



Ymchwil Iechyd
a Gofal **Cymru**
Health and Care
Research **Wales**



GOOD CLINICAL PRACTICE (GCP)

REFERENCE GUIDE

Useful Links

- Visit the Health and Care Research Wales for more information about health and social care research in Wales:

<https://healthandcareresearchwales.org/>

- Our regular e-bulletins feature health and social care research news, events, training, funding and vacancies. Sign up to our newsletter here:

<https://us6.list-manage.com/subscribe?u=c607c1a601d761a09d4312aa1&id=c8ac056bae>

- For further information about GCP and other research e-learning modules please visit the NIHR Learn website:

<https://learn.nihr.ac.uk/>

- For further information on Health and Care Research Wales training courses and e-learning modules please visit our training webpage:

<https://healthandcareresearchwales.org/training/training-courses>

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<https://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/>

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Health and Care Research Wales

The Health and Care Research Wales Support and Delivery Centre works in support of Welsh Government's overarching vision which is:

To be internationally recognised for our excellent health and social care research that has a positive impact on the health, wellbeing and prosperity of the people in Wales.

Support centre mission statement

The Support and Delivery Centre also has its own mission which provides a description of the overall goal which is:

The Health and Care Research Wales Support and Delivery Centre facilitates the implementation of Welsh Government policies by providing centralised support functions and services for the health and social care research community in Wales.

Strategic aims

To achieve our vision we will:

1. Ensure public involvement and engagement is central to what we do and visible in all elements of it.
2. Ensure our work is aligned to Welsh Government policy and has real impact.
3. Fully integrate our infrastructure and programmes across health and social care.
4. Invest in areas in which Wales excels and is unique.
5. Increase capacity in health and social care research in Wales.
6. Develop systems that ensure excellent delivery and maximise the use of resources.

Conditions and principles which apply to all clinical trials

The Medicines for Human Use (Clinical Trials) Amendment Regulations 2006
Schedule 1 Part 2

Principles based on Articles 2 to 5 of the GCP Directive

1. The rights, safety and well-being of the trial subjects shall prevail over the interests of science and society.
2. Each individual involved in conducting a trial shall be qualified by education, training and experience to perform his tasks.
3. Clinical trials shall be scientifically sound and guided by ethical principles in all their aspects.
4. The necessary procedures to secure the quality of every aspect of the trial shall be complied with.
5. The available non-clinical and clinical information on an investigational medicinal product shall be adequate to support the proposed clinical trial.
6. Clinical trials shall be conducted in accordance with the principles of the Declaration of Helsinki.
7. The protocol shall provide for the definition of inclusion and exclusion of subjects participating in a clinical trial, monitoring and publication policy.
8. The investigator and sponsor shall consider all relevant guidance with respect to commencing and conducting a clinical trial.
9. All clinical information shall be recorded, handled and stored in such a way that it can be accurately reported, interpreted and verified, while the confidentiality of records of the trial subjects remains protected.

Conditions based on Article 3 of the Directive

10. Before the trial is initiated, foreseeable risks and inconveniences have been weighed against the anticipated benefit for the individual trial subject and other present and future patients. A trial should be initiated and continued only if the anticipated benefits justify the risks.
11. The medical care given to, and medical decisions made on behalf of, subjects shall always be the responsibility of an appropriately qualified doctor or, when appropriate, of a qualified dentist.
12. A trial shall be initiated only if an ethics committee and the licensing authority comes to the conclusion that the anticipated therapeutic and public health benefits justify the risks and may be continued only if compliance with this requirement is permanently monitored.
13. The rights of each subject to physical and mental integrity, to privacy and to the protection of the data concerning him in accordance with the Data Protection Act 1998 are safeguarded.
14. Provision has been made for insurance or indemnity to cover the liability of the investigator and sponsor, which may arise in relation to the clinical trial.

Details of the laws which govern clinical trials in the UK can be found on the MHRA's website: <https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials>

Excerpt from ICH E6 guideline for good clinical practice: the principles of ICH GCP

- 2.1 Clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki, and that are consistent with GCP and the applicable regulatory requirement(s).
- 2.2 Before a trial is initiated, foreseeable risks and inconveniences should be weighed against the anticipated benefit for the individual trial subject and society. A trial should be initiated and continued only if the anticipated benefits justify the risks.
- 2.3 The rights, safety, and well-being of the trial subjects are the most important considerations and should prevail over interests of science and society.
- 2.4 The available non-clinical and clinical information on an investigational product should be adequate to support the proposed clinical trial.
- 2.5 Clinical trials should be scientifically sound, and described in a clear, detailed protocol.
- 2.6 A trial should be conducted in compliance with the protocol that has received prior institutional review board (IRB)/independent ethics committee (IEC) approval/favourable opinion.
- 2.7 The medical care given to, and medical decisions made on behalf of, subjects should always be the responsibility of a qualified physician or, when appropriate, of a qualified dentist.
- 2.8 Each individual involved in conducting a trial should be qualified by education, training, and experience to perform his or her respective task(s).
- 2.9 Freely given informed consent should be obtained from every subject prior to clinical trial participation.
- 2.10 All clinical trial information should be recorded, handled, and stored in a way that allows its accurate reporting, interpretation and verification.
- 2.11 The confidentiality of records that could identify subjects should be protected, respecting the privacy and confidentiality rules in accordance with the applicable regulatory requirement(s).
- 2.12 Investigational products should be manufactured, handled, and stored in accordance with applicable good manufacturing practice (GMP). They should be used in accordance with the approved protocol.
- 2.13 Systems with procedures that assure the quality of every aspect of the trial should be implemented.

The E6 Guideline for Good Clinical Practice can be found on the ICH website:
<https://www.ich.org/page/efficacy-guidelines>

19 Principles that apply to all health and social care from the UK Policy Framework for Health and Social Care Research

1. **Safety**- the safety and well-being of the individual prevail over the interests of science and society
2. **Competence**-all the people involved in managing and conducting a research project are qualified by education training and experience, or otherwise competent under the supervision of a suitably qualified person, to perform their tasks
3. **Scientific and ethical conduct**- research projects are scientifically sound and guided by ethical principles in all their aspects
4. **Patient, service user and public involvement**- patients, service users and the public are involved in the design, management, conduct and dissemination of research, unless otherwise justified
5. **Integrity, quality and transparency**- research is designed, reviewed, managed and undertaken in a way that ensures integrity, quality and transparency
6. **Protocol**- the design and procedure of the research are clearly described and justified in a research proposal or protocol, where applicable conforming to a standard template and/or specified contents
7. **Legality**- the researchers and sponsor familiarise themselves with relevant legislation and guidance in respect of managing and conducting the research
8. **Benefits and risks**- before the research project is started, any anticipated benefit for the individual participant and other present and future recipient of the health or social care in question is weighed against the foreseeable risks and inconvenience once they have been mitigated
9. **Approval**- a research project is started only if a research ethics committee and any other relevant approval body have favourably reviewed the research proposal or protocol and related information, where their review is expected or required
10. **Information about the research**- in order to avoid waste, information about research projects (other than those for educational purposes) is made publicly available before they start (unless a deferral is agreed by or on behalf of the research ethics committee)
11. **Accessible findings**- other than research for educational purposes and early phase trials, the findings, whether positive or negative, are made accessible, with adequate consent and privacy safeguards, in a timely manner after they have finished, in compliance with any applicable regulatory standards, i.e. legal requirements or expectations of regulators. In addition, where appropriate, information about the findings of the research is available, in a suitable format and timely manner, to those who took part in it, unless otherwise justified
12. **Choice**- research participants are afforded respect and autonomy, taking account of their capacity to understand. Where there is a difference between the research and the standard practice that they might otherwise experience, research participants are given information to understand the distinction and make a choice, unless a research ethics committee agrees otherwise. Where

participants' explicit consent is sought, it is voluntary and informed. Where consent is refused or withdrawn, this is done without reprisal

13. **Insurance and indemnity**- adequate provision is made for insurance or indemnity to cover liabilities which may arise in relation to the design, management and conduct of the research project
14. **Respect for privacy**- all information collected for or as part of the research project is recorded, handled and stored appropriately and in such a way and for such a time that it can be accurately reported, interpreted and verified, while the confidentiality of individual research participants remains appropriately protected. Data and tissue collections are managed in a transparent way that demonstrates commitment to their appropriate use for research and appropriate protection of privacy
15. **Compliance**- sanctions for non-compliance with these principles may include appropriate and proportionate administrative, contractual or legal measures by funders, employers, relevant professional and statutory regulators and other bodies

Principles that apply to interventional health and social care research

In addition to the principles above, the following principles apply to interventional research only, i.e. where a change in treatment, care or other services is made for the purposes of research:

16. **Justified intervention**-the intended deviation from normal treatment, care or other services is adequately supported by the available information (including evidence from previous research)
17. **Ongoing provision of treatment**- the research protocol and the participant information sheet explain the special arrangements, if any, after the research intervention period has ended (e.g. continuing or changing the treatment, care or other services that were introduced for the purposes of research)
18. **Integrity of the care record**- all information about treatment, care or other services provided as part of the research project and their outcomes is recorded, handled and stored appropriately and in such a way and for such time that it can be understood, where relevant, by others involved in the participants care and accurately reported, interpreted and verified, while the confidentiality of records of the participants remains protected
19. **Duty of care**- the duty of care owed by health and care providers continues to apply when their patients and service users take part in research. A relevant health or social care professional retains responsibility for the treatment, care or other services given to patients and service users as research participants and for decisions about their treatment, care or other services. If an unmanageable conflict arises between research and patient interests, the duty to the participant as a patient prevails.

The UK Policy Framework for Health and Social Care Research can be found on the Health Research Authority website:

<https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>

World Medical Association Declaration of Helsinki

2018 Version

Recommendations Guiding Medical Doctors in Biomedical Research Involving Human Subjects

Introduction

The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data. The Declaration is intended to be read as a whole and each of its constituent paragraphs should be applied with consideration of all other relevant paragraphs.

Consistent with the mandate of the WMA, the Declaration is addressed primarily to physicians. The WMA encourages others who are involved in medical research involving human subjects to adopt these principles.

General principles

1. The Declaration of Geneva of the WMA binds the physician with the words, "The health of my patient will be my first consideration," and the International Code of Medical Ethics declares that, "A physician shall act in the patient's best interest when providing medical care."
2. It is the duty of the physician to promote and safeguard the health, well-being and rights of patients, including those who are involved in medical research. The physician's knowledge and conscience are dedicated to the fulfilment of this duty.
3. Medical progress is based on research that ultimately must include studies involving human subjects.
4. The primary purpose of medical research involving human subjects is to understand the causes, development and effects of diseases and improve preventive, diagnostic and therapeutic interventions (methods, procedures and treatments). Even the best proven interventions must be evaluated continually through research for their safety, effectiveness, efficiency, accessibility and quality.
5. Medical research is subject to ethical standards that promote and ensure respect for all human subjects and protect their health and rights.
6. While the primary purpose of medical research is to generate new knowledge, this goal can never take precedence over the rights and interests of individual research subjects.
7. It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. The responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent.

8. Physicians must consider the ethical, legal and regulatory norms and standards for research involving human subjects in their own countries as well as applicable international norms and standards. No national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research subjects set forth in this Declaration.
9. Medical research should be conducted in a manner that minimises possible harm to the environment.
10. Medical research involving human subjects must be conducted only by individuals with the appropriate ethics and scientific education, training and qualifications. Research on patients or healthy volunteers requires the supervision of a competent and appropriately qualified physician or other health care professional.
11. Groups that are underrepresented in medical research should be provided appropriate access to participation in research.
12. Physicians who combine medical research with medical care should involve their patients in research only to the extent that this is justified by its potential preventive, diagnostic or therapeutic value and if the physician has good reason to believe that participation in the research study will not adversely affect the health of the patients who serve as research subjects.
13. Appropriate compensation and treatment for subjects who are harmed as a result of participating in research must be ensured.

Risks, burdens and benefits

14. In medical practice and in medical research, most interventions involve risks and burdens. Medical research involving human subjects may only be conducted if the importance of the objective outweighs the risks and burdens to the research subjects.
15. All medical research involving human subjects must be preceded by careful assessment of predictable risks and burdens to the individuals and groups involved in the research in comparison with foreseeable benefits to them and to other individuals or groups affected by the condition under investigation. Measures to minimise the risks must be implemented. The risks must be continuously monitored, assessed and documented by the researcher.
16. Physicians may not be involved in a research study involving human subjects unless they are confident that the risks have been adequately assessed and can be satisfactorily managed.
When the risks are found to outweigh the potential benefits or when there is conclusive proof of definitive outcomes, physicians must assess whether to continue, modify or immediately stop the study.

Vulnerable groups and individuals

17. Some groups and individuals are particularly vulnerable and may have an increased likelihood of being wronged or of incurring additional harm.
All vulnerable groups and individuals should receive specifically considered protection.
18. Medical research with a vulnerable group is only justified if the research is responsive to the health needs or priorities of this group and the research cannot be carried out in a non-vulnerable group. In addition, this group

should stand to benefit from the knowledge, practices or interventions that result from the research.

Scientific requirements and research protocols

19. Medical research involving human subjects must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific literature, other relevant sources of information, and adequate laboratory and, as appropriate, animal experimentation. The welfare of animals used for research must be respected.
20. The design and performance of each research study involving human subjects must be clearly described and justified in a research protocol. The protocol should contain a statement of the ethical considerations involved and should indicate how the principles in this Declaration have been addressed. The protocol should include information regarding funding, sponsors, institutional affiliations, potential conflicts of interest, incentives for subjects and information regarding provisions for treating and/or compensating subjects who are harmed as a consequence of participation in the research study.
In clinical trials, the protocol must also describe appropriate arrangements for post-trial provisions.

Research ethics committees

21. The research protocol must be submitted for consideration, comment, guidance and approval to the concerned research ethics committee before the study begins. This committee must be transparent in its functioning, must be independent of the researcher, the sponsor and any other undue influence and must be duly qualified. It must take into consideration the laws and regulations of the country or countries in which the research is to be performed as well as applicable international norms and standards but these must not be allowed to reduce or eliminate any of the protections for research subjects set forth in this Declaration.

The committee must have the right to monitor ongoing studies. The researcher must provide monitoring information to the committee, especially information about any serious adverse events. No amendment to the protocol may be made without consideration and approval by the committee. After the end of the study, the researchers must submit a final report to the committee containing a summary of the study's findings and conclusions.

Privacy and confidentiality

22. Every precaution must be taken to protect the privacy of research subjects and the confidentiality of their personal information.

Informed consent

23. Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary. Although it may be appropriate to consult family members or community leaders, no individual capable of giving informed consent may be enrolled in a research study unless he or she freely agrees.
24. In medical research involving human subjects capable of giving informed consent, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, post-study provisions and any other relevant aspects of the study. The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. Special attention should be given to the specific information needs of individual potential subjects as well as to the methods used to deliver the information. After ensuring that the potential subject has understood the information, the physician or another appropriately qualified individual must then seek the potential subject's freely-given informed consent, preferably in writing. If the consent cannot be expressed in writing, the non-written consent must be formally documented and witnessed. All medical research subjects should be given the option of being informed about the general outcome and results of the study.
25. When seeking informed consent for participation in a research study the physician must be particularly cautious if the potential subject is in a dependent relationship with the physician or may consent under duress. In such situations the informed consent must be sought by an appropriately qualified individual who is completely independent of this relationship.
26. For a potential research subject who is incapable of giving informed consent, the physician must seek informed consent from the legally authorised representative. These individuals must not be included in a research study that has no likelihood of benefit for them unless it is intended to promote the health of the group represented by the potential subject, the research cannot instead be performed with persons capable of providing informed consent, and the research entails only minimal risk and minimal burden.
27. When a potential research subject who is deemed incapable of giving informed consent is able to give assent to decisions about participation in research, the physician must seek that assent in addition to the consent of the legally authorised representative. The potential subject's dissent should be respected.
28. Research involving subjects who are physically or mentally incapable of giving consent, for example, unconscious patients, may be done only if the physical or mental condition that prevents giving informed consent is a necessary characteristic of the research group. In such circumstances the physician must seek informed consent from the legally authorised representative. If no such representative is available and if the research cannot be delayed, the study may proceed without informed consent provided that the specific reasons for involving subjects with a condition that renders them unable to give informed consent have been stated in the research protocol and the study has been approved by a research ethics committee. Consent to remain

- in the research must be obtained as soon as possible from the subject or a legally authorised representative.
29. The physician must fully inform the patient which aspects of their care are related to the research. The refusal of a patient to participate in a study or the patient's decision to withdraw from the study must never adversely affect the patient-physician relationship.
 30. For medical research using identifiable human material or data, such as research on material or data contained in biobanks or similar repositories, physicians must seek informed consent for its collection, storage and/or reuse. There may be exceptional situations where consent would be impossible or impracticable to obtain for such research. In such situations the research may be done only after consideration and approval of a research ethics committee.

