STANDARD OPERATING PROCEDURE OF ETHICS COMMITTEES

1. Purpose

The purpose of Ethics Committees is to safeguard the rights, safety and well-being of subjects taking part in clinical trials, taking account of the scientific methodology and concerns of the society.

The Ethics Committee thoroughly, independently and in a timely manner conducts an ethical and scientific review of a trial submitted to it for review in accordance with the updated Declaration of Helsinki and by following appropriate national and international standards.

It is the responsibility of the Ethics Committee to act according to regulatory organ(s), regulations and societal necessities in order to protect the rights, safety, dignity and privacy of trial subjects.

This document is intended to provide guidance and support, complementary to the Declaration of Helsinki, the Regulation on Clinical Trials and the principles of Good Clinical Practice.

2. Procedure for establishing an Ethics Committee

The Ethics Committee should be constituted in a manner to preclude any bias or influences that may jeopardize impartiality of the Ethics Committee to enable an ethical and scientific review of applications in accordance with the Regulation on Clinical Trials and the principles of Good Clinical Practice.

2.1. Eligibility for Committee membership

Members of the Ethics Committee are nominated among those who satisfy the requirements prescribed in Article 10, Paragraph (3) of the Regulation on Clinical Trials, and appointed upon confirmation by the Ministry.

2.2. Terms and requirements applicable to assignment of members

1. Ethics Committee members are appointed for a term of two years.
2. The membership is renewed biannually with Ministerial confirmation upon the proposition of the Ethics Committee secretariat, which relays applications for Ethics Committee membership to the Ministry at least sixty days before expiration of membership. The Ministry may grant or withhold its confirmation for a nominee. Where the secretariat of an Ethics Committee delays submission of nominees, the Ministry appoints a new member to the vacant seat.
3. Membership is automatically annulled of any member who fails to attend three consecutive meetings without excuse within the same calendar year.
4. Withdrawal from membership is through resignation.
5. A member of the same qualities is appointed following the same procedure in place of a member who resigned or whose membership is annulled.
6. A member may be reappointed for a second consecutive term.
7. A member serving in a particular Ethics Committee may not simultaneously hold seat in another Ethics Committee or in an Advisory Board for Clinical Trials.
8. Only one sibling, mother, father, child or spouse may hold seat at the same Ethics Committee.
9. No rector, deputy rector, dean, assistant dean, provincial director of healthcare or chief physician of a hospital may be a member in an Ethics Committee.
10. Ethics Committee members may act in investigator or coordinating investigator capacity in clinical trials to the extent that they must take leave of any session of an Ethics Committee meeting in which the trial discussed is the one in which the member concerned is an investigator or coordinating investigator; neither may these members undersign any decision adopted in such sessions. Where the number of Ethics Committee members taking part in a particular trial is so extensive as to preclude adopting of a decision on the trial concerned, the trial must be submitted for review to another Ethics Committee in the same province, if any, or otherwise to an Ethics Committee in a nearby province.
11. All Ethics Committee members must sign an “Ethics Committee Nondisclosure Agreement”, committing to maintain confidentiality of all information on clinical trials and/or trial subjects which come to their knowledge by virtue of their position as a committee member.
12. All Ethics Committee members must sign a statement of commitment that during the term of their membership they shall not undertake any work for and/or provide consultancy service to the pharmaceutical industry, whether or not against any compensation, be it financial or otherwise. A committee member may request permission to take part in an activity which falls within the scope of this provision on scientific grounds, and the request may be granted by the Ethics Committee, if found to be “acceptable”.
13. In the first meeting it holds, the Ethics Committee appoints among its members a chairperson and a vice-chairperson. The Ethics Committee is represented by the chairperson, who may be substituted, in his
or her absence, by the vice-chairperson, or if the vice-chairperson is unavailable, by other members in order of seniority.

14. The Ethics Committee meets with the attendance of no less than two thirds of the total number of members.

15. Decisions are adopted by the favorable vote of absolute majority of the total number of committee members.

2.3. Operating unit and order of the Ethics Committee

2.3.1. Equipment

The unit where the Ethics Committee is to carry out its functions should be arranged to provide a front reception where applications would be received; other sections should also be provided where reviews and other functions would be carried out, as well as an archive section which satisfies the confidentiality requirements.

Fax, telephone and photocopy devices as well as a computer system with Internet access should be provided to allow communications between the Ethics Committee and the Ministry, the investigator, and the sponsor or its legal representative.

An archives section where entry and exits are controlled according to confidentiality requirements and where precautions against fire are in place must be provided.

2.3.2. Human resources

The Ethics Committee Chairperson is responsible for the operating unit.

The Ethics Committee’s functions should be supported by a secretarial staff of well educated and experienced individuals who are skilled in computer use.

2.3.3. Operating order

The Ethics Committee secretary must sign an “Ethics Committee Nondisclosure Agreement” before commencing work.

All documents recorded by the Ethics Committee including application dossiers, correspondence and reports must be treated importantly and confidentially. Accordingly, the front reception area should be segregated from sections where other functions of the secretariat are carried out.

The Ethics Committee should maintain a record of all monitoring data relating to individual trials, from submission until trial completion, in individual trial files, ordered by decision numbers on the “Trial Trail Form”.

All applications should be entered into a “Trial Trail Table” electronically, including fields for trial name, phase, name(s) of responsible and assistant investigator(s), name of main scientific department, name of clinic, the sponsor’s name, meeting date, decision date and number, coordinator details and the duration of trial. All notifications, amendments, annual notifications and trial conclusion reports should be accessible from this file.

An electronic record should be maintained of all Ethics Committee decisions, correspondence with investigators, sponsors or its legal representatives and/or the Ministry. Data security should be ensured through monthly back-up on CD of all electronic files. Correspondence documents should be retained for at least 10 years.

2.4. Duties of the Ethics Committee secretariat

The Secretariat conducts a preliminary review of the application dossiers received with a “Clinical Trial Application Form” or an “Application Form of a Clinical Trial for Specialty Thesis and/or Academic Purposes” and checks it against the appended check list.

1) Missing items detected during preliminary review are notified to the institution/organization/individual concerned under signature of the Ethics Committee Chairperson.

2) Creates the agenda, and distributes with the Ethics Committee Chairperson or a member designated by him/her for this purpose the files pertinent to the agenda to Ethics Committee members.

3) Informs the Ethics Committee members on the telephone or via email regarding the agenda and review dates of applications.
4) Sets the annual work schedule which provides no less than two meetings every month and announces it to the institutions/organizations/individuals concerned. Keeps a record of attendance of Ethics Committee members in the meetings on a “Meeting Tracking Sheet of Ethics Committee Members”.
5) Notifies in writing institutions/organizations/individuals concerned of decisions adopted regarding dossiers that were discussed according to agenda.

3. Application processing procedure

3.1. The application process and requirements

All applications must be submitted to the Ethics Committee secretariat.

Applications and notifications should be made by the trial sponsor (or its legal representative), or where there is not a sponsor, by the responsible investigator (or by the coordinator, in a multi-center trial).

The Ethics Committee secretariat answers questions of investigators regarding applications and dossier preparation directly or through other means of communication as appropriate.

The applicant is provided information on the requirements specific to the nature of the trial concerned. The date of application is defined as at least five working days before the Ethics Committee meeting date, which is the deadline by which an application needs to be filed to be included in the agenda. However, in exceptional cases, the Ethics Committee Chairperson may use his/her discretion to include individual applications.

The Ethics Committee may not charge beyond the fee posted on Ministry’s website for applications. No fee is applicable to trials for specialty thesis and academic purposes to the extent that these must be certified as such by the applicable department head or by the chief of clinic.

3.2. Quantity and color of dossiers

The color of dossier for an application must be:
- Red for Phase I trials,
- Yellow for Phase II trials,
- Blue for Phase III trials,
- Black for Phase IV trials,
- Orange for Bioavailability/Bioequivalence (BA/BE) studies,
- White for all other trials.

