***TITLE: Safety Reporting for SAE/AEs***

***SOP*** CL XX.XX

***Author(s):***

***Approval:***

***Approved by Date***

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**I. SCOPE/PURPOSE**

The scope of this SOP is to describe how safety reporting for SAE/AEs will be managed by UAB research sites. The purpose of this SOP is to describe the procedures study personnel will use to fulfill the regulatory and ethical responsibilities to identify and report adverse events.

**II. ALLOWABLE EXCEPTIONS**

This SOP will be adhered unless exceptions are required. Exceptions will be noted in a formal note to file (see relevant SOP).

**III. RELEVANT REGULATIONS/GCPS**

* 21 CFR 312, ICH Guideline for Good Clinical Practice 1.2
* UAB Policy to Ensure Prompt Reporting of Unanticipated Problems Involving Risks to Subjects or Others to the IRB (POL006)
* Western IRB (WIRB) Guide for Researchers Version 4.18
* FDA Guidance for Industry

**IV. DEFINITIONS/ACRONYMS**

*Adverse Event*- Any untoward or unfavorable medical occurrence in a human subject, including any abnormal sign (for example, abnormal physical exam or laboratory findings), symptom, or disease, temporally associated with the subject’s participation in the research, whether or not considered related to the subjects’ participation in research. Adverse events encompass both physical and psychological harms.

Refer to the study protocol for protocol specific adverse event definition.

*Serious Adverse Event*- Any adverse event temporally associated with the subject's participation in research that meets any of the following criteria:

* Results in death.
* Is life-threatening (places the subject at immediate risk of death from the event as it occurred).
* Requires inpatient hospitalization or prolongation of existing hospitalization.
* Results in a persistent or significant disability/incapacity.
* 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 (examples of such events include allergic bronchospasm requiring intensive treatment in the emergency room or at home, blood dyscrasias or convulsions that do not result in inpatient hospitalization, or the development of drug dependency or drug abuse).

Refer to the study protocol for protocol specific serious adverse event definition.

*IND Safety Report*- An IND Safety report is an FDA report required by investigator for any serious and unexpected adverse experience

**V. RESPONSIBLE PERSONNEL**

* Principal Investigator
* Sub-Investigators
* Study Coordinator
* Study Support Staff (Regulatory Specialist)
* IRB
* Sponsors

\*Training documentation of proper safety reporting for all Principal Investigators and Sub-Investigators must be completed and filed accordingly

**VI. DETAILS**

1. Managing Adverse Events

* The participant should be assessed at each visit, or study assessment, for AEs that may have occurred since the previous visit or assessment, ensuring that the following are appropriately investigated:
* Spontaneous reports of adverse events by subjects
* Observations of adverse events by clinical research staff
* Reports by family members or medical care providers
* events documented in medical records or progress notes that may be AEs
* Reports of the death of a participant during the protocol-defined follow-up period, whether considered treatment-related or not
* All appropriate resources will be directed toward ensuring the participant’s safety and well-being.
* If necessary for the immediate medical care of the participant, the Principal Investigator may elect to break the drug blind after consultation with the sponsor. Therapeutic intervention measures will be taken as outlined in the protocol. The subject should have clinical assessments (frequency to be determined by the primary investigator unless dictated by protocol) until the AE has stabilized or resolved.
* Follow the sponsor’s requirements for reporting a Serious Adverse Event with awareness to the study specific instructions for classifying a SAE within the specific protocol. SAE’s must be reported to the sponsor as soon as they are identified utilizing the sponsor contact and means of communication. Provide as much accurate and complete information as available.
* Record the details of all adverse events in the source documentation and complete the appropriate Case Report Forms (CRFs) or data collection forms.
* Keep originals or photocopies of all adverse event related documentation and correspondence, including sponsor notification\* (e.g., facsimile confirmations, e-mail notifications) and file in the study regulatory file.

