	Far Eastern University **NICANOR REYES MEDICAL FOUNDATION** **Institutional Ethics Review Committee**	DOCUMENT CODE: SOP 03/04-02-2022
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	DOCUMENT TITLE: **3. POST-APPROVAL REVIEW**	REV. NO.: 4.2
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Standard Operating Procedures

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Version:	04.2
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Approved by:	Atty. Antonio H. Abad President Far Eastern University – NICANOR REYES MEDICAL FOUNDATION
Approval Date:	

Document History

Author	Version	Date	Description of main change
Milagros F. Neri, MD, MA, MPH, MS Abraham Daniel C. Cruz, MD, MSc (cand.) Trina C. Tan, RN, MAN Macario F. Reandelar, Jr., MD, MSPH Nimfa R. Baria, MD Joselito C. Matheus, MD Mr. Jesse Emmanuel Bacon II Fr. Leoncito Angelo Falcosantos, Jr., DS (Adapted from UPMREB SOP and Makati Medical Center SOP)	01	05/02/2014	NONE
Milagros F. Neri, MD, MA, MPH, MS Abraham Daniel C. Cruz, MD, MSc (cand.) - editor Trina C. Tan, RN, MAN Macario F. Reandelar, Jr., MD, MSPH Nimfa R. Baria, MD Joselito C. Matheus, MD Mr. Jesse Emmanuel Bacon II Fr. Leoncito Angelo Falcosantos, Jr., DS	02	10/31/2014	references updated to include international guidelines; main subsections highlighted; subsection stating that as a general rule, the original Primary Reviewers during Initial Review serve as Primary Reviewers of Continuing Review added; subsection on who should be the alternative Reviewers for Continuing Review in case the original Primary Reviewers are not available added; the term "application/s" was deleted; "workflow" in the title of each main subsection deleted and made as the first subtopic under each main subsection; review of post approval submissions moved from SOP 2 to SOP 3.
Milagros F. Neri, MD, MA, MPH, MS Abraham Daniel C. Cruz, MD, MS - editor Trina C. Tan, RN, MAN Macario F. Reandelar, Jr., MD, MSPH Nimfa R. Baria, MD Joselito C. Matheus, MD Mr. Jesse Emmanuel Bacon II Fr. Leoncito Angelo Falcosantos, Jr. Raquel Cariño-Mendoza, PhD	03	10/01/2017	Section 5.1.6 revised so that Chair should be signatory for all official IERC communications; Post-approval review revised to state that Chair to decide directly whether submission is for Full Review or Expedited Review; Vice Chair designated as point person for SAE review; SAE/SUSAR review revised to differentiate review of onsite and offsite SAEs/SUSARs.

Milagros F. Neri, MD, MA, MPH, MS Abraham Daniel C. Cruz, MD, MS – editor Trina C. Tan, RN, MAN Nimfa R. Baria, MD Joselito C. Matheus, MD Priscila Doctolero, EdD Lorelie Ann C. Rivera, MD Jures Mae Frias	04	03/15/2022	• Included Policy Statement at the Overview/Introduction or at the beginning of every SOP • Restructured the SAE Subcommittee to have permanent members to enable harmonized actions on safety reports – see Section 12 – SUSARs and SAEs • Deleted PI responsibilities in the SOP • Included SOP on Joint Review with SJREB (Section 14) and and appended the SJREB SOP (Appendix A) • Updated references • Section 6.1.5 – Stated that the secretariat reminds the PIs 60 days from expiry date of ethical clearance (not one month in advance of the due date of review, form 3(J) – see Section 7 Continuing Review – Policy Statement and Detailed Instructions Step 1 • Rectified Form 3(B) Continuing Review form should be submitted 30 days prior to expiry of ethical clearance (not 60 days) – see revised Form 3(B) • Revised Early Termination Form 3(E) to include Termination plans for the participants such as monitoring – see revised Form 3 (E) • Removed Item # 13 in the Final Report Form 3(C) – see revised Form 3(C) • Section 10 – Classified complaints and queries that can be reviewed by Expedited or Full Board – see Section 11 – Policy Statement and Detailed Instructions Step 2

			• Harmonized the reporting of SAEs/SUSARs (2 days after the occurrence?) with other regulatory guidelines – changed to "within thirty (30) days after the event has come to the attention of the researcher" in the policy statement and detailed instructions based on PHREB SOP Workbook 2020; see Section 12 – Detailed Instructions Step 1 • Section 11- Created a more permanent SAE Committee and comply with SOP - (see Section 12 Policy Statement – SAE Subcommittee is composed of the Vice Chair as head, and the 2 other permanent members with training and expertise, as assigned by the Chair) • Section 11.7.6 – Clarified Offsite AE site visit in coordination with the PI/sponsor may be done but based on the offsite definition (11.2.3), FEU-NRMF IERC has no jurisdiction – see Section 12 – Detailed Instructions – Step 2B (statement has been deleted) • Added section for comments of Primary reviewer in the following forms – FORM 3(D) Study Non-Compliance Report and FORM 3(E) Early Study Termination Form • Added statement that SAE Reports are forwarded to the SAE Subcommittee and the Primary Reviewers • Section 11 – Deleted section of classification of SAE Report by the Vice Chair. Added statement that all SAEs, whether initial or follow-up reports, are classified to undergo full board review.

			Onsite SAEs are in included in the agenda of the regular full board meeting. Offsite SAEs are discussed in the full board meeting as quarterly SAE Reports presented by the FEU-NRMF Vice Chair as the Head of the SAE subcommittee. • Deleted SOP and related forms referring to the SAE Subcommittee recommendation - DONE • Revised recommendations in SAE report form to be more detailed in the possible recommended actions • Implemented primary reviewer system for full board review (not all members receive forms except for Sponsored Clinical Trials • Glossary revised based on PHREB SOP Workbook (2020) • Reformatting of Workflow and Detailed Instructions
Milagros F. Neri, MD, MA, MPH, MS Abraham Daniel C. Cruz, MD, MS – editor Trina C. Tan, RN, MAN, EdD Nimfa R. Baria, MD Joselito C. Matheus, MD Priscila Doctolero, EdD Lorelie Ann C. Rivera, MD Jures Mae Frias	04.1	06/01/2022	• In Section 12.1 Policy Statement, the term "permanent" was replaced with "regular" • Indicated Primary Reviewer in the following assessment forms ○ 3A – Study Protocol Amendment Submission Form ○ 3B – Continuing Review Form ○ 3C – Final Report Form ○ 3D – Study NonCompliance Report ○ 3E – Early Study Termination Form ○ 3F – Queries or Complaints

			○ 3G – Serious Adverse Events Report ○ 3I – Site Visit Report Form ○ 3L – Progress Report Form • In Form 3G – added Narrative of SAE (Describe the events, including dates, leading up to the reporting of the SAE, as well as the actions of the investigators to ensure the safety of the participant) in the Reaction Information section • In Form 3G – added Follow up # • In all SOPs, the latest reference materials were cited and the old versions were removed.
Milagros F. Neri, MD, MA, MPH, MS Abraham Daniel C. Cruz, MD, MS – editor Trina C. Tan, RN, MAN, EdD Nimfa R. Baria, MD Joselito C. Matheus, MD Priscila Doctolero, EdD Lorelie Ann C. Rivera, MD Jures Mae Frias	04.2	08/01/2022	• NONE

1. Objectives

This SOP describes how the FEU-NRMF IERC processes post approval submissions by the Principal Investigators during the conduct of the study. Depending on the nature of the submissions, they may be processed by either "expedited" or full board review. This chapter describes submission procedures, required forms, documentation of board action, communication of board action to the PI, and filing of results.

2. Scope

This SOP applies to all study protocol-related submissions after approval has been issued for the study protocol and other study protocol-related documents. These submissions are the following:

- requests for amendments
- progress reports
- continuing review
- final reports
- non-compliance (deviation or violation) reports
- early study termination
- queries from stakeholders
- serious adverse event reports (SAEs) and suspected unexpected serious adverse reactions (SUSARs)
- site visit reports

The period covered begins after approval has been granted by the IERC until the completion of the study at the IERC-approved site.