Applications being submitted in a single copy is sufficient, and applicants should not be asked to submit multiple copies. Nevertheless, if so requested by the Ethics Committee, the application forms should be duplicated as many as the number of members and the copies should be distributed to members to be destroyed after the process is completed.

3.3. Documents required for applications

The application must be according to the “Guidance on the Application Format and Documentation to be Submitted in an Application for an Ethics Committee Opinion on a Clinical Trial”.

The “Clinical Trial Application Form”, “Application Form of a Clinical Trial for Specialty Thesis and/or Academic Purposes” and the “Clinical Trial Budget Form” and other forms posted on the Ministry’s website must be used.

The original copies of all documents required for a thorough and complete examination of the trial’s ethical aspects should be submitted by the applicant in the same order as they appear on the clinical trial application form with sections headings segregated using separators (with individual sections uniquely identified using letters, e.g. A, B, C… etc).

All documents should be numbered over the total number of pages (e.g. 1/11, 2/11, ... , 11/11), and each page should have a header on top indicating the trial name/date issued/version number (if any) in small fonts. The signature dates on all documents must be current.

All application dossiers and annexes received and approved by the Ethics Committee are to be treated as legal and confidential documents.

4. Evaluating applications
All applications filed in accordance with the procedure shall be reviewed by the Ethics Committee within the applicable timeframes prescribed in the regulation on a timely manner and by following the prescribed reviewing methodology.

4.1. Ethics Committee meeting procedure

The Ethics Committee members should convene on a regular basis according to scheduled and announced meeting dates.

Excluding meetings convened to address matters of urgency, the Ethics Committee must meet at least twice every month.

The meetings must follow an agenda which should be set beforehand taking account of the respective application dates, but by allowing for changes when warranted by the circumstances.

Where appropriate, the applicant, sponsor and/or investigator may be invited to attend a meeting so that information can be obtained directly from them. The consulted party completes the “Advisor Evaluation Form” and his/her views on the matter are considered during the meeting.

The criterion for selection of an advisor is that the advisor must be accessible and specifically competent on the issue in question. Confidentiality must be ensured of all oral or written consultations. Documents should be sent enclosed with envelopes stamped “Confidential and Important” thereon with a response sought within 1 (one) week.

Where necessary, representatives of special patient groups or of particular interest groups may be invited to a meeting to recruit their assistance for the work and review.

The Ethics Committee urgently meets to assess the situation in circumstances of protocol changes requiring prompt notification of subjects and/or of serious adverse events.

The review of seasonal studies or of studies delayed due to congestedness of schedule should be prioritized.

Cases of mortality should be reviewed by the Ethics Committee Chairperson and a member designated by the Ethics Committee Chairperson no later than within a week following the case report.

4.2. The elements of the review

Current applications, including those received at least five working days before the meeting, should be included in the agenda. However, in special circumstances the Ethics Committee Chairperson may use his/her discretion to include an application dossier for consideration, even when the meeting is underway.

During review, the Ethics Committee should take into account not only the elements prescribed in the regulation but also at a minimum:

- the adequacy of the information submitted and the capability of such information to address the ethical issues that may come up during the trial;
- the agreement of the protocol and the data collection forms with the trial objective (taking account of applicable rules and regulations), and the acceptability of statistical analyses and scientific efficiency (i.e. the potential to derive robust results with minimum patient/subject exposure) and of the risks and discomfort against benefits for patients/subjects and/or others;
- the suitability of the investigator’s qualities and experience for the trial in question;
- the adequacy of the site in terms of various criteria, including the supporting personnel, facilities available and emergency procedures;
- the adequacy of medical monitoring and administrative audit of the trial;
- the adequacy, completeness and clearness of information provided orally or in writing to patients/subjects, or to their relatives and/or legal representatives where appropriate;
- the recruitment procedure of patients/subjects, how information is provided and how the subject informed consent form is obtained;
- the content and wording style of the subject informed consent form and the one to be used in the case of incapacitated patients/subjects who are unable to personally give consent,
- the assurances that patients/subjects shall be duly notified of everything concerning them occurring during the trial,
- the assurances regarding compensation/care for an injury/incapacitation/mortality incident which may be associated with inclusion of a patient or subject in the trial;
• the insurance and indemnification agreements under which the sponsor bears responsibility for
  the investigator;
• the steps taken to ensure privacy and protection of personal information of patients/subjects;
• the compensation to patients, if any (for meals, transportation, lodging, parking fees etc.)

