DHR HEALTH INSTITUTE FOR RESEARCH & DEVELOPMENT
POLICY AND PROCEDURE

SUBJECT: Quality Control/Quality Assurance Audits	Policy #: CRP-1025
DEPARTMENT: DHR Health Institute for Research & Development	PAGE: 1 OF: 8 EFFECTIVE: 02/19
APPROVED BY: Sohail Rao, MD, D.PHIL, President & Chief Executive Officer (Institutional Official, OHRP, DHHS)	REVIEWED/REVISED: 02/19, 02/20, 11/20, 01/21, 04/21, 05/21

Purpose:
This policy describes the operations followed at this investigative site when an audit (internal, sponsor/CRO and FDA), occurs to assess the research site's extent of compliance with regulatory requirements/guidelines and policies and procedures for conducting clinical research. The objective of this policy is to describe the methods for Quality Control (QC)/Quality Assurance (QA) for clinical studies conducted at study sites involving the clinical trial site.

APPLIES TO
This policy applies to the following potential research investigator; Physician staff employed by RMF and its affiliates; staff employed by DHR Health and its affiliates; faculty, fellows, residents, students of academic institutions with a current affiliation agreement with DHR Health Institute for Research and Development; staff and physicians of non-academic institutions with a current affiliation agreement with DHR Health Institute for Research and Development; Physicians with privileges to practice medicine in DHR Health, Physicians and staff employed by Starr County Memorial Hospital and its affiliates; faculty, fellows, residents, students of academic institutions with a current affiliation agreement with Starr County Memorial Hospital and its affiliates; staff and physicians of non-academic institutions with a current affiliation agreement with Starr County Memorial Hospital and its affiliates; Physicians with privileges to practice medicine in Starr County Memorial Hospital and its affiliates.

Definition:
The following definitions apply to this policy:

A. Audit: A systematic and independent examination of trial-related activities and documents to determine whether the evaluated trial-related activities were conducted, and the data were recorded, analyzed, and accurately reported according to the protocol, sponsor's standard operating procedures (SOPs), good clinical practice (GCP), and the applicable regulatory requirement(s).

B. Audit Trail: Documentation that allows reconstruction of the course of events.

C. Compliance: Adherence to all the trial-related requirements, GCP requirements, and the applicable regulatory requirements.

D. Direct Access: Permission to examine, analyze, verify, and reproduce any records and reports that are important to evaluation of a clinical trial. Any party (e.g., domestic and foreign regulatory authorities, sponsors, monitors, and auditors) with direct access should take all reasonable precautions within the constraints of the applicable regulatory requirement(s) to maintain the confidentiality of subjects' identities and sponsor's proprietary information.

E. Documentation: All records, in any form (including, but not limited to, written, electronic, magnetic, and optical records; and scans, x-rays, and electrocardiograms) that describe or record the methods, conduct, and/or results of a trial, the factors affecting a trial, and the actions taken.

F. Essential Documents: Documents that individually and collectively permit evaluation of the conduct of a study and the quality of the data produced.

G. Good Clinical Practice (GCP): A standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of trial subjects are protected.

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H. Quality Assurance (QA): All those planned, retrospective, objective, periodic and systematic actions that are established or reviews conducted to ensure that the trial is performed and the data are generated, documented (recorded), and reported in compliance with GCP and the applicable regulatory requirement(s).**Quality Control (QC):** The operational techniques and activities undertaken in real-time, on-going (day to day) operational techniques and activities within the quality assurance system to verify that the requirements for quality of the trial-related activities have been fulfilled.

I. Source Documents: Original documents, data, and records (e.g., hospital records, clinical and office charts, laboratory notes, memoranda, subjects' diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate and complete, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept at the pharmacy, at the laboratories, and at medico-technical departments involved in the clinical trial).

J. Standard Operating Procedures (SOPs): Detailed, written instructions to achieve uniformity of the performance of a specific function

Policy:

Quality Control (QC)/Quality Assurance (QA) methods are operational systems and processes established to ensure the quality of the clinical trial, the accuracy and integrity of data, and the compliance with Regulations and GCP procedures. The following procedures are completed at the clinical trial site to ensure quality of clinical studies:

- Establishment of Standard Operating Procedures (SOPs) to ensure quality and consistency.
- Staff training on Food and Drug Administration (FDA) regulations and GCPs.
- Compliance with SOPs, FDA requirements, and the Sponsor's protocol.
- Use of checklists and other forms to ensure documentation is complete and correct.
- Periodic internal reviews to ensure compliance with organizational SOPs, GCPs, protocol requirements, and data accuracy.
- Correction of deficiencies found through internal reviews or sponsor monitoring visits.

Procedure:

A. Preparing for the audit

• PI • Designated staff of the DHR Health Institute for Research & Development	If notified of an FDA audit, notify the sponsor, Designated staff of the DHR Health Institute for Research & Development, and the IRB as soon as possible
• Research Coordinator • Support staff	Ensure that all documentation, including informed consent forms, source documents, CRFs, and the regulatory binder for the study identified as the focus of the audit are accurate, complete and available for review by the auditor (Attachment A, Preparing for an Audit Checklist).

Research Coordinator • Study pharmacist	Ensure that the study drug dispensing records are accurate, complete and available for review. If there were any instances in which emergency breaking of the blind was required, have that documentation available. Ensure that drug accountability records are accurate, complete and available for review.
• Designated staff of the DHR Health Institute for Research & Development • Research Coordinator • Support staff	Ensure that records of staff qualifications and training are available for review by the auditor.

B. During the audit

• PI • Research Coordinator Designated staff of the DHR Health Institute for Research & Development	Meet with the auditor or inspector. Request to see identification, and if this is an FDA audit, request Form FDA 482. Provide orientation and access to the study records and files. Provide copies of requested study-related documents. Ensure that questions posed by the auditor or inspector are answered by appropriate study personnel.

C. Following up after the Audit

• PI • Designated Staff of DHR Health Institute for Research and Development • Research Coordinator • Support Staff	Participate in the exit interview with the auditor or inspector. If this was an FDA audit, request Form FDA 483, if available.

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Attachment A

PREPARING FOR AN AUDIT CHECKLIST

I. ORGANIZATION		**Date Done**	**N/A**	**Comments**
	Sponsor (if an FDA audit)			
	IRB			
	Research Compliance Officer			
Notify all parties involved with the clinical study	Sub-investigators			
	Pharmacy			
	Laboratories			
	Medical records			
	Administration			
	Legal counsel			
	Reserve work space for the auditor			
General overview of the study	Prepare a general overview of the study			
	List all personnel and responsibilities delegated			
List of subjects	List all subjects enrolled including name, address, and/or phone number, date enrolled and completed, medical record number (to be kept as a reference for site research staff)			
	List all subjects screened			

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2. FILES MANAGEMENT		**Date Done**	**N/A**	**Comments**
Organize all regulatory files by general heading arranged in chronological order	Protocol (all versions)			
	Investigator's Brochure (all versions)			
	Protocol amendments			
	Form FDA 1572 (all versions)			
IRB files	CVs for PI and sub-investigators listed on all versions of Form FDA 1572			
	Approval letter (initial) for initial protocol with original informed consent			
	Amendment approval(s) with approved informed consent (if applicable)			
	Informed consent forms (originals) for enrolled subjects			
	Informed consents for screened subjects			
	Status reports for:			
	• Yearly renewal(s)			
	• Adverse events			
	• Deaths			
	• Study termination			
	• Final summary			

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Communication	Sponsor correspondence			
	CRO correspondence			
	Monitoring log			
Laboratory	Laboratory certification and normal ranges			
Drug accountability	Drug log to include:			
	• Receipt of study drug			
	• Dispensing study drug			
	• Return of study drug			
Subject documents	Completed CRFs for each subject enrolled			
	Source documents for each subject enrolled			

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3. REVIEW		**Date Done**	**N/A**	**Comments**
Collect and review for each subject enrolled	CRFs completed for each subject enrolled			
	Data correction forms for CRFs			
	Source documents for each subject enrolled that document the following:			
Medical records and/or study files	· Condition of subject at time of entry into the study (i.e., all inclusion/exclusion criteria are met)			
	· Exposure to test article			
	· Concomitant medications			
	· Clinical assessments of the subject during the course of the study			
	· Laboratory reports			
	· Diagnostic tests			
	· Dose modifications			
	· Adverse events/death			
	· Protocol exemptions			
	· Early termination			