GCP Inspection Report XXX *[insert EMA inspection reference number]* at XXX *[insert sponsor/CRO/investigator/BE/BA]* site

On behalf of the European Medicines Agency

XXX *[Insert name of the competent authority of the Lead Inspector]*

**Inspector in charge of this inspection report**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Address:** |  |
| **Tel:** |  |
| **E-mail:** |  |

XXX *[Amend to EMA application reference number]*

XXX *[Amend to CA inspection reference number]*

XXX *[Amend to site name, identification or abbreviation and type]*

|  |  |
| --- | --- |
| **Inspection report date:** | DD-MM-YYYY*[amend to issue date]* |
| **Responses to inspection report:** | Dated as per Addendum 1 *[don’t amend this]* |
| **Evaluation of inspection responses:** | Dated as per Addendum 2 *[don’t amend this]* |

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Abbreviations

*[Review and amend list as necessary.]*

|  |  |
| --- | --- |
| ADR adverse drug reaction  AE adverse event  CA competent authority  CAPA corrective action preventive action  CHMP Committee for Medicinal Products for Human Use  CRA clinical research associate  (e)CRF (electronic) case report form  CRO contract research organisation  CSR clinical study report  CSV computer system validation  DSUR development safety update report  e-Pro electronic patient reported outcome  I inspector  IB investigator’s brochure  ICF informed consent form  ICH International Conference on Harmonisation  (I)EC (independent) ethics committee  IMP investigational medicinal product  IR inspection report  IRT interactive response technologies  ISF investigator site file/investigator TMF  ITT intent-to-treat  IVRS interactive voice response system  IWRS interactive web response system  LI lead inspector  MAA marketing authorisation application  MVR monitoring visit report  PI principal investigator  PIS patient information sheet | PP protocol population  RI reporting inspector  SI sub investigator  QA quality assurance  QC quality control  RA regulatory authority  SAE serious adverse event  SAR serious adverse reaction  SOP standard operating procedure  SUSAR suspected unexpected serious adverse reaction  TMF trial master file |

1. Administrative information

| Investigational medicinal product(s) |  |
| --- | --- |
| Product(s) *[Name & active ingredient]:* |  |

| Application |  |
| --- | --- |
| EMA reference number |  |
| Name and full address of the applicant |  |

| Clinical trial(s) | *[Add rows or columns if more than 1 CT inspected.]* |
| --- | --- |
| EudraCT number |  |
| Sponsor *[Name and address]* |  |
| Trial protocol code |  |
| Trial protocol title |  |
| Total number of investigator sites |  |
| Total number of subjects |  |
| Clinical trial report date and version |  |

| Site details |  |
| --- | --- |
| Organisation name |  |
| Principal investigator [if applicable] |  |
| Address |  |

| Key data from site inspected | *[The row names may need to be amended dependent upon type of site.]* |
| --- | --- |
| Number of subjects at this site |  |
| First patient first visit |  |
| Last patient last visit |  |
| Screened |  |
| Randomised |  |
| Withdrawals/drop outs |  |

| Dates of inspection |  |
| --- | --- |

| Inspection team | Authority | Country |
| --- | --- | --- |
| Reporting inspector (RI)  *[Name and surname]* |  |  |
| Lead inspector (LI)  XXX  *[Name and surname]* |  |  |
| Inspector (I)  *[Name and surname]* |  |  |
| Expert  *[Name and surname]* |  |  |
| Observer  *[Name and surname]* |  |  |

1. Background and general information
   1. Reason and cause for the inspection

Text

*[Include short paragraph describing the reason and scope of the inspection, but not a copy of the notification letter with the list of items.]*

* 1. Reference texts

*[Review the following list and amend as necessary and consider the versions valid during the conduct of clinical trial and insert any local law(s) and regulations.]*