5. The decision making procedure

The Ethics Committee may decide an application only after any third persons present at the meeting
leave and the dossier is thoroughly discussed during a session of sufficient duration to permit appropriate
discussion and review of the dossier.

The Ethics Committee should ensure that all the above documents and items are available without any
incompleteness and that due account of them is taken before adopting a decision.

All decisions must be adopted in unanimity.

Where a decision cannot be adopted with the majority vote of those present at the meeting, a ballot
should be held and the decision adopted with the favorable vote of two thirds of the number of members.

Recommendations of a non-binding nature may also be incorporated into a decision.

Where a decision is adopted upon the majority vote of Ethics Committee members present at the
meeting, the dissenting members also sign the Ethics Committee, indicating under it their dissent and a
justification therefor.

Where an Ethics Committee member(s) has dissenting view on a particular practice, this should be clearly
stated on the decision with its reasoning.

In case of a tie, the vote of the Ethics Committee Chairperson shall be decisive.

The Ethics Committee members should be notified before the meeting where the application under review
by the Ethics Committee is of a trial in which one or more Ethics Committee members are taking part in
capacity of a responsible and/or assistant investigator or are otherwise associated. The member
concerned normally leaves the meeting at the final stage and the evaluation/discussion and the adoption
of a decision on the trial is performed in such member’s absence; pertinent details should be
appropriately included in the Meeting Minutes Form and appended to the decision.

In a first review of an application, the Ethics Committee members complete the “Reporter Evaluation
Form”. In subsequent work on the dossier, the members put in their names, surnames, the trial’s name,
and their decisions into the appended Reporter Evaluation Form in a clear and comprehensible manner,
and then sign and date it.

As cases of mortality require urgent handling, no loss of time should be allowed. The Ethics Committee
shall urgently assess any cases of mortality without waiting for all members to assemble, and adopt a
decision by signatures of the Ethics Committee Chairperson and of a member designated by him/her for
this purpose.

The Ethics Committee may authorize a member to decide matters that were addressed during a previous
meeting or to provide opinion in emergency situations.

6. The communication procedure of an Ethics Committee decision

The Ethics Committee shall decide an application within the timeframe prescribed in the regulation (45
days) and communicate it to the applicant with a covering letter.

It is the responsibility of the applicant to ensure that the Ethics Committee decision is communicated to
other sites and to the institutions/organizations/individuals concerned.

The Ethics Committee decisions should be drawn up in the format provided on the Ministry’s website.

An Ethics Committee decision should at a minimum include the below details, which may be
supplemented by the Ethics Committee as appropriate. Therefore, an Ethics Committee decision should include:
• Full name of trial, and protocol number/code if available;
• Date and number of decision;
• Names, version numbers and dates of documents reviewed;
• Applicant’s name, title and organization;
• Names of Ethics Committee members undertaking review of application dossier, and any association of them with the trial or with the site where the trial is to be conducted,
• A clear expression of the Ethics Committee decision;
• Other recommendations and remarks of the Ethics Committee,
• If Ethics Committee’s decision is favorable, the applicant’s responsibilities should be crystallized, including:
  § an affirmation that the requirements prescribed by the Ethics Committee for the performance of the trial are accepted;
  § an acknowledgement that any amendment to the protocol might impact the Ethics Committee’s decision;
  § a clear provision that any serious or unexpected adverse reaction(s), unforeseeable situation, suspending of the trial, outcome of the trial and all significant decisions relevant to the trial must be notified to the Ethics Committee.
• If the Ethics Committee holds a negative view, this should be clearly indicated with its reasoning.

The affirmation letters should incorporate the Ethics Committee’s expectations from the investigator and the sponsor during the course of trial according to the applicable regulation.

