# Standard Operating Procedure for the Recording & Reporting of Deviations, Violations, Potential Serious Breaches, Serious Breaches and Urgent Safety Measures

| | |
|---|---|
| **SOP ID Number:** JRO/SPON/S15/07 | **Effective Date:** 10/03/21 |
| **Version Number & Date of Authorisation:** V07, 10/02/21 | **Review Date:** 10/03/24 |
| S:\SLMS_RSC_ALL_STAFF\CLINICAL_TRIALS\SOPs\EFFECTIVE_SOPs_Guides\Sponsor SOPs\SPON_S15 SOP for Deviations,violations, breaches & Urgent safety\SPON_S15_SOP for Recording and Reporting of Deviations,violations,serious breaches and USMs_V7_10Feb2021.docx | |

| **Revision Chronology:** | | | |
|---|---|---|---|
| **SOP ID Number:** | **Effective Date:** | **Reason for Change:** | **Author:** |
| JBRU/07/S06/00 | 18/06/07 | N/A | Adeeba Ashgar |
| JBRU/INV/S06/01 | 02/07/08 | To make SOP specific to Investigator Responsibilities. | Yvanne Enever |
| JBRU/INV/S06/02 | 15/10/08 | To implement a new JBRU formatting and numbering system as reflected in SOP on SOPs (JBRU/SPON/S01/02). | Ira Jakupovic |
| JBRU/SPON/S15/03 | 10/01/10 | To **merge** 2 SOPs:<br>1. "SOP for the sponsor's Management of Protocol Violations and Deviations" (JBRU/SPON/S15/02) and<br>2. "SOP for the recording and reporting of protocol deviations and violations for investigators" (JBRU/INV/S06/02).<br>To **incorporate:**<br>1. the requirement for the PI/CI/Labs to notify the Sponsor of any "serious breaches", in line with Regulation 29A:SI 2006/1928<br>2. the requirement for the PI/CI/Labs to record and report "urgent safety measures". Regulation 30 (SI 2004/1031) and the amendment to that Regulation:SI2009/1164<br>3. the use of the template from the MHRA "Serious Breaches Guidance Version 2" (Final, 15-10-09)<br>4. the use of the following logs in the recording process:<br>1. PI's Log of (Protocol &or GCP) Deviations/Violations/ "Potential Serious breaches/Serious breaches & Urgent Safety measures".<br>2. JBRU Log of "Potential Serious breaches/ Serious breaches"<br>3. JBRU Log of "Urgent Safety Measures".<br>Format amended in line with revised SOP on SOPs to incorporate a UCL logo only, as UCLH no longer provides sponsorship for CTIMPs, an Acronyms table, eDocument file path, associated templates/log table, SOP dissemination and training and a signature page. | Ann Cochrane |
| JRO/SPON/S15/04 | 11/01/12 | 2 yearly review. Essentially NO changes to the process<br>Some definitions were taken out. JBRU was changed to JRO | Gurjinder Kahlon and Shruti Aggarwal |
| JRO/SPON/S15/05 | 08/01/15 | 3 yearly review. A few minor changes to the process. Wording and order of SOP was tidied up. Responsibilities and reporting contacts updated. | Michelle Quaye |

| | | | |
|---|---|---|---|
| | | Appendix 1 and 2 removed. Referral to the MHRA guidance document and website has been included instead to ensure up to date information/documents are accessed by those carrying out the procedure. | |
| JRO/SPON/S15/06 | 11/01/18 | Link to MHRA serious breach report template and urgent safety measure method have changed. | Helen Cadiou |
| JRO/SPON/S15/06 | 10/02/21 | Updated wording for clarity and in line with MHRA and HRA guidance and updated version of MHRA guidance document referenced. | Catherine Maidens |