* Regulation (EC) 726/2004
* Directive 2001/20/EC of the European Parliament and of the Council of 4 April 2001
* Directive 2001/83/EC as amended by Directive 2003/63/EC of 25 June 2003
* Directive 2005/28/EC of the European Commission of 8 April 2005
* CPMP/ICH/135/95 ‘Note for Guidance on Good Clinical Practice’, July 1996
* World Medical Association Declaration of Helsinki, in the version, *[Insert applicable respective version.]*
* GMP, Annex 13 Manufactur of the investigational medicinal products, *[insert applicable respective version.]*
* CPMP/ICH/137/95 “Note for Guidance on Structure and Content of Clinical Study Reports”,   
  July 1996
* CPMP/ICH/363/96 “Note for Guidance on Statistical Principles for Clinical Trials”,   
  September 1998
* CPMP/EWP/QWP/1401/98, Guideline on the Investigation of Bioequivalence’, 1 August 2010
* EMA/CHMP/EWP/192217/2009 ‘Guideline on Bioanalytical Method Validation’, 1 February 2012
  1. Grading of findings

| Critical (CR) |  |
| --- | --- |
| Definition | Conditions, practices or processes that adversely affect the rights, safety or wellbeing of the subjects and/or the quality and integrity of data.  Critical observations are considered totally unacceptable. |
| Possible consequences | Rejection of data and/or legal action required. |
| Remark | Observation classified as critical may include a pattern of deviations classified as major, bad quality of the data and/or absence of source documents. Manipulation and intentional misrepresentation of data belong to this group. |

| Major (MA) |  |
| --- | --- |
| Definition | Conditions, practices or processes that might adversely affect the rights, safety or wellbeing of the subjects and/or the quality and integrity of data.  Major observations are serious deficiencies and are direct violations of GCP principles. |
| Possible consequences | Data may be rejected and/or legal action required. |
| Remark | Observations classified as major, may include a pattern of deviations and/or numerous minor observations. |

| Minor (MI) |  |
| --- | --- |
| Definition | Conditions, practices or processes that would not be expected to adversely affect the rights, safety or wellbeing of the subjects and/or the quality and integrity of data. |
| Possible consequences | Observations classified as minor, indicate the need for improvement of conditions, practices and processes. |
| Remark | Many minor observations might indicate a bad quality and the sum might be equal to a major finding with its consequences. |

|  |  |
| --- | --- |
| **Comments** | The observations might lead to suggestions on how to improve quality or reduce the potential for a deviation to occur in the future. |

|  |  |
| --- | --- |
| **Responsibility for the finding** | The responsibility for addressing the finding will be stated. This could be sponsor/CRO, investigator, IEC etc. |

* 1. List of persons involved in the trial and contacted during the inspection

Type here

*[List all staff involved in the trial and essential to list those that were interviewed (e.g. investigator(s), nurses, medical director, lab director, investigator(s), study nurses, CRA(s), phlebotomists, laboratory technicians, pharmacist(s), data manager, statisticians, medical writer, responsible persons for IMP, QA personnel, etc. Section may be replaced by a scanned copy of the list of attendees if completed during the inspection or an inspection plan and put in the appendices.]*

| Full name | Job title | Role in the trial inspected |
| --- | --- | --- |
|  |  |  |

1. Operational resources
   1. Organisation

Not applicable.

*[Describe the* ***high level overview*** *of the site inspected (institutional/organisational structure)].*

*[Describe any contracting out of trial-related functions and duties to third parties/CROs and vendors in general and for the selected trial. If applicable attach a list of CROs/vendors with the duties taken for the trial(s).]*

* 1. Personnel

Not applicable.

*[For clinical trial conduct sites (CRO/investigators): Describe delegation of trial related duties by the investigator.]*

*[For all sites: Qualification (education, experience and training) of personnel* ***involved in the trial.****]*

* 1. Qualifications and training

Not applicable.

*[Describe systems and observations for training in GCP, protocol and study procedures, SOPs etc.]*

* 1. Facilities

Not applicable.

*[For investigator sites: Describe clinical facilities (not those processing clinical samples or technical departments).]*

*[Describe facilities for the safe storage short term and archiving of trial documentation.]*

*[Describe security maintenance.]*

*[Laboratory facilities]*

* 1. Equipment

Not applicable.

*[Equipment used for the characteristics of the study inspected.]*

[Availability of medical equipment and/or emergency equipment in the case of phase I facilities]

*[Describe/list observations related to the equipment used in the laboratory (e.g. pipettes, balances, machines used for analyses, LC-/MS/MS or HPLC and used software.).]*

* 1. Computer systems

Not applicable.

*[If applicable: Availability of the electronic equipment regarding clinical trials (planning, issues related to validation of computerised systems used for the trial).]*

*[Computerised systems used for the clinical trial (planning, monitoring, randomisation/IVRS systems, management of trial related AEs/SAEs, e-CRF, data management, statistics and medical writing), validation and maintenance of the systems, etc.]*

*[Describe/list observations related to system set-up/validation, data transfer, including e-CRF, e-PRO, IVRS/IWRS and other as appropriate making reference to specific aspects used by the sponsor that may affect the clinical investigator site.]*

*[Observations relating to computer systems used in bioanalysis.]*

1. Administrative aspects of the trial

Not applicable.

*[The table in Appendix section 15.2 may be completed during or following the inspection to record information necessary to support this section – it is OPTIONAL. It is provided as some reports contain tables in this and the following section and therefore some inspectors may wish to continue to do this.]*

* 1. National competent authority

Not applicable.

*[Describe/list observations related to application/ notification/ approval and amendments.]*

* 1. Independent research ethics committee (IEC)

Not applicable.

*[Describe/list observations related to application/ notification/ approval and amendments.]*

* 1. Other committees, any other validation or authorisations required

Not applicable.

*[Describe/list observations related to application/ notification/ approval and amendments, protection of individuals with regard to the processing of personal data or agreement for genetic samples, or cell therapy research.]*

* 1. Contract(s) and agreement(s)

Not applicable.

*[Describe/list observations related to contracts: e.g. sponsor/CRO with investigator, hospital, university, vendors, consultants etc.]*

* 1. Insurance

Not applicable.

*[Provision of insurance for trial subjects.]*

1. Trial master file

*[The table in Appendix 15.2 may be completed during or following the inspection to record information necessary to support this section – it is OPTIONAL. It is provided as some reports contain tables in this and the previous section and therefore some inspectors may wish to continue to do this.]*

* 1. Production, version control and content of essential documents

Not applicable.

*[****THIS SECTION IS FOR THE QUALITY OF THE DOCUMENT OR ISSUES WITH IT****: Protocol, protocol amendments, investigator’s brochure, paper Case Report Forms, paper diaries/ questionnaires, correspondence, manuals, plans and guides: e.g. randomisation/ IVRS/ IWRS/ breaking code system, laboratories/ technical departments.]*

*[At investigator/ clinical site: signatures/ delegation list, information given to trial subject (information sheet and consent form and any other specific), subject screening log, subject enrolment log, agreements, receipt of documents at inspected site, etc.]*

* 1. Completeness, availability, content and structure of TMF/ISF

Not applicable.

*[For all sites:* ***THIS SECTION IS FOR HOW DOCUMENTS ARE STORED – NOT ABOUT INDIVIUDAL DOCUMENTS****: How essential documents are accessed and stored, whether paper or electronic. Control of essential documents (e.g. between sponsor/CRO), availability of essential trial documents or failure to provide.]*

1. Clinical conduct of the trial

Not applicable.

*[Description and issues with subject recruitment, identification and confidentiality, subject informed consent, subject screening, subject eligibility (selection criteria compliance), examinations/ assessments.]*

1. Management of the trial by sponsor/CRO

Not applicable.

*[Investigator selection and training by sponsor/CRO, trial coordination, study management at site, patient recruitment, changes in conduct, closure of sites, protocol deviations, protocol amendment implementation, serious breaches, escalation of problems/issues and follow up.]*

*[Data monitoring committees, steering committees any other committees involved in the trial, members etc.]*

1. Safety reporting

Not applicable.

*[THIS SECTION IS ABOUT THE REPORTING PROCESSES INVESTIGATOR TO SPONSOR, ASSESSMENT AND REPORTING TO CA/EC. ALSO ABOUT DSURs ETC PROVIDED TO EC/INVESTIGATOR.]*

*[For investigator site inspections: describe/list observations made in relation to recording, assessment and reporting of AE/ ADR/ SAE/ SAR to sponsor and (where applicable SAE/ SAR/ SUSAR to the IEC/ competent authorities/ others.) Provision of safety information from sponsor (line listings, Dear Dr. Safety letters, investigator brochure). Implementation of urgent safety measures.]*

*[For sponsor/CRO site inspections: Describe/list observations made in relation to assessment of AE/ ADR/ SAE/ SAR and reporting of SAR/ SAE/ SUSAR to sponsor/ IEC/ competent authorities/ others as applicable. This section for review of pharmacovigilance database and processes, annual safety reports (DSURS) production, urgent safety measures, independent safety monitoring boards, role of the medical monitor.]*

1. Investigational medicinal product(s) (IMPs)/pharmacy

Not applicable.

