



FDA Sponsor and Investigator Responsibility Checklist

Principal Investigator:

Study Name:

CPHS #:

IND/IDE #:

Name of IND/IDE holder:

The following checklist is created based on the Sponsor and Investigator responsibilities outlined in the FDA Code of Federal Regulations. Onsite documents (listed in the right column) correspond to the regulations written in 21 CFR 312 (drugs, biologics) and 812 (devices).

FDA Regulations CFR 312 / 812	Corresponding Onsite Documents
1.0 Regulatory Documentation	
<p>1.1 <u>As the Sponsor</u>, maintain an effective IND/IDE</p> <ul style="list-style-type: none"> ▪ Protocol amendments <ul style="list-style-type: none"> ○ New protocol ○ Changes to existing protocol ○ New Investigator ▪ Information Amendments <ul style="list-style-type: none"> ○ New technical information ○ Discontinuation of clinical investigation ▪ IND/IDE safety reports <ul style="list-style-type: none"> ○ Written reports (e.g., MedWatch 3500A) to FDA and all participating investigators within required timeframe ○ Follow-up information to a safety report should be submitted as soon as available ▪ Annual reports <ul style="list-style-type: none"> ○ Within 60 days of the anniversary date that the IND/IDE went into effect 	<p>All correspondence with FDA including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Original IND/IDE application (including 1571) <input type="checkbox"/> FDA letter of no objection <input type="checkbox"/> Amendments (w/ 1571) <input type="checkbox"/> IND/IDE Safety reports (w/ 1571) <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of correspondence to other investigators <input type="checkbox"/> N/A <input type="checkbox"/> Annual reports (w/ 1571) <input type="checkbox"/> Correspondence with FDA <input type="checkbox"/> Other: _____
<p>1.2 <u>As the Investigator</u>, assure IRB review and approval</p>	<p>IRB documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Initial review <input type="checkbox"/> Continuing review <input type="checkbox"/> Amendments <input type="checkbox"/> Serious Adverse Event reports <input type="checkbox"/> Protocol deviations <input type="checkbox"/> Eligibility Exception Request <input type="checkbox"/> Current IB/Device Manual <input type="checkbox"/> Other IRB correspondence
2.0 Qualified Investigators	
<p>2.1 <u>As the Sponsor</u>, selecting qualified investigators</p> <ol style="list-style-type: none"> a. Select PIs qualified by training and experience b. Investigational product will be shipped to only those investigators participating in the study c. Obtain information from selected PIs d. Maintain complete and accurate records involving Investigators' financial disclosure <p>(a and b apply only if multicenter trial)</p>	<p>For each site Investigator; or <input type="checkbox"/> Not applicable</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signed FDA form 1572 /Investigator Agreement (IA) <input type="checkbox"/> CV(s) (all names listed on 1572 or IA) <input type="checkbox"/> Financial disclosure for PI and those listed on 1572/IA; written memo disclosing any financial conflicts/interest <input type="checkbox"/> Clinical protocol

<p>2.2 <u>As Investigator</u>, conduct study according to signed investigator statement, protocol, and applicable regulations;</p> <ul style="list-style-type: none"> ▪ Report violations/deviations to IRB; ▪ Protect rights, safety and welfare of subjects; ▪ Promptly report to IRB any “on-site” adverse events in accordance with institutional requirements; ▪ Obtain informed consent in accordance with provisions in 21 CFR 50 	<p><i>Review guidelines applicable to study:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Protocol deviations <input type="checkbox"/> Adverse event reporting requirements <ul style="list-style-type: none"> <input type="checkbox"/> CPHS <input type="checkbox"/> FDA <input type="checkbox"/> Unexpected Problems Involving Risk to Subjects or Others
<p>3.0 Monitoring</p>	
<p>3.1 <u>As the Sponsor</u>, ensure ongoing monitoring investigations</p> <ol style="list-style-type: none"> a. Select monitors by training and experience b. Ensure proper monitoring c. Ensure PI compliance or discontinue shipments of the investigational drug/device d. Review and evaluate drug/device safety and effectiveness e. Discontinue investigation within 5 working days when unreasonable and significant risk to subject are identified 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of safety monitoring plan <input type="checkbox"/> Documentation of data monitoring plan <p>Monitor of study:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PI <input type="checkbox"/> Other: _____ <ul style="list-style-type: none"> <input type="checkbox"/> All Correspondence with monitor; <input type="checkbox"/> N/A <input type="checkbox"/> Monitoring log <p>Who will be reviewing safety data:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PI <input type="checkbox"/> DSMB <input type="checkbox"/> Medical Monitor <input type="checkbox"/> Other _____
<p>4.0 Record Keeping</p>	
<p>4.1 <u>As the Investigator</u>, maintain adequate and accurate case histories on each subject’s participation in the trial</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Source data <input type="checkbox"/> Progress notes <input type="checkbox"/> Concomitant medications recorded <input type="checkbox"/> Subject eligibility documented <input type="checkbox"/> CRFs <input type="checkbox"/> Appropriately documented consent forms <input type="checkbox"/> Documentation that informed consent was obtained prior to study procedures <input type="checkbox"/> Documentation that subject was given a copy of signed and dated consent form <input type="checkbox"/> Signature/date of staff obtaining data
<p>5.0 Drug/Device</p>	
<p>5.1 <u>As the Investigator</u>, ensure control of investigational drug/device</p> <ul style="list-style-type: none"> ▪ Drug/device will be administered only to those subjects enrolled in the clinical study and under investigator or designee’s supervision 	<ul style="list-style-type: none"> <input type="checkbox"/> Enrollment log/ Randomization log <input type="checkbox"/> Delegation of Responsibility log