Use of placebo

31. The benefits, risks, burdens and effectiveness of a new intervention must be tested against those of the best proven intervention(s), except in the following circumstances:
Where no proven intervention exists, the use of placebo, or no intervention, is acceptable; or
Where for compelling and scientifically sound methodological reasons the use of any intervention less effective than the best proven one, the use of placebo, or no intervention is necessary to determine the efficacy or safety of an intervention
and the patients who receive any intervention less effective than the best proven one, placebo, or no intervention will not be subject to additional risks of serious or irreversible harm as a result of not receiving the best proven intervention.

Extreme care must be taken to avoid abuse of this option.

Post-trial provisions

32. In advance of a clinical trial, sponsors, researchers and host country governments should make provisions for post-trial access for all participants who still need an intervention identified as beneficial in the trial. This information must also be disclosed to participants during the informed consent process.

Research registration and publication and dissemination of results

33. Every research study involving human subjects must be registered in a publicly accessible database before recruitment of the first subject.
34. Researchers, authors, sponsors, editors and publishers all have ethical obligations with regard to the publication and dissemination of the results of research. Researchers have a duty to make publicly available the results of their research on human subjects and are accountable for the completeness

and accuracy of their reports. All parties should adhere to accepted guidelines for ethical reporting. Negative and inconclusive as well as positive results must be published or otherwise made publicly available. Sources of funding, institutional affiliations and conflicts of interest must be declared in the publication. Reports of research not in accordance with the principles of this Declaration should not be accepted for publication.

Unproven interventions in clinical practice

35. In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorised representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available.

The Declaration of Helsinki can be found on the WMA website:

<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

Excerpt from ICH E6 guideline for good clinical practice: Informed consent explanation

- i. Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects should include explanations of the following:
 - a) That the trial involves research.
 - b) The purpose of the trial.
 - c) The trial treatment(s) and the probability for random assignment to each treatment.
 - d) The trial procedures to be followed, including all invasive procedures.
 - e) The subject's responsibilities.
 - f) Those aspects of the trial that are experimental.
 - g) The reasonably foreseeable risks or inconveniences to the subject and, when applicable, to an embryo, foetus, or nursing infant.
 - h) The reasonably expected benefits. When there is no intended clinical benefit to the subject, the subject should be made aware of this.
 - i) The alternative procedure(s) or course(s) of treatment that may be available to the subject, and their important potential benefits and risks.
 - j) The compensation and/or treatment available to the subject in the event of trial-related injury.
 - k) The anticipated prorated payment, if any, to the subject for participating in the trial.
 - l) The anticipated expenses, if any, to the subject for participating in the trial.
 - m) That the subject's participation in the trial is voluntary and that the subject may refuse to participate or withdraw from the trial, at any time, without penalty or loss of benefits to which the subject is otherwise entitled.
 - n) That the monitor(s), the auditor(s), the IRB/IEC, and the regulatory authority(ies) will be granted direct access to the subject's original medical records for verification of clinical trial procedures and/or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations and that, by signing a written informed consent form, the subject or the subject's legally acceptable representative is authorising such access.
 - o) That records identifying the subject will be kept confidential and, to the extent permitted by the applicable laws and/or regulations, will not be made publicly available. If the results of the trial are published, the subject's identity will remain confidential.
 - p) That the subject or the subject's legally acceptable representative will be informed in a timely manner if information becomes available that may be relevant to the subject's willingness to continue participation in the trial.
 - q) The person(s) to contact for further information regarding the trial and the rights of trial subjects, and whom to contact in the event of trial-related injury.
 - r) The foreseeable circumstances and/or reasons under which the subject's participation in the trial may be terminated.
 - s) The expected duration of the subject's participation in the trial.
 - t) The approximate number of subjects involved in the trial.

The E6 Guideline for Good Clinical Practice can be found on the ICH website:
<https://www.ich.org/page/efficacy-guidelines>

Excerpt from ICH E6 Guideline for Good Clinical Practice: Essential documents for the conduct of a clinical trial

8.1 Introduction

Essential documents are those documents which individually and collectively permit evaluation of the conduct of a trial and the quality of the data produced. These documents serve to demonstrate the compliance of the investigator, sponsor and monitor with the standards of Good Clinical Practice and with all applicable regulatory requirements.

Essential documents also serve a number of other important purposes. Filing essential documents at the investigator/institution and sponsor sites in a timely manner can greatly assist in the successful management of a trial by the investigator, sponsor and monitor. These documents are also the ones which are usually audited by the sponsor's independent audit function and inspected by the regulatory authority(ies) as part of the process to confirm the validity of the trial conduct and the integrity of data collected.

The minimum list of essential documents which has been developed follows. The various documents are grouped in three sections according to the stage of the trial during which they will normally be generated: 1) before the clinical phase of the trial commences, 2) during the clinical conduct of the trial, and 3) after completion or termination of the trial. A description is given of the purpose of each document, and whether it should be filed in either the investigator/institution or sponsor files, or both. It is acceptable to combine some of the documents, provided the individual elements are readily identifiable.

Trial master files should be established at the beginning of the trial, both at the investigator/institution's site and at the sponsor's office. A final close-out of a trial can only be done when the monitor has reviewed both investigator/institution and sponsor files and confirmed that all necessary documents are in the appropriate files.

Any or all of the documents addressed in this guideline may be subject to, and should be available for, audit by the sponsor's auditor and inspection by the regulatory authority(ies).

Addendum

The sponsor and investigator/institution should maintain a record of the location(s) of their respective essential documents including source documents. The storage system used during the trial for archiving (irrespective of the type of media used) should provide for document identification, version history, search and retrieval.

Essential documents for the trial should be supplemented or may be reduced where justified (in advance of trial initiation) based on the importance and relevance of the specific documents to the trial.

The sponsor should ensure that the investigator has control of, and continuous access to, the CRF data reported to the sponsor. The sponsor should not have exclusive control of those data.

When a copy is used to replace an original document (e.g. source documents, CRF), the copy should fulfil the requirements for the certified copies.

The investigator/institution should have control of all essential documents and records generated by the investigator/institution before, during, and after the trial.