| **ACRONYMS**: | |
|---|---|
| CAPA | Corrective and Preventative Action |
| CI | Chief Investigator |
| CTIMP | Clinical Trial of Investigational Medicinal Product |
| CRF | Case Report Form |
| CRO | Contract Research Organisation |
| CTU | Clinical Trials Unit |
| EC | Ethics Committee |
| GCP | Good Clinical Practice |
| ISF | Investigator Site File |
| IMP | Investigational Medicinal Product |
| JRO | Joint Research Office (https://www.ucl.ac.uk/joint-research-office/) |
| MHRA | Medicines and Healthcare Products Regulatory Agency |
| MoU | Memorandum of Understanding |
| PI | Principal Investigator |
| RA | Regulatory Authority |
| REC | Research Ethics Committee |
| SAE | Serious Adverse Event |
| SLA | Service Level Agreement |
| SOP | Standard Operating Procedure |
| TMF | Trial Master File |
| UCL | University College London |
| UCLH | University College London Hospital |
| USM | Urgent safety measures |

# Standard Operating Procedure for the Recording and Reporting of (protocol &/or GCP) Deviations, Violations, Potential Serious Breaches, Serious Breaches and Urgent Safety Measures

## 1. PURPOSE

This Standard Operating Procedure (SOP) specifies the overall process and procedure for **Investigators** and the **Joint Research Office (JRO)** to follow for a UCL sponsored clinical trial in the event of a **protocol and/or GCP deviation**. Criteria to follow are outlined in order to assess the impact of the **deviation** in light of the definition of **a serious breach** (potential or actual) and /or **an urgent safety measure.**

This SOP describes the procedure for the Investigator to record the event and notify the JRO and/or the MHRA / REC and for the JRO to report to the MHRA and/or REC as and when necessary.

## 2. JOINT UCLH/UCL RESEARCH OFFICE POLICY

All JRO SOPs will be produced, reviewed and approved in accordance with the JRO SOP on SOPs.

## 3. BACKGROUND

All SOPs are written in accordance with applicable GCP requirements as outlined in Directives 2001/20/EC and 2005/20/EC (these Directives were transposed into UK law by SI 2004/1031, SI 2006/1928) and subsequent amendments. Where applicable, it incorporates elements of ICH GCP tripartite guidelines (E6).

In addition, for trials with EU and Northern Ireland site the SOPs will have to be compliant with EU Clinical Trials Regulation No. 536/2014 if/when applicable. For convenience, this document will use the term ‘Regulations’ to cover the requirements of the UK SI legislation.

Regulation 29 “Conduct of trial in accordance with clinical trial authorisation etc.” of the UK regulations (SI 2004/1031) ‘The Medicines for Human Use (Clinical Trials) Regulations 2004’ stipulates that all Clinical Trials of Investigational Medicinal Products (CTIMPs) must be conducted in accordance with a protocol that has been approved by a Research Ethics Committee (REC) and the Competent Authority (MHRA in the UK).

It is the Sponsor’s responsibility to oversee the conduct of all CTIMPs and to ensure compliance with the approved protocol and prevailing UK regulations.

The JRO **does NOT allow the use of “protocol waivers” or departures from the approved inclusion/exclusion criteria of the protocol.** Occurrences of this nature may constitute a serious breach and be reportable to the MHRA.

The Investigator/Institution should only conduct the trial in accordance with the **approved protocol** unless an urgent safety measure must be taken, according to SI 2004/1031 under Regulation 30 and in section 3.4 below.

The Investigator, or person designated by the Investigator (in the trial delegation log), should **document and explain any deviation** from the approved protocol on the 'Log of Deviations, violations, potential Serious Breach, Serious Breach and Urgent Safety Measures' (see associated template).

**Definitions used throughout this document**

**3.1 Deviation:** A deviation is usually an **un-intended** departure from the expected conduct of the trial (approved trial protocol, trial documents, SOPs or GCP).

It is recognised that minor deviations from approved clinical trial protocols and GCP occur commonly in CTIMPs. The majority of these deviations are technical deviations that do not result in harm to the trial participants or significantly affect the scientific value of the reported results of the trial.

Examples of deviations are:
- Isolated incident of a missed or incomplete study procedure (e.g. lab test);
- A protocol visit date deviation outside the study visit window;
- Failure to report a Serious Adverse Event (SAE) to the JRO;

**3.2 Violation:** A violation can occur when there is a departure from the expected conduct of the trial (approved trial protocol, trial documents, SOPs or GCP), which **may result in harm to the trial participants or significantly affect the scientific value of the reported results of the trial**.