3. Responsibilities

The Secretariat is responsible for receiving and processing all submissions, including inquiries or complaints from research participants and other stakeholders. Original Primary Reviewers are responsible for reviewing these post-approval submissions. In the event that a Site Visit becomes necessary, it is the responsibility of the Chair to form a Site Visit Team, the responsibility of the Site Visit Team to conduct the Site Visit and issue a report for presentation in the full board meeting, and responsibility of the Secretariat to organize the Site Visit.

4. Workflow

The workflow below applies to the following post-approval submissions:

- Study Protocol Amendments
- Progress Reports

- Continuing Review
- Final Reports
- Noncompliance Reports
- Early Study Termination
- Participant Queries or Complaints

ACTIVITY	RESPONSIBILITY
Step 1. Receipt and management of the Post-Approval Submission/Report package	Secretariat
Step 2. Classification of Review	Chair
Step 3. Protocol Review	Secretariat, Primary Reviewers
Step 4. Full Board Review of Post Approval Submission (if classified as such)	Chair, Members
Step 5. Communication of Results	Secretariat
Step 6. Files Management	Secretariat

The classification of post-approval reviews as expedited of full board review is based on the following criteria:

AMENDMENTS / REPORTS	
EXPEDITED REVIEW	**FULL BOARD REVIEW**
Proposed continuing reviews, protocol amendments and end of study reports that have minor modifications and no significant risk to study participants, such as: ▫ Administrative revisions, such as correction of typing errors ▫ Addition or deletion of non-procedural items, such as the addition of study personnel names, laboratories, etc. ▫ Research activity includes only minor changes from previously approved protocol. ▫ Minor protocol amendments that do not change the risk/benefit assessment. ▫ Progress/final reports that do not deviate from approval given by the IERC ▫ Offsite SAEs.	▫ Major revisions of the protocol and informed consent after initial review. ▫ Amendments that involve major changes from previously approved protocol or consent form ▫ Major amendments that change the risk/benefit ratio ▫ Major protocol violations ▫ Progress /Final reports that deviate from original approval given by the FEU-NRMF IERC ▫ Onsite SAEs or SUSARs that may require protocol amendment or reconsent of participants

5. Study Protocol Amendment

5.1. Policy Statement

The FEU-NRMF IERC shall require the submission of proposed amendments for review and approval before their implementation. This requirement shall be explicitly stated in the Approval Letter.

5.2. Detailed Instructions

Step 1 - Receipt and management of the Study Protocol Amendment package upon submission: A study protocol amendment is a written description of a change(s) to or formal clarification of a protocol and/or informed consent documents. Favorable opinion or approval should be obtained from the FEU-NRMF IERC prior to the implementation of an amendment. The Secretariat receives a study protocol amendment is facilitated through the submission of a) **FEU-NRMF IERC FORM 3(A) 2022: STUDY PROTOCOL AMENDMENT SUBMISSION FORM** with the b) amended study protocol and/or c) protocol-related documents by the principal investigator to the FEU-NRMF IERC. This comprises the study protocol amendment package. Upon receipt of the study protocol amendment package, the Secretariat logs the date of submission on the **SUBMISSIONS LOG [FEU-NRMF IERC FORM 4(L) 2022].** The Secretariat checks the submission for completeness and gives a receiving copy of **FEU-NRMF IERC FORM 3(A) 2022: STUDY PROTOCOL AMENDMENT SUBMISSION FORM** to the PI or his/her representative. The Secretariat logs the date of submission on the **SUBMISSIONS LOG [FEU-NRMF IERC FORM 4(L) 2022].** The Secretariat ensures that sufficient copies for the Primary Reviewers have been submitted by the PI for full board submissions. The Secretariat forwards the submission within **two (2) days** to the Chair for classification of review.

Step 2 - Classification of Review by the Chair: The Chair classifies protocol amendments as expedited or full board review within **two (2) days.** A full board review is necessary if the proposed study protocol amendment increases risk to study participants, as assessed by the Chair, such as a change in study design, which may include but is not limited to: a) Additional treatments or the deletion of treatments, b) Any changes in inclusion/exclusion criteria, c) Change in method of dosage formulation, (e.g. oral changed to intravenous), d) Significant change in the number of subjects, and e) Significant decrease or increase in dosage amounts**.** For studies requiring full board review and are received within the cut-off period of **fifteen (15)** days before the committee meeting, the Secretariat places the study protocol amendment request on the agenda for the next committee meeting. The Secretariat forwards the package to Primary Reviewers. Primary Reviewers are defined as members of the IERC who have approved the original protocol being amended.

Step 3 - Review by the Primary Reviewers: As a general rule, the original Primary Reviewers during Initial Review serve as Primary Reviewers of protocol amendments. In case an original Primary Reviewers is unavailable to accomplish the review, or has ceased to be a member of the FEU-NRMF IERC, the Chair assigns an alternative reviewer. For study protocol amendment packages classified as full board review,

the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(A) 2022: STUDY PROTOCOL AMENDMENT SUBMISSION FORM** and return it to the Secretariat in **ten (10) to twelve (12) days**. For submissions under expedited review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(A) 2022: STUDY PROTOCOL AMENDMENT SUBMISSION FORM** and return it to the Secretariat in **seven (7)** days. Action is finalized at the level of the Chair upon receipt of recommendations by the Primary Reviewers.

Step 4 - Full board review of Study Protocol Amendment Submission Package: The Secretariat distributes the meeting agenda **seven (7)** calendar days prior to the full board meeting. On the day of the full board meeting, the Secretariat brings the accomplished forms and other relevant documents as reference of the members when study protocol amendments are deliberated on. The documents are presented when amendments are deliberated on during the full board meeting. For detailed information on the conduct of full board review of study protocol amendments, see **SOP 2 – 9: CONDUCT OF FULL BOARD MEETING.** The Chair presents, if any, **STUDY PROTOCOL AMENDMENT SUBMISSION FORMS [FEU-NRMF IERC FORM 3(A) 2022]** that entail major amendments substantially affecting previous risk-benefit assessment on the study protocol. The Chair calls for any of the following actions:

- Approval
- Minor modification to the study protocol amendment, subject to expedited review at the level of the Chair
- Major modification to the study protocol amendment, subject to full board review
- Disapproval

Step 5 - Communication of results: The PI is notified of the FEU-NRMF IERC decision noting which amended documents are approved for use through an action letter. For full board reviews, the PI is notified in **seven (7)** days after the full board meeting. For expedited reviews, the PI is notified in **three (3)** days after receipt of recommendations from the Primary Reviewers. The PI may be required to modify the amendment, provide additional information, or submit additional documents. If the amendment is approved, the Secretariat informs the PI to submit an amended study protocol and/or protocol-related document/s with a new version number and date. Outgoing communications are recorded in the **OUTGOING COMMUNICATIONS LOG [FEU-NRMF IERC FORM 4(M) 2022**.

Step 6 - Files management: The Secretariat receives the amended study protocol or protocol-relate document/s with a new version number and date and stamps it “APPROVED” with the approval date. The newly approved documents will supersede previous versions of the study protocol or protocol-related document. The Secretary and Chair sign the **FEU-NRMF IERC FORM 3(A) 2022: STUDY PROTOCOL AMENDMENT SUBMISSION FORM**. The Secretariat stores the signed and approved documents in the study protocol folder.

6. Progress Reports

6.1. Policy Statement

The FEU-NRMF IERC shall require the submission of progress reports at a frequency based on the level of risk of the study. This requirement shall be explicitly stated in the Approval Letter.

6.2. Detailed Instructions

Step 1 - Receipt and management of the Continuing Review package upon submission: Progress reports are submitted every 12 months for low and minimal risk studies, 6 months for moderate risk studies, and 3 months for high risk studies. This is facilitated through the submission of **FEU-NRMF IERC FORM 3 (L) 2022: PROGRESS REPORT FORM**. The frequency of submission of progress reports is indicated in **FEU-NRMF IERC FORM 2(L) 2022: APPROVAL LETTER TO THE STUDY PROTOCOL,** which is provided to the PI upon approval of the study. The continuing review is facilitated through the submission of a) **FEU-NRMF IERC FORM 3 (L) 2022: PROGRESS REPORT FORM,** b) Synopsis of the study protocol, and c) the current informed consent documents. This comprises the progress report package. The Secretariat checks the submission for completeness and gives a receiving copy of **FEU-NRMF IERC FORM 3 (L) 2022: PROGRESS REPORT FORM** to the PI or his/her representative. The Secretariat logs the date of submission on the **SUBMISSIONS LOG [FEU-NRMF IERC FORM 4(L) 2022].** The Secretariat ensures that sufficient copies for the Members have been submitted by the PI for full board submissions. The Secretariat forwards the submission in **two (2) days** to the Chair for classification of review.

Step 2 - Classification of Review by the Chair: The Chair classifies progress reports as expedited or full board review in **two (2) days.** Generally, classification of progress reports as expedited or full board is based on the initial review classification (i.e. progress report of full board study protocols is done through full board review) unless otherwise indicated by the specificities of the submitted information. For studies requiring full board review and are received within the cut-off period of **fifteen (15)** days before the committee meeting, the Secretariat places the continuing review request on the agenda for the next committee meeting. The Secretariat forwards the package to Primary Reviewers. Primary Reviewers are defined as members of the IERC who have approved the original protocol being reviewed of its progress report.

Step 3 - Review by the Primary Reviewers: As a general rule, the original Primary Reviewers during Initial Review serve as Primary Reviewers of progress reports. In case an original Primary Reviewers is unavailable to accomplish the review, or has ceased to be a member of the FEU-NRMF IERC, the Chair assigns an alternative reviewer. For progress reports classified as full board review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(L) 2022: PROGRRESS REPORT FORM** and return it to the Secretariat in **ten (10) to twelve (12) days**. For submissions under expedited review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(L) 2022: PROGRESS REPORT FORM** and return it to

the Secretariat in **seven (7)** days. Action is finalized at the level of the Chair within **three (3)** calendar days upon receipt of recommendations by the Primary Reviewers.

Step 4 - Full board review of continuing review: The Secretariat distributes the meeting agenda **seven (7)** calendar days prior to the full board meeting. On the day of the full board meeting, the Secretariat brings the accomplished forms and other relevant documents as reference of the members when progress reports are deliberated on. The documents are presented when progress reports are deliberated on during the full board meeting. For detailed information on the conduct of full board review of continuing review, see **SOP 2 – 9: CONDUCT OF FULL BOARD MEETING.** The Chair presents, if any, **PROGRESS REPORT FORMS [FEU-NRMF IERC FORM 3(L) 2022]** ascertained to have altered previous risk-benefit assessment on the study protocol. The Chair calls for any of the following actions:

- Uphold original approval with no further action
- Request information
- Recommend further action

Step 5 - Communication of results: The PI is notified of the decision noting board action on the continuing review through an action letter. For full board reviews, the PI is notified in **seven (7)** days after the full board meeting. For expedited reviews, the PI is notified in **three (3)** days after receipt of recommendations from the Primary Reviewers. The PI may be requested to provide additional information or submit additional documents. Outgoing communications are recorded in the **OUTGOING COMMUNICATIONS LOG [FEU-NRMF IERC FORM 4(M) 2022**.

Step 6 - Files management: The Secretary and Chair sign **FEU-NRMF IERC FORM 3(L) 2022: PROGRESS REPORT FORM.** The Secretariat stores the signed continuing review documents in the study protocol file folder.

7. Continuing Review

7.1. Policy Statement

The FEU-NRMF IERC shall require the submission of an application for Continuing Review at least thirty (30) days before the expiration of the ethical clearance of a protocol. Protocols that underwent Full review in its initial submission shall undergo Full review in its application for Continuing review. Similarly, protocols that underwent Expedited review shall undergo Expedited review in its application for Continuing review.

7.2. Detailed Instructions

Step 1 - Receipt and management of the Continuing Review package upon submission: Ethical clearance or approval is typically granted for a period of one year. After approval, continuing review is required to be done at least once a year, depending on the risk assessment of the study protocol. This is facilitated through the submission of **FEU-NRMF IERC FORM 3 (B) 2022: CONTINUING REVIEW FORM**. The frequency

of continuing review is indicated in **FEU-NRMF IERC FORM 2(L) 2022: APPROVAL LETTER TO THE STUDY PROTOCOL,** which is provided to the PI upon approval of the study. For ethical clearance or approval approaching the one-year expiry date and requiring a renewal or extension, it is advisable to submit the **FEU-NRMF IERC FORM 3 (B) 2022: CONTINUING REVIEW FORM thirty (30) days** prior to expiry date. The Secretariat looks through the Study Protocol Database for study protocols that are due for continuing review at the end of the month. The Secretariat informs the respective PIs sixty (60) days from expiry date of ethical clearance by fax, e-mail, or post using **FEU-NRMF IERC FORM 3 (J) 2022: REMINDER LETTER FOR CONTINUING REVIEW OR FINAL REPORT** and keeps a receiving copy of the communication. The continuing review is facilitated through the submission of a) **FEU-NRMF IERC FORM 3 (B) 2022: CONTINUING REVIEW FORM,** b) Synopsis of the study protocol, and c) the current informed consent documents. This comprises the continuing review package. The Secretariat checks the submission for completeness and gives a receiving copy of **FEU-NRMF IERC FORM 3 (B) 2022: CONTINUING REVIEW FORM** to the PI or his/her representative. The Secretariat logs the date of submission on the **SUBMISSIONS LOG [FEU-NRMF IERC FORM 4(L) 2022].** The Secretariat ensures that sufficient copies for the Members have been submitted by the PI for full board submissions. The Secretariat forwards the submission in **two (2) days** to the Chair for classification of review.

Step 2 - Classification of Review by the Chair: The Chair classifies continuing review as expedited or full board review in **two (2) days.** Generally, classification of continuing review as expedited or full board is based on the initial review classification (i.e. continuing review of full board study protocols is done through full board review) unless otherwise indicated by the specificities of the submitted information.
For studies requiring full board review and are received within the cut-off period of **fifteen (15)** days before the committee meeting, the Secretariat places the continuing review request on the agenda for the next committee meeting. The Secretariat forwards the package to Primary Reviewers and Members. Primary Reviewers are defined as members of the IERC who have approved the original protocol being reviewed of its continuing review.

Step 3 - Review by the Primary Reviewers: As a general rule, the original Primary Reviewers during Initial Review serve as Primary Reviewers of continuing reviews. In case an original Primary Reviewers is unavailable to accomplish the review, or has ceased to be a member of the FEU-NRMF IERC, the Chair assigns an alternative reviewer. For continuing reviews classified as full board review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(B) 2022: CONTINUING REVIEW FORM** and return it to the Secretariat in **ten (10) to twelve (12) days**. For submissions under expedited review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(B) 2022: CONTINUING REVIEW FORM** and return it to the Secretariat in **seven (7)** days. Action is finalized at the level of the Chair within **three (3)** calendar days upon receipt of recommendations by the Primary Reviewers.

Step 4 - Full board review of continuing review: The Secretariat distributes the meeting agenda **seven (7)** calendar days prior to the full board meeting. On the day of the full board meeting, the Secretariat brings the accomplished forms and other relevant documents as reference of the members when continuing reviews are deliberated on. The documents are presented when continuing reviews are deliberated on

during the full board meeting. For detailed information on the conduct of full board review of continuing review, see **SOP 2 – 9: CONDUCT OF FULL BOARD MEETING.** The Chair presents, if any, submissions for Continuing Review of study protocols previously approved through full board and any **CONTINUING REVIEW FORMS [IERC FORM 3(B)]** ascertained to have altered previous risk-benefit assessment on the study protocol. The Chair calls for any of the following actions:

- Uphold original approval with no further action
- Request information
- Recommend further action

Step 5 - Communication of results: The PI is notified of the decision noting board action on the continuing review through an action letter. For full board reviews, the PI is notified in **seven (7)** days after the full board meeting. For expedited reviews, the PI is notified in **three (3)** days after receipt of recommendations from the Primary Reviewers. The PI may be requested to provide additional information or submit additional documents. Outgoing communications are recorded in the **OUTGOING COMMUNICATIONS LOG [FEU-NRMF IERC FORM 4(M) 2022**.

Step 6 - Files management: The Secretary and Chair sign **FEU-NRMF IERC FORM 3 (B) 2022: CONTINUING REVIEW FORM.** The Secretariat stores the signed continuing review documents in the study protocol file folder.

8. Final Report

8.1. Policy Statement

The FEU-NRMF shall require the submission of the final report not later than sixty (60) days after the end of the study. Final reports shall undergo either expedited or full review. This ensures that the conduct of the study was in compliance with the approved protocol and that the safety and welfare of study participants were promoted and the integrity of data protected until the end of the study.

8.2. Detailed Instructions

Step 1 - Management of the final report package upon submission: The Secretariat notes that upon completion of the study, the investigator should provide the FEU-NRMF IERC with a summary of the outcome of the study, especially of the human participants who were involved, in a form of an end of study report not later than sixty (60) days after the end of the study. The Secretariat looks through the Study Protocol Database for study protocols that are due for final report at the end of the month. The Secretariat informs the respective PIs of study protocols whose ethical clearances have expired to submit a Final Report at least **one month in advance of the due date of review** by fax, e-mail, or post using **FEU-NRMF IERC FORM 3 (J) 2022: REMINDER LETTER FOR CONTINUING REVIEW OR FINAL REPORT** and keeps a receiving copy of the communication. The Secretariat receives the end of study report, facilitated through the submission of **FEU-NRMF IERC FORM 3(C) 2022: FINAL REPORT FORM,** together with

documents deemed relevant by the investigator to clarify information indicated in the final report. This comprises the final report package. The Secretariat checks the submission for completeness and gives a receiving copy of **FEU-NRMF IERC FORM 3 (C) 2022: FINAL REPORT FORM** to the PI or his/her representative. The Secretariat logs the date of submission on the **SUBMISSIONS LOG [FEU-NRMF IERC FORM 4 (L) 2022]**. The Secretariat ensures that sufficient copies for the Primary Reviewers have been submitted by the PI for full board submissions. The Secretariat forwards the submission in **two (2) days** to the Chair for classification of review.

Step 2 - Classification of Review by the Chair: The Chair classifies final reports as expedited or full board review in **two (2) days.** Generally, classification of final reports as expedited or full board is based on the initial review classification (i.e. final reports of full board study protocols is done through full board review) unless otherwise indicated by the specificities of the submitted information. For studies requiring full board review and are received within the cut-off period of **fifteen (15)** days before the committee meeting, the Secretariat places the continuing review request on the agenda for the next committee meeting. The Secretariat forwards the package to Primary Reviewers. Primary Reviewers are defined as members of the IERC who have approved the original protocol being reviewed of its final report.

Step 3 - Review by the Primary Reviewers: As a general rule, the original Primary Reviewers during Initial Review serve as Primary Reviewers of final reports. In case an original Primary Reviewers is unavailable to accomplish the review, or has ceased to be a member of the FEU-NRMF IERC, the Chair assigns an alternative reviewer. For final reports classified as full board review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(C) 2022: FINAL REPORT FORM** and return it to the Secretariat in **ten (10) to twelve (12) days**. For submissions under expedited review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(C) 2022: FINAL REPORT FORM** and return it to the Secretariat in **seven (7)** days. Action is finalized at the level of the Chair within **three (3)** calendar days upon receipt of recommendations by the Primary Reviewers.

Step 4 - Full board review of final report: The Secretariat distributes the meeting agenda **seven (7)** calendar days prior to the full board meeting. On the day of the full board meeting, the Secretariat brings the accomplished forms and other relevant documents as reference of the members when final reports are deliberated on. The documents are presented when final reports are deliberated on during the full board meeting. For detailed information on the conduct of full board review of final reports, see **SOP 2 – 9: CONDUCT OF FULL BOARD MEETING.** The Chair presents, if any, **FINAL REPORT FORMS** [**FEU-NRMF IERC FORM 3(C) 2022]** of completed studies. The Chair calls on the Members to deliberate on the summary of findings and related ethical issues, including post-study management of study participants, and decide on committee action such as:

- Approve
- Request information
- Recommend further action

Step 5 - Communication of results: The PI is notified of the committee decision, noting committee action on the final report through an action letter. For full board reviews, the PI is notified in **seven (7)** days after the full board meeting. For expedited reviews, the PI is notified in **three (3)** days after receipt of recommendations from the Primary Reviewers. The PI may be requested to provide additional information or submit additional documents, in which case the final report may be accepted, but action regarding archiving may be deferred pending submission of results of the study. If the final report is approved, the PI is informed of the following: a) the study protocol is classified as inactive, b) ethical clearance is expired effective on the day of the committee meeting, and c) the study protocol records will be made available for **three (3)** years in the archives after the expiration date. Outgoing communications are recorded in the **OUTGOING COMMUNICATIONS LOG [FEU-NRMF IERC FORM 4(M) 2022**.

Step 6 - Files management: The Secretary and Chair sign **FEU-NRMF IERC FORM 3(C) 2022: FINAL REPORT FORM.** The Secretariat stores the signed final report documents in the study protocol file folder, upon approval of the final report, when no further action is expected from the PI. The Secretariat enters relevant study protocol data into the Study Protocol Database to signify the end of study. The Secretariat transfers the study protocol folder to the inactive files. See **SOP 4 – 8: Archived (Inactive/Completed/Terminated) Files** for management of inactive files.

9. Study Protocol Noncompliance (Deviation/Violation) Report

9.1. Policy Statement

Researchers shall report protocol deviations and violations in the conduct of approved researches at the soonest possible time from the detection of the protocol violation/deviation. Major protocol violations undergo full review. Minor protocol violations undergo expedited review. Reviewers must be aware that the investigator may implement a deviation from the protocol to eliminate an immediate hazard(s) to study subjects without prior FEU-NRMF IERC approval, but must submit as soon as possible, a report of deviation or change, the reasons for it, and, if appropriate, an appropriate study protocol amendment(s).

9.2. Detailed Instructions

Step 1 - Management of the study protocol noncompliance reports upon submission: The Secretariat receives a report of study protocol noncompliance facilitated through the submission of a) **FEU-NRMF IERC FORM 3(D) 2022: STUDY PROTOCOL NONCOMPLIANCE (DEVIATION OR VIOLATION) REPORT,** and b) other documents deemed relevant by the investigator to clarify information indicated in the report. This comprises the study protocol noncompliance report package. The Secretariat checks the submission for completeness and gives a receiving copy of **FEU-NRMF IERC FORM 3 (D) 2022: STUDY PROTOCOL NONCOMPLIANCE (DEVIATION OR VIOLATION) REPORT** to the PI or his/her representative. The Secretariat logs the date of submission on the **SUBMISSIONS LOG [FEU-NRMF IERC FORM 4(L) 2022]**. The Secretariat ensures that sufficient copies for the Primary Reviewers have been submitted by the PI for full

board submissions. The Secretariat forwards the submission in **two (2) days** to the Chair for classification of review.

Step 2 - Classification of Review by the Chair: The Chair classifies protocol noncompliance reports as expedited or full board review in **two (2) days.** Generally, classification of protocol noncompliance reports as expedited or full board is based on the initial review classification (i.e. final reports of full board study protocols is done through full board review) unless otherwise indicated by the specificities of the submitted information. Minor or administrative deviations that do not affect the scientific soundness of the study protocol or compromise the rights, safety, or welfare of human participants in the study are classified under expedited review. Major deviations or protocol violations that consist of persistent protocol noncompliance with potentially serious consequences that could critically affect data analysis or put patients' safety at risk are classified under full board review. For studies requiring full board review and are received within the cut-off period of **fifteen (15)** days before the committee meeting, the Secretariat places the continuing review request on the agenda for the next committee meeting. The Secretariat forwards the package to Primary Reviewers. Primary Reviewers are defined as members of the IERC who have approved the original protocol being reviewed of its protocol noncompliance.

Step 3 - Review by the Primary Reviewers: As a general rule, the original Primary Reviewers during Initial Review serve as Primary Reviewers of protocol noncompliance reports. In case an original Primary Reviewers is unavailable to accomplish the review, or has ceased to be a member of the FEU-NRMF IERC, the Chair assigns an alternative reviewer. For protocol noncompliance reports classified as full board review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(D) 2022: PROTOCOL (DEVIATION OR VIOLATION) NONCOMPLIANCE REPORT** and return it to the Secretariat in **ten (10) to twelve (12) days**. For submissions under expedited review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(D) 2022: PROTOCOL NONCOMPLIANCE (DEVIATION OR VIOLATION) REPORT** and return it to the Secretariat in **seven (7)** days. Action is finalized at the level of the Chair within **three (3)** calendar days upon receipt of recommendations by the Primary Reviewers.

Step 4 - Full board review of study protocol noncompliance report: The Secretariat distributes the meeting agenda **seven (7)** calendar days prior to the full board meeting. On the day of the full board meeting, the Secretariat brings the accomplished forms and other relevant documents as reference of the members when study protocol noncompliance reports are deliberated on. The documents are presented when study protocol noncompliance reports are deliberated on during the full board meeting. For detailed information on the conduct of full board review of study protocol noncompliance reports, see **SOP 2 – 9: CONDUCT OF FULL BOARD MEETING.** The Chair presents, if any, **STUDY PROTOCOL NON-COMPLIANCE (DEVIATION OR VIOLATION) REPORTS [FEU-NRMF IERC FORM 3(D) 2022]** of study protocols previously approved through full board. Noncompliance may be in the form of noncompliance with post-approval requirements. The committee deliberates on both the type and degree of noncompliance and takes the appropriate action. The Chair calls on the Members to recommend any of the following actions:

- Uphold original approval with no further action
- Request information

- Recommend further action

The FEU-NRMF IERC can suspend ethical clearance or subject recruitment until noncompliance issues are addressed. The FEU-NRMF IERC may opt to withdraw ethical approval under the following circumstances: a) fraud, b) unresolved serious safety issues

Step 5 - Communication of results: The PI is notified of the decision, noting committee action on the study protocol noncompliance report through an action letter. For full board reviews, the PI is notified in **seven (7)** days after the full board meeting. For expedited reviews, the PI is notified in **three (3)** days after receipt of recommendations from the Primary Reviewers. The PI may be requested to provide additional information, submit additional documents, or implement corrective action. Outgoing communications are recorded in the **OUTGOING COMMUNICATIONS LOG [FEU-NRMF IERC FORM 4(M) 2022**.

Step 6 - Files management: The Secretary and Chair sign the **FEU-NRMF IERC FORM 3 (D) 2022: STUDY PROTOCOL NONCOMPLIANCE (DEVIATION OR VIOLATION) REPORT**. The Secretariat stores the signed study protocol noncompliance report documents in the study protocol file folder.

10. Early Study Termination

10.1. Policy Statement

When a decision for early study termination of the research has been made, the well-being and safety of study participants that have already been recruited shall be a primary consideration and the plan for termination shall reflect this concern. Early termination reports shall undergo full review.

10.2. Detailed Instructions

Step 1 - Management of the early study termination upon submission: An early study termination is submitted when a study approved by the FEU-NRMF IERC is being recommended for termination before its scheduled completion. This is done when the safety of the study participant is doubtful or at risk and also upon the request of the PI or the sponsor owing to the existence of unresolvable valid complaints. The Secretariat receives a report on early study termination facilitated through the submission of **FEU-NRMF IERC FORM 3 (E) 2022: EARLY STUDY TERMINATION FORM,** together with documents deemed relevant by the investigator to support or clarify information. This comprises the early study termination package. The Secretariat checks the submission for completeness and gives a receiving copy of **FEU-NRMF IERC FORM 3 (E) 2022: EARLY STUDY TERMINATION FORM** to the PI or his/her representative.
The Secretariat logs the date of submission on the **SUBMISSIONS LOG [FEU-NRMF IERC FORM 4(L) 2022]**. The Secretariat ensures that sufficient copies for the Primary Reviewers have been submitted by the PI for full board submissions. The Secretariat forwards the submission in **two (2) days** to the Chair for classification of review.

Step 2 - Classification of Review by the Chair: The Chair classifies early study termination requests as expedited or full board review in **two (2) days.** Generally, classification of protocol noncompliance reports as expedited or full board is based on the initial review classification (i.e. final reports of full board study protocols is done through full board review) unless otherwise indicated by the specificities of the submitted information. For studies requiring full board review and are received within the cut-off period of **fifteen (15)** days before the committee meeting, the Secretariat places the continuing review request on the agenda for the next committee meeting. The Secretariat forwards the package to Primary Reviewers and Members. Primary Reviewers are defined as members of the IERC who have approved the original protocol being reviewed of its early study termination request.

Step 3 - Review by the Primary Reviewers: As a general rule, the original Primary Reviewers during Initial Review serve as Primary Reviewers of early study termination requests. In case an original Primary Reviewers is unavailable to accomplish the review, or has ceased to be a member of the FEU-NRMF IERC, the Chair assigns an alternative reviewer. For early study termination requests classified as full board review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(E) 2022: EARLY STUDY TERMINATION FORM** and return it to the Secretariat in **ten (10) to twelve (12) days**. For submissions under expedited review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(E) 2022: EARLY STUDY TERMINATION FORM** and return it to the Secretariat in **seven (7)** days. Action is finalized at the level of the Chair within **three (3)** calendar days upon receipt of recommendations by the Primary Reviewers.

Step 4 - Full board review of early study termination: The Secretariat distributes the meeting agenda **seven (7)** calendar days prior to the full board meeting. On the day of the full board meeting, the Secretariat brings the accomplished forms and other relevant documents as reference of the members when early study termination requests are deliberated on. The documents are presented when early study termination reports are deliberated on during the full board meeting. For detailed information on the conduct of full board review of early study termination reports, see **SOP 2 – 9: CONDUCT OF FULL BOARD MEETING.** The Chair presents, if any, **EARLY STUDY TERMINATION FORMS** [**FEU-NRMF IERC FORM 3(E) 2022]** of study protocols previously approved through full board. The committee deliberates on the implications on the rights, safety, and welfare of the study participants, including adapting specific provisions for continued protection and dissemination of specific information to the study participants. The Chair calls on the Members to recommend any of the following actions:

- Approval
- Request information
- Recommend further action

The committee may request information from the PI or invite the PI for clarificatory interview.

Step 5 - Communication of results: The PI is notified of the committee decision, noting committee action on the early study termination through an action letter. For full board reviews, the PI is notified in **seven (7)** days after the full board meeting. For expedited reviews, the PI is notified in **three (3)** days after receipt

of recommendations from the Primary Reviewers. The PI may be requested to provide additional information or submit additional documents. Outgoing communications are recorded in the **OUTGOING COMMUNICATIONS LOG [FEU-NRMF IERC FORM 4(M) 2022**.

Step 6 - Files management: The Secretary and Chair sign the **FEU-NRMF IERC FORM 3 (E) 2022: EARLY STUDY TERMINATION FORM.** The Secretariat stores the early study termination documents in the study protocol file folder.

11. Queries or Complaints

11.1. Policy Statement

Queries and complaints from clients, patients, or research participants shall be attended to promptly and appropriately while exercising due diligence. The nature of queries shall determine whether they can be answered by the REC staff or referred to the Chair. All complaints shall be referred to the Chair who shall determine the level of risk involved. Complaints of minimal risk shall be referred to the primary reviewers for resolution. Procedural queries can be expedited. Complaints of more than minimal risk shall be taken up in a special meeting within 48 hours for deliberation by the committee en banc with the primary reviewers leading the discussion.

11.2. Detailed Instructions

Step 1 - Management of submitted queries or complaints: Queries and complaints, especially from research participants, are major considerations because they provide mechanisms that contribute both to maintaining transparency of FEU-NRMF IERC decision-making processes, as well as empowerment of study participants. Any FEU-NRMF IERC personnel can receive a query or complaint. Action on queries and complaints is managed through the use of **FEU-NRMF IERC FORM 3 (F) 2022: QUERIES OR COMPLAINTS.** Each query or complaint received will be individually entered into this form by respective FEU-NRMF IERC personnel, and then forwarded to the Secretariat for processing. The Secretariat logs the query or complaint into the **SUBMISSIONS LOG [FEU-NRMF IERC FORM 4(L) 2022]**. The Secretariat ensures that sufficient copies for the Primary Reviewers have been submitted by the PI for full board submissions. The nature of queries shall determine whether they can be answered by the REC staff or referred to the Chair. All complaints are forwarded to the Chair for classification of review. The Secretariat forwards the submission in **two (2) days** to the Chair for classification of review.

Step 2 - Classification of Review by the Chair: The Chair classifies queries or complaints as expedited or full board review in **two (2) days.** Generally, classification queries or complaints as expedited or full board is based on the initial review classification (i.e. final reports of full board study protocols is done through full board review) and the response needed, unless otherwise indicated by the specificities of the submitted information. Procedural queries can be expedited. Complaints of minimal risk shall be referred to the primary reviewers for resolution. Complaints of more than minimal risk shall be taken up in a special

meeting within 48 hours for deliberation by the committee en banc. If necessary, the PI will be contacted to provide clarificatory information. For studies requiring full board review and are received within the cut-off period of **fifteen (15)** days before the committee meeting, the Secretariat places the continuing review request on the agenda for the next committee meeting. The Secretariat forwards the package to Primary Reviewers. Primary Reviewers are defined as members of the IERC who have approved the original protocol being reviewed of its queries or complaints.

Step 3 - Review by the Primary Reviewers: As a general rule, the original Primary Reviewers during Initial Review serve as Primary Reviewers of queries or complaints. In case an original Primary Reviewers is unavailable to accomplish the review, or has ceased to be a member of the FEU-NRMF IERC, the Chair assigns an alternative reviewer. For queries or complaints classified as full board review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(F) 2022: QUERIES OR COMPLAINTS** and return it to the Secretariat in **ten (10) to twelve (12) days**. For submissions under expedited review, the Primary Reviewers accomplish the **FEU-NRMF IERC FORM 3(F) 2022: QUERIES OR COMPLAINTS** and return it to the Secretariat in **seven (7)** days. Action is finalized at the level of the Chair within **three (3)** calendar days upon receipt of recommendations by the Primary Reviewers.

Step 4 - Full board review of study participant query or complaints: The Secretariat distributes the meeting agenda **seven (7)** calendar days prior to the full board meeting. On the day of the full board meeting, the Secretariat brings the accomplished forms and other relevant documents as reference of the members when queries or complaints are deliberated on. The documents are presented when queries or complaints are deliberated on during the full board meeting. For detailed information on the conduct of full board review of queries and complaints, see **SOP 2 – 9: CONDUCT OF FULL BOARD MEETING.** The Chair presents, if any, **QUERIES OR COMPLAINTS [FEU-NRMF IERC FORM 3(F) 2022].** The FEU-NRMF IERC Committee deliberates on how best to address the concerns relevant to the query or complaint, and recommends a course of action. The Chair calls on the Members to recommend any of the following actions:

- Uphold original approval with no further action
- Request information
- Recommend further action

The committee may request information from the PI, invite the PI for clarificatory interview, or require corrective action.

Step 5 - Communication of results: The FEU-NRMF IERC responds to queries and complaints in writing after a course of action of appropriate response is identified whether through expedited or full board review. For full board reviews, the PI/Participant is notified in **seven (7)** days after the full board meeting. For expedited reviews, the PI/Participant is notified in **three (3)** days after receipt of recommendations from the Primary Reviewers. The PI may be requested to provide additional information or submit additional documents. Outgoing communications are recorded in the **OUTGOING COMMUNICATIONS LOG [FEU-NRMF IERC FORM 4(M) 2022**.

Step 6 - Files Management: The Secretary and Chair sign the **FEU-NRMF IERC FORM 3 (F) 2022: QUERIES OR COMPLAINTS.** The Secretariat stores the signed documents in the study protocol file folder.

12. Serious Adverse Event Reports

12.1. Policy Statement

This SOP applies to the review of SAE and SUSAR reports submitted by investigators and sponsors to the FEU-NRMF IERC to comply with ICH GCP. The IERC reviews such reports to determine appropriate action to protect the safety of participant in an approved study. The FEU-NRMF IERC shall require the submission of reports of SAEs and SUSARs within thirty (30) days after the event has come to the attention of the researcher. The evaluation of the SAEs and SUSARs shall be conducted by the Subcommittee on SAEs and SUSARs and the original Primary Reviewers, whose recommendations shall be submitted to the IERC for final action.

ICH GCP E6 defines a serious adverse event (SAE) or a serious adverse drug reaction (ADR) as any untoward medical occurrence that at any dose:

- results in death,
- is life threatening,
- requires hospitalization or prolongation of existing hospitalization,
- results in persistent or significant disability or incapacity, or
- results in a congenital anomaly or birth defect,
- any other adverse event that, based upon appropriate medical judgment, may jeopardize the subject's health and may require medical or surgical intervention to prevent one of the other outcomes listed in this definition.

A suspected unexpected serious adverse reaction (SUSAR) is a serious event the nature and severity of which is not consistent with the applicable product information. In the case of an unapproved investigational product, the event is not consistent with the Investigator's Brochure (or its equivalent). In the case of a licensed product, the event is not consistent with the approved package insert or summary of product characteristics.

It is the responsibility of the FEU-NRMF IERC to conduct an appropriate review of SAE and SUSAR reports to ensure oversight over the safety of participants enrolled in the study.

The IERC should also make sure that researchers are made aware of its policies and procedures concerning SAE reporting.

The FEU-NRMF IERC sets up the necessary mechanisms to receive SAE and SUSAR reports from investigators and sponsors of researches that it has approved.

It is also the responsibility of the FEU-NRMF IERC is to receive and review SAE and SUSAR reports from its own site and to take the necessary action to ensure the safety of participants in the study.

In multicenter studies, the IERC also receives SAE and SUSAR reports from other sites within and outside the country. It is the responsibility of the FEU NRMF IERC to be updated about safety issues related to studies that it has approved.

The FEU NRMF IERC has the authority to suspend or terminate approval of research at its site when the safety of participants is no longer assured. When FEU NRMF IERC takes such action, it is required to provide the reasons for its action and to promptly report such decision to the investigator, the sponsor, the institution and relevant regulatory authorities.

The FEU-NRMF IERC Vice Chair is designated as the head of the SAE Subcommittee, which is tasked to manage SAE and SUSAR reports. The SAE Subcommittee is defined as the Vice Chair and two other regular members designated by the FEU-NRMF Chair. These members are included in the subcommittee based on their training and expertise in assessing serious adverse events. The original Primary Reviewers receive copies of the report and also give their assessments.

12.2. Workflow

ACTIVITY	RESPONSIBILITY
Step 1. Receipt of SAE and SUSAR reports	Secretariat
Step 2A. Review of Onsite SAEs	SAE Subcommittee and Primary Reviewers
Step 2B. Review of Offsite SAEs	Vice Chair
Step 3. Full Board Review of SAE Reports	Chair, SAE Subcommittee, Members
Step 4. Communication of Results	Secretariat
Step 5. Files Management	Secretariat

12.3. Detailed Instructions

Step 1 - Receipt of SAE and SUSAR Reports: The IERC informs investigators that they are required to report SAEs and SUSARs to the IERC for all studies approved by the IERC. The FEU NRMF IERC Secretariat receives onsite and offsite SAE and SUSAR reports.

Onsite SAEs and SUSARs are defined as those which occurred in FEU-NRMF and other sites approved by the IERC. These are reported within thirty (30) after the event has come to the attention of the researcher. Reporting of onsite SAEs is facilitated through the use of a) **FEU-NRMF IERC FORM 3 (G) 2022: SERIOUS**

ADVERSE EVENT/S REPORT, b) List of known ADRs as written in the Investigators' Brochure, c) Protocol Summary, d) Investigators' Brochure, e) Other supporting documents, if any. This comprises the study protocol serious adverse event/s report package.

Offsite SAEs and SUSARs are defined as those which occur in sites of multicenter local and international studies other than those approved by the IERC. Reporting of offsite SAEs is facilitated through the submission of a cover letter with relevant attachments such as Sponsor CIOMS forms, IND Safety Notification Reports, and other related documents.

The Secretariat checks the submission for completeness and gives a receiving copy of **FEU-NRMF IERC FORM 3 (G) 2022: SERIOUS ADVERSE EVENT/S REPORT** and relevant documents to the PI or his/her representative. The Secretariat logs the date of submission on the **SUBMISSIONS LOG [FEU-NRMF IERC FORM 4(L) 2022]**. The Secretariat collates all SAE reports and encodes data in the Serious Adverse Events Database.

For onsite SAEs, the Secretariat collates and encodes data in the **FEU-NRMF IERC FORM 3 (H) 2022: SAE REPORT SUMMARY.** The Secretariat notifies the Chair and forwards the report to the SAE Subcommittee and Primary reviewers within **2 days** of receipt of report. All onsite SAEs will undergo full board review and are included in the agenda of the based on the timelines stipulated in **SOP 2 – 6: FULL BOARD REVIEW** and **SOP 2 – 9: CONDUCT OF FULL BOARD MEETING**.

Step 2A - Review of Onsite SAEs: The SAE Subcommittee and Primary Reviewers review the information entered in the **FEU-NRMF IERC FORM 3 (G) 2022: SERIOUS ADVERSE EVENT/S REPORT** form and accomplish the review. The SAE Subcommittee and Primary Reviewers should analyze the investigator/ sponsor assessment (related, unexpected) and may need to recommend some form of action to the investigator to ensure the safety of participants. The SAE Subcommittee and Primary Reviewers may recommend any of the following actions:

- Uphold original approval with no further action
- Request Information
- Recommend further action
    - Modification of participant inclusion or exclusion criteria to mitigate the newly identified risks or informed consent documents to include a description of newly recognized risks;
    - Recommend implementation of additional procedures for protecting/safeguarding participants
    - Suspension of enrolment of new participants or research procedures among participants who are currently enrolled
    - Request an amendment to the protocol consent form
    - Recommend suspension of the entire study
    - Others

Step 2B - Review of Offsite SAEs: The Vice Chair, as Head of the SAE Subcommittee notes the trend of occurrence and nature (related or expected) of the offsite SAEs and SUSARs. The Vice Chair presents findings of the review of offsite SAEs quarterly (March, June, September, December) during the full board meeting.

Step 3 - Full board review of SAE Report - All SAEs, whether initial or follow-up reports, are classified to undergo full board review. Onsite SAEs are in included in the agenda of the regular full board meeting. Offsite SAEs are discussed in the full board meeting as quarterly SAE Reports presented by the FEU-NRMF Vice Chair as the Head of the SAE subcommittee. The Secretariat distributes the completed **FEU-NRMF IERC FORM 3 (G) 2022: SERIOUS ADVERSE EVENT/S REPORT, FEU-NRMF IERC FORM 3 (H) 2022: SAE REPORT SUMMARY,** along with other pertinent documents, to Members along with the meeting agenda **seven (7)** calendar days prior to the full board meeting. After reviewing the report and the recommendation by designated IERC members, the Chair presides over the board discussion of the SAEs and similar adverse experiences or advisories. The documents are presented when SAE/SUSAR reports are deliberated on during the full board meeting. For detailed information on the conduct of full board review of SAE/SUSAR reports, see **SOP 2 – 9: CONDUCT OF FULL BOARD MEETING.**

The Vice Chair, as Head of the SAE Subcommittee, presents, if any, reports on Serious Adverse Events (SAEs). If there are serious issues related to the report of the Adverse Events, the Vice Chair presents analysis and recommend action to the members. The Chair calls on the members to deliberate and decide on committee action such as:

- Uphold original approval with no further action
- Request information
- Recommend further action

The committee may request information from the PI, invite the PI for clarificatory interview, or require corrective action. Coordination with The National Poison Management and Control Center may also be requested to make further investigations if the AE involves overdose or poisoning. If the FEU NRMF IERC takes no action, a notation is made in the minutes and the study is allowed to continue.

Step 4 - Communication of results: The Secretariat informs the investigator and the sponsor about the IERC decision through an action letter. The PI may be requested to provide additional information, submit additional documents, or implement corrective action. The Secretary drafts a formal letter to the investigators or the clinical trial office to notify them of the action they should take according to the FEU NRMF IERC decision. The Chair approves, signs and dates the letter. The Secretariat sends the letter and records the delivery date. Outgoing communications are recorded in the **OUTGOING COMMUNICATIONS LOG [FEU-NRMF IERC FORM 4(M) 2022**.

Step 5 - Files management: The Secretary and Chair sign the **FEU-NRMF IERC FORM 3 (G) 2022: SERIOUS ADVERSE EVENT/S REPORT**. The Secretariat stores the signed serious adverse event/s report in the study protocol file folder.

13. Site Visit

13.1. Policy Statement

The FEU-NRMF IERC shall conduct visits of selected sites of approved protocols that fall within the following established criteria for such visits: (a) high risk studies, (b) receipt of significant number of protocol violations, (c) receipt of complaints from participants and families, (d) non-receipt of required after-approval reports from the and (e) multiple studies conducted by a researcher.

13.2. Workflow

ACTIVITY	RESPONSIBILITY
Step 1. Selection of study sites	Chair and Members
Step 2. Notification of PI of date of site visit	Chair and Secretary
Step 3. Creation of Site Visit Team	Chair and Members
Step 4. Conduct Site Visit	Site Visit Team
Step 5. Present findings during committee meeting	Site Visit Team Leader
Step 6. Communication of results	Secretariat
Step 7. Files Management	Secretariat

13.3. Detailed Instructions

Step 1: Selection of Study Sites: Study sites may be selected for Site Visits based on the following criteria:

- The nature of the study being conducted (i.e. high risk studies)
- Frequent non-submission or failure to submit continuing review requirements
- Reports of major protocol noncompliance
- Significant number of serious adverse events
- Reports of complaints from study participants
- Site visits may be conducted upon recommendation of the Committee

A decision for Site Visit is deliberated on during a full board meeting of the FEU-NRMF IERC.

Step 2 - Notification of PI of date of site visit: The Chair, through the Secretariat, informs the PI at least two **(2)** weeks before the scheduled visit through a letter. A copy of **FEU-NRMF IERC FORM 3 (I) 2022: SITE VISIT REPORT FORM** is attached to this letter. The letter provides Site Visit schedule details and instructions on what the PI needs to prepare such as documents and files that will be used for the Site Visit, as well as orderly preparation of the site.

Step 3 - Creation of a Site Visit Team: A Site Visit Team is organized for each site visit. The members of this team are assigned by the Chair. The Site Visit Team should be composed of at least three (**3**) people: one (**1**) of the primary reviewers of the protocol, and **two (2)** other Committee Members. The Site Visit

Team members are informed of their assignment through the issuance of **FEU-NRMF IERC FORM 3 (K) 2022: NOTICE OF SITE VISIT.** The Secretariat prepares a Study Visit Package for each member of the Site Visit Team, inclusive of the **FEU-NRMF IERC FORM 3 (I) 2022: SITE VISIT REPORT FORM** and a copy of the approved study protocol and related documents**.** The Site Visit Team prepares by reviewing the contents of the study file and the requirements of **FEU-NRMF IERC FORM 3 (1) 2022: SITE VISIT REPORT FORM.**

Step 4 - Conduct of Site Visit: Upon arrival in the study site, the Site Visit Team uses **FEU-NRMF IERC FORM 3 (I) 2022: SITE VISIT REPORT FORM** to do the following:

- Review the study protocol
- Review the informed consent documents and verify if the site is using the most recently approved version
- Ask the PI or Co-I to explain the informed consent process
- Review the post-approval documents and verify if the site is using the most recently approved version, or that these have been approved
- Verify security, privacy, and confidentiality of the documents at the study site
- Observe facilities in the study site
- Make an overall determination of the protection of the rights, safety, and welfare of human participants in the study

At the end of the visit, the Site Visit Team will:

- Discuss the findings with the research team
- Solicit feedback

Step 5: Presentation of findings at FEU-NRMF IERC Meeting: The Site Visit Team completes **FEU-NRMF IERC FORM 3 (I) 2022: SITE VISIT REPORT FORM** which should reflect the consensus opinion of the Site Visit Team members, and submits it to the Secretariat not later than seven (7) calendar days after the Site Visit. The Secretariat logs the date of submission on the **SUBMISSIONS LOG [FEU-NRMF IERC FORM 4(L) 2022].** The Secretariat places the Site Visit Report in the agenda of the next committee meeting. During the meeting, the Secretariat distributes the completed **FEU-NRMF IERC FORM 3 (I) 2022: SITE VISIT REPORT FORM** to the Members along with the meeting agenda. The documents are presented when site visit reports are deliberated on during the Full Board Meeting. For detailed information on the conduct of full board review of site visit reports, see **SOP 2 – 9: CONDUCT OF FULL BOARD MEETING.** The Chair presents, if any, reports on **SITE VISITS [FEU-NRMF IERC FORM 3(I) 2022: SITE VISIT REPORT FORM].** The FEU-NRMF IERC deliberates on the implications of results of the Site Visit on the rights, safety, and welfare of the study participants; and makes an overall determination of protocol compliance in the study site. The Chair calls on the Members to recommend any of the following actions:

- Uphold original approval with no further action
- Request information
- Recommend further action

Step 6 - Communication of results: The PI is notified of the committee action or recommendations through an action letter. The PI may be requested to provide additional information, submit additional documents, or implement corrective action. Outgoing communications are recorded in the **OUTGOING COMMUNICATIONS LOG [FEU-NRMF IERC FORM 4(M) 2022**.

Step 7: Files management: The Site Visit Team, Secretary, and Chair sign the **FEU-NRMF IERC FORM 3 (I) 2022: SITE VISIT REPORT FORM.** The Secretariat stores the Site Visit documents in the study protocol file folder.

14. SJREB Workflow for Post-Approval Review

14.1. Policy Statement

The Single Joint Research Ethics Board (SJREB) conducts the institutional joint ethics review process in the Department of Health (DOH) (see **APPENDIX A: SINGLE JOINT RESEARCH ETHICS BOARD – STANDARD OPERATING PROCEDURES ver. 1**). It is a joint review mechanism among Philippine Health Research Ethics Board (PHREB) duly accredited Research Ethics Committees (RECs) of DOH hospitals and may include other non-DOH RECs from both public and private organizations that will accept the results of SJREB.

14.2. Workflow

ACTIVITY	RESPONSIBILITY
1. Receive post-approval submissions of SJREB protocols	Secretariat
2. Coordinate with SJREB Secretariat Staff regarding reviewers and FEU-NRMF IERC representative	Secretariat
3. Notify primary reviewer for review and request to attend SJREB meeting	Secretariat
4. Accept or decline invitation for SJREB review	FEU-NRMF IERC Members or Independent Consultants
5. Obtain minutes of the meeting and decision letter from SJREB	Secretariat
6. Conduct of post-approval review	FEU-NRMF IERC Members or Independent Consultants
7. Notification of Principal Investigator of the decision	Secretariat

14.3. Detailed Instructions

Step 1 - Receive post-approval submissions of SJREB protocols: The Secretariat receives the post-approval submissions. Study protocols qualified for SJREB is processed by FEU-NRMF IERC through expedited review and must be reported during the full board meeting when protocols that underwent expedited review are discussed.

Step 2 - Coordinate with SJREB Secretariat Staff regarding reviewers and FEU-NRMF IERC representative: The Secretariat coordinates with the SJREB Secretariat regarding the request for reviewers and representatives.

Step 3 - Notify primary reviewer for review and request to attend SJREB meeting: The Secretariat notifies the assigned reviewers and forwards the complete FEU-NRMF IERC and SJREB package. The Secretariat invites the reviewer to attend the SJREB full board meeting.

Step 4 - Accept or decline invitation for SJREB review. The primary reviewer accepts or declines request for review through the Secretariat. In the event that the reviewer agrees to review but cannot attend the meeting, the FEU-NRMF IERC Chair assigns a representative to present the reviewer's assessment during the SJREB meeting.

Step 5 - Obtain minutes of the meeting and decision letter from SJREB: The Secretariat will obtain the decision letter and minutes of the meeting from SJREB to be filed in the protocol folder. The Secretariat will send the excerpt of the SJREB minutes of the meeting to the reviewer who failed to attend the discussion of a particular protocol.

Step 6 - Conduct of post-approval review: The Secretariat notifies the primary reviewers for protocol assignments using **FEU-NRMF IERC FORM 2(J)2022: TRANSMITTAL LETTER**, within three days from receipt of protocol submission. The Primary reviewer acknowledges receipt of study protocol package for review and agrees to review within the time frame. Otherwise, the protocol will be re-assigned to another primary reviewer if there is no response within three days. The primary reviewers review the study protocol and informed consent documents in accordance with the assessment points and elements detailed in any of the applicable post-approval forms. Primary reviewers will review site-specific issues while SJREB is ongoing. FEU-NRMF IERC accepts the decisions made by SJREB. The primary reviewer accomplishes the aforementioned forms, completely signed and dated, forwards the forms to the Secretariat within **seven (7)** calendar days from receipt of package.

Step 7 – Notification of Principal Investigator of the decision regarding post-approval submission: FEU-NRMF IERC issues the applicable forms to communicate the decision to the principal investigator. Outgoing communications are recorded in the **OUTGOING COMMUNICATIONS LOG [FEU-NRMF IERC FORM 4(M) 2022**.

References:

1. CIOMS Guidelines for Epidemiological Studies (2009)
2. CIOMS-WHO International Ethical Guidelines for Biomedical Research Involving Human Subjects (2016)
3. Declaration of Helsinki, World Medical Association (2013)
4. ICH Harmonized Guideline – Integrated Addendum to ICH E6 (R1) Guideline for Good Clinical Practice E6 (R2) Current Step 4 version (2016)

5. National Ethical Guidelines for Health Research. Philippine National Health Research System (2017)
6. Philippine Health Research Ethics Board - A Workbook for Developing Standard Operating Procedures - "The SOP Workbook" (2020)
7. Standard Operating Procedures 3: Post-Approval Review. Makati Medical Center Institutional Review Board (2013)
8. Standard Operating Procedures 3: Post-Approval Review. UP Manila research Ethics Board (2021)
9. WHO Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants 2011