8.2 Before the Clinical Phase of the Trial Commences

During this planning stage the following documents should be generated and should be on file before the trial formally starts:

The E6 Guideline for Good Clinical Practice can be found on the ICH website:
<https://www.ich.org/page/efficacy-guidelines>

	Title of Document	Purpose	Located In Files of	
			Instigator/ Institution	Sponsor
8.2.1	INVESTIGATOR'S BROCHURE	To document that relevant and current scientific information about the investigational product has been provided to the investigator	X	X
8.2.2	SIGNED PROTOCOL AND AMENDMENTS, IF ANY, AND SAMPLE CASE REPORT FORM (CRF)	To document investigator and sponsor agreement to the protocol/amendment(s) and CRF	X	X
8.2.3	INFORMATION GIVEN TO TRIAL SUBJECT		X	X
	– INFORMED CONSENT FORM (including all applicable translations)	To document the informed consent		
	– ANY OTHER WRITTEN INFORMATION	To document that subjects will be given appropriate written information (content and wording) to support their ability to give fully informed consent	X	X
	– ADVERTISEMENT FOR SUBJECT RECRUITMENT (if used)	To document that recruitment measures are appropriate and not coercive	X	
8.2.4	FINANCIAL ASPECTS OF THE TRIAL	To document the financial agreement between the investigator/institution and the sponsor for the trial	X	X
8.2.5	INSURANCE STATEMENT (where required)	To document that compensation to subject(s) for trial-related injury will be available	X	X
8.2.6	SIGNED AGREEMENT BETWEEN INVOLVED PARTIES, e.g.:	To document agreements		
	– investigator/institution and sponsor		X	X
	– investigator/institution and CRO		X	X (where required)
	– sponsor and CRO			X
	– investigator/institution and authority(ies) (where required)		X	X

	Title of Document	Purpose	Located In Files of	
			Instigator/ Institution	Sponsor
8.2.7	DATED, DOCUMENTED APPROVAL/FAVOURABLE OPINION OF INSTITUTIONAL REVIEW BOARD (IRB) /INDEPENDENT ETHICS COMMITTEE (IEC) OF THE FOLLOWING: – protocol and any amendments – CRF (if applicable) – informed consent form(s) – any other written information to be provided to the subject(s) – advertisement for subject recruitment (if used) – subject compensation (if any) – any other documents given approval/ favourable opinion	To document that the trial has been subject to IRB/IEC review and given approval/favourable opinion. To identify the version number and date of the document(s)	X	X
8.2.8	INSTITUTIONAL REVIEW BOARD/INDEPENDENT ETHICS COMMITTEE COMPOSITION	To document that the IRB/IEC is constituted in agreement with GCP	X	X (where required)
8.2.9	REGULATORY AUTHORITY(IES) AUTHORISATION/APPROVAL/NOTIFICATION OF PROTOCOL (where required)	To document appropriate authorisation/approval/ notification by the regulatory authority(ies) has been obtained prior to initiation of the trial in compliance with the applicable regulatory requirement(s)	X (where required)	X (where required)
8.2.10	CURRICULUM VITAE AND/OR OTHER RELEVANT DOCUMENTS EVIDENCING QUALIFICATIONS OF INVESTIGATOR(S) AND SUB-INVESTIGATOR(S)	To document qualifications and eligibility to conduct trial and/or provide medical supervision of subjects	X	X
8.2.11	NORMAL VALUE(S)/RANGE(S) FOR MEDICAL/LABORATORY/TECHNICAL PROCEDURE(S) AND/OR TEST(S) INCLUDED IN THE PROTOCOL	To document normal values and/or ranges of the tests	X	X

	Title of Document	Purpose	Located In Files of	
			Instigator/ Institution	Sponsor
8.2.12	MEDICAL/LABORATORY/TECHNICAL PROCEDURES/TESTS	To document competence of facility to perform required test(s), and support reliability of results	X (where required)	X
	– certification or			
	– accreditation or			
	– established quality control and/or external quality assessment or			
	– other validation (where required)			
8.2.13	SAMPLE OF LABEL(S) ATTACHED TO INVESTIGATIONAL PRODUCT CONTAINER(S)	To document compliance with applicable labelling regulations and appropriateness of instructions provided to the subjects		X
8.2.14	INSTRUCTIONS FOR HANDLING OF INVESTIGATIONAL PRODUCT(S) AND TRIAL-RELATED MATERIALS (if not included in protocol or Investigator’s Brochure)	To document instructions needed to ensure proper storage, packaging, dispensing and disposition of investigational products and trial-related materials	X	X
8.2.15	SHIPPING RECORDS FOR INVESTIGATIONAL PRODUCT(S) AND TRIAL-RELATED MATERIALS	To document shipment dates, batch numbers and method of shipment of investigational product(s) and trial-related materials. Allows tracking of product batch, review of shipping conditions, and accountability	X	X
8.2.16	CERTIFICATE(S) OF ANALYSIS OF INVESTIGATIONAL PRODUCT(S) SHIPPED	To document identity, purity, and strength of investigational product(s) to be used in the trial		X
8.2.17	DECODING PROCEDURES FOR BLINDED TRIALS	To document how, in case of an emergency, identity of blinded investigational product can be revealed without breaking the blind for the remaining subjects’ treatment	X	X (third party if applicable)
8.2.18	MASTER RANDOMISATION LIST	To document method for randomisation of trial population		X (third party if applicable)
8.2.19	PRE-TRIAL MONITORING REPORT	To document that the site is suitable for the trial (may be combined with 8.2.20)		X
8.2.20	TRIAL INITIATION MONITORING REPORT	To document that trial procedures were reviewed with the investigator and the investigator’s trial staff (may be combined with 8.2.19)	X	X

8.3 During the Clinical Conduct of the Trial

In addition to having on file the above documents, the following should be added to the files during the trial as evidence that all new relevant information is documented as it becomes available

	Title of Document	Purpose	Located In Files of	
			Instigator/ Institution	Sponsor
8.3.1	INVESTIGATOR'S BROCHURE UPDATES	To document that investigator is informed in a timely manner of relevant information as it becomes available	X	X
8.3.2	ANY REVISION TO:	To document revisions of these trial related documents that take effect during trial	X	X
	– protocol/amendment(s) and CRF			
	– informed consent form			
	– any other written information provided to subjects			
	– advertisement for subject recruitment (if used)			
8.3.3	DATED, DOCUMENTED APPROVAL/FAVOURABLE OPINION OF INSTITUTIONAL REVIEW BOARD (IRB) /INDEPENDENT ETHICS COMMITTEE (IEC) OF THE FOLLOWING:	To document that the amendment(s) and/or revision(s) have been subject to IRB/IEC review and were given approval/favourable opinion. To identify the version number and date of the document(s).	X	X
	– protocol amendment(s)			
	– revision(s) of:			
	– informed consent form			
	– any other written information to be provided to the subject			
	– advertisement for subject recruitment (if used)			
	– any other documents given approval/favourable opinion			
	– continuing review of trial (where required)			

	Title of Document	Purpose	Located In Files of	
			Instigator/ Institution	Sponsor
8.3.4	REGULATORY AUTHORITY(IES) AUTHORISATIONS/APPROVALS/NOTIFICATIONS WHERE REQUIRED FOR: – protocol amendment(s) and other documents	To document compliance with applicable regulatory requirements	X (where required)	X
8.3.5	CURRICULUM VITAE FOR NEW INVESTIGATOR(S) AND/OR SUB- INVESTIGATOR(S)	(see 8.2.10)	X	X
8.3.6	UPDATES TO NORMAL VALUE(S)/RANGE(S) FOR MEDICAL / LABORATORY/ TECHNICAL PROCEDURE(S)/ TEST(S) INCLUDED IN THE PROTOCOL	To document normal values and ranges that are revised during the trial (see 8.2.11)	X	X
8.3.7	UPDATES OF MEDICAL/LABORATORY/TECHNICAL PROCEDURES/TESTS – certification or – accreditation or – established quality control and/or external quality assessment or – other validation (where required)	To document that tests remain adequate throughout the trial period (see 8.2.12)	X (where required)	X
8.3.8	DOCUMENTATION OF INVESTIGATIONAL PRODUCT(S) AND TRIAL-RELATED MATERIALS SHIPMENT	(see 8.2.15)	X	X
8.3.9	CERTIFICATE(S) OF ANALYSIS FOR NEW BATCHES OF INVESTIGATIONAL PRODUCTS	(see 8.2.16)		X
8.3.10	MONITORING VISIT REPORTS	To document site visits by, and findings of, the monitor		X
8.3.11	RELEVANT COMMUNICATIONS OTHER THAN SITE VISITS – letters – meeting notes	To document any agreements or significant discussions regarding trial administration, protocol violations, trial conduct, adverse event (AE) reporting	X	X

	Title of Document	Purpose	Located In Files of	
			Instigator/ Institution	Sponsor
8.3.12	SIGNED INFORMED CONSENT FORMS	To document that consent is obtained in accordance with GCP and protocol and dated prior to participation of each subject in trial. Also to document direct access permission (see 8.2.3)	X	
8.3.13	SOURCE DOCUMENTS	To document the existence of the subject and substantiate integrity of trial data collected. To include original documents related to the trial, to medical treatment, and history of subject	X	
8.3.14	SIGNED, DATED AND COMPLETED CASE REPORT FORMS (CRF)	To document that the investigator or authorised member of the investigator's staff confirms the observations recorded	X (copy)	X (original)
8.3.15	DOCUMENTATION OF CRF CORRECTIONS	To document all changes/additions or corrections made to CRF after initial data were recorded	X (copy)	X (original)
8.3.16	NOTIFICATION BY ORIGINATING INVESTIGATOR TO SPONSOR OF SERIOUS ADVERSE EVENTS AND RELATED REPORTS	Notification by originating investigator to sponsor of serious adverse events and related reports in accordance with 4.11	X	X
8.3.17	NOTIFICATION BY SPONSOR AND/OR INVESTIGATOR, WHERE APPLICABLE, TO REGULATORY AUTHORITY(IES) AND IRB(S)/IEC(S) OF UNEXPECTED SERIOUS ADVERSE DRUG REACTIONS AND OF OTHER SAFETY INFORMATION	Notification by sponsor and/or investigator, where applicable, to regulatory authorities and IRB(s)/IEC(s) of unexpected serious adverse drug reactions in accordance with 5.17 and 4.11.1 and of other safety information in accordance with 5.16.2	X (where required)	X
8.3.18	NOTIFICATION BY SPONSOR TO INVESTIGATORS OF SAFETY INFORMATION	Notification by sponsor to investigators of safety information in accordance with 5.16.2	X	X

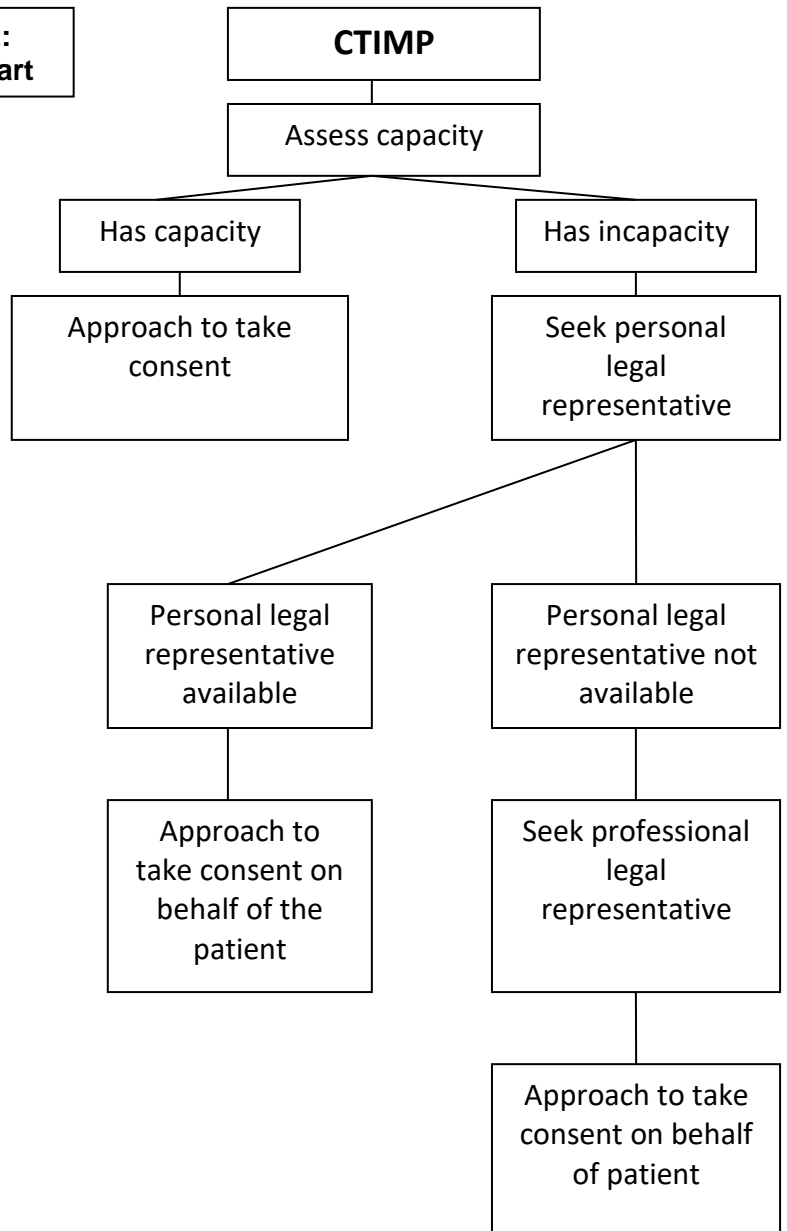
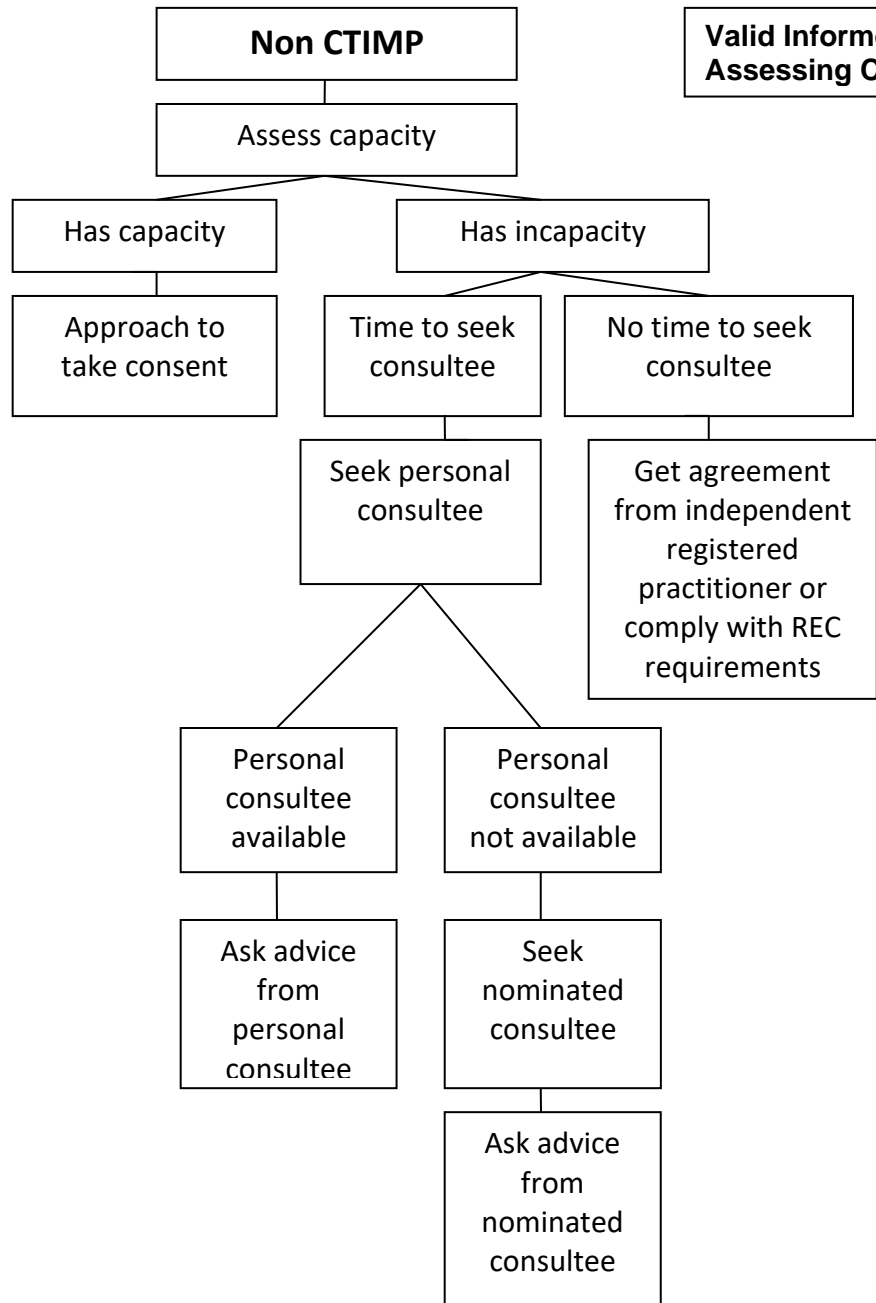
	Title of Document	Purpose	Located In Files of	
			Instigator/ Institution	Sponsor
8.3.19	INTERIM OR ANNUAL REPORTS TO IRB/IEC AND AUTHORITY(IES)	Interim or annual reports provided to IRB/IEC in accordance with 4.10 and to authority(ies) in accordance with 5.17.3	X	X (where required)
8.3.20	SUBJECT SCREENING LOG	To document identification of subjects who entered pre-trial screening	X	X (where required)
8.3.21	SUBJECT IDENTIFICATION CODE LIST	To document that investigator/institution keeps a confidential list of names of all subjects allocated to trial numbers on enrolling in the trial. Allows investigator/institution to reveal identity of any subject	X	
8.3.22	SUBJECT ENROLMENT LOG	To document chronological enrolment of subjects by trial number	X	
8.3.23	INVESTIGATIONAL PRODUCTS ACCOUNTABILITY AT THE SITE	To document that investigational product(s) have been used according to the protocol	X	X
8.3.24	SIGNATURE SHEET	To document signatures and initials of all persons authorised to make entries and/or corrections on CRFs	X	X
8.3.25	RECORD OF RETAINED BODY FLUIDS/ TISSUE SAMPLES (IF ANY)	To document location and identification of retained samples if assays need to be repeated	X	X