1. Reporting Adverse Events to the UAB IRB

* UAB policy requires that unanticipated problems involving risks to research subjects or others be promptly reported to the IRB, the Institutional Official, the sponsor, and appropriate federal agencies. The term "others" includes investigators, research staff, or other individuals affected by the research project. Some adverse events will qualify as "unanticipated problems." Only the IRB can determine whether a problem including an adverse event will qualify as an unanticipated problem.
* As soon as possible but in all cases within 5 working days, the Principal Investigator must report to the IRB the following: (UAB Problem Report found here <http://www.uab.edu/research/administration/offices/IRB/Documents/226%20-%20problem-report.doc)>
* Any changes to the protocol that were taken to eliminate apparent hazards to a research participant.
* Any deviations from the investigational plan of an investigational device investigation to protect the life or physical well-being of a subject in an emergency.
* Any emergency use of an FDA regulated test article or Humanitarian Use Device prior to IRB approval.
* Any serious adverse event, related or possible related to the research regardless of whether the event occurred at a UAB performance site or non-UAB site.
* As soon as possible but in all cases within 10 working days the Principal Investigator must report to the IRB:
* Any adverse event occurring at a performance site under UAB IRB oversight which in the opinion of the principal investigator is both unexpected and related or possibly related to the research.
* Information that indicates a change to the risks or potential benefits of the research. For example:
* An interim analysis or safety monitoring report indicates that frequency or magnitude of harms or benefits may be different from those initially presented to the IRB.
* A paper is published from another study that shows the risks or potential benefits of your research might be different from those initially presented to the IRB.
* A breach of confidentiality.
* Change in FDA labeling or withdrawal from marketing of a drug, device, or biologic used in a research protocol.
* Change to the protocol taken without prior IRB review to eliminate an apparent immediate hazard to a research subject.
* Incarceration of a subject in a protocol not approved to enroll prisoners.
* Event that requires prompt reporting to the sponsor.
* Sponsor imposed suspension for risk.
* Complaint of a subject when the complaint indicates unexpected risks or cannot be resolved by the research team.
* Protocol violation (meaning an accidental or unintentional change to the IRB approved protocol) that harmed subjects or others or that indicates subjects or others may be at increased risk of harm.
* Safety monitoring reports and DSMB reports from the Sponsor.
* Any changes that may apply to the ICF (informed consent form) as a result of the adverse event.
* At the time of continuing review the Principal Investigator must report to the IRB the following: (UAB Problem Summary Sheet found here) <http://www.uab.edu/research/administration/offices/IRB/Documents/234%20-%20problem-summary.doc>
* Summary of all adverse events at performance sites under UAB IRB oversight
* Summary of all reported problems to the UAB IRB including serious adverse events
* Most current safety monitoring or DSMB report from Sponsor, if any

1. Reporting Adverse Events to Western IRB (WIRB)

* Use the WIRB “Promptly Reportable Information” form (found here <http://www.wirb.com/Documents/ADVERSE%20EVENT%20PACKET.doc>) to report the following information to WIRB within 5 days:
* New or increased risk
* Protocol deviation that harmed a subject or placed subject at risk of harm
* Protocol deviation made without prior IRB approval to eliminate an immediate
* hazard to a subject
* Audit, inspection, or inquiry by a federal agency
* Written reports of federal agencies (e.g., FDA Form 483)
* Allegation of Noncompliance or Finding of Noncompliance
* Breach of confidentiality
* Unresolved subject complaint
* Suspension or premature termination by the sponsor, investigator, or institution
* Incarceration of a subject in a research study not approved to involve prisoners
* Adverse events or IND safety reports that require a change to the protocol or consent
* State medical board actions
* Unanticipated adverse device effect
* Information where the sponsor requires prompt reporting to the IRB
* Information not listed above does not require prompt reporting to WIRB.
* In early 2014, WIRB discontinued asking research sites to determine if an event constituted an “unanticipated problem” as defined by the regulations; instead, WIRB create a new, easier to use, single Promptly Reportable Information form that provides sites with categories of information to report to WIRB in a prompt manner.

D. IND Safety Report Acknowledgment Reporting and Proper Filing

* Follow sponsor IND reporting and filing requirements as applicable to one's research area
* Once the site receives the IND report, the study coordinator will forward the report to the Principal Investigator (PI) to review and sign/date within 5 business days.
* If a batch spreadsheet of multiple IND Reports is provided for the study, the PI may sign the spreadsheet acknowledging that each report has been reviewed.
* Once the IND report has been signed by the PI, the study coordinator will determine if the specific IND report meets the reportable requirements of the IRB (see Appendix A and B).
* Once the IND reports have been signed by the PI and submitted to the IRB (if necessary), the IND reports will be filed in the Regulatory Binder under the appropriate section.
  + UAB IRB guidelines for submitting IND reports:
* Adverse events (any harm experienced by a subject regardless of whether the event was internal (on-site) or external (off-site) and regardless of whether the event meets the FDA definition of “serious adverse event”), which in the opinion of the principal investigator is both unexpected and related should be reported.
  + WIRBs guidelines for submitting IND reports:
* Adverse events or IND safety reports that require a change to the protocol or consent should be reported.

**VII. QA**

N/A

**VIII. APPENDICES**

Appendix A- UAB Policy for adverse event reporting (POL006) (not attached) <http://sppublic.ad.uab.edu/policies/content/Pages/UAB-RA-POL-0000124.aspx>

Appendix B- Western IRB (WIRB) Guide for Researchers Version 4.18 (not attached) <http://www.wirb.com/Documents/Guide%20for%20Researchers.pdf>

**IX. RELATED SOPS**

N/A