REPORTING POLICIES AND PROCEDURES GUIDANCE DOCUMENT

PREAMBLE

Sponsors, Regulatory Authorities, Institutions, and Institutional Review Boards (IRB)/Research Ethics Boards (REB) each have different reporting requirements. This guidance was created to clarify the reporting policies and procedures adopted by Veritas IRB.

REPORTING POLICIES AND PROCEDURES

Veritas IRB has the mandate to protect the rights, dignity, and welfare of research participants under its jurisdiction.

In order to fulfill its mandate, Veritas IRB follows its Human Research Protection Program (HRPP) which requires that any important information regarding research participants and the risks they face be **reported promptly, but no later than ten (10) business days of their occurrence**, to the IRB.

However, Veritas IRB does not expect to review all events and problems that occur during a research project. Reporting events and problems that either do not meet the reporting requirements or that have not been analyzed in order to establish their significance, can be counterproductive, in that it may prevent Veritas IRB from protecting research participants that are truly at risk.

The following events must be reported to Veritas IRB promptly, but no later than ten (10) business days of their occurrence:

A. SERIOUS ADVERSE EVENT (SAE)

An **Adverse Event (AE)** is defined as any untoward medical occurrence in a patient or clinical investigation participant administered an investigational product (e.g., pharmaceutical, biologic, medical device, etc.) and which does not necessarily have a causal relationship with this treatment. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom or disease occurring at an investigator's site or elsewhere, which is temporally associated with the use of an investigational product, whether related to the product or not.

A **Serious Adverse Event (SAE)** corresponds to an AE that, at any dose, is further characterized in that it:

- Results in death;
- Is life-threatening;
- Requires inpatient hospitalization or prolongation of existing hospitalization;
- Results in persistent or significant disability/incapacity; or
- Is a congenital anomaly/birth defect.

Serious Adverse Event (SAE) Reporting

Sponsors/Investigators are required to report only SAEs that are:

Related

and

Unexpected

A SAE is **related** if in the opinion of the principal investigator, it was more likely than not to be caused by the investigational product administered or by the research procedures; or if it is more likely than not that the event affects the rights and welfare of current participants.

A SAE is **unexpected** when its specificity and severity are not accurately reflected in the informed consent document. Therefore, a SAE that is described in the literature, but that occurs at a higher frequency or greater intensity than described should be reported to the IRB as an unexpected SAE.

In order to report an SAE that meets these criteria, the ***SAE Report Form*** must be filled out and promptly transmitted to the IRB. SAEs that are either unrelated or expected need not be reported to the IRB.

In multi-centre Studies, SAEs from Sites not under the jurisdiction of the IRB, must be evaluated by the Investigator/Sponsor, in order to determine if they constitute unanticipated problems involving risks to participants or others. All external SAEs submitted without a clear rationale for how they constitute events that could adversely affect the safety of research participants, will be considered unsolicited information and will be subject to additional fees.

B. PROTOCOL DEVIATIONS AND PROTOCOL WAIVERS

A **Protocol Deviation** is defined as an exceptional and accidental/unintentional departure from the protocol, implemented without prior approval by the IRB, which may result in an increased risk of harm to participants or others, or affect the integrity of a study. The Investigator is normally expected to follow the protocol approved by the IRB and may not depart from the protocol except to avoid an immediate hazard to participants or to implement changes to logistical aspects of the trial (e.g., change in administrative staff, change in telephone numbers), and such departures from the protocol may need to be reported.

A **Protocol Waiver** is analogous to a Protocol Deviation, except that prior IRB approval must be obtained before implementing the necessary departures from the protocol. Therefore, Protocol Waivers are anticipatory, while Protocol Deviations are not.

1. Protocol Deviation Reporting

Investigators are required to report only major Protocol Deviations. A major Protocol Deviation is one that:

- Results in increased risk of harm to participants or others;
- Affects the rights, safety or welfare of participants or others; and/or
- Affects the integrity of the resulting study data.

Examples of major Protocol Deviations include:

- Use of a prohibited medication;
- Incorrect study medication or dosing;
- Enrolling a participant outside the inclusion/exclusion criteria;
- Departure from the protocol to eliminate an apparent immediate hazard to a participant.

In order to report a Protocol Deviation that meets the above criteria, the ***Significant Protocol Deviation Reporting Form*** must be filled out and promptly transmitted to the IRB. Protocol Deviations that do not meet the above criteria (e.g., a non-critical study visit performed slightly outside the applicable timeframe, change in administrative staff, change in telephone numbers), are minor and need not be reported to the IRB in this manner.

However, minor changes (as defined above) must be signaled to the IRB in a timely manner.

Following review of the information transmitted, the IRB will ascertain the significance of the event and thereafter determine whether any additional action is required. The IRB could consider that the event constitutes an **Unanticipated Problem Involving Risks to Participants or Others** (see item **C** below) or **Non-Compliance** (see item **D** below), and may impose further measures as a consequence.

2. Protocol Waiver Requests

If a major Protocol Deviation as defined above is anticipated or foreseen, Investigators are instead required to transmit a Protocol Waiver Request to the IRB, using the ***Protocol Waiver Request Form***, in order to obtain an approval prior to implementing the deviation from the protocol.

C. UNANTICIPATED PROBLEMS INVOLVING RISKS TO PARTICIPANTS OR OTHERS

An **Unanticipated Problem Involving Risks to Participants or Others** is defined as any event or new information from any source that is:

Unforeseen

and

Harmful to a participant or others, likely to place a participant or others at **increased risk of harm**, or to **adversely affect their protection or interests**

Examples of Unanticipated Problems Involving Risks to Participants or Others include:

- Breach of confidentiality (e.g., lost or stolen research data);
- Newly published information from other studies that impacts on the safety of an investigational product;
- Interim data analysis or safety monitoring report showing greater risks, or lesser benefits, than initially presented to the IRB;
- Monitoring/Audit report showing critical deficiencies at the Site;
- Incarceration of a participant, when the study was not approved to enroll prisoners;
- Death of the Principal Investigator;
- A participant complaint, when the complaint reveals unexpected risks or when it cannot be resolved by the research team;

- Change in Health Canada/FDA labeling specifications or withdrawal of a drug, medical device or biologic from the market;
- Any event that requires prompt reporting to the Sponsor;
- A Sponsor-imposed suspension of study for risk.

In order to report an Unanticipated Problem that meets the above criteria, the ***Unanticipated Problems Involving Risks to Participants or Others Reporting Form*** must be filled out and promptly transmitted to the IRB. The IRB will thereafter evaluate the significance of the reported information and determine whether further action is required.

D. NON-COMPLIANCE

Non-Compliance means a failure to comply with the Human Research Protection Program (HRPP), including IRB policies and procedures.

Serious Non-Compliance means a failure to comply with the HRPP that increases the risk to participants, or adversely affects their rights and welfare. Examples include:

- Failure to report a Serious Adverse Event (SAE);
- Conducting research without IRB review and/or approval;
- Failure to obtain consent from a participant.

Continuing Non-Compliance means a pattern of reports of minor Non-Compliance that, if unaddressed, may compromise the integrity of the HRPP. The pattern may reflect a lack of knowledge or a lack of commitment to human participant protection by the research team. Examples include:

- Repetitive failure to report requested information to the IRB;
- Repetitive minor Protocol Deviations.

Any instance of suspected Non-Compliance must be reported, by filling out the ***Suspected Non-Compliance Reporting Form*** and promptly transmitting it to the IRB. The IRB may thereafter investigate the suspected Non-Compliance further, and evaluate its significance or severity before determining whether any subsequent measures must be implemented.