |  |
| 1. Is there a process for expedited reporting of urgent results? | Yes  No | Urgent and atypical results may affect study conduct, therefore systems should be in place to allow for expedited reporting if required. Please list the procedure that contains this information. |
| **Contracts and Agreements** |  | **Comments** |
| 1. Are contracts/agreements in place for the processing of research samples (between the laboratory and third parties if affecting research samples)?  * If yes, are external contractors/vendors used for the processing of research samples? If so describe for what activities * Are external contractors/vendors qualified/approved for use? * Is there a procedure that outlines the selection and use of external contractors/vendors? * Does each contract state that samples will be processed in accordance with the study protocol, GCP and the applicable regulations? | Yes  No | Though formal contracts may not be required for parties within the same host organisation, details of laboratory requirements for processing research samples should be agreed. Agreements with third parties should be formalised. |
| **Study conduct** |  | **Comments** |
| 1. Do you use study specific laboratory manuals to process research samples if not stipulated in the protocol or covered in existing SOPs? | Yes  No |  |
| 1. Are procedures for research samples reviewed for each clinical protocol to ensure they meet the individual protocol requirements? | Yes  No | When sample processing for a new protocol is requested, is consideration given to whether existing processes are adequate to meet the requirements of the new protocol? |
| 1. Is there a procedure for recording and reporting deviations from standard procedures? | Yes  No | Please list procedure name/index. |
| 1. Is there a procedure in place to ensure effective and timely communication with the sponsor/study site regarding any serious deviations from the clinical protocol or contract/agreement? | Yes  No | Please list procedure name/index or describe process. |
| 1. Is there a process for communication with the sponsor/study site to destroy samples if a patient withdraws consent? | Yes  No | Please list procedure name/index. |

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| **Sample Shipment, Receipt and Storage** |  | **Comments** |
| 1. Does the sample receipt SOP include procedures for  * Checking samples were maintained in appropriate correct transport conditions (if required) * Checking of sample labels * Checking the integrity of samples * Chain of custody (record of movement of sample from receipt, through analysis, to final storage) * Storage of samples prior to analysis * Receipt of patient identifiers | Yes  No | These sample receipt activities are defined in the guidance for research samples. If not all of these requirements are met, please list those that are included in the SOP or if individual requirements are detailed in other documents. |
| **Preparation and distribution of clinical trial kits and sample containers** |  | **Comments** |
| 1. Does the laboratory supply clinical kits/sample containers?  * If yes, are there dedicated areas for the preparation and/or receipt and storage of clinical trial kits? * Are records kept of component batch numbers * Are QC checks performed on kits before they are shipped e.g. check expiry dates, volume of additives, label generation completeness of kit) * Is there a recall procedure if kits are found to be defective? Does this include both the identification of defects and communication with users? | Yes  No |  |
| **Method Validation** |  | **Comments** |
| 1. Are assays used in the analysis of research samples validated? | Yes  No |  |
| **Repeat analysis** |  | **Comments** |
| 1. Is there a SOP that covers repeat analysis in the event of assay failure/atypical results?  * Are acceptance criteria defined and in accordance with accepted standard/validated ranges? * Does this SOP include procedures for reporting the original and repeat result? * If unscheduled analysis or evaluation is required for urgent clinical reasons, for example, as a result of adverse events and this is not stipulated in clinical trial protocol, work instruction or contract, do you have a policy detailing how this type of situation would be addressed? | Yes  No | Please provide details of how acceptance criteria are determined (e.g. defined by kit, commercial standards used to produce standard curve). |

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| **Recording and reporting of results** |  | **Comments** |
| 1. Do your existing procedure(s) cover the process for the recording and reporting of results of research samples? | Yes  No | Are results reported in the same way and detail as non-research samples? If not, are specific processes for the research sample reporting defined? |
| 1. Is there an audit trail of assay conduct including analyser access (should be user specific), instrument settings, reagents logs etc.? | Yes  No | It should be possible to track a research sample from receipt, through analysis to reporting, including associated reagents, equipment records and individual staff records. Are processes ALCOA+ compliant? |
| 1. Does the procedure include processed for expedited reporting of urgent/out of range results and methods to maintain blinded information? | Yes  No |  |
| **Facilities** |  | **Comments** |
| 1. Is access to the laboratory restricted?  * If yes add to the comments who maintains the access rights to the laboratory and how often is it reviewed? | Yes  No |  |
| 1. Does the Laboratory have a disaster recovery plan that covers all areas of the facility including sample storage, computer systems and equipment? | Yes  No |  |
| **Equipment** |  | **Comments** |
| 1. Are there SOPs detailing equipment use, maintenance and calibration? | Yes  No |  |
| 1. Is there an equipment register? | Yes  No |  |
| 1. Is there a written equipment qualification/validation program? | Yes  No | Process for ensuring that equipment is fit for the intended use in the individual laboratory setting. |
| 1. Do you keep in the trial’s lab file a log of fridge/freezer alarm testing? | Yes  No |  |

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| **Data handling Procedures and Computer Validation** |  | **Comments** |
| 1. Is access to computers limited by an individual username and password system? Please record as comment if shared log-ins or generic user profiles are used. | Yes  No |  |
| 1. Are analyser software and the laboratory IT system subject to appropriate local validation in accordance with manufacturers’ recommendations? | Yes  No |  |
| 1. What processes exist for revalidation following upgrades or maintenance activities? |  |  |
| 1. Is the data output in an editable format?  * If yes add to the comments section the process used to ensure data integrity. | Yes  No |  |
| 1. Are databases backed up routinely to prevent data loss? | Yes  No | Please record the frequency of back up and whether this is on or off site. |
| 1. Is there an SOP to document data capture, data storage and data transfer? | Yes  No |  |
| 1. If the data is recorded, modified, corrected and stored electronically, is an audit trail also being maintained electronically? | Yes  No |  |
| **Retention of data** |  | **Comments** |
| 1. Is there clear definition for each study of which records will be provided to the sponsor and which will be retained by the laboratory? | Yes  No |  |
| 1. How long are records, including all source data related to analyses, retained for? |  |  |
| 1. Are non-trial specific data e.g. Equipment/method validation, maintenance records, staff training records, SOP’s etc. centrally archived? | Yes  No |  |
| 1. Is there a dedicated facility/area for the archiving of records? | Yes  No |  |
| 1. Is there a SOP that details  * retention time of records * procedures for removal and return of material from the archive * electronic archiving (including applicable correspondence) * access to archived records * maintenance / retention of previous software versions | Yes  No |  |

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| **Quality Assurance** |  | **Comments** |
| 1. Does your laboratory have an individual responsible for Quality Management?  * Do these responsibilities include * Quality Control * Quality Assurance | Yes  No |  |
| 1. Does your laboratory have an Internal Audit Plan? | Yes  No |  |
| 1. Have you been inspected by a regulatory authority? (please give details in comments section (depending on confidentiality) such as inspection dates, inspecting body and summary of inspection findings. | Yes  No |  |
| 1. Do you have a HTA license and/or other accreditations? (please give details in comments section). | Yes  No | Please list any other licenses or compliance programs that the laboratory holds. |
| 1. Do you hold a Trial Log of protocol amendments and revision history? | Yes  No |  |
| 1. Do you have serious breach SOP, spelling out what a reportable ‘serious breach’ is as per the UK legislation underpinning clinical trials. | Yes  No |  |
| 1. Do you hold a log of incidents reported to the sponsor? | Yes  No |  |
| 1. Do you hold a trial’s deviation/violation log? | Yes  No | Please also confirm if this is reviewed regularly by the quality manager. |
| 1. Do you file in the trial’s lab file a delegation log to detail “who is doing what on the trial”? | Yes  No |  |

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| **Completed by:** | | | | | |
| **Name:** |  | **Position:** |  | **Date:** |  |

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| ***JRO Use Only*** | | | | | | |
| ***Reviewed by:*** | | | | | | |
| ***Name:*** |  | | ***Position:*** |  | ***Date:*** |  |
| ***Comments:*** | | | | | | |
| ***Actions/Escalation Required:*** Where laboratories do not meet the requirements in the questionnaire, the JRO should assess the impact on the overall objectives of research conducted. This may be in a generic manner covering general research processes. If specific concerns are identified these may form the target of repeat questionnaire (per study) or additional oversight. | | | | | | |
| ***Responses to Actions/Escalations Required:*** | | | | | | |
| ***Date Actions/Escalations Resolved (if applicable):*** | |  | | | | |
| ***Signature and Date (SRA/RM-ATMP):*** | |  | | | | |