<p>5.2 <u>As the Investigator</u>, record of drug/device disposition</p> <p>a. Maintain adequate record of receipt and shipment of investigational drug/device</p> <p>b. Assure return of all unused investigational drug/device from individual investigators participating in trial or authorize alternative disposition of unused product</p> <p>c. Maintain written records of any disposition of the drug/device</p>	<p><u>Drug/device Receipt</u></p> <p><input type="checkbox"/> Drug/device received from Industry Drug/device accountability log includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Receipt date <input type="checkbox"/> Quantity <input type="checkbox"/> Lot # <input type="checkbox"/> Return/disposition <input type="checkbox"/> Method of disposal <p><input type="checkbox"/> Drug/device manufactured onsite</p> <p><u>Drug/device Shipment</u></p> <p><input type="checkbox"/> Single center study – no drug/device shipment</p> <p><input type="checkbox"/> Drug/device shipped to multiple sites Drug/device accountability log includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Date <input type="checkbox"/> Destination <input type="checkbox"/> Who shipped <input type="checkbox"/> Quantity <input type="checkbox"/> Lot # <input type="checkbox"/> Return/disposition <input type="checkbox"/> Method of disposal <p><u>Drug/device dispensing record including:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Research Pharmacy will manage drug <input type="checkbox"/> Date <input type="checkbox"/> Lot #/ device # <input type="checkbox"/> Quantity <input type="checkbox"/> ID of subject administered/implanted <input type="checkbox"/> Disposition/record of return <input type="checkbox"/> ID of person dispensing <p><input type="checkbox"/> Return of drug/device, count & reason</p>
<p>5.3 <u>As the Sponsor</u>, will inform other investigators about the investigational product (if applicable). All Sponsors will keep each investigator informed of new observations discovered by or reported to the sponsor on the investigational product.</p>	<p><input type="checkbox"/> Current Investigator's Brochure/Device Manual</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single study center <input type="checkbox"/> Multi-center study <ul style="list-style-type: none"> <input type="checkbox"/> Plan to distribute updated information to site Investigators about product, safety information, etc

6.0 Inspection	
6.1 <u>As the Sponsor or Investigator:</u> Inspection of Investigators records and reports	<p>Upon request, permit FDA officer to access, copy and verify any records or reports made by the investigator</p> <p><input type="checkbox"/> Basic review of FDA inspection procedures</p>
7.0 Communication with Sponsor or Investigator, if applicable	
7.1 Transfer of obligations from the IND/IDE holder	<p><input type="checkbox"/> Written documentation on site describing transfer of responsibility</p> <p><input type="checkbox"/> N/A</p>
7.2 Investigator Reports a. Progress reports b. Safety reports c. Final reports d. Financial disclosure reports	<p><input type="checkbox"/> All pertinent correspondence between sponsor and investigator (enrollment numbers, adverse events, financial information and any changes in financial information)</p> <p><input type="checkbox"/> N/A</p>
7.3 Correspondence with sponsor, monitor, and FDA (if applicable)	<p><input type="checkbox"/> Sponsor (if applicable)</p> <p><input type="checkbox"/> Monitor (if applicable)</p> <p><input type="checkbox"/> FDA (if applicable)</p>
8.0 Additional GCP documentation	
8.1 Laboratory Documentation	<p><input type="checkbox"/> Current laboratory certification</p> <p><input type="checkbox"/> Laboratory normal values</p>
8.2 Documentation of study staff signature/initials	<input type="checkbox"/> Staff signature log