

Barts and The London School of Medicine and Dentistry (Queen Mary University of London) will act as “Research Governance” sponsor for the project stated below, provided the Chief Investigator (CI) adheres to the following conditions:

1. **The Investigator** and all members of the research team shall **comply** with **all current regulations** applicable to the performance of the project, including, but not limited to the NHS Research Governance Framework for Health and Social Care (April 2005), the World Medical Association Declaration of Helsinki (2008), the Data Protection Act (1998), ICH Good Clinical Practice Guidelines (1997), the Human Tissue Act (2004). If the project is a **Clinical Trial of Investigational Medicinal Product (CTIMP)**, it will have to be carried out in compliance with the UK Medicines for Human Use (Clinical Trials) Regulations (2004), The UK Medicines for Human Use (Clinical Trials) Amendment Regulations 2006, SI 2006/1928, The UK Medicines for Human Use (Clinical Trials) Amendment (No.2) Regulations 2006, SI 2006/2984, The Medicines for Human Use (Clinical Trials) and Blood Safety and Quality (Amendment) Regulations 2008, SI 2008/941.

2. The project must not start until:

2.1 **If the project is a CTIMP:** The protocol has been written using the BLT/QM protocol template available on www.bartsandthelondon.nhs.uk/research. The protocol has been signed and dated by the CI.

2.2 **If the project is a CTIMP** Monitoring Arrangements are stated in the protocol and the risk assessment part of the “monitoring report template” (available www.bartsandthelondon.nhs.uk/research) has been filled in.

2.3 “Favourable ethical opinion” from an appropriately constituted LREC or MREC has been granted.

2.4 **If the project is a CTIMP:** The MHRA “notice of acceptance letter” has been obtained and the “remarks” on that “notice of acceptance letter” have been addressed and accepted in writing by the MHRA (if applicable) or evidence has been provided that MHRA authorisation is not necessary by emailing the protocol to ctdhelpline@mhra.gsi.gov.uk and CCing the R&D Department on that email (if there is any doubt regarding the project being a CTIMP or not).

2.5 Non Trust employees having direct contact with patients and/or direct bearing of the quality of their care should ensure they have honorary contracts (see Trust policy).

2.6 If the project is externally funded, financial arrangements must be covered by a suitable agreement approved and signed by the JRO. For any project which **uses Trust resources**, the JRO must have assessed the associated costs and made arrangements for their recovery. (Contact: g.collins@qmul.ac.uk)

2.7 “Final R&D approval” has been obtained from the Joint R&D Office (JRO).

3. During the project, the Chief Investigator (CI) must ensure:

3.1 Participants are consented in writing to the project, using the version of the consent form and patient information sheet which have received a favourable opinion by the Ethics Committee. Should the CI delegate the task of consenting to team members, he has to countersign each consent form.

3.2 Amendments to the protocol or project documents are approved by the Ethics Committee/ MHRA where applicable (see NRES website for guidance on substantial amendment). Copies of the updated documentation, application of amendment and approval letters need to be forwarded to the JRO.

3.3 A trial master file (TMF) is created containing all relevant essential documents. (Check list available www.bartsandthelondon.nhs.uk/research)

3.4 A staff delegation log is maintained up to date at all time. If it is a multi-site trial, the CI must ensure that the Principal Investigator (PI) and his trial team have appropriate training, expertise and adequate resources prior to the site opening. If it is a CTIMP, ALL trial staff members have attended a course on the “the UK Medicines for Human Use (Clinical Trials) Regulations (2004)” and subsequent amendments. The sponsor is informed of any staff requiring Research Governance or GCP training.

3.5 The JRO and MREC is notified of the date of the first signed consent form and any extension or early termination of the project.

3.6 Appropriate Standard Operating Procedures (SOPs) are produced and followed for this project. The relevant JRO SOPs are complied with.

3.7 **If it is a CTIMP**, all relevant clinical trial data are transcribed from source documents to Case Report Form (CRF). All completed CRFs are signed & dated by the CI.

3.8 **If it is a CTIMP**, written notice of any urgent safety measures taken to protect subjects of the Clinical Trial is sent to the Regulatory Authority (within 3 days of learning of the event), REC and sponsor.

- 3.9 Annual progress reports are sent to the JRO and main REC.
- 3.10 **If it is a CTIMP**, Annual Safety Reports are sent to the MHRA, the MREC and the JRO. All communication either with the MHRA or the Ethics Committee is sent to the JRO.
- 3.11 All near misses and incidents stemming from the research are notified to the Trust Clinic Risk Department using the Trust incident form.
- 3.12 All Averse Event (AEs) are recorded in patient notes and CRF.
- 3.13 Serious Adverse Events and Suspected Unexpected Serious Adverse Reactions (SUSARs) relating to clinical trials of drugs or devices are reported to the JRO and the main REC within a working day of becoming aware of the event, **unless stated in the protocol**. All serious breaches to GCP and the protocol are reported to the JRO within a working day of becoming aware of the breach.
- 3.14 Project documentation, medical notes and staff involved in the research project are available for monitoring/audit/inspection if requested by Regulatory Authorities or by the JRO.
- 3.15 The “monitoring report” is completed by the CI’s team in a CONTINUOUS fashion to ensure that the trial master file is kept up to date at all time and sent to the JRO once or twice a year for review (as stated in the protocol), depending on the risk associated to the project. (The monitoring report template is available: www.bartsandthelondon.nhs.uk/research)
- 3.16 All investigators and the Regulatory Authorities have been notified of any findings which could adversely affect the safety of subjects, impact on the conduct of the study or alter the RECs favourable opinion.
- 3.17 Quality assurance and quality control systems have been implemented and are maintained to ensure the study is conducted and data is generated, documented and reported in accordance with the protocol and the Data Protection Act 1998.
- 3.18 Quality control systems for data handling are in place and all data stored on computers which are not part of the local network are adequately password-protected, backed up and stored securely.
- 3.19 Compliance with ICH GCP is maintained when using electronic study data or handling and/or remote electronic data systems.
- 3.20 Sufficient safety and efficacy data from non-clinical studies or clinical trials are available to support human exposure in the Clinical Trial population to be studied and to update the investigator’s brochure as new information becomes available.
- Ensure IMPs which do not have a Marketing Authorisation in the EU/Imported form outside the EU are manufactured and sourced by an “MIA” IMP licensed holder:
<http://www.mhra.gov.uk/Howweregulate/Medicines/Licensingofmedicines/ManufacturersandWholesaleDealerslicences/index.htm>]in accordance with Good Manufacturing Practice (GMP) and released by a qualified person.
- 3.21 Ensure provisions are made to ensure that IMPs are labelled appropriately according to Annex 13 and in a manner that protects the blinding (if appropriate).(http://www.ct-toolkit.ac.uk/db/documents/Annex_13.pdf)
- 3.22 Ensure the IMP is stored appropriately and ensure IMP accountability.
- 3.23 Ensure the IMP is stable over the period of the Clinical Trial.
- 3.24 Provide ongoing safety evaluation of the IMPs.

4. While closing the project, the CI must ensure:

- 4.1 An “end of trial notification” is sent to the main REC and MHRA (if applicable) within 90 days of the conclusion date and within 15 days if the project is terminated early. Later on, an end of clinical trial report is submitted to the MHRA and JRO within one year of the clinical trial having been declared ended.
- 4.2 At the end of the project, documents relating to the project (e.g. TMF and Pharmacy file) are archived within the Trust’s archiving facilities for a minimum of 20 years.
- 4.3 Any potential intellectual property stemming from the research must be disclosed to the London Innovations Hub (contact: 0207 380 1701).
- 4.4 The Joint R&D Office is notified of any outputs of the research such as guidelines, publications, changes in service delivery etc.
- 4.5 For research governance purposes, any requests from the JRO for further information on the project are responded to at the earliest convenience.

5. Only Applicable for a multi centre Clinical Trial of Medicinal Product:

The Chief Investigator (CI) ensures that the **Principal Investigator (PI)** at each site takes on the following Responsibilities:

- 5.1 ensure appropriate site approvals are obtained, including Local Trust Approval and REC Site Specific Approval.
- 5.2 conduct the study according to ICH GCP, the DoH Research Governance Framework and relevant laws and statutes.

- 5.3 monitor the study in accordance with the arrangements outlined in the submission to the Sponsor: The BLT/QM site monitoring report template must be completed by the PI's team on site in a continuous fashion and sent to the CI for review once or twice a year depending on the risk associated to the project. If the project is classified as high risk, the CI must organise an on site visit to check that the site monitoring report template has been filled in appropriately.
- 5.4 ensure that all members of the Site study team are able by knowledge, training and experience to undertake the roles they accept.
- 5.5 maintain a Site Trial Master File containing the essential documents and making this Site Trial Master File available for inspection if requested by the Sponsor or regulatory authorities.
- 5.6 conduct the Clinical Trial in accordance with the Protocol "except where necessary to eliminate an immediate hazard(s)", or when the change(s) involve only logistical or administrative aspects of the study..." (ref ICH GCP 4.5.2). These circumstances must be reported to the Chief Investigator, to the Sponsor and to the Research ethics Committee.
- 5.7 document, with the Pharmacy Department, the supply, handling, labelling and accountability of Investigational Medicinal Products.
- 5.8 use all reasonable efforts to ensure that the data collected and reported are accurate, complete and identifiable at source: and that record keeping and data transfer procedures comply with the Data Protection Act 1998.
- 5.9 ensure each Clinical Trial Subject has consented in writing.
- 5.10 report all Serious Adverse Events to the Sponsor as set out in the protocol
- 5.11 supply documentation and reports as deemed necessary by the Sponsor to fulfil its "Sponsor Obligations".
- 5.12 cooperate with monitoring and auditing undertaken by the host institution, the Sponsor and regulatory authorities, including but not limited to the MHRA, as required.
- 5.13 assist with investigations into any alleged research misconduct undertaken by or on behalf of the Sponsor.
- 5.14 take the necessary provision for archiving essential documents on site.

I have read the above and agree to adhere to these responsibilities for the project stated below.

Project title:

Chief/ Principal Investigator:

Signature:

Date: