Standard Operating Procedures (SOP)

INSTITUTIONAL ETHICS COMMITTEE

REGIONAL INSTITUTE OF OPHTHALMOLOGY (IEC RIO)

Address: 88, College Street,Kolkata-700073,West Bengal, India

SOP Version: 3.3

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AMENDMENT SHEET

Sl. No.	Page No.	Clause No.	Date of Amendment	Amendment Made	Reasons	Signature of Approver
1.	87	Appendix XII	28 MAR 2025	IEC Membership List	As per Ethics Norms	Supreeti Biswas Mondal
2.	88	Appendix-XIII	28-MAR-2025	Version Control	As per Ethics Norms	Supreeti Biswas Mondal

Name of the Ethics Committee		
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GLOSSARY:

1. **Academic Clinical Trial:** A clinical trial of a drug already approved for a certain claim and initiated by any investigator, academic or research institution for a new indication or new route of administration or new dose or new dosage form, where the results of such a trial are intended to be used only for academic or research purposes and not for seeking approval of the Central Licensing Authority or regulatory authority of any country for marketing or commercial purpose.
2. **Act**: The Drugs and Cosmetics Act, 1940 (23 of 1940);
3. **Active pharmaceutical ingredient**: Any substance which can be used in a pharmaceutical formulation with the intention to provide pharmacological activity; or to otherwise havedirect effect in the diagnosis, cure, mitigation, treatment or prevention of disease; or to have direct effect in restoring, correcting or modifying physiological functions in human beings or animals;
4. **Active Study File**: Any approved protocol, supporting documents, records containing communications and reports that correspond to each currently approved study.
5. **Adverse Drug Reaction**- In the pre-clinical experience with a new medicinal product or its new usages, particularly as the therapeutic dose(s) may not established all noxious or unintended responses to the product related to any dose should be considered adverse drug reactions. The phrase "responses to a medicinal product" means that a causal relationship between the product and the adverse event is at least a reasonable possibility, i.e., the relationship cannot be ruled out. Regarding marketed products, a response to a product whichis noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis or therapy of diseases or for modification of physiological function.
6. **Adverse Event**- Any untoward medical occurrence in a patient or clinical investigation participant administered an investigational product and which does not necessarily have a causal relationship with this treatment. The adverse event can therefore be any unfavourable or unintended sign or experience associated with the use of the investigational product, whether or not related to the product.
7. **Agenda**: A list of things to be done; a program of business for the meeting
8. **Amendment**: Any change in protocol and documents which were previously approved by IEC
9. **Assent**: To agree or approve after thoughtful consideration an idea or suggestion to participate in research by a young person below the age of 18

years who is old enough to understand the implications of any proposed research but not legally eligible to give consent. The assent has to be corroborated with informed consent of parent/ LAR.

10. **Audit**: A systematic and independent examination of research activities and documents to determine whether the review and approval activities were conducted, data recorded and accurately reported as per applicable guidelines and regulatory requirements
11. **Autonomy:** The ability and capacity of a rational individual to make an independently informed decision to volunteer as a research participant.
12. **Beneficence:** To try to do good or an action which weighs the risks against benefits to prevent, reduce or remove harm for the welfare of the research participant(s) in any type of research.
13. **Bioavailability study:** A study to assess the rate and extent to which the drug is absorbed from a pharmaceutical formulation and becomes available in the systemic circulation or availability of the drug at the site of action;
14. **Biomedical and health research**: Research including studies on basic, applied and operational research or clinical research, designed primarily to increase scientific knowledge about diseases and conditions (physical or socio-behavioral); their detection and cause; and evolving strategies for health promotion, prevention, or amelioration of disease and rehabilitation but does not include clinical trial as defined.
15. **Caregivers:** A caregiver or carer is an unpaid or paid person who helps another individual with illness or impairment with daily activities/ performance.
16. **Case record form:** Case record form or case report form is a printed, optical or electronic document designed to record all the required information in the protocol on each study participant for reporting to the sponsor.
17. **Central Licensing Authority**: The Drugs Controller, India. The Drugs Controller, India appointed by the Central Government in the Ministry of Health and Family Welfare shall be the Central Licensing Authority.
18. **Clinical Research:** Research that directly involves a particular person or group of people to study the effect of interventions, or uses materials/data from humans indirectly, such as their behaviour or samples of their tissue for prevention, treatment and diagnosis of a disease condition/health disorder.
19. **Clinical trial**: in relation to a new drug or investigational new drug means any systematic study of such new drug or investigational new drug in human subjects to generate data for discovering or verifying its,-
    (i) clinical or;
    (ii) pharmacological including pharmacodynamics, pharmacokinetics or;

(iii) adverse effects,
with the objective of determining the safety, efficacy or tolerance of such new drug orinvestigational new drug.

20. **Clinical Trial Agreement**: A written, dated, and signed agreement between two or more involved parties that sets out any arrangements on delegation and distribution of tasks and obligations and, if appropriate, on financial matters.
21. **Clinical Trial Protocol**: a document containing the background, objective, rationale, design, methodology including matters concerning performance, management, conduct, analysis, adverse event, withdrawal, statistical consideration and record keeping pertaining to clinical trial;
22. **Clinical trial registry:** an official platform for registering a clinical trial, such as Clinical Trial Registry-India.
23. **Clinical Trial Site:** any hospital or institute or any other clinical establishment having the required facilities to conduct a clinical trial;
24. **Closed Study File**: Any approved protocol, supporting documents, records containing communications and reports that correspond to a study which is completed or terminated or discontinued or suspended or not initiated.
25. **Coercion**: An overt or implicit threat of harm to a participant which is intentional to force compliance
26. **Collaborative research**: An umbrella term for methodologies that actively engage researchers, communities and/ or policy makers in the research process from start to finish.
27. **Compensation**: Provision of financial payment to the research participants or their legal heirs when temporary or permanent injury or death occurs due to participation in biomedical and health research
28. **Confidentiality**: Keeping information confidential which an individual has disclosed in a relationship of trust and with the expectation that it shall not be divulged to others without permission
29. **Confidentiality agreement:** Secrecy or non-disclosure agreements designed to protect trade secrets, information and expertise from being misused by those who have learned about them.
30. **Contract research organization**: An institution or service organization which represents a sponsor in providing research support/services on a contractual basis nationally or internationally.
31. **Document**: Document may be of any forms, e.g., paper, electronic mail (e-mail), faxes, audio or video tape, etc.
32. **Effectiveness**: in relation to a drug means its ability to achieve the desired effect in a real world clinical situation after approval of the drug;
33. **Efficacy**: in relation to a drug means its ability to achieve the desired effect in

a controlled clinical setting;

34. **Essential Documents**: Documents which individually and collectively permit evaluation of the conduct of a study and the quality of the data produced.
35. **Ethicist**: One whose judgment on ethics and ethical codes is based on knowledge/experience through qualification or training.
36. **Expedited review/meeting**: An expedited review is an accelerated review for minor changesto the approved protocol, research proposal with minimal risk and documents of minor nature. A review process is by IEC subcommittee and the decision is notified to the full board.
37. **Full Board/ Regular Review**: Review of initial, resubmitted, continuing review, amendments of protocols and or ICFs and any other documents which are tabled in a formally convened meeting of the full IEC committee for detailed discussion and decisions.
38. **Global clinical trial**: any clinical trial which is conducted as part of a clinical developmentof a drug in more than one country;
39. **Good Clinical Practices Guidelines:** the Good Clinical Practices Guidelines for conduct of clinical studies in India, formulated by the Central Drugs Standard Control Organization and adopted by the Drugs Technical Advisory Board;
40. **Impartial witness**: A literate person, who is independent of the research and would not be unfairly influenced by people involved with the study, who attends the informed consent process if the participant and/or their LAR cannot read, and understand the informed consent form and any other written information supplied to the participant
41. I**ND Investigational New Drugs**: a new chemical or biological entity or substance that has not been approved for marketing as a drug in any country
42. **Independent consultant:** An expert who gives advice, comments and suggestions to the EC and has no affiliation to the institute or researchers proposing the research protocols. This individual has no voting power for decision making
43. **Independent Consultants**: Professionals with advanced training and expertise in the medical or non-medical areas related to the protocol being reviewed.
44. **Informed Consent**: A process by which a subject voluntarily confirms his or her willingnessto participate in a particular trial, after having been informed of all aspects of the trial that arerelevant to the subject's decision to participate. Informed consent is documented by means of a written, signed and dated informed consent form.
45. **Initial Review**: The first time review of the protocol done by one or two

individual reviewers/lead discussants (IEC members) during the formally convened IEC meeting.

46. **Institutional Ethics Committee (IEC):** It is an independent body formally designated to review, approve, and monitor biomedical and behavioral research involving humans with the aim to protect the rights and welfare of the subjects. It is an independent body whose responsibility is to ensure the protection of the rights, safety and well-being of humansubjects involved in a clinical trial and to provide public assurance of that protection.
47. **Intramural**- The studies funded by the institution
48. **investigational product**: the pharmaceutical formulation of an active ingredient or placebo being tested or used in a clinical trial;
49. **Investigator**: a person who is responsible for conducting clinical trial at the clinical trial site;
50. **Investigator's Brochure**: The Investigator's Brochure (IB) is a compilation of the clinical and non-clinical data on the investigational product(s) that are relevant to the study of the product(s) in human subjects
51. **Justice:** Pertains to fairness in the way people are dealt with, indicating fair selection and distribution of benefits and risks to participants who should be fully apprised about them
52. **Lay person:** A literate person who has not pursued a medical science/health related career in the last 5 years and is aware of the local language, cultural and moral values of the community.
53. **Legal expert**: A person with a basic degree in law from a recognized university, with experience.
54. **Legally acceptable representative (LAR)**: A person who will give consent on behalf of a prospective participant who, for either legal or medical reasons, is unable to give consent herself/himself to participate in research or to undergo a diagnostic, therapeutic or preventive procedure as per research protocol, duly approved by the EC.
55. **Legally authorized representative:** A person who, under applicable law or judicial authority, can give consent on behalf of a prospective participant who, for either legal or medical reasons, is unable to give consent herself/himself to participate in research or to undergo a diagnostic, therapeutic or preventive procedure as per research protocol, duly approved by the ethics committee
56. **Medical management**: treatment and other necessary activities for providing the medical care to complement the treatment;
57. **Minimal risk**: Probability of harm or discomfort anticipated in the research is not greater than that ordinarily encountered in routine daily life activities of a healthy individual or general population or during the performance of routine

physical or psychological examinations or tests. However, in some cases like surgery, chemotherapy or radiationtherapy, great risk would be inherent in the treatment itself, but this may be within the range of minimal risk for the research participant since it would be undertaken as part of current everyday life

58. **Minutes**: An official record of proceedings at a meeting.
59. **Monitor**: Many IECs rarely find time to perform monitoring visit themselves. They may askoutside experts or the IEC member to perform the tasks on their behalf and later report their findings to IEC.
60. **Monitoring report:** Reports should include a summary of what the monitor reviewed and the monitor's statements concerning the significant findings/facts, deviations and deficiencies, conclusions, actions taken or to be taken and/or actions recommended to secure compliance.
61. **Monitoring visit**: An action that IEC or its representatives visit study sites to assess howwell the investigators are conducting researches, taking care of subjects, recording data and reporting their observations, especially serious adverse events found during the studies. Normally monitoring visit will be arranged in advance with the principal investigators.
62. **New chemical entity**: any substance that has not been approved for marketing as a drug by a drug regulatory authority of any country including the authorities specified under these rules and is proposed to be developed as a new drug for the first time by establishing its safety and efficacy;
63. **New drug:**
    (i) a drug, including active pharmaceutical ingredient or phyto pharmaceutical drug, which has not been used in the country to any significant extent, except in accordance with the provisions of the Act and the rules made thereunder, as per conditions specified in the labelling thereof and has not been approved as safe and efficacious by the Central Licensing Authority with respect to its claims; or

    (ii) a drug approved by the Central Licensing Authority for certain claims and proposed to be marketed with modified or new claims including indication, route of administration, dosage and dosage form; or

    (iii) a fixed dose combination of two or more drugs, approved separately for certain claims and proposed to be combined for the first time in a fixed ratio, or where the ratio of ingredients in an approved combination is proposed to be changed with certain claims including indication, route of administration, dosage and dosage form; or

    (iv) a modified or sustained release form of a drug or novel drug delivery system of any drugapproved by the Central Licensing Authority; or

(v) a vaccine, recombinant Deoxyribonucleic Acid (r-DNA) derived product, living modified organism, monoclonal anti-body, stem cell derived product, gene therapeutic product or xenografts, intended to be used as drug;

Explanation._ The drugs, other than drugs referred to in sub-clauses (iv) and (v), shall continue to be new drugs for a period of four years from the date of their permission granted by the Central Licensing Authority and the drugs referred to in sub-clauses (iv) and (v) shall always be deemed to be new drugs;

64. **Non-affiliated member:** Individual who is a scientific or non-scientific member, is knowledgeable about clinical or scientific matters or local cultural and community attitudes, and has number association with the Hospital.
65. **Non-Scientific member:** Individual who possesses expertise and/or experience outside scientific areas and serves to represent either vulnerable populations or local cultural and community attitudes relative to the rights and welfare of human research participants.
66. **Non-compliance**: Non-performance of the study in compliance with the approved protocol, national regulations, ICH GCP, and other applicable regulations and/or failure to respond to the IEC request for information/action.
67. **Offsite**- Event occurring at other centers/sites
68. **Onsite**- Event occurring at trial site
69. **Phase I studies**: Initial introduction of an investigational new drug (IND) into humans, studies designed to determine the metabolism and pharmacological actions of drugs in humans, and studies designed to assess the side effects associated with increasing doses .
70. **Phase II study**: A study of drug metabolism, structure-activity relationships, and mechanism of action in humans, as well as studies in which investigational drugs are used as research tools to explore biological phenomena or disease processes.
71. **Phase III study**: A study expands controlled and uncontrolled trials performed after preliminary evidence suggesting effectiveness of the drug has been obtained. They are intended to gather the additional information about effectiveness and safety that is needed to evaluate the overall benefit-risk relationship of the drug and to provide an adequate basis for physician labelling.
72. **Phase IV study**: A study that seeks to expand an approved medication‟s use into a new population, new indication, or new dose.
73. **Pilot studies**: A pilot study, project or experiment is a small-scale preliminary study conducted in order to evaluate feasibility, time, cost, adverse events and effect size (statisticalvariability) in an attempt to predict an appropriate sample size and improve upon the study design prior to performance of a full-scale research project.

74. **Placebo**: an inactive substance visually identical in appearance to a drug being tested in a clinical trial;
75. **Post-trial access**: making a new drug or investigational new drug available to a trial subject after completion of clinical trial through which the said drug has been found beneficial to a trial subject during clinical trial, for such period as considered necessary by the investigator and the Ethics Committee;
76. **Pre-clinical study**: Animal and in vitro studies providing information on possible toxicities and mechanisms of action, and starting doses for human studies
77. **Protocol deviation**: Changes or alterations in the conduct of the trial which do not have a major impact on the subject's rights, safety or well-being, or the completeness, accuracy and reliability of the study data.
78. **Protocol violation**: A protocol deviation that may affect the subject‟s rights, safety, or well- being or alter the risk benefit ratio, and/or affect the subjects‟ willingness to participate in the study, and/or impact the completeness, accuracy and reliability of the study data.
79. **Protocol Waiver**: Protocol Waiver is analogous to a Protocol Deviation, except that prior IEC approval must be obtained before implementing the necessary departures from theprotocol.
80. **Quorum**: Number of IEC members required to act on any proposal presented to the committee for action.
81. **Scientific member:** Individual who possesses the clinical and/or scientific knowledge and ability to effectively evaluate the research and clinical investigation.
82. **Serious adverse event**: an untoward medical occurrence during clinical trial resulting in death or permanent disability, or hospitalization of the trial subject where the trial subject is an outdoor patient or a healthy person, prolongation of hospitalization where the trial subject is an indoor-patient, persistent or significant disability or incapacity, congenital anomaly, birth defect or life threatening event
83. **Social scientist**: A person who is an expert on societal and social behaviour with specialization/experience in the area.
84. **Sponsor:** An individual, institution, private company, government or nongovernmental organization from within or outside the country who initiates the research and is responsible for its management and funding
85. **Standard operating procedure**: Detailed written instructions in a certain format describing all activities and actions to be undertaken by an organization to achieve uniformity inperformance of a specific function
86. **Study Protocol**: A document that describes the objective(s), design, methodology, statistical considerations and organization of a trial.
87. **Theologian**: A person who is an expert in the study of religious faith(s), including the systemof spirituality, practice and experience about the nature of the divine
88. **Trial subject:** a person who is either a patient or a healthy person to whom investigational product is administered for the purposes of a clinical trial.
89. **Vulnerability**: Vulnerability in research pertains to individuals who are relatively or absolutely incapable of protecting their own interests because of personal disability, environmental burdens or social injustice, lack of power, understanding or ability to communicate or are in a situation that prevents them from doing so.

List of Abbreviations

SL No	Acronym	Full Title/Description
1	**ADR**	Adverse Drug Reaction
2	**AE**	Adverse Event
3	**CDSCO**	Central Drugs Standard Control Organization
4	**CoI**	Conflict of Interest
5	**CRF**	Case Record Form
6	**CRO**	Contract Research Organization
7	**CTA**	Clinical Trial Agreement
8	**DCGI**	Drug Controller General of India
9	**DCR**	Drugs and Cosmetic Rules,1945
10	**FDA**	Food and Drug Administration
11	**FDC**	Fixed Dose Combination
12	**GCP**	Good Clinical Practice
13	**CTRI**	Clinical Trial Registry India
14	**GMP**	Good Manufacturing Practices
15	**IEC**	Institutional Ethics Committee
16	**IB**	Investigator"s Brochure
17	**CF**	Consent Form
18	**ICH**	International Committee on Harmonization
19	**ICMR**	Indian Council of Medical Research
20	**IND**	Investigational New Drug
21	**IRB**	Institutional Review Board
22	**MOU**	Memorandum of Understanding
23	**NDA**	New Drug Application
24	**NOC**	No-objection Certificate
25	**PI**	Principal Investigator
26	**PID**	Participant Information Document
27	**RCT**	Randomized Controlled Trial
28	**SAE**	Serious Adverse Event
29	**SOPs**	Standard Operating Procedures
30	**RIO**	Regional Institute of Ophthalmology

1. Adoption of SOP:

The vision of **Regional Institute of Ophthalmology** is to be the leader in innovation of patient care in Ophthalmology and deliver superior quality programmes and services. With our vision come these important core values: excellence, innovation, integrity, compassion and stewardship. Regional Institute of Ophthalmology also stands by the following heartfelt maxims, for they exemplify our commitment to and pride in our crucial work to bring hope and possibilities, caring and support to millions of common mass of our country suffering from various types of diseases related to eye.

As a part of our social commitment, we vow to continue our endless fight against blindness and all other eye diseases through continuous service, patient care, innovation and research, located at **88, College Street, Kolkata-700073, West Bengal, India.** Regional Institute of Ophthalmology has adopted this standard operating procedure (SOP) to ensure the right, safety and welfare of human participant in biomedical and experimental research conducted at Regional Institute of Ophthalmology Medical College & Hospital, henceforth being referred to as Regional Institute of Ophthalmology, Kolkata.

Applicable to all clinical trial and experimental studies and biomedical research conducted at Regional Institute of Ophthalmology, Kolkata which involves human subjects including the following:

1. Phase- I, II& III studies.
2. Phase IV Post Marketing Surveillance Studies
3. Bioavailability and Bioequivalence Studies
4. Medical Device Studies
5. Retrospective Studies
6. Academic Studies

Short Description of SOP: The Following may be called as “Standard Operating Procedure” of Institutional Ethics Committee (IEC) of Regional Institute of Ophthalmology.

2. Objective of SOP:

The objective of this SOP is to contribute to the effective functioning of the Institutional Ethics Committee (IEC) so that a quality and consistent ethical review mechanism for health and biomedical research is put in place for all proposals dealt by the committee as prescribed by the Ethical guidelines for biomedical research on human subjects of ICMR, ICH GCP, Indian GCP and applicable regulatory requirements.

3. General principles in biomedical research involving human subjects:

The committee will ensure a strict concordance with the statements of General principles on Research using Human Subjects in Biomedical Research as well as the Statement of Specific Principles on Research using Human subjects in specific areas of biomedical Research, as laid down by Indian Council of Medical Research (ICMR) and New Drugs Clinical Trials Rules 19th March, 2019 Ministry of Health & Family Welfare, Govt. of India.

The general statement includes:

- The Purpose of the research should be directed towards the increase in knowledge about human beings
- Research is conducted under conditions that no one person/persons become a mere means for the betterment of other.
- Research is subjected to a regime of Evaluation at all stages of proposal, i.e., design, experimentation, statistical validity, declaration and use of results thereafter. To ensure that the research protocols that are carried out at Regional Institute of Ophthalmology,88,College Street,Kolkata-700073,West Bengal, are in accordance to the guidelines laid down by Indian Council of Medical Research (ICMR), Indian GCP, ICH GCP & New drug CT rule 2019, the following criteria, but not limited to these only, must be met:
- Do not compromise the safety of the subject.
- Study procedures to be conducted under the supervision of medical persons with the required expertise
- Include solely patients who have given voluntary and informed written consent to participate in the clinical study.

Any research using the human beings as subjects of medical or scientific research or experimentation shall bear in mind the following principles.

i. **Principles of essentiality** whereby, the research entailing the use of human subjects is considered to be absolutely essential after a due consideration of all alternatives.
ii. **Principles of voluntariness, informed consent and community agreement** whereby, research subjects are fully apprised of research topic and other aspects.
iii. **Principle of non-exploitation**, whereby, as a general rule, research subjects are remunerated for their involvement in the research or experiment as and when feasible;

and, irrespective of the social and economic condition or status, or literacy or educational levels attained by the research subjects kept fully apprised of all the dangers arising in and out of the research.

iv. **Principles of privacy and confidentiality** whereby, the identity and records of the human subjects of the research or experiment are as far as possible kept confidential.

v. **Principles of precaution and risk minimization** whereby, due care and caution is taken at all stages of the research and experiment.

vi. **Principles of professional competence** whereby, the research is conducted at all times by competent and qualified persons who act with total integrity and impartiality.

vii. **Principles of accountability and transparency** whereby, the research or experiment will be conducted in a fair, honest, impartial and transparent manner after a full disclosure is made by those associated with the research or experiment of each aspect of their interest in the research.

viii. **Principles of the maximization of the public interest and of distributive justice** whereby, the research or experiment and its subsequent appreciative use are conducted and used to benefit all human kind.

ix. **Principle of institutional arrangements** whereby, there shall be a duty on all persons connected with the research to ensure that all the procedures required to be complied with and all institutional arrangements required to be made in respect of the research and its subsequently use or application are duly made in beneficial and transparent manner.

x. **Principle of public domain** whereby, the research and any further research, experimentation or evaluation in response to, and emanating from such research is brought into the public domain.

xi. **Principle of totality of responsibility** whereby, the professional and moral responsibility, for the due observance of all the principles, guidelines or prescriptions laid down generally or in respect of the research or experiment in question, devolves on all those directly or indirectly connected with the research or experiment.

xii. **Principle of compliance** whereby, there is a general and positive duty on all persons conducting, associated or connected with any research entailing the use of a human subject to comply with stated rules, norms, SOPs and objectives.

4. Authority under which Institutional Ethics Committee (IEC) is constituted:

The Institutional Ethics Committee is constituted by the authority vested in the **Director of Regional Institute of Ophthalmology, Kolkata.** The Institutional Ethics Committee has been constituted under the guidelines of ICMR, CDSCO New Drugs and Clinical Trial Rules 19th March 2019, and WHO Operating Guidelines for Ethical Review Committee that Review Biomedical Research, ICH (International Conference on Harmonization) Good Clinical Practice (GCP) and The Forum for Ethics Review Committees in India (FERCI).

5. Role of Institutional Ethics Committee (IEC):

- The Ethics Committee of Regional Institute of Ophthalmology is constituted by the Director of Regional Institute of Ophthalmology, Kolkata.
- The Institutional Ethics Committee of Regional Institute of Ophthalmology will review all types of research proposals involving human participants with-a view to safeguard the dignity, right, safety and wellbeing of all actual and potential research participants before approving the research proposals. The goals of research proposal however important, should not take precedence to the health and wellbeing of potential human participant.
- The IEC of Regional Institute of Ophthalmology will devoted to ascertain whether all the cardinal principles of research ethics viz., Autonomy, Beneficence, non-malfeasance, Respect for free and informed consent, respect for human dignity, respect for vulnerable person**,** respect for Privacy and Confidentiality and justice are taken care of in planning, conducting, and reporting of the proposed research. For this purpose, committee will look into the aspects of protocol review, selection of participants, voluntary partition, informed consent procedure, risk and benefits ratio, distribution of burden and benefits, maintenance of privacy & confidentiality and provision for appropriate compensations.
- Committee will review the proposals before the commencement of the study as well as review periodically until the completion of the study through appropriate

well documented procedures. Such a review may be based on the periodic study progress reports furnished by investigator and/or monitoring and internal audit reports furnished by the Sponsor and/or by visiting the study sites.

The mandate of the IEC shall be to review all research projects conducted at the Institution involving human beings directly or indirectly' irrespective of research project is funded or non-funded' and if funded irrespective of funding agency.

- IEC of Regional Institute of Ophthalmology will provide advice to the researcher in all aspects of the welfare and safety of the research participants after ensuring the scientific trustworthiness of the research proposals.
- If the IEC of Regional Institute of Ophthalmology revokes the approval accorded to the study protocol, reason for the same will be recorded and communicated to the Investigator and Licensing authority.
- In case of any SAE or death occurring to the research participant Committee shall forward its opinion on SAE or death after due analysis and opinion on the financial compensation, if any to paid by the Sponsor or its representative who so ever obtained the permission from the licensing authority under Appendix XII (gazette notification 30th January 2013 and Clinical Trial Rules March-2019) with a copy of report to the licensing authority within prescribed timelines.
- The IEC is guided in its reflection' advice‟ operation and decision by the ethical principles expressed in ICMR, ICH, GCP, Drug and Cosmetics Rules and Declaration of Helsinki.
- The IEC will perform its responsibilities by prior registration with the Drug Controller General (India) as per the amended Drug & Cosmetics Act 1945, by Ministry of Health & Family Welfare, Govt. of India.
- The IEC will review both the amount and method of payment to the subject to defray expenses and compensation for any loss of income of the participant, and to ensure that this does not amount to coercion, undue influence, misrepresentation or fraud on the trial subjects. Payment to the subjects will be on a prorated basis, and not wholly contingent on the completion of the trial by the subjects.

- The IEC will apply for the re-registration to the Licensing authority prior three months of its expiry of the registration and will inform the CDSCO for any changes in the member and composition.
- The EC will response to the CDSCO within 90 days of receipt of any suspension or cancellation of registration intimation.
- The EC will maintain the list of audit and inspection it has hosted. Also, IEC will maintain strict confidentiality of all the documents relating to protocol and its proceedings.

6. Composition of the IEC:

The Institutional Ethics Committee of the **Regional Institute of Ophthalmology** is multidisciplinary and multi-sectorial in composition. Independence and competence are the two hallmarks of the IEC.

- ECs should be multi-disciplinary and multi-sectorial.
- There should be adequate representation of age and gender.
- The Chairperson of the Committee is from outside the Institution. This is to maintain the independence of the Committee.
- The Member Secretary is from the Institution and will be responsible for day-to-day activities of the IEC.
- Other members are mix of medical/non-medical, scientific and non-scientific background, including lay public to reflect the differed viewpoints.
- Have different background to promote complete and adequate review of research.
- Have the required qualifications as prescribed by the applicable regulatory guidelines from time to time.
- Have the expertise, time and commitment to perform all the function.
- Having at least fifty percent of the member from outside of the Institute.
- Having a minimum of seven and maximum fifteen members in their membership list.
- Members representing Medical Scientist and clinician possess minimum post graduate qualification.
- Appropriate representation of female member.

- The EC should have a balance between medical and non-medical members/technical and non-technical members, depending upon the needs of the institution.

The composition may be as follows:

1. Chairperson
2. 1-2 basic medical scientists
3. 1-2 clinicians
4. One legal expert
5. One social scientist/representative of non-governmental voluntary agency
6. One lay person from the community
7. Member-Secretary

The IEC have adequate representation of age, gender, community etc. in the committee to safeguard the interest and welfare of all sections of the community/society. All the IEC members are aware of the local, social and cultural norms to facilitate the competent review of the proposals and also to protect the rights, safety and wellbeing of the human subjects participating in the biomedical research.

If required, IEC may invite subject experts to offer their views, for example for drug trials a pharmacologist; preferably a clinical pharmacologist may be included. Similarly, based on the requirement of research area, for example HIV, genetic disorders etc. specific patient groups may also be represented in the committee.

All the members will be appointed by the **Director of Regional Institute of Ophthalmology, Kolkata** with appropriate documentation of their appointment and acceptance, as included in respective appendices to this SOP. The chairperson and the member of Institutional Ethics Committee, Regional Institute of Ophthalmology can suggest the name of the potential members but final decision will remain with Director of the Regional Institute of Ophthalmology, Kolkata.

Appointment will be based on their competencies and integrity. Institutional Ethics Committee of Regional Institute of Ophthalmology has 14 members as per the applicable regulation governed by the regulatory authority (CDSCO).

7. Quorum requirement

According to New Drug CT rule_2019, minimum of 7 members are required to compose a quorum. All decisions must be taken in meetings and not by circulation of project proposals. Minutes of Meeting along with the list of members present during the meeting must be maintained.

- Chairperson
- Basic Medical Scientist
- Member secretary
- Clinician
- Legal Expert
- Social Scientist / Representative of NGO / Ethicist / Theologian.
- Lay person from community

ECs should be multi-disciplinary and multi-sectoral.

- There should be adequate representation of age and gender.
- A minimum of five members present in the meeting room.
- The quorum should include both medical, non-medical or technical or/and non-technical members.
- Minimum one non-affiliated member should be part of the quorum.
- Preferably the lay person should be part of the quorum.
- The quorum for reviewing regulatory clinical trials should be in accordance with current CDSCO requirements.
- No decision is valid without fulfillment of the quorum

8. Membership requirement:

Composition, affiliations, qualifications, member specific roles and responsibilities of an EC

S. No.	Members of EC	Definition/description
1.	**Chairperson/ Vice Chairperson (optional)** Non-affiliated Qualifications - A well-respected person from any background with prior experience of having served/ serving in an EC	• Conduct EC meetings and be accountable for independent and efficient functioning of the committee. • Ensure active participation of all members (particularly non-affiliated, non-medical/ non-technical) in all discussions and deliberations. • Ratify minutes of the previous meetings • In case of anticipated absence of both Chairperson and Vice Chairperson at a planned meeting, the Chairperson should nominate a committee member as Acting Chairperson or the members present may elect an Acting Chairperson on the day of the meeting. The Acting Chairperson should be a non-affiliated person and will have all the powers of the Chairperson for that meeting. • Seek COI declaration from members and ensure quorum and fair decision making. • Handle complaints against researchers, EC members, conflict of interest issues and requests for use of EC data, etc.
2.	**Member Secretary/ Alternate Member Secretary (optional)** Affiliated Qualifications – • Should be a staff member of the institution • Should have knowledge and experience in clinical research and ethics, be motivated and have good communication skills • Should be able to devote adequate time to this activity which should be protected by the institution	• Organize an effective and efficient procedure for receiving, preparing, circulating and maintaining each proposal for review • Schedule EC meetings, prepare the agenda and minutes • Organize EC documentation, communication and archiving • Ensure training of EC secretariat and EC members • Ensure SOPs are updated as and when required

		• Ensure adherence of EC functioning to the SOPs • Prepare for and respond to audits and inspections • Ensure completeness of documentation at the time of receipt and timely inclusion in agenda for EC review. • Assess the need for expedited review/ exemption from review or full review. • Assess the need to obtain prior scientific review, invite independent consultant, patient or community representatives. • Ensure quorum during the meeting and record discussions and decisions.
3.	**Basic Medical Scientist(s)** Affiliated/ non-affiliated Qualifications – • Non-medical or medical person with qualifications in basic medical sciences • In case of EC reviewing clinical trials with drugs, the basic medical scientist should preferably be a pharmacologist	• Scientific and ethical review with special emphasis on the intervention, benefit-risk analysis, research design, methodology and statistics, continuing review process, SAE, protocol deviation, progress and completion report. • For clinical trials, pharmacologist to review the drug safety and pharmacodynamics.
4.	**Clinician(s)** Affiliated/ non-affiliated Qualifications – • Should be individual/s with recognized medical qualification, expertise and training	• Scientific review of protocols including review of the intervention, benefit-risk analysis, research design, methodology, sample size, site of study and statistics • Ongoing review of the protocol (SAE, protocol deviation or violation, progress and completion report) • Review medical care, facility and appropriateness of the principal investigator, provision for medical car, management and compensation. • Thorough review of protocol, investigators brochure (if applicable) and all other protocol details and submitted documents

5.	**Legal expert/s** Affiliated/ non-affiliated Qualifications - • Should have a basic degree in Law from a recognized university, with experience • Desirable: Training in medical law	• Ethical review of the proposal, ICD along with translations, MoU, Clinical Trial Agreement (CTA), regulatory approval, insurance document, other site approvals, researcher‟s undertaking, protocol specific other permissions, such as, stem cell committee for stem cell research, HMSC for international collaboration, compliance with guidelines etc. • Interpret and inform EC members about new regulations if any
6.	**Social scientist/ philosopher/ ethicist/theologian** Affiliated/ non-affiliated Qualifications – • Should be an individual with social/ behavioural science/ philosophy/ religious qualification and training and/or expertise and be sensitive to local cultural and moral values. Can be from an NGO involved in health-related activities	• Ethical review of the proposal, ICD along with the translations. • Assess impact on community involvement, socio–cultural context, religious or philosophical context, if any • Serve as a patient/participant/ societal / community representative and bring in ethical and societal concerns.
7.	Lay person(s) Non-affiliated Qualifications – • Literate person from the public or community • Has not pursued a medical science/ health related career in the last 5 years • May be a representative of the community from which the participants are to be drawn • Is aware of the local language, cultural and moral values of the community • Desirable: involved in social and community welfare activities	• Ethical review of the proposal, ICD along with translation(s). • Evaluate benefits and risks from the participant‟s perspective and opine whether benefits justify the risks. • Serve as a patient/participant/ community representative and bring in ethical and societal concerns. • Assess on societal aspects if any

Recruitment of members:

- The members for IEC will be recruited by the Director of Regional Institute of Ophthalmology**,** Kolkata initially for a period of 5 years. A copy of letter of appointment and acceptance, member profile (CV), the confidentiality agreement & disclosure of conflict-of-interest agreement duly signed by all the members will be kept as IEC records.
- Any change in the membership or the constitution of the registered Ethics Committee shall be intimated to the Central Licensing Authority within 30 working days.
- At the end of 5 years, as the case may be, the committee will be reconstituted, and 25% of the members will be replaced with a formal documentation of reconstitution and replacement.
- A member can be replaced in the event of death or long-term non-availability (i.e., absence of a member in three consecutive IEC meetings) or for any action not commensurate with the responsibilities laid down in the guidelines deemed unfit for a member.
- A member can tender resignation from the committee with proper reasons to do so.
- All IEC members should maintain absolute confidentiality of all discussions during the meeting and must sign a confidentiality form.
- Prior to involvement in IEC meetings, all members must declare their conflict of interest. If prior to any meeting a member deems that he/she has a conflict of interest in a study to be discussed, then he/she must immediately disclose the conflict of interest and must not participate in the deliberation of the IEC.
- All members must be trained prior to their involvement in IEC meetings.
- IEC members should be selected in their personal capabilities, based on their interest, ethical and/or scientific knowledge and expertise, as well as on their commitment and willingness to volunteer the necessary time and effort for the IEC‟s work.
- Renewal: The selection of member secretary and other member should be done 3 months and 1 month prior respectively.

9. Resignation /Replacement /Termination / Disqualification procedure:

The members who have resigned may be replaced at the discretion of the appointing authority for the same. EC members who decide to resign must provide at least 30 calendar days notice prior to the next scheduled meeting. Appointment may be made in the consultation with Member Secretary and Chairperson.

A member may be relieved or terminated of his/her membership in case of:

i. Long term non-availability (i.e., absence of a member in three consecutive IEC meetings)
ii. For any action not commensurate with the responsibilities laid down in the guidelines deemed unfit for a member.
iii. Inability to participate in the IEC meetings on any grounds
iv. Relocation to another city or any such matter, from where member cannot participate in the IEC deliberations.

10. Self-Assessment of EC Members:

Refer to the Appendix-X.

11. Honoraria:

The EC members will be provided honoraria and transport facilities or expenses and when feasible for attending the EC meeting.

12. Conflict of interest:

All IEC, including the Chairperson, are subject to the Policy on Conflicts of Interest approved by the Director, as amended by the Director, from time to time. In the event that a matter arises in which an Ethics Committee member is implicated, the Ethics Committee shall meet without the presence of the implicated Ethics Committee member. Please refer to **Appendix-VII & Appendix-VIII** „Confidentiality and Conflict of interest form for IEC members".

13. (a) Terms of reference:

The terms of references for IEC includes description on composition of IEC, terms of appointment of members with reference to the duration of the term, quorum requirement, the policy for removal, replacement, resignation procedure, frequency of meetings, and payment of processing fee to the IEC for review, honorarium / consultancy to the members / invited experts etc. as given in the SOP.

The SOPs will be revised periodically (i.e., within every 3 years) or based on the changing requirements. The term of appointment of members could be extended for another term and a defined percentage of members (25%) could be changed every five years. It would be preferable to appoint persons trained in bioethics or persons conversant with ethical guidelines and laws of the country. Substitute member may be nominated if meetings have been continuously missed (i.e., three consecutive times) by a member due to illness or other unforeseen circumstances.

13. (b) Special Situations:

- Institutions can have one or more than one EC. They can have multiple ECs to review large numbers of research proposals. Each EC can function as a stand-alone committee which should follow all the SOPs and TORs of that institution.
- An institution that does not have its own EC (user institution) may utilize the services of the EC of another institution (host institution) preferably in the adjoining/nearby area. Relevant requirements must be fulfilled before they do so.
    - Utilizing the services of an EC of another institution:

The following requirements must be fulfilled by institutions that use the services of an EC from another institution:

- The two institutions (host and user) should enter into an MoU for utilizing the services of the EC of the host institution or the user institution should provide a „No Objection Certificate" and agree to be overseen by the EC of the host institution.
- The EC of the host institution should have access to all research records including the source documents and research participants for continuing review of the implemented project, including site visits.
- The EC of the host institution can undertake site monitoring and will have all the rights and responsibilities related to ethical review of the projects submitted by the user institutions

- For multi-centric biomedical and health research, all participating sites may decide to utilize the services of one common EC from a participating site identified as designated main EC for the purpose of primary review. This EC should be located in

India and registered with the relevant authority. However, the local site requirements, such as informed consent process, research implementation and its monitoring, etc. may be performed by the local EC. This would require good communication and coordination between the researchers and EC secretariats of participating sites. For clinical trials under the Drugs and Cosmetics Act, the requirements as stated by CDSCO must be followed.

- Stem cell proposals should be reviewed and approved by the institutional committee for stem cell research (IC-SCR) before being submitted to the EC for consideration, in accordance with the National Guidelines for Stem Cell Research (2017)
- Independent ECs that function outside institutions can be used by researchers who have no institutional attachments. For these committees, the following essential conditions should be met:
    - The Independent EC must be established as a registered legal entity, governed by individuals who are not members of the proposed EC and who will oversee and monitor the functioning of the Independent EC.
    - It should function according to SOPs that follow the national guidelines for functioning of ECs.
    - It should not accept research proposals from investigators affiliated to institutions that have their own ECs unless there is a MoU.
    - It will have rights and responsibilities related to the projects submitted to it.
    - It should have access to all research records, including the source documents and research participants.
    - It should undertake continuing review of the implemented project including site visits.
    - It should familiarize itself with local socio-cultural norms that may help to ensure protection of rights and well-being of research participants.
- Institutions could have subcommittees such as the SAE subcommittee or expedited review committee. These should be part of the main committee and comprise Chairperson/ Member Secretary and one to two appropriate designated members of

the main EC as defined in the SOPs. These subcommittees can report to the concerned main EC.

Institutions could have separate committee for SAE in which one or two members of EC could be included to facilitate continuity of EC activity and its report should be reviewed by main EC.

14. Training:

All IEC members will be trained on ethical principles, good clinical practice, New Drug and Clinical Trial Rules, 2019 and applicable regulations prior to involvement in IEC meetings. The IEC members will be encouraged to keep up-to-date of all national and international developments in ethics through orientation courses on related topics by its own members or regular training organized by constituted body (ies), so that they become aware of their role and responsibilities. Any change in the regulatory requirements will be brought to their attention. All IEC members must be aware of local, social and cultural norms as this is the most important social control mechanism.

15. (a). The work procedure of The IEC is as follows:

1. IEC SOP must be written in Times New Roman font with font size 12. If the Appendices have smaller in font size it is to adjust as per the page requirement or size. The SOP will be distributed in controlled form to all the members and other stakeholders. The SOP will be updated within every 4 to 5 years; if the requirements change it must be updated intermittently. The SOP version or SOP date will be changed in case of the SOP is updated. The intermittently modified or changed appendices SOP will not to be updated. The new appendices may be enclosed along with the SOP to address change or modification in the enclosed appendices.
2. The Chairperson will conduct all meetings of the IEC. If for any reasons beyond control, the chairperson is not available, an alternate Chairperson will be elected from the members by the members present, who will conduct the meeting.
3. The Member Secretary is responsible for organizing the meetings, maintaining the records and communicating with all concerned. He/she will prepare the minutes of the meetings and get it approved by Chairperson before communicating to the researchers. Ethics Committee will meet as and when required.

4. Applicant must submit the proposal two weeks in advance of the scheduled IEC meetings along with the supporting documents in hard copy and soft copy as well.
5. The IEC member (or Designee) will acknowledge the receipt of the package by signing and dating the acknowledgment copy of the application letter. If available, the member (or designee) will stamp the letter with IEC stamp. In case of soft copy circulations, members can acknowledge the same by email.
6. On receipt of proposal, the documents will be circulated to all the IEC members well in advance of the meeting, for detailed review. While reviewing the proposal following criteria should be considered:
   - Minimize risk to the participants
   - Risks must be reasonable in relation to the anticipated benefits
   - Participants are selected equitably
   - Informed consent is adequate, easy to understand and properly documented
   - The research plan makes adequate provision for monitoring the data collected to ensure the safety of participants, where appropriate
   - There are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data where appropriate
   - Appropriate safeguards are included to protect vulnerable participants
7. During each meeting limited number of protocols will be discussed (i.e., as decided and communicated by Ethics Committee) keeping in view that all parameters required for competent review are discussed and consensus drawn.
8. Quorum of 5 members, as given in the SOP, is required to conduct the IEC meeting. If a member is unable to attend a meeting, his/her opinion on the project MUST be submitted in writing to the Chairperson of the committee, before the date of the meeting for a decision. The members, who are unable to attend a meeting, will not be allowed to vote. But their feedback or suggestions on the proposal may be discussed during the meeting to maintain the multi-sectorial and competent review of the proposal.
9. For expedited review the IEC will meet earlier as is required. Requirement of quorum is similar to that explained above
10. The final decision of the IEC will be in from of any one of the categories given below:

a. Approval
b. Disapproval
c. Modification before Approval
d. Discontinuation of previously approved project

11. The IEC decisions will be communicated in writing under the signature of the IEC member secretary
12. In case of a positive decision a statement of the responsibilities of the applicant will be communicated. The IEC expects that, the researchers keep the committee informed of, but not limiting to the following:
    - All cases of protocol amendments should be submitted for IEC review and approval before implementation
    - All cases of amendments to the Informed Consent Form and Patient Information Sheet must be submitted to IEC for review and approval before implementation.
    - All cases of amendments to recruitment material
    - Serious and unexpected adverse events related to the conduct of the study
    - Protocol deviation, if any should be informed with adequate justification
    - Any new information that may affect the risk/benefit ratio of the study
    - Half yearly progress report (the clock for the same starts from the date of receipt of IEC approval for the study)
    - Final report to be submitted at the end of the study
    - Premature termination of the study should be notified with reasons along with summary of the data obtained so far
    - Site close out to be notified along with the final status report including the details of subjects, IP and documentation
    - All administrative changes, which has study implications must be notified to IEC
13. In case of a conditional decision i.e., where ethics clearance is subject to condition i.e., Modification of study documents or requirement of additional documents, the IEC will communicate to the researcher or Investigator the stipulated requirement, including suggestions for revision and the procedure for re-reviewing the application. Any time limit imposed for reply will also be stated.

14. In case of negative decision, a clear statement of the reason(s) for the negative decision will be communicated to the researcher or Investigator including whether it may be submitted as new proposal with appropriate changes. The right to appeal and procedure for re-review (if any) will also be communicated.
15. With regard to approval of amendments: should an amendment to a study-related document be administrative in nature and does not involve any change which may jeopardize the subject or the study, then it may be approved by EC in an expedited manner or as an amendment. But the decision to consider the amendment as minor or major lies fully with the IEC. If an amendment is considered major it will be approved during a full meeting involving the full quorum as stated in the New Drug CT rule_2019.
16. Reported SAEs will be discussed during the IEC meetings to decide on the quantum of compensation and causality of the event.
17. An IEC may decide to reverse its positive decision on a study if it receives information that may adversely affect the risk/benefit ration
18. The discontinuation of a trial may be ordered if the IEC finds that the goals of the trial have already been achieved midway or unequivocal results are obtained.
19. IEC allows investigators to present and defend the proposals during the IEC meetings. The Investigator may also be called to present if a clarification is sought on certain issues in the applications
20. IEC may seek help from the outside experts (from within or outside Regional Institute of Ophthalmology, Kolkata) if required. These experts may be specialists in ethical or legal aspects, specific diseases or methodologies, or represent specific communities; patient groups or special interest groups e.g., Cancer patients, HIV/AIDS positive persons or ethnic minorities. They are required to give their specialized views but do not take part in the decision-making process which will be made by members of the IEC, RIO.
21. Minutes of meetings will be documented and maintained for every meeting conducted by IEC.
22. IEC decision will be communicated within 6 weeks of the submission for protocols requiring review by the IEC members

23. IEC decision to be completed within 45 days from submission for expedited protocols or amendments
24. All proposals are to be submitted with the covering letter mentioning all the listed documents need to be review and approved.
25. Seven hard copies of the proposal along with a soft copy need to be submitted to IEC for competent review
26. The date of IEC meetings will be communicated to researchers or investigators. If there is any change in the schedule it will be communicated well in advance.
27. Study Status report should be intimated by the respective Principal Investigator on half yearly basis.

15. (b). Monitoring of Clinical Trials:

The need and relevance of continuous monitoring of conduct of clinical trials are well recognized. After appropriate approval to a proposed study, the Ethics Committee assign the task of continuous monitoring and review of on-going project to any 2 members (1 medical and 1 non-medical) as nominated by the Chairperson for reviewing risk evaluation & adverse event monitoring.

The purpose of such monitoring is two-fold. a) Routine and b) For cause. The routine monitoring shall be done by periodic visit of the site of specific study. The frequency of such visit is 6 monthly. The for-cause audit is planned in response to some specific concern regarding patient safety or other ethical compliance issues. To assist the 2 member team for monitoring a relevant form has been designed.

At the end of monitoring visit, the 2 member team shall prepare a report that shall be reviewed by the Chairperson of the Committee and the investigator shall be communicated about the observation of the monitoring visit along with recommendation for corrective and preventive actions (CAPA). The same team shall follow up the matter for how the investigator responds to the corrective and preventive actions (CAPA) letter.

Ethics Committee Monitoring of Clinical Trial

Date of Monitoring:

Type of Monitoring: Routine/For-cause (If For-Cause, cite the reason(s)

IEC Representative(s) conducting the Monitoring and the IEC membership category:

Study Title:

Study Code/No:

Name of the Investigator :

Date of IEC approval:

Date of initiation of the study:

Proposed duration of study:

Progress status: Ongoing/ / Enrolment completed, follow-up continuing/ Completed but not closed out/ Completed/ Suspended/ Terminated

(Mention reasons for suspension or termination)

Study team members as per the signature log? : Yes/ No (If No, cite reasons)

Site facilities appropriate?: Yes/ No (If No, cite reasons)

Is the recent version of Informed Consent Document (ICD), after IEC approval, used?: Yes/ No (If No, cite reasons)

Has appropriate vernacular consent been taken from all patients?
Yes/ No (If No, cite reasons)

Any other relevant findings noted about the ICDs? Yes/ No (If Yes, elaborate)

Is recent IEC approved version of protocol used? Yes/ No (If No, cite reasons)

Have the eligibility, inclusion-exclusion criteria been adhered to? Yes/ No (If No, cite reasons)

Any serious adverse events found? Yes/No (If Yes, reporting to regulator/ethics committee/ sponsor done within the stipulated timeline? Has the patient experiencing the SAE received optimum care and treatment at no out of pocket cost?)

Payment of compensation paid for study related injury or death – comments thereof:

Are there any protocol deviation or violation? Have they been documented properly and intimated to the ethics committee?:

Are all Case Record Forms up to date?

Is the facility where IC process is carried out, is well-lit, noise-free, privacy-ensured:
Yes/ No Remarks: .....

Is the consent is taken in the language the participant/LAR understands best and is literate in.

Yes/ No (Remarks.....)

Introduction of each person (person conducting the informed consent discussion participant/ legally acceptable representative (LAR) / impartial witness) involved during informed consent process and information about necessity for audiovisual recording
Yes/ No (Remarks.....)

Information to the participant/ LAR and impartial witness (as applicable) that the process of taking the consent is being recorded for the purpose of documentation as required by the government rules. Yes/ No (Remarks.....)

Information to the participant/ LAR and impartial witness (as applicable) that the confidentiality of information and privacy of participants is assured. Yes/ No (Remarks: .....)
Information to the participant/ LAR and impartial witness (as applicable) that the recording may be shown to government agencies or members from the IEC.
Yes/ No (Remarks.....)

Explanation or narration by the person conducting the informed consent discussion.
Yes/ No (Remarks.....)

Questions asked by the potential participant/LAR are answered satisfactorily.
Yes/ No (Remarks.....)

Allowing ample time and opportunity to read/understand the information in the informed consent document or discuss the same with family members.
Yes/ No (Remarks.....)

Reading out by the participant/LAR (or having read out by impartial witness) the

statements mentioned in ICD and stating whether participant agrees or not for each statement. Yes/ No (Remarks .....)

Documentation of signatures of all those involved in the Informed Consent Process.

Yes/ No (Remarks.....)

Clarity and completeness of AV recording

Yes/ No (Remarks.....)

Storage of recording in password protected laptop/ desktop computer and/ or hard drive and labeled CD with access allowed only to the principal investigator and designated members of the study team.

Yes/ No (Remarks.....)

Are storage of data and investigating products locked?

How well are the participants protected?

Any other remarks? Give details:

Duration of visit..... hours

Name of the study team member/s present:

Signature: ..... Date: .....

16. Frequency and Agenda of Ethics Review

- ***Frequency***

The meeting of the IEC will be held generally **once in every two (2) months** or as and when the proposals are received for review. The essential documents must be submitted **21 days prior to the meeting** including the hard copies along with uploading the soft copies through ethics committee portal ***https://www.rioiec.com*****.** However, if need be, meetings can be held at scheduled intervals when large number of proposals are to be reviewed to ensure that a decision is not pending for more than **three (3) months**. Submission can be accepted prior 1 week of any meeting in case-to-case basis with proper explanation from the researchers.

- ***Agenda***

The proposals will be sent to members at least **two (2) weeks** in advance along with:

a. brief summary of the project with protocol
b. Informed consent and patient information sheet.
c. The EC Approval documents will be given after **two (2) weeks** from the date of EC Meeting.

17. List of documents reviewed for each clinical trial project:

1. IEC application form or Covering Letter,
2. Protocol or protocol amendments,
3. Investigator brochure or amendments,
4. English language informed consent form, translations and its back translations,
5. Translation and back translation certificates,
6. Any recruitment or retention material or any other advertisement. Their translations and back translations along with certificates, if applicable.
7. Insurance policy,
8. Updated CVs of the Investigators along with medical registration certificates,
9. GCP training certificates of the Investigators,
10. Form FDA 1572,
11. Undertaking from investigators,
12. Draft Copy of Clinical Trial Agreement (CTA),
13. DCGI clearance/approval, if applicable. If approval is awaited mention in application letter and submit the DCGI submission letter,
14. CTRI registration number,
15. IEC approvals from other investigative site(s), if applicable.
16. Other relevant regulatory approvals, if applicable.
17. Financial Disclosure Form (FDF) form all investigators,
18. Case Report Form (CRFs), subject diary, questionnaires, follow-up cards etc. If translations and back translations to be used, then those along with certificates also need to be submitted.
19. Source templates provided by Sponsor. If it is site specific template printed on letter head it must only be notified to IEC for review. Site specific template does not require IEC approval.

20. Any Other relevant documents required for the study.

18. (a) Vulnerable groups:

Vulnerable persons are those individuals who are relatively or absolutely incapable of protecting their own interests because of personal disability; environmental burdens; social injustice; lack of power, understanding or ability to communicate or are in a situation that prevents them from doing so.

❖ **Characteristics of vulnerable individuals/populations/group:**

Individuals may be considered to be vulnerable if they are:

• socially, economically or politically disadvantaged and therefore susceptible to being exploited;

• incapable of making a voluntary informed decision for themselves or whose autonomy is compromised temporarily or permanently, for example people who are unconscious, differently abled;

• able to give consent, but whose voluntariness or understanding is compromised due to their situational conditions; or

• unduly influenced either by the expectation of benefits or fear of retaliation in case of refusal to participate which may lead them to give consent

❖ Effort may be made to ensure that individuals or communities invited for research be selected in such a way that the burdens and benefits of the research are equally distributed.

- Research on genetics should not lead to racial inequalities;
- Persons who are economically or socially disadvantaged should not be used to benefit those who are better off than them;
- Rights and welfare of mentally challenged and mentally differently abled persons who are incapable of giving informed consent or those with behavioural disorders must be protected.
- Appropriate proxy consent from the legal guardian should be taken after the person is well informed about the study, need for participation, risks and benefits involved and

the privacy and confidentiality procedures. The entire consent process should be properly documented

- Adequate justification is required for the involvement of participants such as prisoners, students, subordinates, employees, Children, service personnel etc. who have reduced autonomy as research participants, since the consent provided may be under duress or various other compelling reasons.

18. (b) Principles of research among vulnerable populations:

- Vulnerable populations have an equal right to be included in research so that benefits accruing from the research apply to them as well.
- If any vulnerable group is to be solely recruited then the research should answer the health needs of the group.
- Participants must be empowered, to the maximum extent possible, to enable them to decide by themselves whether or not to give assent/consent for participation.
- In vulnerable populations, when potential participants lack the ability to consent, a LAR should be involved in decision making.
- Special care must be taken to ensure participant‟s privacy and confidentiality, especially because breach of confidentiality may lead to enhancement of vulnerability.

If vulnerable populations are to be included in research, all stakeholders must ensure that additional protections are in place to safeguard the dignity, rights, safety and well-being of these individuals.

19. Record keeping:

All documentation and communication of an Ethics Committee are to be dated, filed and preserved according to the standard operating procedures. It is the responsibility of IEC staff to ensure that all study files are prepared, maintained, and kept securely for a period of not less than five years (both in soft and hard copy) form the date of study completion or termination. Approved protocols are assigned unique identifier that ensures confidentiality and facilitates retrieval at any time. Strict confidentiality must be maintained during access and retrieval procedures. Records should be maintained for the following namely:

- The constitution and composition of the IEC
- The curriculum vitae of all IEC members;

- Standard operating procedures followed by the IEC
- National and international guidelines;
- Copies of the protocol, data collection formats, CRFs, investigational brochures etc. submitted for review;
- All correspondence with IEC members and investigators regarding application, decision and follow up;
- Agenda of all IEC meetings;
- Minutes of all IEC meetings with signature of the Chairperson/Member Secretary;
- Copies of decisions communicated to the applicants;
- Record of all notification issued for premature termination of a study with a summary of the reasons;
- Final report of the study including microfilms, CDs and Video-recordings.

All closed study files will be separately archived. After completion of archival period the closed files will be shredded and disposed of after five (05) years. A log book of disposed documents will be maintained.

20. Management of regulatory inspection:

The regulatory inspection of the IEC can be conducted with or without prior notification by the regulatory agency. Foreseeing the regulatory inspection, the IEC will take all the measures required to ensure that the trials are conducted strictly in accordance with the clinical trial regulations and guidelines.

Ethics committee shall remain open for inspection by the inspectors or officials of the Central Drugs Standard Control Organization (CDSCO). The IEC shall allow inspectors or officials of the CDSCO to enter its premises to inspect any record, data, or document related to clinical trials approved by the IEC and shall provide adequate replies to queries/observations (if any) raised by such inspectors or officials of the CDSCO in relation to the conduct of the clinical trial.

Preparation for the Regulatory Inspection:

i. IEC will be registered under the Licensing Authority. The renewal of registration will be done three months prior to the expiry of registration. For this IEC will keep a track of the registration approval date

ii. IEC will be constituted as per the New Drug CT rules_2019

iii. IEC will ensure that the right, safety and wellbeing of the subjects participating in the biomedical research is always protected

iv. IEC will review all study protocols considering the following criteria:

- Minimize risk to the participant
- Risks must be reasonable in relation to anticipated benefits
- Participants are selected equitably
- Informed consent is adequate, easy to understand and properly documented
- The research plan makes adequate provisions for monitoring the data collected to ensure the safety of participants, where appropriate
- There are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data, where appropriate
- Appropriate safeguard is included to protect vulnerable population

v. IEC will maintain all appropriate records to substantiate proper functioning of the Ethics Committee deliverables

vi. If the Inspection is conducted with prior notice, all the members of the IEC will be made aware of the Inspection

During Inspection:

- During the Inspection the delegated personnel from IEC will be present to face the Inspection
- He/she will provide the inspectors with requested records/documents
- If any questions are raised by the Inspectors, the delegated personnel will answer all the questions to the point and with facts/evidence.

After Inspection:

- On receipt of the query letter, if applicable, the IEC will ensure that all queries are addressed within the stipulated timelines
- If required, the corrective actions will be implemented

21. Conducting audits of the investigative sites:

It is the responsibility of the IEC members to perform on-site inspection of selected studies of relevant projects it has approved to ensure the rights and safety of the research participants. The members or Secretary in consultation with the Chairperson may initiate an on-site evaluation of a study site for cause or for a routine audit. IEC may assign a qualified and trained individual for inspections or audit of the ongoing projects. A complete report of the findings is sent to the Chairperson within 14 days of the audit and presented during the Full Board Meeting. The IEC recommendations are communicated to the PI within 14 days of the meeting. Frequency of the auditing of any protocol approved by the IEC is decided on the interim study reports submitted to the IEC.

22. Expedited review

The proposals presenting no more than minimal risk to research participants may be subjected to expedited review. The Member-Secretary and the Chairperson of the IEC or designated member of the committee may do expedited review only if the protocol involves:

- Minor deviations from originally approved research during the period of approval (usually of one-year duration)
- Revised proposal previously approved through full review by the IEC or continuing review of approved proposals where there is no additional risk or activity is limited to data analysis
- Research activities that involve only procedures listed in one or more of the following categories:

  Clinical studies of drugs and medical devices only when–

  - Research is on already approved drugs except when studying drug interaction or conducting trial on vulnerable population

  or

- Adverse Event (AE) or unexpected Adverse Drug Reaction (ADR) of minor nature is reported.

- Research involving clinical materials (data, documents, records, or specimens) that have been collected for non-research (clinical) purposes.
- When in emergency situations like serious outbreaks or disasters a full review of the research is not possible, prior written permission of IEC may be taken before use of the test intervention. Such research can only be approved for pilot study or preliminary work to study the safety and efficacy of the intervention and the same participants should not be included in the clinical trial that may be initiated later based on the findings of the pilot study.

a) **Research on interventions in emergency situation**

When proven prophylactic, diagnostic, and therapeutic methods do not exist or have been ineffective, physicians may use new intervention as investigational drug (IND) / devices/ vaccine to provide emergency medical care to their patients in life threatening conditions. Research in such instance of medical care could be allowed in patients –

I. When consent of person/ patient/ responsible relative or custodian/ team of designated doctors for such an event is not possible. However, information about the intervention should be given to the relative/ legal guardian when available later;
II. When the intervention has undergone testing for safety prior to its use in emergency situations and sponsor has obtained prior approval of DCGI;
III. Only if the local IEC reviews the protocol since institutional responsibility is of paramount importance in such instances.
IV. If Data Safety Monitoring Board (DSMB) is constituted to review the data;

b) **Research on disaster management**

A disaster is the sudden occurrence of a calamitous event at any time resulting in substantial material damage, affecting persons, society, community or state(s). It may be periodic, caused by both nature and humans and creates an imbalance between the capacity and resources of the society and the needs of the survivors or the people whose lives are threatened, over a given period of time. It may also be unethical sometimes not to do research in such circumstances. Disasters create vulnerable persons and groups in society, particularly

so in disadvantaged communities, and therefore, the following points need to be considered when reviewing such research:

I. Research planned to be conducted after a disaster should be essential culturally sensitive and specific in nature with possible application in future disaster situations.

II. Disaster-affected community participation before and during the research is essential and its representative or advocate must be identified.

III. Extra care must be taken to protect the privacy and confidentiality of participants and communities.

IV. Protection must be ensured so that only minimal additional risk is imposed.

V. The research undertaken should provide direct or indirect benefits to the participants, the disaster-affected community or future disaster- affected population and a prior agreement should be reached on this, whenever possible, between the community and the researcher.

VI. All international collaborative research in the disaster-affected area should be done with a local partner on equal partnership basis.

VII. Transfer of biological material, if any, should be as per Government rules taking care of intellectual property rights issues.

23. Proposed Fees:

1. Clinical Trial Project funded by any sponsor or CRO or SMO, an initial review fees of *Rs: 40,000/- (Forty Thousand Only)* will be paid by cheque or Draft in favour of **"INSTITUTIONAL ETHICS COMMITTEE" of REGIONAL INSTITUTE OPHTHALMOLOGY, KOLKATA** having **Account No: 918010078137580, IFSC Code: UTIB0000870, AXIS BANK LTD, CENTRAL AVENUE, KOLKATA-700073** prior of IEC meeting, if not available, an undertaking should have to be submitted with the IEC application form.
2. For any major amendment in the above noted case *Rs: 15,000/- (Fifteen Thousand Only).*
3. For each Annual Review Fees is *Rs: 30000/- (Thirty Thousand Only)* without GST.
4. For each SAE Review Fees is *Rs: 30000/- (Thirty Thousand Only)* without GST.

5. For each Expedited Review Fees is *Rs: 40,000/- (Forty Thousand Only)* without GST.
6. The Institutional Ethics Committee exempts submission fees for Academic projects initiated by undergraduate medical trainees or by the Principal Investigator or Chief Investigator is a Medical teacher/ student/ post-graduate or post-doctoral medical trainee of Regional Institute of Ophthalmology.
7. For Postgraduate and Postdoctoral medical trainees as well as for faculty of other institutes or affiliated or associated organizations or institutions, the review fees will be *Rs: 5,000/- (Five Thousand Only).*
8. Fees can also be paid online to **"INSTITUTIONAL ETHICS COMMITTEE REGIONAL INSTITUTE OPHTHALMOLOGY", 88 COLLEGE STREET MEDICAL COLLEGE KOLKATA-700073, WEST BENGAL, INDIA Account No: 918010078137580, IFSC Code: UTIB0000870, AXIS BANK LTD, CENTRAL AVENUE, KOLKATA-700073, West Bengal, India.**

24. Clinical Trial Agreement (CTA):

Clinical Trail Agreement should be in legal paper or Letter Head where Institute, Principal Investigator, Sponsor/CRO and SMO can be the signatory. A 25% overhead charge may be required for paying to the Institution. Once the project has been cleared by the Institutional Ethics Committee CTA signature can be executed. Signed CTA should be notified to the Member Secretary of the IEC, Regional Institute of Ophthalmology.

25. Serious Adverse Event (SAE):

Serious adverse events (SAE) will be reviewed in IEC meetings. Opinions from specialists in that particular area, who don"t have any conflict of interest, may be taken, if required. In cases of significant SAEs, Principal Investigator of the study will be asked to justify the continuation of the study.

Any SAE, including laboratory test abnormalities, clinical trial related injury or death, regardless of causal relationship, must be immediately reported to the Institutional Ethics Committee Chairman, Sponsor and RA (DCGI) within **24 hours.**

Reporting of fatal SAEs

Investigator to report fatal SAE within **24 hours** of becoming aware [as per APPENDIX XI and XII of Schedule Y and Table 5 of New Drugs and Clinical Trials Rules 2019] to

- Sponsor/Contract Research Organization (CRO),
- Chairman/Member Secretary of Ethics Committee
- Drugs Controller General of India (DCGI/CDSCO-SUGAM Portal)

Investigator to submit the analysis report (causality assessment) within **14 Calendar days** of becoming aware of the event to [as per APPENDIX XI & XII of Schedule Y and Table 5 of New Drugs and Clinical Trials Rules 2019]

- Sponsor/CRO (if applicable)
- Chairman of Ethics Committee
- Head of Institute
- DCGI
- Chairman of Expert Committee

In case of serious adverse event of death occurring to the clinical trial subject, the IEC shall forward it"s report on the serious adverse event of death, after due analysis along with its opinion on the financial compensation, if any, to be paid by the Sponsor or his representative, whosoever had permission from the Licensing Authority as defined under rule 21(b) for conducting the clinical trial, to the:

- Chairman of Expert Committee
- Licensing Authority (DCGI)

The report needs to be submitted within 21 calendar days of the occurrence of the SAE. The Ethics Committee will foresee that subject receive the benefits as decided by the LA/Expert Committee.

Reporting of Non-Fatal SAEs

Investigator to report non-fatal SAE within **24 hours** of becoming aware [as per APPENDIX XI and XII of Schedule Y and Table 5 of New Drugs and Clinical Trials Rules 2019] to

- Sponsor/CRO
- Chairman of Ethics Committee

 DCGI

Investigator/Sponsor to submit the analysis report (causality assessment) within **14 Calendar days** of becoming aware of the event to [as per APPENDIX XI & XII of Schedule Y and Table 5 of New Drugs and Clinical Trials Rules 2019]:

 Chairman of Ethics Committee,

 Head of Institute

 DCGI/CDSCO-SUGAM Portal

In case of serious adverse event other than death occurring to the clinical trial subject, the IEC shall forward it‟s report on the serious adverse event of death, after due analysis along with its opinion on the financial compensation, if any, to be paid by the Sponsor or his representative, whosoever had permission from the Licensing Authority as defined under rule 21(b) for conducting the clinical trial, to:

 Licensing Authority (DCGI)

The report needs to be submitted within **21 calendar days** of the occurrence of the SAE. The Ethics Committee will foresee that subject receive the benefits as decided by the LA.

 SAE Reporting on SUGAM Portal:

As per the new mandate on SAE reporting for online and offline application IEC follows: User Manual for SAE reporting (Serious Adverse Event) On SUGAM portal

Version 3.2 enclosed herewith the SOP.

All SAEs occurring during the trial at site must be informed by the Investigator/Delegated Study Team to the IEC within the Regulatory Time Frame of the occurrence to IEC via IEC Portal ***https://www.rioiec.com*** for reporting to Ethics Committee apart from CDSCO or Head of the Institute or Sponsor.
For the SAE Reporting System, the IEC / the Site will follow the Updated Regulatory Guidelines as & when required.

TABLE 5
DATA ELEMENTS FOR REPORTING SERIOUS ADVERSE EVENTS OCCURRING IN A CLINICAL TRIAL OR BIOAVAILABILITY OR BIOEQUIVALENCE STUDY

1. Patient Details:

Initials and other relevant identifier (hospital or out-patient department (OPD) record number etc)*

Gender

Age or date of birth

Weight

Height

2. Suspected Drug(s):

Generic name of the drug*

Indication(s) for which suspect drug was prescribed or tested.

Dosage form and strength.

Daily dose and regimen (specify units - e.g., mg, ml, mg/kg).

Route of administration.

Starting date and time of day.

Stopping date and time, or duration of treatment

3. Other Treatment(s):

Provide the same information for concomitant drugs (including non-prescription or Over the Counter OTC drugs)

and non-drug therapies, as for the suspected drug(s).

4. Details of Serious Adverse Event:

Full description of the event including body site and severity, as well as the criterion (or criteria) for considering the report as serious. In addition to a description of the reported signs and symptoms, whenever possible, describe a specific diagnosis for the event*

Start date (and time) of onset of event.

Stop date (and time) or duration of event.

De-challenge and re-challenge information.

Setting (e.g., hospital, out-patient clinic, home, nursing home)

5. Outcome

Information on recovery and any sequelae; results of specific tests or treatment that may have been conducted. For a fatal outcome, cause of death and a comment on its possible relationship to the suspected event; Any post-mortem findings.

Other information: anything relevant to facilitate assessment of the case, such as medical history including allergy, drug or alcohol abuse; family history; findings from special investigations etc.

6. Details about the Investigator*

Name and Address

Telephone number

Profession (specialty)

Date of reporting the event to Central Licensing Authority:

Date of reporting the event to ethics committee overseeing the site:

Signature of the Investigator or Sponsor

Note: Information marked * must be provided.

SEVENTH SCHEDULE

FORMULAE TO DETERMINE THE QUANTUM OF COMPENSATION IN THE CASES OF CLINICAL TRIAL RELATED INJURY OR DEATH

1. Formula in case of clinical trial related death:

Compensation = (B x F x R) / 99.37

Where,

B = Base amount (i.e., 8 lacs)

F = Factor depending on the age of the trial subject as per **Annexure 1** (based on Workmen Compensation Act)

R = Risk Factor depending on the seriousness and severity of the disease, presence of co-morbidity and duration of disease of the trial subject at the time of enrolment in the clinical trial between a scale of 0.5 to 4 as under:

(1) 0.5 terminally ill patient (expected survival not more than (NMT) 6 months)

(2) 1.0 Patient with high risk (expected survival between 6 to 24months)

(3) 2.0 Patient with moderate risk

(4) 3.0 Patient with mild risk

(5) 4.0 Healthy Volunteers or trial subject of no risk.

However, in case of patients whose expected mortality is 90% or more within 30 days, a fixed amount of Rs. 2 lacs should be given.

2. Formula in case of clinical trial related injury (other than death): For calculation of quantum of compensation related to injury (other than death), the compensation shall be linked to the criteria considered for calculation of compensation in cases of death of the trial subject as referred to in section of this Schedule. The quantum of compensation in case of Clinical Trial related SAE should not exceed the quantum of compensation which would have been due for payment in Case of death of the trial subject since the loss of life is the maximum injury possible.

(i) A permanent disability: In case of SAE causing permanent disability to the trial subject, the quantum of compensation in case of 100% disability shall be 90% of the compensation which would have been due for payment to the nominee (s) in case of death of the trial subject.

The quantum for less than 100% disability will be proportional to the actual percentage disability the trial subject has suffered.

Accordingly, following formula shall be applicable for determination of compensation:

Compensation = (C x D x 90) / (100 x 100)

Where:

D = Percentage disability the trial subject has suffered.

C = Quantum of Compensation which would have been due for payment to the trial subject's nominees) in case of death of the trial subject.

(ii) Congenital anomaly or birth defect: The congenital anomaly or birth defect in a baby may occur due to participation of anyone or both the parent in clinical trial. Following situations may arise due to congenital anomaly or birth defect.

(a) Still birth;

(b) Early death due to anomaly;

(c) No death but deformity which can be fully corrected through appropriate intervention;

(d) Permanent disability (mental or physical).

The compensation in such cases would be a lump sum amount such that if that amount is kept by way of fixed deposit or alike, it shall bring a monthly interest amount which is approximately equivalent to half of minimum wage of the unskilled worker (in Delhi). The quantum of compensation in such cases of SAE shall be half of the base amount as per formula for determining the compensation for SAE resulting into death.

In case of birth defect leading to sub-clause (c) and (d) of this clause to any child, the medical management as long as required shall be provided by the Sponsor or his representative which will be over and above the financial compensation.

(iii) Chronic life-threatening disease; and

(iv) Reversible SAE in case it is resolved.

In case of clinical trial related SAE causing life-threatening disease and reversible SAE in case it is resolved, the quantum of compensation would be linked to the number of days of hospitalization of the trial subject. The compensation per day of hospitalization shall be equal to the wage loss. The wage loss per day shall be calculated based upon the minimum wage of the unskilled worker (in Delhi).

Since, in case of hospitalization of any patient not only the patient loses his/her wage, there will be direct or indirect losses of various kind including inconvenience, wage loss of attendant, etc. The compensation per day of hospitalization in such case shall be double the minimum wage.

Accordingly, following formula shall be applicable for determination of compensation:

Compensation = 2 X W X N.

Where, W = Minimum wage per day of the unskilled worker (in Delhi)

N = Number of days of hospitalization

TABLE 1

DATA TO BE SUBMITTED ALONG WITH THE APPLICATION TO CONDUCT CLINICAL TRIALS OR IMPORT OR MANUFACTURE OF NEW DRUGS FOR SALE IN THE COUNTRY

1. Introduction: A brief description of the drug and the therapeutic class to which it belongs.

2. Chemical and pharmaceutical information

2.1. Information on active ingredients. - Drug information (Generic Name, Chemical Name or International Non-proprietary Names (INN))

2.2. Physicochemical data. -

(a) Chemical name and Structure

Empirical formula

Molecular weight

(b) Physical properties

Description

Solubility Rotation

Partition coefficient

Dissociation constant.

2.3. Analytical data

Elemental analysis

Mass spectrum

NMR spectra

IR spectra

UV spectra

Polymorphic identification.

2.4. Complete monograph specification including

Identification

Identity or quantification of impurities

Enantiomeric purity

Assay.

2.5. Validations

Assay method

Impurity estimation method

Residual solvent/other volatile impurities (OVI) estimation method.

2.6. Stability studies (for details refer clause 5 of this Schedule)

Final release specification

Reference standard characterization

Material safety data sheet.

2.7. Data on formulation

(i) Dosage form

(ii) Composition

(iii) Master manufacturing formula

(iv) Details of the formulation (including inactive ingredients)

(v) In process quality control check

(vi) Finished product specification

(vii) Excipient compatibility study

(viii) Validation of the analytical method

(ix) Comparative evaluation with international brand or approved Indian brands, if applicable.

(x) Pack presentation

(xi) Dissolution assay

(xii) Impurities

(xiii) Content uniformity pH

(xiv) Force degradation study

(xv) Stability evaluation in market intended pack at proposed storage conditions

(xvi) Packing specifications

(xvii) Process validation

When the application is for clinical trials only, the international non-proprietary name (INN) or generic name, drug category, dosage form and data supporting stability in the intended container-closure system for the duration of the clinical trial (information covered in item numbers 2.1, 2.3, 2.6, 2.7) are required.

3. Animal pharmacology (for details refer clause 3 of this Schedule)

3.1. Summary

3.2. Specific pharmacological actions

3.3. General pharmacological actions

3.4. Follow-up and supplemental safety pharmacology studies

3.5. Pharmacokinetics: absorption, distribution; metabolism; excretion

4. Animal toxicology (for details refer clause 2 of this Schedule)

4.1. General aspects

4.2. Systemic toxicity studies

4.3. Male fertility study

4.4. Female reproduction and developmental toxicity studies

4.5. Local toxicity

4.6. Allergenicity or Hypersensitivity

4.7. Genotoxicity

4.8. Carcinogenicity

Note: Where the data on animal toxicity as per the specifications of clause 2has been submitted and the same has been considered by the regulatory authority of the country which had earlier approved the drug, the animal toxicity studies shall not be required to be conducted in India except in cases where there are specific concerns recorded in writing.

5. Human or Clinical pharmacology (Phase I)

5.1. Summary

5.2. Specific Pharmacological effects

5.3. General Pharmacological effects

5.4. Pharmacokinetics, absorption, distribution, metabolism, excretion

5.5. Pharmacodynamics / early measurement of drug activity

6. Therapeutic exploratory trials (Phase II)

6.1. Summary

6.2. Study report as given in Table 6 of Third Schedule

7. Therapeutic confirmatory trials (Phase III)

7.1. Summary

7.2. Individual study reports with listing of sites and investigators.

8. Special studies

8.1. Summary

8.2. Bio-availability or Bio-equivalence.

8.3. Other studies e.g., geriatrics, paediatrics, pregnant or nursing women

9. Regulatory status in other countries

9.1. Countries where the drug is

(a) Marketed

(b) Approved

(c) Approved as Investigational New Drug (IND) (d) Withdrawn, if any, with reasons

9.2. Restrictions on use, if any, in countries where marketed/approved

9.3. Free sale certificate or certificate of analysis, as appropriate.

10. Prescribing information

10.1. Proposed full prescribing information

10.2. Drafts of labels and cartons

11. Samples and testing protocol/s

11.1. Samples of pure drug substance and finished product (an equivalent of 50 clinical doses, or more number of clinical doses if prescribed by the Central Licensing Authority), with testing protocols, full impurity profile and release specifications.

12. New chemical entity and Global clinical trial:

12.1 Assessment of risk versus benefit to the patients

12.2 Innovation vis-à-vis existing therapeutic option

12.3 Unmet medical need in the country.

13. Copy of license to manufacture any drug for sale granted by State Licensing Authority (in case the application is for manufacture for sale of new drug)

Note: (1) All items may not be applicable to all drugs. For explanation, refer text of this First Schedule, Second Schedule and Third Schedule.

(2) For requirements of data to be submitted with application for clinical trials refer text of the First Schedule, Second Schedule and Third Schedule.

Consideration of injury or death or permanent disability to be related to clinical trial or bioavailability and bioequivalence study

Any injury or death or permanent disability of a trial subject occurring during clinical trial or bioavailability or bioequivalence study due to any of the following reasons shall be considered as clinical trial or bioavailability or bioequivalence study related injury or death or permanent disability, namely:

(a) Adverse effect of the investigational product;

(b) Violation of the approved protocol, scientific misconduct or negligence by the sponsor or his representative or the investigator leading to serious adverse event;

(c) Failure of investigational product to provide intended therapeutic effect where, the required standard care or rescue medication, though available, was not provided to the subject as per clinical trial protocol;

(d) Not providing the required standard care, though available to the subject as per clinical trial protocol in the placebo-controlled trial;

(e) Adverse effects due to concomitant medication excluding standard care, necessitated as part of the approved protocol;

(f) Adverse effect on a child in-utero because of the participation of the parent in the clinical trial;

(g) Any clinical trial procedures involved in the study leading to serious adverse event.

PROCEDURE FOR COMPENSATION IN CASE OF INJURY OR DEATH DURING CLINICAL TRIAL, BIOAVAILABILITY AND BIOEQUIVALENCE STUDY

(1) The investigator shall report all serious adverse events to the Central Licensing Authority, the sponsor or its representative, who has obtained permission from the Central Licensing Authority for conduct of clinical trial or bioavailability or bioequivalence study, as the case may be, and the Ethics Committee that accorded approval to the study protocol, within twenty-four hours of their occurrence; and if the investigator fails to report any serious adverse event within the stipulated period, he shall have to furnish the reasons for delay to the satisfaction of the Central Licensing Authority along with the report of the serious adverse event.

(2) A case of serious adverse event of death shall be examined in the following manner, namely: -

(i) the Central Licensing Authority shall constitute an independent expert committee to examine the cases and make its recommendations to the said authority for arriving at the cause of death and quantum of compensation in case of clinical trial related death; (ii) the sponsor or its representative and the investigator shall forward their reports on serious adverse event of death after due analysis to the Central Licensing Authority and the head of the institution where the clinical trial or bioavailability or bioequivalence study has been conducted within fourteen days of the knowledge of occurrence of serious adverse event of death;

(iii) the Ethics Committee for clinical trial shall forward its report on serious adverse event of death after due analysis along with its opinion on the financial compensation, if any, determined in accordance with the formula specified in the Seventh Schedule, to be paid by the said sponsor or its representative, who has obtained permission from the Central Licensing Authority for conduct of clinical trial or bioavailability or bioequivalence study, as the case may be, to the Central Licensing Authority within a period of thirty days of receiving the report of the serious adverse event of death from the investigator;

(iv) The Central Licensing Authority shall forward the report of the investigator, sponsor or its representative and the Ethics Committee to the Chairperson of the expert committee;

(v) The expert committee shall examine the report of serious adverse event of death and make its recommendations available to the Central Licencing Authority for the purpose of arriving at the cause of the serious adverse event of death within sixty days from the receipt of the report of the serious adverse event, and the expert committee while examining the event, may take into consideration, the reports of the investigator, sponsor or its representative and the Ethics Committee for clinical trial;

(vi) In case of clinical trial or the bioavailability or bioequivalence study related death, the expert committee shall also recommend the quantum of compensation, determined in accordance with the formula specified in the Seventh Schedule, to be paid by the sponsor or his representative who has obtained the permission to conduct the clinical trial or the bioavailability or bioequivalence study, as the case may be;

(vii) The Central Licensing Authority shall consider the recommendations of the expert committee and shall determine the cause of death with regards to the relatedness of the death to the clinical trial or the bioavailability or bioequivalence study, as the case may be;

(viii) In case of clinical trial or the bioavailability or bioequivalence study related death, the Central Licensing Authority shall, after considering the recommendations of the expert committee, by order, decide the quantum of compensation, determined as per the formula specified in the Seventh Schedule, to be paid by the sponsor or its representative and shall pass orders as deemed necessary within ninety days of the receipt of the report of the serious adverse event;

(ix) The sponsor or its representative shall pay the compensation in case the serious adverse event of death is related to clinical trial or the bioavailability or bioequivalence study, as specified in the order referred to in clause (viii) of the Central Licensing Authority within thirty days of the receipt of such order.

(3) Cases of serious adverse events of permanent disability or any other injury other than deaths shall be examined in the following manner, namely:

(i) The sponsor or its representative, and the Investigator shall forward their reports on serious adverse event, after due analysis, to the Central Licensing Authority, chairperson of the Ethics Committee for clinical trial and head of the institution where the trial or bioavailability or bioequivalence study has been conducted within fourteen days of the reporting of serious adverse event;

(ii) the Ethics Committee for clinical trial shall forward its report on serious adverse event of permanent disability or any other injury other than deaths, as the case may be, after due analysis along with its opinion on the financial compensation, if any, determined in accordance with the formula specified in the Seventh Schedule, to be paid by the sponsor or its representative who has obtained permission to conduct clinical trial or the bioavailability or bioequivalence study, as the case may be, within thirty days of receiving the report of the serious adverse event;

(iii) The Central Licensing Authority shall determine the cause of the injury and pass order as specified in clause (iv), or may constitute an independent expert committee, wherever it considers necessary, to examine such serious adverse events of injury, and such independent

expert committee shall recommend to the Central Licensing Authority for the purpose to arrive at the cause of the serious adverse event and also the quantum of compensation, as determined in accordance with formula as specified in the Seventh Schedule in case of clinical trial or bioavailability or bioequivalence study related injury, within a period of sixty days of receipt of the report of the serious adverse event;

(iv) In case of clinical trial or the bioavailability or bioequivalence study related injury, the Central Licensing Authority shall, by order, decide the quantum of compensation, determined in accordance with the formula specified in the Seventh Schedule, to be paid by the sponsor or his representative who has obtained the permission to conduct the clinical trial or the bioavailability or bioequivalence study, as the case may be, within a period of ninety days of receipt of the report of the serious adverse event;

(v) The sponsor or its representative, who has obtained permission to conduct the clinical trial or bioavailability or bioequivalence study, as the case may be, shall pay the compensation in case of clinical trial or bioavailability or bioequivalence study related injury, as specified in the order of the Central Licensing Authority referred to in clause (iv) within thirty days of receipt of such order.

Appendix:

Below mentioned changes will be added to the SOP in appendix Form

- Any regulatory Changes.
- Changes in any Hospital Policies or EC proceedings and policies.
- Any Changes in the compositions of the EC Members
- Any Circular, Notice, Government Order pertaining to the Clinical Research and EC roles and responsibilities.

Appendix-I

DRAFT IEC APPLICATION FORM

Instruction: SEVEN copies of the research documents along with the covering letter signed by the study Investigator mentioning list of all the enclosed documents needs to be submitted to the Member Secretary of **Institutional Ethics Committee, Regional Institute of Ophthalmology.**

Application form may be enclosed along with the covering letter if asked for.

No research project shall be/can be started unless ethics clearance/approval is obtained.

This form must not be used for submitting amendments. The amendments can be submitted along with the covering letter.

1. Protocol Title					
Protocol No.: Click or tap here to enter text.					
Total Study Participants:					
2. Study Type (Tick the applicable)					
Survey	☐	**Retrospective**	☐	**Prospective**	☐
Social	☐	**Behavioural Research**	☐	**Community Based**	☐
Observational	☐	**Epidemiology**	☐	**Interventional**	☐
Clinical Trial	☐	**Genetic Study**	☐	**Other:**	
Clinical Trial	☐	**Genetic Study**	☐	**Other:**	
3. Phase of Clinical Trial:					

Phase I	☐	**Phase II**	☐	**Phase III**	☐	**Phase IV**	☐

4. Study Investigators Details	
Name of Investigators/Co-Investigator	**Designation**
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Note: If more investigators involved, provide details under the extra comment section.	
5. Study Objectives	
6. Justification for the Conduct of this Study	
7. Methodology	
Inclusion Criteria	
Exclusion Criteria	
Control(s)	
Study Design	

Dosage of Drug	
Duration of Treatment	
Investigations Qualification	

8.Regulatory Permission

Permission from DCGI	**Required**	☐	**Not Required**	☐
	Received	☐	**Applied when**	Click or tap to enter a date.

9. Safety

Safety measures for proposed interventions	
Results of relevant laboratory tests	
Results of studies in humans	

10. Plans to Withdraw Standard Therapy During the Conduct of Research

Yes ☐ **No** ☐	**Remarks:**

11. Provision of Coverage for Medical Risk(s) During the Study Period

12. How you will maintain confidentiality of subject
13. Total Budget (approx in Rs). Who will bear the cost of investigation/implants drugs/contracts?

14. Participant Information Sheet and Informed Consent Form		
English	☐ **Yes** ☐ **No**	**Version:**
Translated	☐ **Yes** ☐ **No**	**Date:** Click or tap to enter a date.
Back Translated	☐ **Yes** ☐ **No**	**Languages:**

15. Conflict of Interest for any other Investigator(s), If yes please explain in brief

Serial No.	Name of Investigator	Brief Description
1.		
2.		
3.		
4.		
5.		

16. Whether any work on this project has started or not?
☐ (Check if Yes) *(Please enclose a separate certificate to this effect)*

17.Attached Documents:

Serial No.	*Document Name*	Yes	No
1.	Covering letter		
2.	Approval letter from the head of the department/institution		
3.	Protocol of the proposed research		
4.	Ethical issue in the study and plans to address these issues		
5.	Investigator brochure		
6.	Informed consent form (English)		
7.	Informed consent form local/regional languages		
8.	Back translations of Informed consent forms		
9.	Translation and back translation certificates		
10.	Recruitment and retention material		
11.	Case report forms, subject diary, questionnaires, follow-up cards etc.		
12.	Where applicable translations of subject diary, questionnaires and follow-up cards		
13.	Where applicable back translations of translated subject diary, questionnaire and follow-up cards		
14.	Translation and back translation certificates of subject diaries, questionnaire and follow-up cards		
15.	Curriculum vitae of all the investigators with relevant Publication in last five years		

16.	**Medical registration certificate of all the investigators**		
17.	**GCP training certificates of all the investigators**		
18.	**Investigator undertaking**		
19.	**Form FDA 1572**		
20.	**Financial disclosure form from all the investigators**		
21.	**Regulatory clearance documents**		
22.	**Source of funding and financial requirement for the project**		
23.	**Other financial issues including those related to insurance**		
24.	**Any standard operating procedure to be followed, if applicable**		
25.	**Other site EC approvals, if applicable;**		
26.	**Statement of conflict of interest, if any**		
27.	**Any other information relevant to the study**		
28.	**CTRI number/document**		
29	**List of other documents submitted:** **A. _** **B. _** **C. _** **D. _**		
30	**Investigator Undertaking & CV**		

Appendix-II

SERIOUS ADVERSE EVENT FORM

(as per Table 5 of Schedule III Under Chapter XIII of New Drugs and Clinical Trials Rule,2019)

To, Date:

1. Central Licensing Authority, India
   Central Drugs Standard Control Organization
   FDA Bhavan, ITO, Kotla Road, New Delhi -110002

2. Ethics Committee:

3. Sponsor Details:

Event Name:	
Initial/Follow-up/Final: (Incase follow-up please provide the follow up number)	
Study No.:	
Study Title:	
Site Number:	
Site Name:	
PI Name:	

1.	**Patient Details**	
	Initials & other relevant identifier (hospital/OPD record number etc.) *	
	Gender	
	Age [In years] or Date of birth	
	Weight [In Kilogram]	
	Height [In Centimetres or Feet/ Inches]	
	Date when site became aware of SAE	
	Time when site became aware of SAE	

2.	**Suspected Drug(s) – Drug 1**	
	Generic name of the drug*	
	Indication(s) for which suspect drug was prescribed or tested	
	Dosage form and strength	
	Daily dose and regimen (specify units - e.g., mg, ml, mg/kg)	
	Route of administration	
	Starting date and time of day	
	Stopping date and time	Date: Time:
	Duration of treatment	From: To:
	Causality Assessment of the Event to the Suspected Product by the Investigator [please select any one option]	Related Not Related Comments, if any:
3.	**Suspected Drug(s) – Drug 2**	
	Generic name of the drug*	
	Indication(s) for which suspect drug was prescribed or tested	
	Dosage form and strength	
	Daily dose and regimen (specify units - e.g., mg, ml, mg/kg)	
	Route of administration	
	Starting date and time of day	
	Stopping date and time	Date: Time:
	Duration of treatment	From: To:
	Causality Assessment of the Event to the Suspected Product by the Investigator [please select any one option]	Related Not Related Comments, if any:

Other Treatment – 1		
Generic name of the drug*		
Indication(s) for which suspect drug was prescribed or tested		
Dosage form and strength		
Daily dose and regimen (specify units - e.g., mg, ml, mg/kg)		
Route of administration		
Starting date and time of day		
Stopping date and time		Date: Time:
Duration of treatment		From: To:
Causality Assessment of the Event to the Suspected Product by the Investigator [please select any one option]		Related Not Related Comments, if any:
	Other Treatment – 2	
	Generic name of the drug*	
	Indication(s) for which suspect drug was prescribed or tested	
	Dosage form and strength	
	Daily dose and regimen (specify units - e.g., mg, ml, mg/kg)	
	Route of administration	
	Starting date and time of day	
	Stopping date and time	Date: Time
	Duration of treatment	From: To:
	Causality Assessment of the Event to the Suspected Product by the Investigator [please select any one option]	Related Not Related Comments, if any:

4.	**Details of Serious Adverse Event(s) –**	
	Start date (and time) of onset of event	Date: Time:
	Stop date (and time) or duration of event	Date: Time:
De-challenge and re-challenge information		
Setting (e.g., hospital, out-patient clinic, home, nursing home)		

5.	**Outcome**	
	Information on recovery and any sequelae	
	Results of specific tests and/or treatment that may have been conducted	
	For a fatal outcome, cause of death and a comment on its possible relationship to the suspected reaction; any post-mortem findings	
	Other information: Anything relevant to facilitate assessment of the case, such as medical history including allergy, drug or alcohol abuse; family history; findings from special investigations etc.	

6.	**Details about the Investigator***	
	Name	
	Address	
	Telephone number	
	Profession (Specialty)	
	Date of reporting the event to Central Licensing Authority	
	Date of reporting the event to Ethics Committee overseeing the site	
	Reason for delay in SAE reporting to Central Licensing Authority of Ethics Committee overseeing the site, if applicable	
	Signature of the Investigator	

Ethics Committee Name & Address:	
Ethics Committee Chairman's Name & Address:	
Ethics Committee Contact & Email id:	

Note: Information marked* Must be provided

Appendix III
Protocol Deviation/Violation Form

Protocol Title:
Protocol Code:
Name of the Principal Investigator:
Name of the Co-Investigator:
Initial Approval Date by IEC:
Narration of the Deviation/Violation:
Corrective Action taken by the Study Team (if any):
Full Name of PI/Co-I:
Signature and Date:

Appendix IV

Protocol Amendment Form

Protocol Title:
Protocol Code:
Name of the Principal Investigator:

Name of the Co-Investigator:
Initial Approval Date by IEC:
Amendment No.
Last Amendment Date:
Nature of the Amendment: Minor /Major
Reason of Amendment:
Brief Description of Amendment:
Full Name of PI/Co-I:
Signature and Date:

Appendix-V

IEC APPOINTMENT LETTER

Date:

From

The Director,

Regional Institute of Ophthalmology,
88, College Street, Kolkata-700073
West Bengal, India

To

_____

_____

_____

Subject: Constitution of Institute Ethics Committee

Dear Sir/Madam,

On behalf of Institutional Ethics Committee of **Regional Institute of Ophthalmology, Kolkata**, I request your concurrence for possible appointment as a member of Institutional Ethics Committee, Regional Institute of Ophthalmology, Kolkata. Kindly sends your written acceptance in the enclosed format and provide the necessary information requested.

Thanking you,

Signature & Date:

Name & Stamp:

Appendix-VI

IEC ACCEPTANCE LETTER

Date:

From

_____

_____

_____

To

The Director,

Regional Institute of Ophthalmology,

88, College Street, Kolkata-700073
West Bengal, India

Subject: Consent to be a member of Institute Ethics Committee.
Ref.: Your Letter No.: _____ **Dated:**
Dear Sir,
In response to your letter stated above, I give my consent to become a member of Institutional Ethics Committee (IEC) of Regional Institute of Ophthalmology, Kolkata**.** I shall regularly participate in the IEC meeting to review and give my unbiased opinion regarding the ethical issues.
I shall be willing for my name, profession and affiliation to be published.
I shall not keep any literature or study related document with me after the discussion and final review.
I shall maintain all the research project related information confidential and shall not reveal the same to anyone other than project related personnel.
I herewith enclose my CV, GCP.

Thanking you,
Yours sincerely,
Signature: _____
Name of the Member: _____ Date: _____
Address:
Telephone No: Email:

Appendix-VII

IEC CONFIDENTIALITY AGREEMENT FORM

In recognition of the fact, that I_____

_____

(Member's name, and his/her affiliation) herein referred to as the "undersigned", have been appointed as a member of the IEC, and- have been asked to assess research studies involving human subjects in order to ensure that they are conducted in a humane and ethical manner, adhering to the highest standards of care as per the national, and local regulations and institutional policies and guidelines and international and national guidelines;

Whereas, the appointment of the undersigned as a member of the IEC is based on individual merits and not as an advocate or representative of a home province, territory or community nor as a delegate of any organization or private interest;

Whereas, the fundamental duty of an IEC member is to independently review both scientific and ethical aspects of research protocols involving human subjects and make a determination and the best possible objective recommendations, based on the merits of the submissions under review;

Whereas, the IEC must meet the highest ethical standards in order to merit the trust and confidence of the communities in the protection of the rights and well-being of Human subjects;

The undersigned, as a member of the IEC, is expected to meet the same high standards of ethical behaviour to carry out its mandate.

This Agreement thus encompasses any information deemed Confidential or Proprietary provided to the Undersigned in conjunction with the duties as a member of the IEC. Any written information provided to the undersigned that is of a Confidential, Proprietary, or Privileged nature shall be identified accordingly.

As such, the undersigned agrees to hold all Confidential or Proprietary trade secrets ("information") in trust or confidence and agrees that it shall be used only for contemplated purposes and shall not be used for any other purpose or disclosed to any third party. Written Confidential information provided for review shall not be copied or retained. All Confidential information (and any copies and notes thereof) shall remain the sole property of the IEC.

The Undersigned agrees not to disclose or utilize, directly or indirectly, any Confidential or Proprietary information belonging to a third party in fulfilling this agreement. Furthermore, the Undersigned confirms that his/her performance of this agreement is consistent with the institute's policies and any contractual obligations they may have to third parties.

Agreement on Confidentiality

Please sign and date this Agreement, if the Undersigned agrees with the terms and the conditions set forth above. The original (signed and dated Agreement) will be kept on file in custody of the IEC. A copy will be given to you for your records. In the course of my activities as a member of the IEC, I may be provided with confidential information and documentation (which we will refer to as the Confidential Information; subject to applicable legislation, including the Access to "Confidential Information"). I agree to take reasonable measures to protect the information Act, not to disclose the confidential information to any person; not to use the Confidential Information for any purpose outside the Committee‟s mandate, and in particular, in a manner which would result in a benefit to myself or any third party; and to destroy all confidential information (including any minutes or notes I have made as part of my duties) to the Chairperson upon termination of my functions as a Committee member.

I, _____ (name of the member) have read and accept the aforementioned terms and conditions as explained in this Agreement.

_____ _____

Signature **Date**

_____ _____

Chairperson Signature **Date**

I acknowledge that I have received a copy of this agreement signed by the EC Chairperson and me.

_____ _____

Signature **Date**

Appendix-VIII

IEC CONFLICT OF INTEREST FORM

It is recognized that the potential for conflict of interest will always exist but has faith in the IEC and its Chairperson to manage the conflict issues so that the ultimate outcome is the Protection of human subjects. It is the policy of the IEC that no member may participate in the review, comment or approval of any activity in which he/she has a conflict of interest except to provide information as requested by the IEC.

The Undersigned will immediately disclose to the Chairperson of the IEC any actual or potential conflict of interest that he/she may have in relation to any particular proposal submitted for review by the Committee, and to abstain from any participation in discussions or recommendations or decision making in respect of such proposals.

If an applicant submitting a protocol believes that an IEC member has a potential conflict, the investigator may request that the member be excluded from the review of the protocol.

The request must be in writing and addressed to the Chairperson. The request must contain evidence that substantiates the claim that a conflict exists with the IEC member(s) in question. The Committee may elect to investigate the applicant‟s claim of the potential conflict.

When a member has a conflict of interest, the member should notify the Chairperson and should not participate in the IEC meeting or voting procedure.

Examples of conflict-of-interest cases may be any of the following:

- A member is involved in a potentially competing research program.
- Access to funding or intellectual information may provide an unfair competitive advantage.
- A member's personal biases may interfere with his or her impartial judgment.

Agreement on Conflict of Interest

Please sign and date this Agreement, if the Undersigned agrees with the terms and conditions set forth above. The original (signed and dated Agreement) will be kept on file in the custody of the IEC. A copy will be given to you for your records.

Whenever I have a conflict of interest, I shall immediately inform the Chairperson not to count me for discussion or decision making in respect of such proposal.

I, _____ name of the member) have read and accept the aforementioned terms and conditions as explained in this Agreement.

_____ _____

Signature **Date**

_____ _____

Chairperson Signature **Date**

I acknowledge that I have received a copy of this agreement signed by the IEC Chairperson and me.

_____ _____

Signature **Date**

Appendix-IX

ETHICS COMMITTEE APPROVAL LETTER

Date:

Reference no.:

To

Protocol Title:

Protocol No.:

Subject: **Approval for the conduct of the above referenced study**

Dear Dr.

With reference to your Submission letter dated Institutional Ethics Committee,

has reviewed and discussed your application for conduct of clinical trial on…
The following documents were reviewed and discussed:

Sr. No	Document	Document (Version/Date)
1.		
2.		
3.		
4.		

The following members were present at the meeting held on …… at…….

Sr. no.	Name of the Member	Designation and Qualification	Representation as per Schedule Y	Gender	Affiliation with the Institution
	<Name of the Member>	<Designation>& <Qualification>	< Basic Medical Scientist/ clinician/ Legal Expert/representative of non-governmental voluntary agency /	<M/F>	<Y/N>

			philosopher / ethicist / theologian/ Lay Person>		

The Ethics Committee works as per the recent updated guidelines of ICH-GCP, New Drug and Clinical Trials rules"2019.
This is to confirm that only members who are independent of the Investigator and the Sponsor of the trial have voted/ provided opinion on the trial.
We approve the documents and the conduct of the trial in the presented form.

Institutional Ethics Committee, **Regional Institute of Ophthalmology, Kolkata** must be informed about the progress report of the study half yearly, any SAE occurring in the course of the study, any changes in the protocol and patient information/informed consent and requests to be provided a copy of the final report.

The Institutional Ethics Committee, **Regional Institute of Ophthalmology, Kolkata** follows procedures that are in compliance with the requirements of ICH (international Conference on Harmonization) guidance related to GCP (Good Clinical Practice) and applicable Indian regulations.

Yours Sincerely,

_____
The Chairman/Member Secretary,
Institutional Ethics Committee, Regional Institute of Ophthalmology
88, College Street
Kolkata-700073
West Bengal, India
(Seal of the Institutional Ethics Committee)

Address of the clinical trial sites or Hospital:
Address: Regional Institute of Ophthalmology, Medical College & Hospital at 88, College Street, Kolkata-700073, West Bengal, India. IEC RIO may review and approved the proposal from the other Institutes residing within the vicinity (50 km) as per the New Drugs & Clinical Trial Rules 2019.

Appendix-X

Self-Assessment of IEC Members

Periodic Evaluation of IEC Chairperson/ Member Secretary/Members:

The Committee shall carry out periodic self-assessment using the „**Self-Assessment Tool'** at least once a year.

The member/s and administrative staff shall bedesignated by Chairpersons in consultation with the member secretary for carrying out self-assessment.

The corrective and preventive actions (as required) shall be discussed in the full board meeting and shall be implemented accordingly. The self-assessment of each member shall be done at least once a year.

Self-Assessment tool for the IEC members

Name of the member:

Serial no	Topic	Grading Poor -1 Fair-2 Average -3 Good -4 Excellent-5
1	My attendance at Ethics committee meeting was	
2	My Participation at the Ethics committee was	
3	My preparation for the EC meetings in terms of reading materials, performing tasks & so on was	
4	My involvement with the EC"s tasks and function was	
5	I work to ensure that the decision about the access to care are based primarily on medical necessity, not only on ability to pay	
6	I use my authority solely to fulfill my responsibilities and not for self interest or to further the interests of family, friends & associates	
7	I ensure equitable treatment of patient regardless for their socio-economic status, ethnicity or pay or category	
8	I promote patient"s right to privacy, including medical record confidentially	
9	I maintain confidences entrusted to me	
10	I personally disclose any possible conflicts of interest before pursuing or entering into decision	

11	I would rate my overall performance on IEC as	

Name of the EC member:.....

Signature and date:.....

Appendix XI
Online EC Meeting

Purpose:
The purpose of this SOP is to describe the process for Online Institutional Ethics Committee meeting during any epidemic or pandemic disease outbreak or any emergency situation when the physical meeting of the committee is not possible.

Scope:
This SOP covers the detailed procedure to be followed by the IEC members and the institution for the Online IEC meeting when the full board physical meeting of the committee is not possible.

Responsible:
It is the duty of the Member Secretary to conduct the Online IEC meeting in consultation with the IEC chairperson.

Responsible:
It is the duty of the Member Secretary to conduct the Online IEC meeting in consultation with the IEC chairperson.

Detailed instruction:

Proposals to be reviewed:

The IEC shall review only those proposals which are considered to be of either of the followingcategory:

- ✓ Initial Review Application
- ✓ Resubmission of Study with Corrections (if any)
- ✓ Protocol Amendment or any other amendments
- ✓ Annual Status Reports /Continuing Review of the study
- ✓ Study Completion / Termination
- ✓ Submission of Serious adverse events and deviations / violations
- ✓ Any other documents

Documents to submit for the Online EC meeting:

1. Abstract of the proposal (not more than 500 words); the abstract should contain introduction, aims,methodology, risk and benefit and outcome of the study.
2. Patient information sheet and informed consent form in English and vernacular languages (asapplicable)
3. Any other study related documents

4. A brief PowerPoint presentation of the study [not more than **08-10 (Eight to ten)** slides.

Procedure:

Before the online meeting:

1. The soft copies of the proposals should be submitting to the IEC at least **14 days** prior to the meeting.
2. The EC secretariat shall forward the proposals to the member secretary to decide whether theproposals fulfil the criteria for the Online IEC meeting.
3. Once the proposals fulfil the criteria, the IEC secretariat shall send the full study dossier to IEC members at least 10 days prior to the meeting.
4. The Primary Reviewer for the study protocol shall be assigned by the member secretary.
5. The member secretary shall then send the primary reviewer form along with the request letter for theprimary review through email to the assigned member.
6. After completion of the primary review form, the reviewer shall send the form through email (within4-5 days from the date of the receipt of the form).
7. The member secretary shall confirm the date of the meeting in consultation with the chairperson andother EC members.
8. The IEC secretariat shall send the notification regarding the meeting to all the concerned persons.
9. The meeting shall be held through **Video Conferencing** via a recognized e-platform
10. The IEC secretariat shall arrange the IEC meeting through video conference and shall send therequired link to the members and as well as to the Investigators.
11. The chairperson should determine that the quorum for the meeting are met comprising of:
    a. A clinician
    b. One basic medical scientist
    c. One legal person
    d. One lay person
    e. One NGO representative

12. The conflict of interest declaration and concurrence for maintenance of confidentiality, by all participating Ethics committee members shall be done prior to the meeting and the forms shall be maintained at the IEC office.

During the online meeting:

1. If an IEC member has conflict of interest involving a project then he/she should declare the same, before the meeting commences and recuse/abstain during the discussion on the same. This shouldbe recorded in the minutes.
2. The Member Secretary should read out the minutes of the previous meeting and present theagenda of the current meeting for discussion.
3. The IEC may invite investigators to attend the meeting related to their studies, and clarify doubts,if any.
4. The Member Secretary shall lead the discussion on the research protocol.
5. The Member Secretary, IEC staff minutes/records the proceedings of the IEC meeting.

Decision Making Process:

1. The deliberation in the meeting, in their entirety, shall be recorded and archived with access control.
2. An IEC member shall recuse/abstain from the meeting for the decision procedure and votingconcerning the study where conflict of interest exists.
3. Decisions shall only be made at meetings where the quorum is met.
4. Only IEC members who attend the meeting shall participate in the decision.

Decisions should be arrived at through consensus/unanimous or majority opinion amongst the votingmembers of IEC. The decision-making is thus concerned with the process of deliberating and finalizing a decision. The voting decision for each protocol shall be documented. When a consensusis not possible, the IEC chairperson shall vote.

5. Voting Procedure**;**
   a) The voting should be in the form of voice vote.
   b) All members including the Chairperson are entitled to one vote. However, in case of a tie, theChairperson shall have the casting vote

The concurrence/voting of the members should be recorded in the minutes as:

- Agreed: in favor
- Disagreed: Against
- Abstain: Present but did not agree/disagree
- Recused: Listed under “Members Present” but not present for the discussion and decision on the study.

6. A negative decision on an application should be supported by clearly stated reasons. If the investigatorwishes to appeal against the decision, he/she may do so by contacting the IEC either by email or by written application.
7. The final EC decision for the protocols reviewed in the meeting should be

documented.

After the IEC meeting:

Preparing the minutes and the decision letters:

1. The minutes of the meeting shall be written by the Member Secretary as a transcript of the discussionfrom the video recording in a concise and easy-to-read style and shall check spelling, grammar and context of the written minutes.
2. The member secretary shall circulate the draft minutes by email to the chairperson and all members present in the meeting. The member secretary shall prepare the final version of the minutes after necessary editing with inputs from all members. The chairperson shall concur with the final version and intimate the same by an email to the member secretary.
3. The minutes of the meeting shall be compiled within 15 working days
4. The minutes shall record whether the decision was unanimous,
5. The non-attendance of the IEC member for conflict of interest should be recorded in the IEC meetingminutes.
6. The basis for requiring changes in or disapproving research; and a written summary of the discussion of controversial issues and their resolution must be recorded.

Approval of the minutes and the decision:

1. The minutes of the meeting shall be digitally signed by Chairperson & Member Secretary.
2. The minutes of the IEC meeting should be ratified in the subsequent IEC meeting.
3. The signed copy of the minutes shall be circulated to members of the committee.
4. The IEC decisions shall be communicated to the Principal Investigator"s (PIs) in a formal letter.

Filing of the minutes of the meeting:

The digitally signed minutes shall be placed in the Minutes File. Such minutes should be discussed andratified in the next full board IEC meeting.

Communicating Decision:

The decision shall be communicated in writing and shall be send via email /hard copy to the PI, preferablywithin a period of 15 working days of the IEC meeting at which the decision was made. The communication of the decision should include, but not limited to, the following:

- Title of the research proposal reviewed.
- The clear identification of the protocol of the proposed research or amendment, date and version number (if applicable).
- The names and specific identification number, version numbers/dates of the documents reviewed,including the potential research participant information sheet/material and informed consent form.

- ❖ The name and title of the Principal Investigator
- ❖ The name of the site(s).
- ❖ The date and place of the decision.
- ❖ A clear statement of the decision reached.
- ❖ Location of study conduct.
- ❖ To submit the continuing review of periodic status report
- ❖ Any suggestions by the IEC

In the case of a positive decision, the PI shall be notified of the following requirements through anapproval letter**.**

Note: The approval letters shall be digitally signed and shall be send to the PIs.

Required guidelines for the Video Conference:

1. All the concerned persons are requested to preferably use Tablet/Laptop/desktop with good speed internet facility.
2. Where mobile phone is used for the video conferencing (VC), the concerned person is requested notto receive/reject calls in his/her mobile phone, being used for the video conferencing. Accidentally if call is received or incoming call is rejected, the VC will get muted. In such circumstance, he/she willbe required to disconnect the VC and click again to the link for re-joining the VC.
3. Any person not involved with the IEC or the study(ies) would not be linked with the VC.
4. No participant of the VC shall disconnect by his or her own accord. Once the VC is over, the controlroom shall do the needful to the end the session.
5. The concerned persons are requested to ensure adequate lighting and power back up during the VC. He/she shall ensure that the room, from which he/she is participating in VC is also noise free.

Continuing Review & Monitoring:

1. The EC should continually evaluate progress of ongoing proposals, monitor approved study site for compliance, review SAE reports, protocol deviations/violations/ non-compliance/ DSMB reports/ any new information/assess final reports.
2. For protocol deviations/violations the EC should examine the corrective actions. If the violations areserious the EC may halt the study.

Compensation must be given for research-related injuries if applicable, as determined by the EC and as per regulatory requirement (if applicable).

Appendix XII

IEC Member List

Table 1: IEC membership list with name, qualification, designation & role in IEC, specialty, contact details, and affiliation:

Sl. No.	*Name*	*Qualification*	*Post held in IEC*	*Contact details*
1.	**Dr. Supreeti Biswas Mondal**	MBBS, MD (Pharmacology)	Chairperson	E-mail: supreeti.biswas.mondal@gmail.com Mob. No. 9874647942
2.	**Dr. Lakshmi Kanta Mandal**	MBBS, MS (Ophthalmology)	Member Secretary	E-mail: lakshmi.mondal62@gmail.com Mob. No. 9830830216
3.	**Dr. Manab Nandi**	MBBS, MD (Pharmacology) M. Phil	Basic Medical Scientist	E-mail: manabn@gmail.com Mob. No. 9830835743
4.	**Dr. Purban Ganguly**	MBBS, MS (Ophthalmology)	Medical Member	E-mail: drpurban85@gmail.com Mob. No. 9830558823
5.	**Mr. Rajesh Arora**	BSc (Botany)	Scientific Member	E-mail: rajesharora@gmail.com Mob. No. 9331016096
6.	**Mr. Rakesh Arora**	HSC, SSC (B.Com)	Lay Person	E-mail: rakesharora@gmail.com Mob. No. 22348067/22215273
7.	**Ms. Mandabi Bhattacharyya**	BA, MA (Psychology)	Social Scientist	E-mail: mandabi.ju@gmail.com Mob. No. 9475218866
8.	**Ms. Suparna Ray**	BSc, BA, LLB	Legal Expert	E-mail: chatterjeesuparna878@gmail.com Mob. No. 9831105688
9.	**Dr. Kalishankar Das**	MBBS, MS (Ophthalmology)	Clinician	E-mail: docsdas@gmail.com Mob. No. 9432314401
10.	**Dr. Salil Kumar Mandal**	MBBS, MD (Ophthalmology)	Clinician	E-mail: Salil_dum@live.com Mob. No. 8617266703

Appendix XIII

Version Control

Version Control: Current version number is identified on the first page and, when possible, is incorporated into the header or footer of the document and appears on every succeeding page.

- Current Final Version is "**Version 3.3**".
- Subsequent drafts will increase by "0.1".
- Subsequent Finals: Version number will increase by "1.0" above the version being revised e.g., 1.x becomes 2.0, 2.x becomes 3.0.
- All changes will be documented.

STANDARD OPERATING PROCEDURE	SOP No.	RIO/IEC/SOP/V3.3
	VERSION No.	3.3
Prepared by: Ms. Ipsita Sen	Designation: Manager Regulatory Affairs	
Signature: Ipsita Sen	Date: 28.03.2025	
Approved by: Dr. Supreeti Biswas Mondal	Designation: Chairperson	
Supreeti Biswas Mondal Signature:	28.03.2025 Date:	
Effective Date: 28-MAR-2025		

Appendix XIV

REFERENCES

1. ICMR guidelines 2017. Available at: https://icmr.nic.in/

2. Declaration of Helsinki 2013. Available at: https://www.wma.net/

3. NABH Accreditation Standards for Ethics Committees 2016.Available at: https://www.nabh.co/CT_Standard.aspx

4. ICH-GCP (E6) R2 2016. Available at: http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R2____Step_4_2016_1109.pdf

5. New Drug CT rules, 2019 available at: https://cdsco.gov.in/opencms/export/sites/CDSCO_WEB/Pdf-documents/NewDrugs_CTRules_2019.pdf