Examples of violations include but are not limited to:
- Failure to obtain informed consent (i.e. no documentation in source data or an Informed Consent form);
- Enrolment of subjects that do not meet the inclusion/exclusion criteria;
- Undertaking a trial procedure not approved by the REC and/or the MHRA (unless for immediate safety reasons);
- IMP dispensing/dosing error;

A violation could constitute a serious breach of the protocol and/or GCP or an urgent safety measure, see below for further definitions.

**3.3 Serious Breaches of the protocol and/or GCP**

Under Regulation 29A of the Medicines for Human Use (Clinical Trials) Regulations 2004 [SI 2004/1031], as amended by SI 2006/1928, there is a requirement for the notification of "serious breaches" of GCP and/or the trial protocol:

***"29A.*** *(1) The sponsor of a clinical trial shall notify the licensing authority in writing of any serious breach of -*

*(a**) the conditions and principles of GCP** in connection with that trial; or*
*(b**) the protocol** relating to that trial, as amended from time to time in accordance with regulations 22 to 25, **within 7 days** of becoming aware of that breach.*

*(2) For the purposes of this regulation, a "serious breach" is a breach which is **likely** to effect to a significant degree –*

> *(a) the safety or physical or mental integrity of the subjects of the trial; or*
> *(b) the scientific value of the trial".*

Note: Article 52 of EU 536/2014, below, is remarkably similar to the above 29A definition of SI 2006/1928. Once the new legislation is to be implemented, the main difference will be that the portal will be the means of reporting.

Article 52 Reporting of serious breaches

1. The sponsor shall notify the Member States concerned about a serious breach of this Regulation or of the version of the protocol applicable at the time of the breach through the EU portal without undue delay but not later than seven days of becoming aware of that breach.
2. For the purposes of this Article, a 'serious breach' means a breach likely to affect to a significant degree the safety and rights of a subject or the reliability and robustness of the data generated in the clinical trial.

Examples of serious breaches including but not limited to:

- Participant administered an incorrect IMP or administered an IMP via an incorrect route of administration;
- Failure to report Adverse Events (AEs), Serious Adverse Events (SAEs) or Suspected Unexpected Serious Adverse Reactions (SUSARs) in accordance with the UK legislation, such that subjects are put at risk;
- Proof of fraud relating to clinical trial records or data that impacts on the integrity of trial subjects or scientific value of the data.

For further examples refer to the MHRA "Guidance for the notification of serious breaches of GCP or the trial protocol" (https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials#report-a-serious-breach).

### 3.4 Urgent Safety Measures

An Urgent Safety Measure is defined under UK Regulation 30:

> *"The sponsor and investigator may take appropriate urgent safety measures to protect clinical trial subjects from any immediate hazard to their health and safety."*

This allows an Investigator to implement a deviation from, or a change of the protocol to eliminate an immediate hazard(s) to trial subjects **without** prior approval from the REC / MHRA, however a **notification must be submitted within 3 days** of the urgent safety measure having taken place.

See section 6.3 below for the REPORTING procedures.

### 3.5 Trust Reportable Incident

Each investigator is reminded to report any incident to the NHS Trust as per their local Trust Incident Reporting Policy under the UK Policy Framework for Health and Social Care Research. These incidents may also need to be notified to your local R&D office in line with their local reporting requirements. Please ensure you are aware of how to report such incidents before your trial commences.

## 4. SCOPE OF THIS SOP

This SOP details the process to follow for Investigators and for the JRO regarding UCL sponsored clinical trials for the recording and reporting of CTIMP protocol deviations and violations. It describes what consideration must be taken into account to assess whether the deviations and violations also meet the definition of a potential serious breach or urgent safety measure and the reporting requirements.

Where this has been delegated to a partner organisation (e.g. Clinical Research Organisations (CRO), Clinical Trials Units (CTU) etc.) via a Memorandum of Understanding (MoU) or through a Service Level Agreement (SLA) it will be the responsibility of that partner organisation to report the “serious breaches” and “urgent safety measures” to the MHRA & REC under contractual obligations.

### International Trials

For UCL sponsored international trials, UCL delegates the responsibility for reporting “serious breaches” and “urgent safety measures” to regulatory authorities (RAs) and ethics committees (ECs) outside the UK, to the coordinating organisation (e.g., CRO, CTU), in line with the regulatory requirements of each country. These responsibilities should be set-out in the contractual obligations.

## 5. RESPONSIBLE PERSONNEL

### 5.1 Investigators

The Principal Investigator (PI) / Chief Investigator (CI) must ensure deviations and violations are documented on site on the **Log of Deviations, Violations, Potential Serious breaches, Serious breaches and Urgent Safety Measures** (see associated template) and prepare a file note with more details if necessary.

Any corrective and preventative action should also be documented and retained in the Trial Master File (TMF) / Investigator Site File (ISF).

The Investigator has the responsibility to record and report any violations and potential serious breach to the JRO within the agreed timeframes and in accordance with this SOP.

The Investigator has the responsibility to report any urgent safety measures taken to the MHRA, REC and JRO **within 3 days**.

**If the Investigator is unsure whether a deviation or violation is a potential serious breach they should notify the JRO as soon as possible and provide as much information as possible.**

### 5.2 Sponsor

The JRO should acknowledge and assess any deviations / violations reported to them. If a potential serious breach is reported to or identified by a member of the JRO, the JRO QA manager should also be alerted as soon as possible. The potential serious breach should be investigated with a further discussion with the Investigator in order to clarify the situation and organise appropriate corrective and preventative action. The JRO should also assess the impact of the breach on the safety of participants and scientific value of the trial; this can be carried out in conjunction with the Investigator.

The JRO **must report serious breaches** to the MHRA and REC within the regulatory timelines. The regulatory timeline will only commence once the JRO has assessed the event as being a serious breach.

## 6. PROCEDURE

## 6.1 Deviations and Violations

### 6.1.1 Identification and recording of Deviations

**Recording**: Record in the source data and **Log of Deviations, Violations, Potential Serious breaches, Serious breaches and Urgent Safety Measures** (see associated template) and prepare a file note with more details if necessary.

**Reporting**: Minor deviations are not required to be notified to the sponsor. Where a deviation is reoccurring and may result in identification of a serious breach, this should be notified to the sponsor.

**Escalation:** Corrective and preventative actions should be implemented for deviations.
It is recommended that reoccurring deviations be discussed at any trial meetings and if required detailed in the clinical study report.

### 6.1.2 Identification and recording of Violations

**Recording**: Record in the source data and **Log of Deviations, Violations, Potential Serious breaches, Serious breaches and Urgent Safety Measures** (see associated template) and prepare a file note in addition if necessary.

**Reporting:** Violations must be notified to the Sponsor **within 3 calendar days** of becoming aware of that violation. Email the Compliance Oversight Advisor (COA), Sponsor Regulatory Advisor (SRA) / Regulatory Manager for ATMPs (RM(ATMP)) and CTIMPS@ucl.ac.uk.

**Escalation:** Corrective and preventative actions should be implemented for violations.

It is recommended that reoccurring violations be discussed at any trial meetings and if required detailed in the clinical study report.

If a violation is identified by or reported to the Sponsor and could be a potential serious breach, the case must be discussed with the QA manager as soon as possible and senior management notified if the QA manager is not available.

A violation may necessitate the Sponsor to undertake a triggered monitoring visit. All violations must be resolved to conclusion. Depending on the nature of the violation it may constitute a Serious Breach of GCP/Protocol and further follow up and reporting may be required by the JRO in line with current regulations as set out below.

## 6.2 Serious Breaches

### 6.2.1 Identifying, Recording and Notifying the Sponsor of a Potential Serious Breach / Serious Breach

If the Site Team has identified a serious breach / potential serious breach they should complete details of the breach into the relevant sections of the "Notification of Serious Breaches of GCP or the Trial Protocol form" downloaded from the MHRA website (https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials#report-a-serious-breach).
All available details pertaining to the breach should be documented on the form, including details of what corrective and preventative action has been taken (CAPA).

See MHRA "Guidance for the notification of serious breaches of GCP or the trial protocol", document for detailed guidance on the information that should be included in the form.

The completed "Notification of Serious Breaches of GCP or the Trial Protocol form" should be sent to the Sponsor JRO team (Compliance Oversight Advisor (COA), SRA / RM(ATMP) and CTIMPS@ucl.ac.uk) as soon as possible.

The Investigator must also log the "Potential serious breach" in the **Log of Deviations, Violations, Potential Serious breaches, Serious breaches and Urgent Safety Measures** (see associated template).

### 6.2.2 Assessment by the JRO

On receipt of the "Notification of Serious Breaches of GCP or the Trial Protocol form" from a trial site, or if a potential serious breach has been identified by the JRO, the report must be forwarded to the QA manager and Clinical Trials Operations Manager.

The QA Manager (with the assistance of the SRA / RM(ATMP) / COA) will assess and collate information relating to the event to determine whether it meets the criteria of a serious breach.

The QA Manager will assess potential serious breaches by:

- Discussion with appropriate team members (e.g. Compliance Oversight Advisor (COA), Sponsor Regulatory Advisor (SRA), Pharmacovigilance Manger, ATMP Regulatory Manager (RM(ATMP), Regulatory Manager (Pharmaceuticals)) and document the rationale for the decisions taken;

- Identifying which relevant GCP, regulatory or protocol section the breach relates to;

- Evaluating whether the breach fulfils the competent authority (MHRA) definition of a serious breach.

If the Serious Breach definition is met the "Notification of Serious Breaches of GCP or the Trial Protocol form" will be finalised for submission to the MHRA and REC.

**All serious breaches must be notified to the MHRA and REC by the Sponsor within 7 days of the decision that the event is a serious breach.**

If following assessment the QA Manager remains unsure whether the event is a serious breach, it should be sent to the MHRA and REC as a POTENTIAL serious breach, detailing the information at hand and requesting the MHRA to assess the event. The JRO may seek clarification from the MHRA on a potential serious breach by contacting the GCP inspectorate. Ensure all correspondence with the MHRA is filed in the TMF and Sponsor File.

The JRO must also assess any additional regulatory actions or reporting requirements as a result of the serious breach.

In addition, the JRO might have to submit a substantial amendment if required due to a temporary halt in the trial or an urgent safety measure report to the MHRA Clinical Trials Unit (CTU) and REC if necessary.
Other relevant MHRA units may require notification to comply with other legislation e.g. the Defective Medicines Report Centre if the breach involves defective medicines or IMP recall etc.

### 6.2.3 Corrective and Preventative Actions (CAPA)

The JRO and the Investigator must agree on the appropriate corrective and preventative action to be taken and this should be documented and detailed in the "Notification of Serious Breaches of GCP or the Trial Protocol Form".

### 6.2.4 Notification to the MHRA and REC of a Serious Breach

The completed form should be sent to the MHRA and REC **within 7 days** of the JRO having assessed an event as a serious breach.

If the sponsor obtains clear and unequivocal evidence that a serious breach has occurred, the default position should be for the JRO to notify the MHRA and REC first, within 7 days, and to investigate and take action simultaneously or after notification. So, in this case, the JRO should not wait to obtain all of the details of the breach prior to notification and the initial form should include projected timelines for completion of follow up reports.

Email the "Notification of Serious Breaches of GCP or the Trial Protocol Form" to the MHRA at: GCP.SeriousBreaches@mhra.gov.uk and to the REC.

In cases where an external organisation is obliged contractually to report serious breaches on behalf of JRO, all regulatory timelines remain applicable (notification to the MHRA within 7 days of becoming aware of serious breach).

The JRO staff member reporting the serious breach must update the "JRO Log of "Potential Serious breaches"/"Serious breaches" on the S:drive:
(S:\SLMS_RSC_ALL_STAFF\CLINICAL_TRIALS\Serious Breaches, USM, CTU breaches\Notification of Serious breaches.)

If a "potential serious breach" is investigated but does not become a serious breach, it should be logged as a "potential serious breach".

The log must be reviewed periodically by the QA manager as part of the trial monitoring activities to help identify any trends, in particular those relating to recurrent findings that may require additional training or monitoring visits to site.

### 6.2.5 Follow up reports

Follow up reports should be made in writing and should:

- Be clearly identified as a follow up report;
- Reference the unique GCP ID allocated when the initial report was acknowledged by the MHRA and REC;
- Be forwarded to the initial MHRA assessor and REC administrator dealing with the case.

### 6.2.6 Escalation and dissemination process

Escalation by Investigator:

The investigator must notify their line manager(s) (both Trust and University) of the "notification of serious breach" having been sent to the MHRA and been informed of what CAPA is in place. The line manager(s) of these organisations will have to inform their QA and senior management if necessary and according to their own SOPs.

The R&D Department of the site where the serious breach took place must be informed of the CAPA in place.

The breach should be circulated to relevant staff for inclusion of relevant information in to the study report or publication.

Escalation by JRO:

This will be dependent on the nature of the breach and may include other sites and pharmacies affected, other MHRA departments etc.

The serious breach will be notified to the Sponsorship Oversight Committee or the Clinical Research Governance Committee as deemed appropriate.

UCL reserves the right to withdraw sponsorship for the trial as and when necessary.

## 6.3 Urgent Safety Measures

### 6.3.1 Initial notification to MHRA by phone

When an urgent safety measure (USM) has been implemented at a site the **Investigator** should phone the **Clinical Trial Unit at the MHRA** (020 3080 6456) and discuss the issue with a safety scientist / medical assessor. This should be done ideally **within 24 hours** of measures being taken, but **no later than 3 days**.

Information you will be asked on the call:

1. EudraCT / Trial Registry number of;
   a. The trials for which USM action has been taken,
   b. Other ongoing trials with the same Investigational Medicinal Product(s) (IMP(s))
   c. Trials run by a different Sponsor affected by the USM action
2. The affected IMP(s) – commercial or developmental names
3. Nature of the safety concern and whether it has been reported as a SUSAR
4. Which USMs have been taken and when
5. The number of UK subjects who are currently receiving the IMP, the number of subjects who received it and the number affected by the USM
6. Contact details in case of further questions

Where this information is not available during the initial call it should be provided as soon as possible.

### 6.3.2 Written notification to Sponsor, MHRA and REC

Sponsor:
The Investigator must email the JRO (SRA / RM(ATMP) and CTIMPS@ucl.ac.uk) **immediately and in any event within 3 days**, that such measures have been taken and the reasons why, including all details regarding the initial phone call with the MHRA.

The SRA / RM(ATMP) should forward the information to the QA Manager and any other relevant team members (e.g. PVG Manager, RM (Pharm)).

MHRA:

The Investigator must provide the MHRA written notification of the measures taken and discussed with the medical assessor, **within 3 days*** from the date the measures were taken, by email to clintrialhelpline@mhra.gov.uk (copying in the medical assessor).

The notification must also include details of the substantial amendment to be submitted covering changes made as part of the USM (annexe 2 form plus updated documents including the changes agreed with the medical assessor).

*(*In the case of research during a pandemic period, Point 3 of The Medicines for human Use (Miscellaneous Amendment) Regulations (SI2009/1164) has amended this timeline to "as soon as possible".)*

REC:

The Investigator must email the REC **immediately and in any event within 3 days**, that such measures have been taken and the reasons why, including all information provided in the written notification to the MHRA. Include the CTIMP Safety Report From (available from the HRA website) with the notification to the REC.

The local R&D Department might need to be informed in accordance with local requirements.

### 6.3.3 Substantial Amendment associated with the Urgent Safety Measure

The substantial amendment covering the changes made as part of the Urgent Safety Measure should be submitted within **approximately two weeks of notification of the USM to the MHRA**.

Any potential reason for delay to submission of the substantial amendment should be discussed and agreed with the MHRA medical assessor at the time of initial notification or through a follow up call if necessary.

Submission of the substantial amendment must not be delayed by additional changes outside of those taken and required as an urgent safety measure. Unrelated and unacceptable changes may result in rejection of the amendment.

The substantial amendment should be submitted to the MHRA and REC using the procedure described in the Sponsor SOP for the Classification, Review and Submission of Clinical Trial Amendments (**SPON/S13**).

### 6.3.4 Urgent Safety Measure Documentation

The Investigator should log the USM into the **Log of Deviations, Violations, Potential Serious breaches, Serious breaches, Urgent Safety Measures** (see associated template).

The JRO should log the USM into the **JRO Log of Urgent safety measures reported to the JRO on UCL sponsored CTIMPs** saved on the S Drive: (S:\SLMS_RSC_ALL_STAFF\CLINICAL_TRIALS\Serious Breaches, USM, CTU breaches\Urgent safety measures log).

All USM notifications/documentation should be filed in the TMF/ISF and the Sponsor File.

## 7. REFERENCES

https://www.ucl.ac.uk/joint-research-office/

MHRA - Guidance for the Notification of Serious Breaches of GCP or the Trial Protocol Version 6 (08Jul2020)

The Medicines for Human Use (Clinical Trials) Regulations 2004 (SI 2004/1031)

The Medicines for Human Use (Clinical Trials) Amended Regulations 2006 (SI 2006/1928)

The Medicines for Human Use (Clinical Trials) Amended Regulations 2009 (SI 2009/1164)

## 8. APPENDICES

No Appendices are associated with this SOP.

## 9. TEMPLATES/LOGS ASSOCIATED TO THIS SOP:

| | |
|---|---|
| 1 | Log of Deviations, Violations, Potential Serious Breaches, Serious Breaches, Urgent Safety Measures |
| 2 | JRO Log of Potential Serious breaches/Serious breaches reported to the JRO on UCL sponsored CTIMPs |
| 3 | JRO Log of Urgent Safety Measures reported to the JRO, MHRA and REC on UCL sponsored CTIMPs |

## 10. SOP DISSEMINATION & TRAINING

This SOP will be provided to the PIs prior to, or at initiation at the latest. All staff trial team concerned by this SOP will sign the SOP training log (12. SOP TRAINING LOG) part of this SOP. These documents should be filed in the ISF

## 11. SIGNATURE PAGE

| | |
|---|---|
| **Author and Job Title:** | Catherine Maidens, Pharmacovigilance Manager |
| **Signature:** | Catherine Maidens |
| **Date:** | 10 February 2021 \| 13:23 GMT |

| | |
|---|---|
| **Authorised by:**<br>**Name and Job Title** | Helen Cadiou, Head of QA |
| **Signature:** | Helen Cadiou |
| **Date:** | 10 February 2021 \| 13:34 GMT |

## 12. SOP TRAINING LOG:

| | **Name of Staff** (Capital letters)**:** | **Job Title and Department:** | Training **Date** | **I confirm that I understand & agree to work to this SOP: SIGNATURE** | **Name of Trainer** **(if applicable)** | **Signature** | **Date** |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |

| | **Name of Staff (**Capital letters**):** | **Job Title and Department:** | Training **Date** | **I confirm that I understand & agree to work to this SOP: SIGNATURE** | **Name of Trainer (if applicable)** | **Signature** | **Date** |
|---|---|---|---|---|---|---|---|
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |

| | **Name of Staff** (Capital letters)**:** | **Job Title and Department:** | Training **Date** | **I confirm that I understand & agree to work to this SOP: SIGNATURE** | **Name of Trainer** **(if applicable)** | **Signature** | **Date** |
|---|---|---|---|---|---|---|---|
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |

| | **Name of Staff** (Capital letters)**:** | **Job Title and Department:** | Training **Date** | **I confirm that I understand & agree to work to this SOP: SIGNATURE** | **Name of Trainer** **(if applicable)** | **Signature** | **Date** |
|---|---|---|---|---|---|---|---|
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |

| | **Name of Staff** (Capital letters)**:** | **Job Title and Department:** | Training **Date** | **I confirm that I understand & agree to work to this SOP: SIGNATURE** | **Name of Trainer** **(if applicable)** | **Signature** | **Date** |
|---|---|---|---|---|---|---|---|
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |