

## **KLE Academy of Higher Education and Research**



(Nehru Nagar, J.N.Medical College campus, Belagavi 590010, India) KLES Dr.Prabhakar Kore Hospital, Belgaum-590010, Karnataka State India (: 0831-2470400 <u>www.kledeemeduniversity.edu.inE</u> mail:kleclinicalresearch@gmail.com

### FORM NO: 44 Format of IEC Meeting Minutes Type of Meeting: Full Board Meeting

**Venue:** IEC office, Conference Room, KLES Dr.PK Hospital and MRC, Belagavi-10

Date of issuance:

### Attendance:

### **Present:**

Member 1 (name, position, science/non-science, affiliated/non-affiliated, male/female) Member 2 (name, position, science/non-science, affiliated/non-affiliated, male/female) Member 3 (name, position, science/non-science, affiliated/non-affiliated, male/female) Member 4 (name, position, science/non-science, affiliated/non-affiliated, male/female) Member 5 (name, position, science/non-science, affiliated/non-affiliated, male/female) **Absent:** 

Member 1 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 2 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 3 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 4 (name, position, science/non-science, affiliated/non-affiliated, male/female)

Member 5 (name, position, science/non-science, affiliated/non-affiliated, male/female)

## Subject Expert/Intendent Consultant:

**Member 1 -**Name, Designation -Department-Affiliation, male/female **Others:** 

Staff (name, position)

Guest (name, position)

### 1. CALL TO ORDER

<Title, First name, surname> Chair, called this meeting to order at. Time>

## 2. DETERMINATION OF QUORUM

Quorum was declared with the presence of members, inclusive of the presence of medical, non-medical/lay, noninstitutional, and female members, as confirmed by the Member Secretary, .

## 3. DISCLOSURE OF CONFLICT OF INTEREST

<Title, surname of chair>called for disclosure of Conflict of Interest (COI) in the Protocols scheduled for deliberation in the meeting. The following member/s inhibited from participation in the deliberations during the full board meeting for the following reasons: <Title, Name, surname > as Investigator for the study entitled, "TITLE" (PROTOCOL NUMBER)

**4.** APPROVAL OF THE AGENDA

<Title, surname of chair > presided over the discussion of the agenda of the meeting for (Date of current meeting). The agenda was corrected during the discussion and approved as amended.

## 5. APPROVAL OF THE MINUTES OF THE LAST MEETING:

- 5.1. Corrections in the Meeting Minutes
- 5.2. Approval of the Meeting Minutes
- 5.3. Matters Arising from the Minutes of the Last Meeting requiring EC action

## 6. **PROTOCOL REVIEW**:

## 6.1. FULL BOARD REVIEW

## 6.1.1. Protocols for Initial Review

Protocol Code	
Submission date	
Protocol Title	





P	Principal Investigator		
F	Reviewers		
S	Sponsor or CRO		
Ç	Juorum status		
C	Conflict of Interest		
A	Assessment of Scientific Issues	1. Rationale and literature review	
		2. Objectives/Expected output	
		3. Research/Study design	
		4. Study population, sampling design, and sample size	
		5. Inclusion criteria	
		6. Exclusion criteria	
		7. Withdrawal criteria	
		8. Control arms (placebo or less effective intervention,	
		if any)	
		9. Study procedures and tools	
		10. Data management and analysis	
A	Assessment of Ethical Issues	1. Risks	
		2. Benefits	
		3. Vulnerability	
	Assessment of Informed Consent ssues	1. Completeness of patient information sheet (PIS) and informed consent form (ICF)	
		2. Language and translation of PIS and ICF	
		3. Voluntary participation	
		4. Insurance and medical care	
		5. Cost, compensation, and reimbursement	
		6. Privacy and confidentiality	
		7. Assent and parental consent	
		8. Informed consent process	
Α	Assessment of the Qualification of	1. Expertise	
t	he Investigator	2. Training	
		3. Conflict of interest	
C	Conclusion and Recommendations		
	Action Taken	1. Approved – with or without suggestions or	
		comments;	
		2. Revision with minor modifications/amendments	
		3. Revision with major modifications for resubmission	
	×	4. Disapproved	
A	Approval Expiration Date (if		
	pplicable)		
	Frequency of Continuing Review (in	ion)	
	case of approval and minor revision)		
1.2.	Protocols for Modification or Resubm		
P	Protocol Code		
F	Re-Submission date		
P	Protocol Title		
P	Principal Investigator		
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	Reviewers		
	Sponsor or CRO		
	Quorum status		
	Conflict of Interest		
	Assessment of PI Response to Initial		
	Review		
	Conclusion and Recommendations		
	Action Taken	1. Approved	
		<b>2.</b> Minor modification to the amendment,	
		<b>3.</b> Major modification to the amendment	
		4. Disapprove	
		Expedited review at the level of the Member Secretary;	
	Approval Expiration Date		
	Frequency of Continuing Review (in		
	case of approval and minor revision)		
6.1.3.	Amendments		
	Protocol Code		
	Approval date		
	Submission date		
	Protocol Title		
	Protocol little		
	Principal Investigator		
	r incipal nivestigator		
	Reviewers		
	Sponsor or CRO		
	Time allotment		
	Ou amount attatute		
	Quorum status		
	Conflict of Interest		
	connect of interest		
	Assessment of Amendment		
	Conclusion and Recommendations		
	Action Taken	<b>1.</b> Approved	
		<b>2.</b> Minor modification to the amendment,	
		<b>3.</b> Major modification to the amendment	
		<b>4.</b> Disapprove	
6.1.4.	Protocol Non-Compliance (Deviation or	tocol Non-Compliance (Deviation or Violation) Reports	
	Protocol Code		
	Approval date		
	Report date		
	Protocol Title		
	Principal Investigator		
	Reviewers		
	Sponsor or CRO		





	Quorum status	
	Conflict of Interest	
	Assessment of Protocol Non-	
	Compliance Report	
	Conclusion and Recommendations	
	Action Taken	Decision
		No further action required;
		Request information,
		Recommend further action
6.1.5.	SAE Reports	
012101	Protocol Code	
	Approval date	
	Report date	
	Protocol Title	
	Principal Investigator	
	Reviewers	
	Sponsor or CRO	
	Quorum status	
	Conflict of Interest	
	Assessment of SAE	Submission Date
		Date of SAE
		Onsite or offsite
		Country (if offsite)
		SUSAR or Non-SUSAR
		Related or Non-Related to the
		Study
		SAE Status
	Conclusion and Recommendations	
	Action Taken	Decision
		No further action required;
		Request information,
		Recommend further action
6.1.6.	<b>Requests, Queries, and Complain</b>	
	Protocol Code	
	Approval date	
	Application date	
	Protocol Title	
	Principal Investigator	
	Reviewers	
	Sponsor or CRO	
	Assessment of Request, Query or	
	Complaint	
	Conclusion and Recommendations	
	Action Taken	No further action required;
		Request information,
		Recommend further action
	Conclusion and Recommendations	
6.1.7.	Site Visit Reports	
	Protocol Code	
	Protocol Approval date	





	Protocol Title	
	Site Visit date	
	Principal Investigator	
	Reviewers	
	Sponsor or CRO	
	Quorum status	
	Conflict of Interest	
	Assessment of Site Visit Report	
	Action Taken	No further action required;
		Request information,
		Recommend further action
	<b>Conclusion and Recommendations</b>	
6.1.8.	Study Termination	
	Protocol Code	
	Protocol Approval date	
	Application date	
	Protocol Title	
	Principal Investigator	
	Reviewers	
	Sponsor or CRO	
	Quorum status	
	Conflict of Interest	
	Assessment of Risks from Study	
	Termination	
	Action Taken	No further action required;
		Request information,
		Recommend further action
	Conclusion and Recommendations	
6.1.9.	<b>Continuing and Progress Reports</b>	6
	Protocol Code	
	Protocol Approval date	
	Application date	
	Protocol Title	
	Principal Investigator	
	Reviewers	
	Sponsor or CRO	
	Quorum status	
	Conflict of Interest	
	Assessment of Continuing and	
	Progress Report	
	Action Taken	No further action required;
		Request information,
		Recommend further action
( 1 10	Conclusion and Recommendations	
6.1.10.	Final Reports	
	Protocol Code	
	Protocol Approval date	
	Application date	
	Protocol Title	
	Principal Investigator	





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Reviewers	
Sponsor or CRO	
Quorum status	
Conflict of Interest	
Assessment of Final Report	
Action Taken	No further action required;
	Request information,
	Recommend further action
Conclusion and Recommendations	

## **5.** OTHER MATTERS:

6. ADJOURNMENT: This meeting was adjourned at

Prepared by	SECRETARIAT STAFF-Name	Date and signature
Checked by	Member Secretary-Name	Date and signature
Approved by	Chairperson-Name	Date and signature