For applications which need editing or correcting, a letter itemizing deficiencies therein should be promptly notified to the applicant concerned.

In circumstances prescribed in the Regulation on Clinical Trials which require Ministerial authorization to start a trial, the Ethics Committee decision must incorporate a notice that the trial may not be initiated without authorization by the Ministry.

### 6.1. Examples of Ethics Committee decisions

• **An Ethics Committee decision regarding a first application:** For applications which the Ethics Committee finds acceptable, the Ethics Committee’s approval, and for applications which the Ethics Committee finds unacceptable, the Ethics Committee’s decision of rejection along with its grounds should be communicated to the applicant within the applicable timeframes along with an original or a certified authentic copy of the certificate of approval bearing thereunder the signatures of all members that were present at the meeting.

• **An Ethics Committee decision regarding an important amendment(s):** The approval of the Ethics Committee regarding an important amendment is communicated to the applicant within the applicable timeframes along with an original or a certified authentic copy of the certificate of approval bearing thereunder the signatures of all members that were present at the meeting.

• **An Ethics Committee decision for informatory purposes:** A decision to the effect that all information relating to a trial which the applicant submitted voluntarily or upon request have been examined and noted by the Ethics Committee and/or the Chairperson, bearing thereunder the signature solely of the Executive Committee Chairperson, is communicated to the applicant within the applicable timeframes.

• **A decision relating to a trial’s annual notification and conclusion reports:** A document is drawn up reflecting that the annual notification or conclusion report which the applicant submitted has been examined, and approved/unapproved, as appropriate, by the Ethics Committee, bearing thereunder the signatures of all members that were present at the meeting; then, the original or a certified authentic copy of it is communicated to the applicant within the timeframes prescribed in the applicable regulation.

### 7. The monitoring process

If Ethics Committee discovers that during the conduct of the trial the requirements prescribed during granting of approval are not satisfied or are violated, the Ethics Committee shall issue a single warning to the sponsor or the investigator, specifying clearly what steps should be taken and the deadline by which those steps must be taken; additionally, the Ministry is notified accordingly.

If the data and/or trial conditions presented with the application to support the trial’s safety and scientific suitability become invalidated, the Ethics Committee notifies this to the sponsor (or to the investigator) as well as the Ministry.

The Ethics Committee requests and evaluates conclusion reports of completed trials.

Where a trial is terminated prematurely, the notification made should include the reasoning for early termination. A summary of all conclusions derived from a prematurely terminated trial should be submitted to the Ethics Committee.
If reports received warrant it and/or if deemed necessary, the Ethics Committee may conduct an on-the-site inspection to assess the progress of a trial; the conclusions derived from this assessment are to be notified to the Ministry.

At the end of every year, each Ethics Committee prepares an itemized report of all its activities and practices and submits it annually to the General Directorate of Pharmaceuticals and Pharmacy. This report should also include a description of significant scientific and/or ethical issues the Ethics Committee encountered, a discussion of these issues and provide information on the conclusions, the background of important issues as well as a list of projects submitted to the committee.

8. Documentation and archiving procedure

All documents and correspondence of the Ethics Committee should be dated, filed and archived. It is the responsibility of the secretariat to maintain the archive of the Ethics Committee.

Solely the secretariat and individual members of the Ethics Committee are authorized to access and utilize various documents, dossiers and archives. Nevertheless, Ministry officials may also directly access these during an audit.

All archived dossiers should be retained for 10 years.

Documents to be filed and archived include, without limitation:
- Documents relating to Ethics Committee establishment and history;
- Curricula vitae of all Ethics Committee members and nondisclosure agreements they have signed;
- Published application guidelines;
- All data submitted by applicants;
- All correspondence between Ethics Committee members and applicants or other stakeholders pertinent to applications, decisions and monitoring;
- The agendas, minutes and decisions from all Ethics Committee meetings;
- A copy of decisions and all information communicated to applicants;
- Documentation and records of all communications;
- Notifications and synopses of concluded or prematurely terminated trials.

Annex–1. Ethics Committee Nondisclosure Agreement

A NONDISCLOSURE AGREEMENT TO PROHIBIT UNAUTHORIZED USE OF ETHICS COMMITTEE DATA AND DOCUMENTS

The members of an Ethics Committee and its secretarial staff operate on the understanding that they must act in line with the principles of Good Clinical Practice and the Declaration of Helsinki, and they recognize, therefore, that:
- Any unintended use of data and documents provided to them, as well as of discussions or decisions during Ethics Committee meetings is prohibited;
- Each Ethics Committee member/secretariat staff/advisor must:
  - accept and treat and maintain confidentiality; and
  - exercise utmost discretion and prudence to prevent any unintended or unauthorized use of:
    - all data, documents, specifications, business plans or similar items directly or indirectly disclosed or otherwise communicated to the Ethics Committee; and
    - all data and documents derived from observations or through other means during monitoring or inspection visits conducted; and
- I hereby solemnly declare that I shall abide by all of the above rules which I have read and understood.

Ethics Committee Member/Secretariat Staff/Advisor:
This section should be completed in own handwriting of the person concerned.

Name:

Surname:

Title:

Institution:
Annex-2. Statement of Commitment

STATEMENT OF COMMITMENT

I hereby warrant that I shall maintain confidentiality of all information that I shall acquire by virtue of my position as an Ethics Committee member regarding clinical trial practices and trial subjects; I shall not be employed by any company operating in the field of pharmaceuticals; and I shall not serve the interests of and/or provide advice to any pharmaceutical company whether or not against any compensation, financial or otherwise (excluding circumstances of clinical trials, congresses and royalty payments).

This section should be completed in own handwriting of the person concerned.

....../..../200.

Name and Surname
Title
Institution
Contact Details
Signature

Annex-3. Trial Trail Form.

Trial Identification

Full name of trial
Protocol code number of the trial, if available
EudraCT number of the trial, if available
Name of sponsor
Name of coordinating investigator, if a multi-center trial
Name of responsible investigator, if a single-center trial
### Approval Process Trail

<table>
<thead>
<tr>
<th>Item</th>
<th>Performed/Received</th>
<th>Pending/Not Received</th>
<th>Date (dd/mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incoming document log entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trail table entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preliminary review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting minutes log entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agenda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General decision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Particular decision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approval letter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing item notice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forward to advisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery of notification letter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery of approval letter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forwarded for archiving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correction commitment letter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ministry correspondence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual notification period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conclusion report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspension decision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halting decision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial starting date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial starting date</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Correspondence with the Ministry during trial

- Application Number
- Date Received
- Date and Content
- Number and date of outgoing Ministry's communication

### Annex-4. Trial Trail Table.

<table>
<thead>
<tr>
<th>Application Dossier Number</th>
<th>Meeting Date</th>
<th>Responsible Investigator</th>
<th>Assistant Investigator</th>
<th>Sponsor</th>
<th>Monitor</th>
<th>Duration of Trial</th>
</tr>
</thead>
</table>

### Annex-5. Meeting Tracking Sheet of Ethics Committee Members.

#### Annual Meeting Tracking Sheet for year 200...

<table>
<thead>
<tr>
<th>Name and Meeting No**</th>
<th>Surname of Ethics Committee Member *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</td>
</tr>
</tbody>
</table>

*: As an Ethics Committee shall comprise at least 11 members, the sheet is drawn up to accommodate this number. Where necessary, this may be supplemented for up to 15 members.

**: The Ethics Committee must meet at least twice monthly. It is considered, therefore, that there shall be 24 meetings in a year and the number of meetings is provided accordingly. However, this number may decrease due to holidays, or increase if more than two meetings are held monthly.
### Annex-6. Evaluation Check List for Bioequivalence/Bioavailability Dossiers

<table>
<thead>
<tr>
<th>Trial name</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial name for non-healthcare professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The original or a notary certified copy of sponsor’s notarized signature circular, authenticated also by the company</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Research Organization commissioned by the sponsor and the certificate of authorization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact person for the project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The site where the clinical trial is to be carried out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site where the bioanalytical part is to be carried out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name or code of the investigational (tested) product</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical form of the investigational (tested) product</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manufacturer of the investigational (tested) product</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name or code of the investigational product (original)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical form of the investigational product (original)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manufacturer of the investigational product (original)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial objective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type and phase of trial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Projected duration of trial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial design</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of subjects planned to be recruited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting literature or clarifications on trial design</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial inclusion and exclusion criteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Character of subjects to be recruited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible investigator’s curriculum vitae named, dated and signed in own handwriting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor’s curriculum vitae named, dated and signed in own handwriting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor assignment letter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor’s assignment acceptance letter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original trial protocol signed by responsible investigator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject Informed Consent Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Witness signature is required only if incapacitated subjects are to be included)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A telephone number on which the responsible investigator can be reached on 7/24 basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological Material Transfer Form, if available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information regarding exportation of the material on the Biological Material Transfer Form, if any, or Subject Informed Consent Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of Patient Tracking Form (Case Report Form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of Adverse Reaction Monitoring Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigator’s Brochure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall budget of the trial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Policy covering the entire number of subjects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(incorporating an expression that deaths are included)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(the insurer must be registered with <a href="http://www.sigortacilik.gov.tr">www.sigortacilik.gov.tr</a>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose to be administered checked against “Orange Book 29th Edition”?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Annex-7. Evaluation Check List for Phase Dossiers

<table>
<thead>
<tr>
<th>Trial name</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial name for non-healthcare professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is trial a part of a pediatric study plan? (If part of a pediatric study plan, the committee approval must bear also the signature of a Pediatrician)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sponsor
Sponsor’s notarized signature circular (a notary certified authentic copy of circular is sufficient after first application)
Name or code of the investigational product
Marketing authorization status of the investigational product in Turkey
Pharmaceutical form of the investigational product
Route of administration of the investigational product
Full composition of the investigational product
Maximum duration of treatment possible with the investigational product
Authorized maximum strength of the investigational product
Dose or dose increments to be administrated of the investigational product
Storage conditions of the investigational product
Person responsible for storage of the investigational product
Labeling samples of the investigational product
Patient information leaflet and/or summary of product characteristics of the investigational product
Interaction of the investigational product with other substances
Other information pertinent to the investigational product(s)
Information on placebo
Trial objective
Trial inclusion and exclusion criteria
Trial endpoint
Scope of trial
Projected duration of trial
Type and phase of trial
If a Phase I trial, is a pharmacologist with MD credentials available?
Trial design
Character of subjects to be recruited
Number of subjects planned to be recruited
Sites
Coordinator details
Coordinator’s curriculum vitae, named, dated and signed in own handwriting
Details of other responsible investigators
The clinic where the project is to be carried out
Contact person for the project
Contract research organization
Contract research organization commissioning letter
Contract research organization’s commissioning acceptance letter
Notarized signature circular of Contract Research Organization (a notary certified authentic copy of circular is sufficient after first application)
Curriculum vitae of the monitor
Monitor assignment letter
Monitor’s assignment acceptance letter
Trial Protocol signed by the investigator
Subject Informed Consent Form (Witness signature is required if incapacitated subjects are to be included)
A telephone number on which the coordinator can be reached on 7/24 basis
Biological Material Transfer Form, if available
Information regarding exportation of the material on the Biological Material Transfer Form, if any, or Subject Informed Consent Form
Examples of Patient Tracking Form (Case Report Form)
Examples of Adverse Reaction Monitoring Form
Investigator’s Brochure
Overall budget of the trial
Insurance Policy covering the entire number of subjects
Annex-8. Advisor Evaluation Form

ADVISOR EVALUATION FORM

Date (dd/mm/yyyy):

Name of Trial:

Name, Surname of Responsible Investigator:

Signature

Decision:

Annex-9. Reporter Evaluation Form

REPORTER EVALUATION FORM

Date:

Name of Trial:

Name, Surname of Reporter

Signature

Decision: