1. **Purpose:**
   This standard operating procedure is designed to describe how the Secretariat of the Institutional Ethics Committee (IEC) manages protocol submissions to the IEC.
2. **Scope:**
   A protocol submission includes:
   - Submission for Initial Review and Approval
   - Resubmission of Protocols with Corrections
   - Protocol Amendment-Summary of changes
   - Continuing Review of Approved Protocols
   - Protocol Termination
3. **Responsibility:**
   It is the responsibility of the IEC secretariat to receive, record, distribute for review and get the project proposals approved by the IEC, as well as to deliver the review results by the way of discussion with/Minutes/Decision to the Principal Investigators/study designee.
4. **Flow chart:**

Sl.No.	Activity	Responsibility
1.	Receive Submitted project proposals ↓	IEC Secretariat
2.	Check for submission items • Initial Review Application • Resubmission of Protocols with Corrections • Protocol Amendment-Summary of changes • Continuing Review of Approved Protocols • Protocol Termination ↓	IEC Secretariat
3.	Complete the submission process ↓	IEC Secretariat
4.	Store the received documents	IEC Secretariat

5. **Detailed instructions:**

5.1 Receive submitted documents

5.1.1 Initial Review Application

- Go to SOP/08/V-8.0

5.1.2 Resubmission of Protocols with Corrections

- Go to SOP/11/V-8.0

5.1.3 Protocol Amendment

- Go to SOP/12/V-8.0

5.1.4 Continuing Review of Approved Protocols

- Go to SOP/13/V-8.0

5.1.5 Protocol Termination/Completion

- Go to SOP/18/V-8.0

5.2 Check for submission items

5.2.1 Check the received documents

Receive the documents from the Principal Investigator after confirming that they are complete with respect to information, forms, approval letters, enclosures, page nos. on each page etc.

5.2.1.1 Initial Review

- Check for contents of a submitted project proposal as per Checklist, form AF/IEC/01/06/V-8.0
- Review Report form: AF/IEC/02/06/V-8.0

5.2.1.2 Resubmission of Protocols with corrections

- Check for contents of a submitted project proposal as per Checklist, form AF/IEC/01/06/V-8.0
- Review Report form: AF/IEC/02/06/V-8.0

5.2.1.3 Protocol Amendments

- Check for contents of a submitted project proposal as per Checklist, form AF/IEC/01/06/V-8.0
- Review Report form AF/IEC/02/06/V-8.0

5.2.1.4 Annual Continuing Reviews of Approved Protocols

- Check the Annual Report with the template AF/IEC/03/06/V-8.0 for all the points covered.
- Take out the relevant file and check for the information given in report is same as mentioned in the file.
- If any point/information is missing, provide Template (soft copy) to the Principal Investigator and request them to give information as per the template only.
- Go to step 5.2.2.

5.2.1.5 Protocol Termination/Completion

- Check for contents of a submitted package, as per the format of final review AF/IEC/04/06/V-8.0 and AF/IEC/05/06/V-8.0
- Study Assessment form AF/IEC/02/06/V-8.0

5.2.2 Fill in the forms:

- Tick marks the points on the Checklist AF/IEC/01/06/V-8.0

1.1.1. Attach the Study Assessment form AF/IEC/02/06/V-8.0

1.1.2. Verify contents of submitted project proposal

Title Page should be complete in following respects

- Protocol Title/No:

- Name of the Principal Investigator:
- Name of the Co- Investigator/ Collaborator:
- Enclosures with page nos.
- Face Sheet should be complete as per the Checklist (AF/IEC/01/06/V-8.0)
- Participant Information Sheet: refer (AF/IEC/05/08/V-8.0)
- To see that the entire questions are included in the Participant Information Sheet as per the given format Informed Consent Document refers (AF/IEC/06/08/V-8.0). Summary of Study Protocol and Detailed Protocol should include the following points refer: (AF/IEC/03/08/V-8.0)

5.3 Complete the submission process

- Check for completeness of the submitted documents
- Notify the applicants if the package is incomplete.
- State clearly the items missing in the package.
- Fill up the related parts and the missing documents.
- If the documents found to be complete, put 'Received' stamp on the Covering letter and the first page of the documents
- Initial the receiver's name on the receiving documents. Put date, time and inward number for receiving the documents.
- Attach the filled checklist (AF/IEC/01/06/V-8.0) with the copy of the Study Assessment form (AF/IEC/02/06/V-8.0) to the Research Protocol documents.

5.4 Processing the submitted documents

- After review of the project by the Secretariat, invite the IEC members for review of project proposal and hand over the proposals for checking along with Checklist and Review Report form to reviewers/IEC members.
- If the internal IEC members find the project to be technically sound and complete in all respect to be placed before the Full Board, the Principal Investigator will be informed to make multiple copies as required. If the project is to be put forth to the meeting, it will be assigned number and the file of the project with that number will be made. The entry will be made in the 'Project Register' for writing further information. If the project is found to be incomplete, the Principal Investigator will be asked to make the corrections in the proposal.

5.5 Create a Protocol Specific File (for Initial Review)

- Create the 'Project' file.
- Record the name of the Principal Investigator, title and assign number to the project.
- Keep the copy of the submitted documents with original signatures in the respective file.

5.6 Store the received documents

- Bind the documents together appropriately.
- Store the dated and initial original protocol documents on the IEC submission shelf for review in chronological order.

6. References:

- ✓ International Conference on Harmonization of technical requirements for pharmaceuticals for human use(ICH)-2016
- ✓ Forum for Ethical Review Committees in Asia and the Western Pacific SOPs 2006
- ✓ WMA Declaration of Helsinki-Ethical principal for medical Research involving human subjects-2013
- ✓ Ethical Guidelines for Biomedical Research on Human Participants, ICMR-2017
- ✓ New Drugs and Clinical Trial Rules, 2019

7. ANNEXURES:

(AF/IEC/01/06/V-8.0) Checklist for Investigator
(AF/IEC/02/06/V-8.0) Study Assessment Form for New protocol
(AF/IEC/03/06/V-8.0) Annual Report Templates
(AF/IEC/04/06/V-8.0) Study Report form for protocol termination
(AF/IEC/05/06/V-8.0) Study Report form for protocol completion
(AF/IEC/06/06/V-8.0) Clinical Trial Agreement Checklist
(AF/IEC/07/06/V-8.0) Study Principal Investigator CV Format
(AF/IEC/08/06/V-8.0) Contents of the proposed protocol for the Conducting Clinical Trail
(AF/IEC/07/06/V-8.0) Document History

ANNEXURE: 01 **(AF/IEC/01/06/V-8.0)**

Checklist for Principal Investigator

Sl.No	Particulars		
1.	Covering letter	Yes	No
2.	Title Page	Written	Not Written
	Project Title:	Written	Not Written
	Name of the Principal Investigator:	Written	Not Written
	Name of the Co- Investigator/	Written	Not Written
	Enclosures with page nos./Index	Written	Not Written
3.	**Face Sheet**		
	1) Protocol/Project Title	Written	Not Written
	2) Principal Investigator / Site coordinator	Written	Not Written
	a. Name b. Affiliation, c. Official address d. Telephone no's e. E-mail address		
	3) Name, address of the Institution / Orgn. Responsible for conduct / coordination of project.	Written	Not Written
	4) Name & address of the Funding / Sponsoring Institution/CRO	Written	Not Written
4.	**To be answered / responded by the PI / Co-ordinator**	Complete	Incomplete
	a) Does the protocol fall under exempt category? (If yes, give reasons on separate sheet)	Given	Not given
	b) Is request made for obtaining waiver from informed consent? (If yes, give reasons on separate sheet)	Given	Not given
	c)) Does the protocol involve Human participants (If yes, will it include)	Yes	No
5.	i) drawing of blood, body fluids, tissues etc.	Yes	No
	ii) Administration of an investigational substance / implantation of a device (if yes, provide name of the drug / substance / device etc. and its	Yes	No

	manufacture's name and address) (Also, clearance from the DCGI, if relevant)		
	iii) Exposure to ionizing radiation	Yes	No
	iv) Use of genetically engineered products (if yes, give details of the product, and appropriate clearances from the DBT, GEAC, DCGI, etc.)	Yes	No
	d) Does the protocol involve inclusion of vulnerable participants(if yes, special precautions proposed to safeguard their rights and interests shall be documented on separate sheet) Page No.	Yes	No
6.	Signature of Principal Investigator responsible for conduct of study with mention of date & place	Complete	Incomplete
7.	Undertaking by Investigators & Collaborators Signature, Date	Complete	Incomplete
8.	Investigator Brochure	Yes	No
9.	Case report form	Yes	No
10.	Clinical trial agreement	Yes	No
11.	Site or Study specific Insurance	Yes	No
12.	Brief Bio-data of Investigators	Complete	Incomplete
13.	Participant Information Sheet	Complete	Incomplete
14.	Informed Consent Document	Complete	Incomplete
15.	Participant Record Sheet	Complete	Incomplete
16.	Summary of Study Protocol	Complete	Incomplete
17.	Detailed Protocol	Complete	Incomplete
18.	Data Collection tools	Attached	Not attached
19.	GCP Training Certificate of Principal Investigator/Co-Investigators	Attached	Not attached

ANNEXURE: 02 **(AF/IEC/02/06/V-8.0)**

Study Assessment Form for New Protocol

Protocol Number: Date (D/M/Y):

Name of Principal Investigator:

Protocol version and date:

Reviewer's name with Designation:

Mark and comment on whatever items applicable to the study.

Sl.No	Particulars	Indications		Comments
1.	Objectives of the Study	Clear	Unclear	
2.	Background and Rationale	insufficient	Sufficient	
3.	Methodology	Clear	Unclear	
4.	Study Design and Sample size	Appropriate	Inappropriate	
5.	Inclusion Criteria	Appropriate	Inappropriate	
6.	Exclusion Criteria	Appropriate	Inappropriate	
7.	Voluntary, Non-Coercive Recruitment of Participants	Yes	No	
8.	Are Qualifications and experience of the Principal Investigator appropriate? Availability of CV and MRC	Yes	No	
9.	Facilities and infrastructure of Participating Site	Appropriate	Inappropriate	
10.	Involvement of Local Researchers and Institution in the Protocol Design, Analysis and dissemination of Results	Yes	No	
11.	Risk-benefit analysis	Yes	No	
12.	Benefit to Local Communities	Yes	No	
13.	Are blood/tissue samples sent abroad?	Yes	No	
14.	CTRI No/Document	Yes	No	
15.	Final Clinical Trial Aggrement Budget Sheet	Yes	No	
16.	Insurance Policy(Study/site Specifc)	Yes	No	
17.	DCGI submission letter	Yes	No	

18.	DCGI Approval Letter	Yes	No	
19.	**Statement for protection of rights and interests of Vulnerable Participants.** **If yes.** Please refer SOP for Research involving Vulnerable Population/Annexure			
a.	Children (up to 18 years);	Yes	No	
b.	Students, employees or residents, subordinates, defense service personnel require special considerations	Yes	No	
c.	Genetic research	Yes	No	
d.	Terminally ill patients	Yes	No	
e.	Women special situations- Pregnant or lactating women	Yes	No	
f.	Tribal and marginalized communities	Yes	No	
g.	Economically and socially disdavnataged	Yes	No	
20.	Research on human Genetics and research (if applicable)			
a.	**Types of Conesent** Broad consent_____ Tiered Consent____ Specific consent___ Delayed consent___	Yes	No	
b.	Bionabking facilities and SOPs	Appropriate	Inappropriate	
c.	Data transfer certificate or material transafer Agreement-DTA-MTA	Yes	No	
d.	Types of samples as per ICMR gudiliens-2017			
e.	Anonymous or uninden	Yes	No	
	Annonymized	Yes	No	
	Identifiable	Yes	No	

List of additional documents required (if applicable)

IEC office use only	
Reviewer name signature and date	
Member Secretary/Chairperson signature with date	

ANNEXURE: 03 **(AF/IEC/03/06/V-8.0)**

Annual Report Template

Sl.No	Particulars	
1.	Protocol No:	
2.	Protocol Title:	
3.	Principal Investigator:	
4.	Name of the Co-Investigator:	
5.	Duration of the study:	
6.	PI Presented to IEC Meeting – date:	
7.	Approval date:	
8.	**Study initiation: - date**	
9.	**Amendments if any:**	
10.	Approval given for the Amendment:	
11.	Financial Status:	
12.	Objectives:	
13.	Sample size	
14.	Number of study participants enrolled	
15.	Number of Drops outs:	
16.	Number of screen failures:	
17.	Number of ongoing:	
18.	**Summary of the work done (preferably in 1-2 paragraphs):**	
19.	Number on study/follow-up:	
20.	Number of AE/SAE:	
21.	Completion/Termination of the study – date	
22.	Any protocol deviation and violations:	
23.	Next due for the study Approval:	
24.	Signature of the Principal Investigator with date	
25.	Principal Investigator signature and date	

ANNEXURE: 04 **AF/IEC/04/06/V-8.0**

Study Report Form for Protocol Termination

Protocol No.:

Protocol Title:

Principal Investigator:

Date of IEC Approval with reference Numbers

Phone number/E-mail address:

Sponsors /Funding Agencies Name:

Address:

Phone/E-mail:

Study site(s): No. of Participants as each site:

Study Design and Sample Size:

Objectives:

Methodology:

Duration of the study:

Total Number of study participants:

No. of Study Arms (If any):

Number of participants in each of the Study Arms:

Study dose(s):

Reasons for termination (if any):

Provision for follow-up of patients:

Whether the study samples are being retained for future use:

Results:

(Use extra blank paper, if more space is required.)

Outcome and Implications of the Study:

Presentations (If any):

Signature of P.I.: Date:

ANNEXURE: 05 **AF/IEC/05/06/V-8.0**

Study Report Form for study Completion

Protocol No.: Principal Investigator:

Protocol Title:

Date of IEC Approval

Phone number: E-mail address:

Sponsors /Funding Agencies Name:

Address:

Phone: E-mail:

Study site(s): No. of Participants as each site:

Study Design and Sample Size:

Objectives:

Duration of the study:

Total Number of study participants:

No. of Study Arms (If any): Number of participants in each of the Study Arms:

Study dose(s):

Provision for follow-up of patients:

Whether the study samples are being retained for future use:

Outcome and Implications of the Study:

Presentations (If any):

Signature of P.I.: Date:

ANNEXURE: 06 **AF/IEC/06/06/V-8.0**

Clinical Trial Agreement Checklist

Sl. No	Description	Yes	No
1.	**Protocol Number and Title**		
2.	**Effective date**		
3.	**Parties Involved** - (Sponsor / CRO , Principal Investigator, Institution and or SMO) **Bipartite**		
	Tripartite		
	Quadra parted		
4.	**Agreed terms** - Definition, Conduct of the study, Responsibility of the company, Principal investigator, Institution		
5.	**Study drug and Materials**		
6.	**Study and Protocol**		
7.	**The Study Schedules**		
8.	**Monitoring and audit by the company**		
9.	**Inspection by the regulatory authorities**		
10.	**Payment Details**- Budget and Payment scheduled, Payment of cost outside budget and payment schedule, Payment terms, payment recipient and address, Reimbursement, Payment for screen failure, payment for study coordinator.		
11.	**Obligations of the institution and Principal Investigator** - EC Approval, Performance of the study, Key personnel, sponsor Visit, Supplies		
12.	**Study Records , reports and Data** - Study records , Case report form, Annual reports, Final Reports , **(In case of PI is no longer associated with the institute, Institute head or authorized designee will be responsible for maintenance and retention of study records)** , Reporting of SAE(Sponsor, EC,DCGI and head of institution), 14th day PI analysis Report (Sponsor, EC,DCGI and head of institution).		
13.	**Confidentiality**		
14.	**Publications**		

15.	**Ownership of materials, data, inventions and discoveries.**		
16.	**Representations, warranties and covenant**.- Of the PI, Of the Sponsor, No other Representations or warranties, Of the Institutions		
17.	**Governing Law** -This agreement and any dispute or claim out of or in connections with it or its subject matter (including non- contractual disputes or claims) shall be governed by and constructed in accordance with the laws of India without regard to the conflict of law principles thereof. The parties irrevocably agree that the courts of India shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this agreement or its subject matter (including non-contractual disputes or claims).		
18.	**Indemnification** - Sponsor Indemnification, Institution Indemnification, Notification, Claims, Representation, subject injury.		
19.	**Insurance** - Sponsor insurance , Institution Insurance		
20.	**Compliance, Transparency, Anti - bribery, Anti- corruption and Conflict of Interest**.		
21.	**Term and Termination**		
22.	**Miscellaneous**		
23.	**Agreed by the parties** - Sponsor/ CRO, PI, Institution, SMO(if involved)		
24.	**Witness details**		
25.	**Payee Details of the Hospital:** Head of the Institution: Cheque in the Name of MD and CE -Institutional overhead charges: 25%		
26.	**Payee Details of the Ethics Committee of KLE University** **Cheque:** Registrar, KLE University, Belagavi-10		
27.	**Research Pharmacy funds to be paid in the name of Registrar KLE University** **For the Non- Global study** **Global study**		

ANNEXURE: 07 **AF/IEC/07/06/V-8.0**

Study Principal Investigator CV Format

Name:	
Present affiliation*(Job title, department, and organisation)*:	
Address*(Full work address)*:	
Telephone number:	**Email address:**
Qualifications:	
Professional registration *(Name of body, registration number and date of registration)*:	
Previous and other affiliations*(Include previous affiliations in the last 5 years and other current affiliations)*:	
Projects undertaken in the last 5 years:	

Relevant research training/experience in the area:	
Relevant publications *(Give references to all relevant publications in the last five years)*:	
Signature	**Date:** Click here to enter a date.

ANNEXURE: 08 **AF/IEC/08/06/V-8.0**

Contents of the proposed protocol for the conducting clinical trial

a. Full title of the clinical study,
b. Protocol, Study number, and protocol version number with date.
c. The Investigational New Drug (IND) name/number of the investigational drug.
d. Complete name and address of the Sponsor and contract research organization if any.
e. List of the investigators who are conducting the study, their respective institutional affiliations and site locations
f. Name of clinical laboratories and other departments and/or facilities participating in the study.

Table of Contents

1. Background and introduction
    a. Preclinical experience
    b. Clinical experience:

    Previous clinical work with the new drug should be reviewed here and a description of how the current protocol extends existing data should be provided. If this is an entirely new indication, how this drug was considered for this should be discussed. Relevant information regarding pharmacological, toxicological and other biological properties of the drug/biologic/medical device, and previous efficacy and safety experience should be described.
2. Study rationale: This section should describe a brief summary of the background information relevant to the study design and protocol methodology. The reasons for performing this study in the particular population included by the protocol should be provided.
3. Study objective (primary as well as secondary) and their logical relation to the study design.
4. Study design
    a. **Overview of the study design:** Including a description of the type of study (i.e., double-blind, multicentre, placebo controlled, etc.), a detail of the specific treatment groups and number of study Subjects in each group and investigative site, Subject number assignment, and the type, sequence and duration of study periods.
    b. Flow chart of the study
    c. A brief description of the methods and procedures to be used during the study.

d. Discussion of study design: This discussion details the rationale for the design chosen for this study.

5. Study population: the number of subjects required to be enrolled in the study at the investigative site and by all sites along with a brief description of the nature of the subject population required is also mentioned.
6. Subject eligibility

a. Inclusion criteria

b. Exclusion criteria

7. Study assessments-plan, procedures and methods to be described in detail.
8. Study conduct stating the types of study activities that would be included in this section would be: medical history, type of physical examination, blood or urine testing, electrocardiogram (ECG), diagnostic testing such as pulmonary function tests, symptom measurement, dispensation and retrieval of medication, Subject cohort assignment, adverse event review, etc.

   Each visit should be described separately as Visit 1, Visit 2, etc.

   Discontinued subjects: Describes the circumstances for Subject withdrawal, dropouts, or other reasons for discontinuation of Subjects. State how drop outs would be managed and if they would be replaced describe the method of handling of protocol waivers, if any. The person who approves all such waivers should be identified and the criteria used for specific waivers should be provided.

   Describes how protocol violations will be treated, including conditions where the study will be terminated for noncompliance with the protocol.
9. Study treatment-
   a. Dosing schedule (dose, frequency, and duration of the experimental treatment) Describe the administration of
   b. Placebos and/or dummy medications if they are part of the treatment plan. If applicable, concomitant drug(s),
   c. Their doses, frequency, and duration of concomitant treatment should be stated.
   d. Study drug supplies and administration: A statement about who is going to provide the study medication and that the investigational drug formulation has been manufactured following all regulations Details of the product stability, storage requirements and dispensing requirements should be provided. Dose modification

for study drug toxicity: Rules for changing the dose or stopping the study drug should be provided Possible drug interactions

e. Concomitant therapy: The drugs that are permitted during the study and the conditions under which they may be used are detailed here. Describe the drugs that a Subject is not allowed to use during parts of or the entire study. If any washout periods for prohibited medications are needed prior to enrolment, these should be described here.
f. Blinding procedures: A detailed description of the blinding procedure if the study employs a blind on the Investigator and/or the Subject
g. Un-blinding procedures: If the study is blinded, the circumstances in which un-blinding may be done and the mechanism to be used for un-blinding should be given

10. Adverse Events:

    Description of expected adverse events should be given.

    Procedures used to evaluate an adverse event should be described.

11. Ethical considerations: Give the summary of:
    a. Risk/benefit assessment:
    b. Ethics committee review and communications
    c. Informed consent process
    d. Statement of subject confidentiality including ownership of data and coding procedures.
12. Study monitoring and supervision: A description of study monitoring policies and procedures should be provided along with the proposed frequency of site monitoring visits, and who is expected to perform monitoring. Case Record Form (CRF) completion requirements, including who gets which copies of the forms and any specific required in filling out the forms Case Record Form correction requirements, including who is authorized to make corrections on the Case Record Form and how queries about study data are handled and how errors, if any, are to be corrected should be stated. Investigator study files, including what needs to be stored following study completion should be described.
13. Investigational Product Management:
    a. Give investigational product description and packaging (stating all ingredients and the formulation of the investigational drug and any placebos used in the study)
    b. The precise dosing required during the study

c. Method of packaging, labelling, and blinding of study substances

d. Method of assigning treatments to subjects and the subject identification code numbering system

e. Storage conditions for study substances

f. Investigational product accountability: Describe instructions for the receipt, storage, dispensation, and return of the investigational products to ensure a complete accounting of all investigational products received, dispensed, and returned or destroyed.

g. Describe policy and procedure for handling unused investigational products.

14. Data Analysis: Provide details of the statistical approach to be followed including sample size, how the sample size was determined, including assumptions made in making this determination, efficacy endpoints (primary as well as secondary) and safety endpoints.

    Statistical analysis: Give complete details of how the results will be analysed and reported along with the description of statistical tests to be used to analyse the primary and secondary endpoints defined above. Describe the level of significance, statistical tests to be used, and the methods used for missing data; method of evaluation of the data for treatment failures, non-compliance, and Subject withdrawals; rationale and conditions for any interim analysis if planned.

    Describe statistical considerations for Pharmacokinetic (PK) analysis, if applicable.

15. Undertaking by the Investigator
16. Appendices: Provide a study synopsis, copies of the informed consent documents (patient information sheet, Informed consent form etc.); Case Record Form (CRF) and other data collection forms; a summary of relevant preclinical safety information and any other documents referenced in the clinical protocol.

ANNEXURE: 09 **AF/IEC/09/06/V-8.0**

Document History

Author	Version	Date	Description of the Change