8.4 After Completion or Termination of the Trial

After completion or termination of the trial, all of the documents identified in sections 8.2 and 8.3 should be in the file together with the following

	Title of Document	Purpose	Located In Files of	
			Instigator/ Institution	Sponsor
8.4.1	INVESTIGATIONAL PRODUCT(S) ACCOUNTABILITY AT SITE	To document that the investigational product(s) have been used according to the protocol. To documents the final accounting of investigational product(s) received at the site, dispensed to subjects, returned by the subjects, and returned to sponsor	X	X
8.4.2	DOCUMENTATION OF INVESTIGATIONAL PRODUCT DESTRUCTION	To document destruction of unused investigational products by sponsor or at site	X (if destroyed at site)	X
8.4.3	COMPLETED SUBJECT IDENTIFICATION CODE LIST	To permit identification of all subjects enrolled in the trial in case follow-up is required. List should be kept in a confidential manner and for agreed upon time	X	
8.4.4	AUDIT CERTIFICATE (if available)	To document that audit was performed		X
8.4.5	FINAL TRIAL CLOSE-OUT MONITORING REPORT	To document that all activities required for trial close-out are completed, and copies of essential documents are held in the appropriate files		X
8.4.6	TREATMENT ALLOCATION AND DECODING DOCUMENTATION	Returned to sponsor to document any decoding that may have occurred		X
8.4.7	FINAL REPORT BY INVESTIGATOR TO IRB/IEC WHERE REQUIRED, AND WHERE APPLICABLE, TO THE REGULATORY AUTHORITY(IES)	To document completion of the trial	X	
8.4.8	CLINICAL STUDY REPORT	To document results and interpretation of trial	X (if applicable)	X

**Valid Informed Consent:
Assessing Capacity Chart**

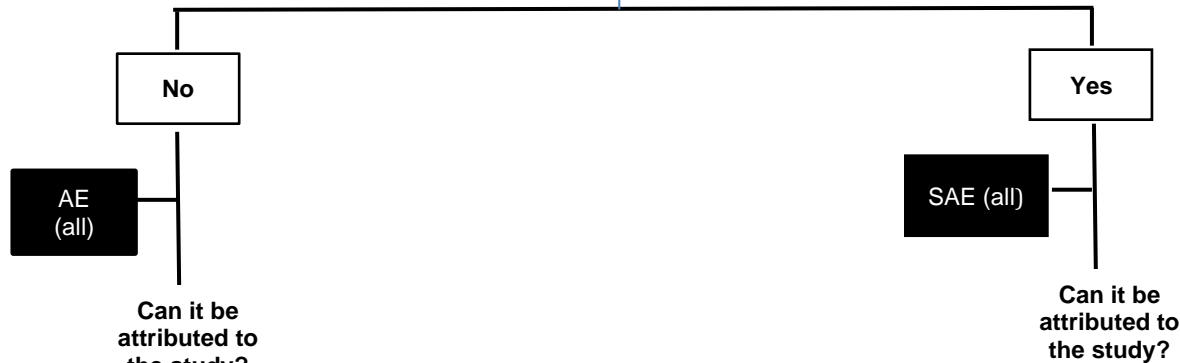


Decision Tree for Adverse Event Reporting

Definitions of serious

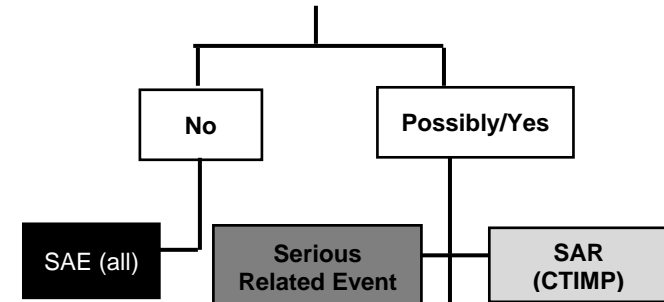
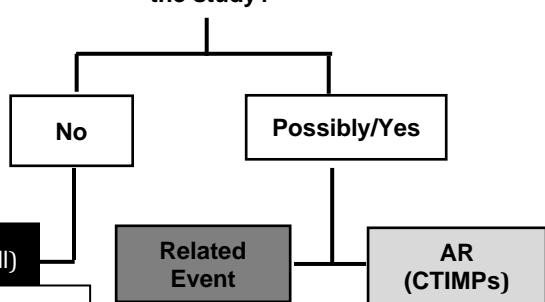
- Results in death
- Is life threatening
- Requires hospitalisation/ prolongation of hospitalisation
- Results in persistent/significant disability or incapacity
- Consists of a congenital abnormality or birth defect

You have identified an Adverse Event
Is it serious?



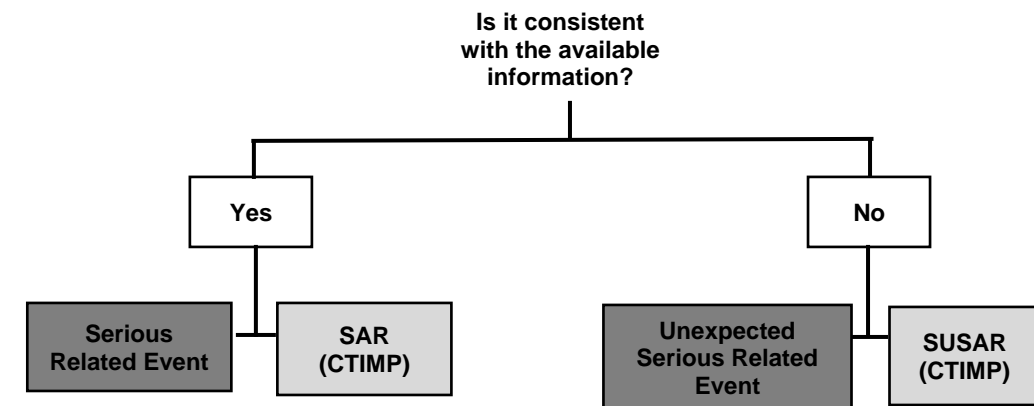
KEY

- Definition for CTIMPs and non-CTIMPs
- Definition for non-CTIMPs only
- Definition for CTIMPs only



CTIMP Acronyms

AE	Adverse Event
AR	Adverse Reaction
SAE	Serious Adverse Event
SAR	Serious Adverse Reaction
SUSAR	Suspected Unexpected Serious Adverse Reaction



Paediatric Consent Process

Declaration of Helsinki, 1.11

...when the subject is a minor, permission from the responsible relative replaces that of the subject in accordance with national legislation. Whenever the minor child is in fact able to give consent, the minor's consent must be obtained in addition to the consent of the minor's legal guardian.

Medicines for Human Use (Clinical Trials) Regulations SI 2004/1031

A minor 'assents': agrees and accepts participation in the research. The legal representative consents on their behalf. For the purposes of clinical research a minor is clearly defined by age: a minor means a person under the age of 16.

Personal Legal Representative (1)
Who can consent?
A mother automatically has parental responsibility
Fathers do not always have parental responsibility
Key roles: Protection and maintenance of the child, agreeing to medical treatment of the child, allowing confidential information about the child to be disclosed

Turning 16
If the child turns 16 part way through a study they need to consent to continue to take part

Professional Legal Representative (2)
.... If no Personal Legal Representative available, then a person with no involvement with the conduct of the trial can be approached- i.e. the doctor primarily responsible for the medical treatment of the child, or a person nominated by the relevant health care provider

Staff Signature and Delegation of Duties log

Study title:	
Principle Investigator name:	
Study Site:	

***Delegation codes:**

1 = Overall responsibility for the trial at site 2 = MHRA / Ethics / R&D related tasks 3 = Explaining and training of study to staff 4 = Consenting patients 5 = Checking eligibility 6 = Participant screening	7 = Randomisation 8 = Patient assessment and medical care 9 = Prescribing trial treatment 10 = Checking study drug compliance 11 = Reporting AE and SAE's	12 = Reviewing, assessing causality and signing SAE's 13 = Performing trial specific assessments 14 = CRF completion and responses to queries 15 = Maintaining essential documents and site investigator file 16 = Taking tissue samples	17 = Processing, storing and shipment of biological samples 18 = Pharmacy related tasks 19 = Monitoring / audit visit support 20 = Archiving 21 = Other please write here.
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Name	Study Role	Signature	Initials	Date	Delegation Code(s)*	PI signature and date to confirm delegation	PI provided training on study.	Dates of involvement in trial Dd/mm/yy	Current C.V.	G.C.P.within the last 2 years
								From _____ Until _____		
								From _____ Until _____		
								From _____ Until _____		

Commonly used research abbreviations and terms

ABPI	Association of the British Pharmaceutical Industry: A trade association for UK pharmaceutical companies
AE	Adverse Event
Amendment	A written description of a change to the protocol or supporting documents. All amendments should be submitted for ongoing HRA and HCRW Approval.
AMRC	Association of Medical Research Charities
AR	Adverse Reaction (also known as ADR – Adverse Drug Reaction)
ARSAC	Administration of Radioactive Substances Advisory Committee: Research studies wishing to administer radioactive medicinal products to human subjects need to obtain ARSAC approval
ASR	Annual Safety Report: For studies involving the use of an Investigational Medicinal Product, this is the annual report which must be submitted to the MHRA detailing all SUSARs and SARs that have occurred in subjects on that study in the past year
ATMP	Advanced Therapy Medicinal Products
BRC	Biomedical Research Centre: larger centre covering a number of topics with facilities and research active clinicians/academics/research nurses to run clinical projects
BRU	Biomedical Research Unit: topic-focused centre which usually combines facilities and research active clinicians/academics/research nurses to run clinical projects, e.g. respiratory BRU
CA	Competent Authority: organisation approving the testing of new drugs/devices or approving the marketing licences, in the UK this is the MHRA
CC	Coordinating Centre
CCF	NIHR Central Commissioning Facility. The CCF manages a number of research funding programmes.
CF	Consent Form (also ICF, Informed Consent Form)
CFR	Code of Federal Regulations (US)
CI (i)	Chief Investigator: The lead investigator with overall responsibility for the research. In a multi-site study, the CI has coordinating responsibility for research at all sites. The CI may also be the PI at the site in which they work. In the case of a single-site study, the CI and the PI will normally be the same person and are referred to as PI.
CI (ii)	Coordinating investigator
CPMS	Central Portfolio Management System: a national system that enables the capture of high quality study information and production of a range of detailed reports to help manage and deliver studies in England and Wales.
CRA	Clinical Research Associate: usually a commercially employed person supporting the management of clinical studies, helps with obtaining R&D approval, site initiation, study monitoring and close out
CRF (i)	Case Report Forms: data collection tools provided by a sponsor on which the clinical data is recorded for each participant, such as weight, lab results, symptoms
CRF (ii)	Clinical Research Facility: hospital-like facility with consulting rooms, standard patient beds, ward medical equipment, research nurses supporting only research
CRN	Clinical Research Network (England)
CRO	Clinical Research Organisation or Contract Research Organisation: A person or an organisation (commercial, academic or other) contracted by the sponsor to perform one or more of a sponsor's trial-related duties and functions
CSAG	Clinical Studies Advisory Group
CSG	Clinical Studies Group
CTA (i)	Clinical Trials Administrator: person providing coordinating/secretarial support for running clinical studies

CTA (ii)	Clinical Trials Agreement: contract between the legal sponsor and the hosting research sites
CTA (iii)	Clinical Trials Associate (similar to CRA): person involved in the management of a study from initiation, through conduct/monitoring to close-out
CTA (iv)	Clinical Trials Authorisation: The regulatory approval for a clinical trial of a medicinal product issued by the MHRA
CTAAC	Clinical Trials Advisory and Awards Committee
CTIMP	Clinical Trial of an Investigational Medicinal Product
CTU	Clinical Trials Unit: Design and manage CTIMPs, sometimes in specialist clinical areas, such as Cancer, or types of trial, such as RCTs
Delegation of duties log	Document detailing who has been delegated each duty by the Principal Investigator.
DH	Department of Health (for England)
DPA	Data Protection Act
DQ	Data query
DSMB	Data and Safety Monitoring Board: An independent committee composed of clinical research experts and community representatives that reviews data whilst a clinical trial is in progress to ensure that participants are not being exposed to undue risk
DSUR	Development Safety Update Report: In addition to the expedited reporting required for SUSARs, Sponsors are required to submit a safety report (DSUR) to the MHRA and Research Ethics Committee, once a year throughout the clinical trial or on request
ECMC	Experimental Cancer Medicine Centre
eCRF	An electronic CRF
Eligibility	A clinical assessment of whether the potential participant meets the inclusion and exclusion criteria for the study as described in the protocol
EMA	The European Medicines Agency: A body of the European Union which has responsibility for the protection and promotion of public health through the evaluation and supervision of medicines for human use
EPAP	European Patient Ambassador Programme
eTMF	An electronically stored TMF
EU	European Union
EudraCT	European Clinical Trials Database: A database of all clinical trials in Europe, held since 1994 in accordance with EU directive 2001/20/EC
FDA	Food and Drug Administration: the competent authority in the United States, giving authorisation to conduct clinical trials and issuing marketing licences
Feasibility	The process of reviewing the protocol to determine whether or not a study can be safely and effectively delivered
GAfREC	Governance Arrangements for Research Ethics Committees
GCP	Good Clinical Practice: GCP is an international ethical and scientific quality standard for designing, recording and reporting studies. The aim of GCP is to ensure the rights, safety and wellbeing of study participants are protected and research data is high quality
GDPR	General Data Protection Regulation
GLP	Good Laboratory Practice: standard for laboratories involved in pre-clinical analyses (e.g. animal, in vitro); does not apply to Laboratories analysing samples from clinical trials involving humans
GMP	Good Manufacturing Practice: quality assurance standard for producing IMP, medicinal products
GTAC	Gene Therapy Advisory Committee: the ethics committee for clinical studies using genetically modified products
HEI	Higher Education Institution

HFEA	Human Fertilisation and Embryological Authority
HRA	Health Research Authority
HRA and HCRW Approval	Brings together the assessment of governance and legal compliance with the independent research ethics committee opinion for research studies conducted in the NHS in England and Wales. Enables a focus on assessing, arranging and confirming an NHS organisation's capacity and capability to deliver the study
HRC	Honorary Research Contract
HSE	Health and Safety Executive
HTA	Human Tissue Act or Human Tissue Authority
HTA	Health Technology Assessment – one of the NIHR research funding streams
IB	Investigator's Brochure: A compilation of clinical and pre-clinical pharmacological/biological data relevant to the use of that IMP(s) in human subjects (one single IB for all trials using the same IMP)
ICF	Informed Consent Form
ICH-GCP	International Conference on Harmonisation (Europe, USA, Japan): Defined standards for the terminology, design, conduct, monitoring, recording, analysis and reporting of a study. Section E6 of ICH defines principles of Good Clinical Practice (referred to as ICH-GCP)
IDMC	Independent Data Monitoring Committee
IMP	Investigational Medicinal Product: an unlicensed new drug, an existing drug tested outside its licence, or existing drugs tested against each other for their efficacy/safety. The MHRA provide advice to help you decide if your product is an investigational medicinal product (IMP)
Indemnity	Compensation for damage, loss or injury
Investigator	Researcher conducting the (clinical) study, those researchers leading the team are referred to as CI or PI
IRAS	Integrated Research Application System: A single, web-based system for completing applications for the permissions and approvals required for health and social care research in the UK.
IRB	Independent Review Boards: US equivalent of authorised REC
IRMER	Ionising Radiation Medical Exposure Regulations: part of NHS R&D approval, usually done by the local hospital experts
ISF	Investigator Site File: A file designed for use in organising and collating all essential documentation required to conduct a study in accordance with the principles of GCP and the applicable regulatory requirements (e.g. HRA and HCRW approval correspondence, MHRA approval, blank CRF, staff CVs, delegation of duties log)
ISRCTN	International Standard Randomised Control Trial Number: A simple numeric system for the identification of randomised controlled clinical trials worldwide. Allows the identification of trials and provides a unique number that can be used to track all publications and reports resulting from each trial
LCRN	Local Clinical Research Network (England)
Local Information Pack	Shared with participating NHS organisations to support arrangements to be made to undertake a study locally
LPMS	Local Portfolio Management System: local systems which capture high quality study information and integrate with CPMS
MCA	Mental Capacity Act
mCIA	model Clinical Investigation Agreement: for medical devices, covers the running of the study, not design of prototype or design of protocol; standard template for the UK
mCTA	model Clinical Trial Agreement: for IMP studies with commercial sponsor/CRO conducted; standard template for the UK

MfHU (CT)	Medicines for Human Use (Clinical Trials) Regulations: SI 2004:1031 and subsequent amendments 2006:1928, 2006:2984, 2008:941, 2009:1164 and 2010:1882 are the UK Statutory Instruments translating EU directives 2001/20/EC and 2005/28/EC into UK law, laying down the legal requirements for conducting CTIMPs in the UK
MHRA	Medicines and Healthcare products Regulatory Agency: The UK Competent Authority (CA) and licensing authority for medicines and medical devices.
mNCA	model Non-Commercial Agreement: for clinical research studies; standard template for the UK
Monitor	The person designated by the sponsor to perform site visits and conduct the monitoring process; eg check whether there are any deviations from the protocol and that all source data was transferred into the Case Report Forms correctly
MRC	Medical Research Council
Multi Centre Study	A study conducted according to a single protocol but carried out at more than one site and by more than one investigator; one CI oversees several local PIs
ND	Not done (in CRFs)
NHS	National Health Service
NICE	National Institute for health and Clinical Excellence: develop evidence-based guidelines on the most effective ways to diagnose, treat and prevent disease and ill health
NIHR	National Institute for Health Research: established by Department of Health for England to provide the framework through which DH will position, manage and maintain the research, research staff and infrastructure of the NHS in England as a virtual national research facility
NIHR CRN	National Institute for Health Research Clinical Research Network (England)
NIMP (or non-IMP)	Non-Investigational Medicinal Product: product used alongside IMP but not directly under investigation in the research study, e.g. a challenge agent
NK	Not known (in CRFs)
NOCRI	National Office for Clinical Research Infrastructure
Non-substantial amendments	Changes to the details of a study that have no significant implications for the subjects, the conduct, the management or the scientific value of the study
ODP	Open Data Platform: an online, open platform which provides secure access to collated study and recruitment data
Organisation Information Document	Part of the UK Local Information Pack. May also act as the agreement document between sponsor and participating NHS organisation.
PI	Principal Investigator: The lead person at a single site designated as taking responsibility within the research team for the conduct of the study
PIC	Participant Identification Centre: NHS or other organisation which only identifies participants from a database etc, but recruitment/receiving consent and study conduct are managed elsewhere
PIS	Participant or Patient Information Sheet: An information leaflet given to those who have been invited to participate in a research study. The sheet is designed to provide the potential participant with sufficient information to allow that person to make an informed decision on whether or not they want to take part
PPIE (or PPI)	Patient and Public Involvement and Engagement (now called Public Involvement)
QA	Quality Assurance
QC	Quality Control
QLQ	Quality of Life Questionnaire
R&D	Research and Development: often name of Department within NHS Health Boards or Trusts which manage the research in their facilities with patients/staff

RCT	Randomised Controlled Trial: A randomised controlled trial (RCT) is a clinical study in which two (or more) forms of care are compared; the participants are allocated to one of the forms of care in the study, in an unbiased way
RDCS	Research Design and Conduct Service: organisation with a number of experts who can help write the protocol/documents for grant applications
REC	Research Ethics Committee: authorised by the Research Ethics Service (RES) to review study documents for research taking place in the NHS, or social services. Some RECs specialise in Clinical Trials or topics such as research in children. All Research in NHS/social services must have been reviewed by a UK REC
RES	Research Ethics Service: a core function of the HRA
Research Passport	A system for HEI employed researchers/postgraduate students who need to undertake their research within NHS organisations, which provides evidence of the pre-engagement checks undertaken in line with NHS Employment Check Standards
RfPPB	Research for Patient and Public Benefit: research funding stream in Wales
SAE	Serious Adverse Event
SAR	Serious Adverse Reaction
Screening	The process of identifying eligible patients prior to approaching them to determine if they are willing to consent to participate in the study
SDV	Source Data Verification: checking the original data record, such as lab reports, patient medical notes against what was transferred onto the CRF/into a database
SI (i)	Statutory Instruments: document which defines UK law in on a specific topic, e.g. how to manage a clinical trial
SI (ii)	Sub-Investigator (as in ICH-GCP, ICH does not use the term Co-investigator)
Site	The NHS organisation in which study activities and assessment are performed or the location(s) where trial-related activities are actually conducted.
SIV	Site initiation visit
SLA	Service Level Agreement
SMO	Site Management Organisation
SmPC	Summary of Product Characteristics: smaller version of Investigator Brochure with details on pharmacological effects, side effects, but issued for a product that already holds a marketing licence
Schedule of Events	Part of the UK Local Information Pack, providing information on costs associated with a study.
SoECAT	Schedule of Events Cost Attribution Template, part of the UK Local Information Pack when used as part of a funding application
SOP	Standard Operating Procedure: detailed written instructions designed to achieve uniformity of the performance of a specific function
Substantial Amendment	An amendment to the protocol or any other study specific documentation, the terms of the REC application or the terms of the CTA application (as applicable) that is likely to affect to a significant degree the safety or physical or mental integrity of the participants or the scientific value of the trial.
SUSAR	Suspected Unexpected Serious Adverse Reaction: A Serious Adverse Reaction (SAR) which is Unexpected (i.e. its nature and severity is not consistent with the known information about that product from the Investigator's Brochure or the SmPC) and suspected, as it is not possible to be certain of causal relationship with the IMP
TMF	Trial Master File (file with essential documents held by the Chief Investigator/Sponsor organisation)
UKCRC	United Kingdom Clinical Research Collaboration
UK Policy Framework	UK Policy Framework for Health and Social Care Research: sets out principles of good practice in the management and conduct of health and social care research in the UK.
WHO	World Health Organisation
WMA	World Medical Association

Revised 1 Dec 2022