*Describe/list observations made regarding:*

*[At investigator site/ clinical CRO/ pharmacy: receipt and storage, temperature records control (particularly if +2+8°C or -20 °C), allocation of treatment/ randomisation (if done locally), prescriptions, dispensing to nurse/subject, administration to trial subjects, accountability, compliance, returns from trial subjects, destruction at site or recovery by the sponsor, relabelling if applicable, emergency un-blinding, IRT system use]*

*[At site with IMP manufacture or pharmacy: release of batches, manufacturing authorisation, labelling/ packaging/ reconstitution, extension/ expiry date, allocation of treatment/ randomisation, assembly operations, relabelling.]*

*[At sponsor/CRO site: randomisation, , extension/ expiry date, relabelling, blinding, decoding/ IVR(S) system; manufacturing authorisation, labelling/ packaging, if applicable, storage, technical and regulatory green light; shipments to sites, shipment conditions, return from sites, destruction/ returns from clinical site, documentation on decoding for analysis.]*

1. Clinical data management

Not applicable.

*[Describe/list observations made regarding data management. At all sites: Data entry and QC, e-CRF issues (not CSV see earlier section), audit trails.]*

*[All steps of data handling in particular concerning the eligibility criteria, treatment (dose, regime, incl. concomitant medication), efficacy and safety data.]*

*[At sponsor/CRO: electronic and paper data transfers (e.g. from laboratories), interfaces with data systems of vendors, data entry, data processing, edit checks, self-evident corrections, coding reconciliation with other (e.g. safety) databases, database freeze, database lock, data review meetings.] At all sites: Data entry and QC, e-CRF issues (not CSV see earlier section), audit trails.]*

1. Source data review/verification

Not applicable.

*[Describe/list observations made regarding the source documents/data review and issues regarding the consistency of data (e.g. when comparing data listings from the CSR with source documents). (Please note: observations made concerning the procedures, i.e. the informed consent procedure, the screening process should be described in section 6).In particular concerning: subjects informed consent, source data verification and protocol compliance, safety data, administration of the IMPs, collection processing, transfer and storage of samples for pathology or bioanalysis at the investigator site.]*

1. Clinical trial monitoring

Not applicable.

*[Summarise monitoring visits and procedures used, actions taken by the monitor, escalation/ follow up by monitor, monitor visit log and management of non-compliance (short) and whether there was an impact on the data quality.]*

1. Instrument-based diagnostics/ examinations

Not applicable.

*[****NOT RELATED TO CLINICAL SAMPLES*** *E.g. for scans, x-rays, physiological tests at the investigator site.* ***THIS IS ABOUT TRIAL SUBJECT VISITING AREAS OUTSIDE OF INVESTIGATOR CLINIC OR THOSE TESTS DONE IN THE INVESTIGAOTRS CLINIS AND SENT FOR CENTRAL EVALUATION (E.G ECG central reading****]*

*[Describe/list observations related to certification and accreditation (see also section 4), external/internal quality control programme, methods used, reference values/ data, labelling, transportation and storage of results, results reporting and communication, data transfers, interfaces, documentation and archiving, validation.]*

1. Clinical sample management
   1. Clinical samples (at investigator site)

Not applicable.

*[Describe/list observations related to processing and storage and shipment of bioanalytical and pathology clinical samples at the investigator site – PRIOR TO SHIPMENT TO LAB – i.e. any centrifuging and aliquot taking etc.]*

* 1. Clinical samples (at laboratory or analytical site)

Not applicable.

*[Describe/list observations related to transport, receipt at laboratory or analytical site, storage of bioanalytical and pathological and other samples.]*

1. Laboratory

Not applicable.

*[Describe/list observations related to certification and accreditation, results reporting and communication, data transfers (if not covered under data management), interfaces, documentation and archiving for all analysis of samples, e.g. biochemistry, haematology, microbiology, serology and immunology) [i.e.* ***NOT related to PK analysis.****]*

1. Bioanalysis (PK) laboratory
   1. Methods used

Not applicable.

*[Describe findings related to the method(s) used (preparation of stock solutions, calibration and quality control samples, preparation of subject samples for analyses) etc.]*

* 1. Method validation and report

Not applicable.

*[Describe findings related to the validation of the method for determination of the analyte(s).]*

* 1. Results

Not applicable.

*[Describe findings related to the bioanalysis of the samples for the inspected trials, including within-run validation.]*

1. Pharmacokinetic analysis

Not applicable.

1. Statistical analysis

Not applicable.

*[Describe/list observations made regarding statistics, statistical analyses plan (SAP), full analyses set, ITT, PP population, bias]*

1. Reports
   1. Clinical study report

Not applicable.

*[Describe/list observations made regarding reporting of data, content and structure of the clinical study report and appendices.]*

* 1. Bioanalytical report

Not applicable.

*[Describe/list observations made regarding reporting of data, content and structure of the method validation report, analytical report.]*

1. Quality management system
   1. Standard operating procedures (SOPs)

Not applicable.

*[Describe/list observations in relation to SOPs.]*

* 1. Quality control

Not applicable.

*[Describe/list observations in relation to quality control (but NOT monitoring), escalation of issues and follow up.]*

* 1. Quality assurance

Not applicable.

*[Describe/list observations related to quality assurance (e.g. auditing), follow up and management of non-compliance.]*

1. Summary, discussion and conclusion
   1. Summary and discussion

Type here

*[Provide the scope of the inspection and describe what was actually inspected (very short).]*

*[State the quantitative result of the inspection: number and grading of the findings (e.g. X critical findings, Y major findings and Z minor findings) were observed.]*

*[Summarise and evaluate the critical and major findings based on knowledge at the time – this can be amended in Addendum 2 once responses received and evaluated.]*

*[Findings with impact on the trial and the marketing authorisation application should be separately presented from findings with a systematic nature or which are process-related. Refer to “Points to consider on good-clinical-practice inspection findings and the benefit-risk balance” where appropriate.]*

*[Ethical issues to be listed separately (e.g. vulnerable population, trial conducted in a third country without local IEC and/or CA), if any.]*

* 1. Interim conclusion

Type here

*[****Important*** *– this section will be completed prior to receipt of any responses from the sponsor/ investigator. If conclusions cannot be drawn until then, then state this clearly. The evaluation and conclusions can be then addressed in Addendum 2 to the report once the responses have been evaluated.]*

*[Statement on GCP compliance and whether the trial was conducted in accordance with internationally accepted ethical standards. Describe the areas where deviations from full GCP-compliance were detected, as applicable, and to what extent GCP compliance is impaired.]*

*[Consider if the inspection findings are likely to influence / may influence / are less likely to influence the benefit-risk evaluation, for example by their impact on validity/reliability of data (specify trial data which are affected by findings or overall trial data as appropriate.]*

1. Signatures

[Date and signature(s) of lead and other inspectors, experts and observers if applicable.]

| **Date** |  |
| --- | --- |
| **Print name** |  |
| **Function** |  |
| **Signature** |  |

| **Date** |  |
| --- | --- |
| **Print name** |  |
| **Function** |  |
| **Signature** |  |

| **Date** |  |
| --- | --- |
| **Print name** |  |
| **Function** |  |
| **Signature** |  |



Appendices

A1. Summary of activities inspected

*[INSTRUCTIONS: Only the top level has to be completed, the subsections are options. The number of findings is to be reported only at the headers level and not at the subsection level. Where the reviewed/ inspected is ticked at the top level, it may not necessarily mean all areas listed in the subsections have been reviewed, comments can be added to clarify any limitations etc. The subsections are to be ticked if they have been reviewed/ inspected and not necessarily if findings have been detected there. The comment field for each subsection could also be used to state where the findings reported in the top level have been detected.]*

| Area [report section] | | Reviewed / inspected  (tick\*) | Comments | Findings  (enter number of) | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Operational resources [3] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Organisational structure [3.1] |  |  | | | | |
| Interviews with key personnel involved in the trial [3.2] |  |  | | | | |
| Delegation of duties & specimen signatures [3.2] |  |  | | | | |
| Qualifications, protocol and GCP training of personnel [3.3] |  |  | | | | |
| Clinical facilities [3.4] |  |  | | | | |
| Laboratory facilities [3.4] |  |  | | | | |
| Apparatus, equipment, material, reagents, calibration [3.5] |  |  | | | | |
| Archiving facilities [3.4] |  |  | | | | |
| Computer systems [3.6] |  |  | | | | |
| Other (specify) |  |  | | | | |

| Administrative aspects of the trial [4] | |  |  | Critical: |  | Major: |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OPTIONAL TO COMPLETE | CA approval (initial & amendments) /communication [4.1] |  |  | | | | |
| IRB/IEC opinions (initial & amendments) /communication [4.2] |  |  | | | | |
| Institutional correspondence and approval & other bodies giving approval [4.3] |  |  | | | | |
| Contract(s) & agreement(s) [4.4] |  |  | | | | |
| Insurance [4.5] |  |  | | | | |
| Other (specify) |  |  | | | | |
| Trial master file (sponsor and investigator) [5] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Production, version control and content of essential documents [5.1] for example:-   * PIS/ICF * Protocol & amendments * Investigator brochure * Case report form * Trial manuals/plans/guides (sponsor created) * Instructions/proformas etc. (site created) * Subject screening and enrolment log |  |  | | | | |
| Completeness, availability, content and structure of TMF/ISF [5.2], for example:-   * Access and storage of essential documents |  |  | | | | |
| Other (specify) |  |  | | | | |

| Clinical conduct of the trial [6] | |  |  | Critical: |  | Major: |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OPTIONAL TO COMPLETE | Subject recruitment |  |  | | | | |
| Subject identification |  |  | | | | |
| Subject confidentiality |  |  | | | | |
| Informed consent process and completed documentation |  |  | | | | |
| Subject screening and eligibility |  |  | | | | |
| Compliance with trial protocol clinical procedures (examinations/assessments) |  |  | | | | |
| Other (specify) |  |  | | | | |
| Management of the trial by the sponsor/CRO [7] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Delegation of duties |  |  | | | | |
| Management of CROs/vendors, if applicable |  |  | | | | |
| Trial management, communication, escalation |  |  | | | | |
| Investigator selection |  |  | | | | |
| Training of investigator sites |  |  | | | | |
| Protocol deviation management |  |  | | | | |
| Protocol amendment implementation |  |  | | | | |
| Serious breaches and issue resolution |  |  | | | | |
| Data monitoring and other trial committees |  |  | | | | |
| Other (specify) |  |  | | | | |

| Safety reporting [8] | |  |  | Critical: |  | Major: |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OPTIONAL TO COMPLETE | Collection of AES and review |  |  | | | | |
| Collection of SAEs |  |  | | | | |
| Processing of SAE cases & use of PV databases |  |  | | | | |
| Expedited reporting to IEC/CA |  |  | | | | |
| Reporting safety information to investigators |  |  | | | | |
| Aggregate reports (DSURS) |  |  | | | | |
| Urgent safety measures |  |  | | | | |
| Other (specify) |  |  | | | | |
| Investigational medicinal product(s)/pharmacy [9] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Manufacturing/assembly/labelling/importation/QP certification/reconstitution |  |  | | | | |
| IMP expiry and extensions |  |  | | | | |
| Randomisation implementation |  |  | | | | |
| Regulatory green light, shipping and transit |  |  | | | | |
| Storage (and temperature monitoring) |  |  | | | | |
| IRT system (trial specific build, use) |  |  | | | | |
| Prescribing, dispensing and administration to subjects |  |  | | | | |
| Subject compliance |  |  | | | | |
| Accountability (shipping, site and subject level), returns/destruction |  |  | | | | |
| Emergency code breaking system |  |  | | | | |
| Other (specify) |  |  | | | | |

| Clinical data management [10] | |  |  | Critical: |  | Major: |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OPTIONAL TO COMPLETE | CRF and trial specific eCRF design/build, functionality, source in CRF, (independent copy on site etc.) |  |  | | | | |
| Diaries and e-PRO |  |  | | | | |
| Data entry, verification/validation (edit checks), self-evident corrections, audit trails |  |  | | | | |
| Data handling/transfers, coding |  |  | | | | |
| Data reconciliation (e.g. with lab data, PV data) |  |  | | | | |
| Database lock |  |  | | | | |
| Un-blinding |  |  | | | | |
| Other (specify) |  |  | | | | |
| Source data review/verification [11] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Safety & efficacy data (reliability of data, protocol compliance)  SDV performed for subject numbers (enter details): |  |  | | | | |
| Other (specify) |  |  | | | | |
| Clinical trial monitoring [12] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Compliance with monitoring plan/procedures |  |  | | | | |
| Reporting of monitoring visits (assessment/routine/close out) |  |  | | | | |
| Issue resolution and escalation of issues |  |  | | | | |
| Central monitoring activities |  |  | | | | |
| Other (specify) |  |  | | | | |
| Instrument-based diagnostics/examinations [13] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Laboratories, technical departments, other vendors |  |  | | | | |
| Data transfers |  |  | | | | |
| Standardisation/validation |  |  | | | | |
| Committees involved in evaluations |  |  | | | | |
| Other (specify) |  |  | | | | |
| Clinical sample management [14] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Handling of samples at investigator site (sample taking and management in the clinic) [14.1] |  |  | | | | |
| Storage of samples (temperature monitoring) |  |  | | | | |
| Handling of samples at laboratory or analytical site [14.2] |  |  | | | | |
| Other (specify) |  |  | | | | |
| Laboratory (not PK – i.e. for biochemistry, haematology etc.) [15] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Certification/accreditation |  |  | | | | |
| Normal ranges |  |  | | | | |
| Results reporting back to site |  |  | | | | |
| Other (specify in comments) |  |  | | | | |

| Bioanalysis (PK) laboratory [16] | |  |  | Critical: |  | Major: |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OPTIONAL TO COMPLETE | Methods used [16.1] |  |  | | | | |
| Method validation and report [16.2] |  |  | | | | |
| Results [16.3] |  |  | | | | |
| Other (specify) |  |  | | | | |
| Pharmacokinetic analysis [17] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Statistical/pharmacokinetic software |  |  | | | | |
| Incurred sample reanalysis (ISR) |  |  | | | | |
| PK profile parameters |  |  | | | | |
| Subject populations |  |  | | | | |
| Other (specify) |  |  | | | | |
| Statistical analysis [18] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Trial design input, sample size calculation |  |  | | | | |
| Randomisation generation |  |  | | | | |
| SAP/TFL shells |  |  | | | | |
| Analysis populations & data review meeting |  |  | | | | |
| Programming & CSV |  |  | | | | |
| Analysis |  |  | | | | |
| Other (specify) |  |  | | | | |

| Reports [19] | |  |  | Critical: |  | Major: |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OPTIONAL TO COMPLETE | Bioanalytical report [19.1]  Same as report |  |  | | | | |
| CSR production [19.2]   * Content & structure * Management of protocol non compliance * Statement about GCP compliance * Accuracy and completeness |  |  | | | | |
| Other (specify) |  |  | | | | |
| Quality management system [20] | |  |  | Critical: |  | Major: |  |
| OPTIONAL TO COMPLETE | Standard operating procedures [20.1] |  |  | | | | |
| Quality control [20.2] |  |  | | | | |
| Quality assurance /auditing [20.3] |  |  | | | | |
| Other (specify) |  |  | | | | |

A2. Trial documentation and approvals

*(OPTIONAL TO COMPLETE)*

|  | | APPROVAL DATES | | | | | DOCUMENT VERSIONS | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUBMISSON** | **Substantial (S)/  Non-substantial (NS)** | **CA** | **IEC/IRB** | **Sponsor**  **approval**  **(if applicable)** | **Investigator approval  (if applicable)** | **Any other required approvals** | **Protocol version** | **Subject information and consent form version/date** | **Other documents** | **INITIATION/**  **IMPLEMENTATION**  **DATE** |
| Initial  Date: |  |  |  |  |  |  |  |  |  |  |
| #2  Date: |  |  |  |  |  |  |  |  |  |  |
| #3  Date: |  |  |  |  |  |  |  |  |  |  |
| #4  Date: |  |  |  |  |  |  |  |  |  |  |
| #5  Date: |  |  |  |  |  |  |  |  |  |  |
| #6  Date: |  |  |  |  |  |  |  |  |  |  |
| #7  Date: |  |  |  |  |  |  |  |  |  |  |
| #8  Date: |  |  |  |  |  |  |  |  |  |  |
| #9  Date: |  |  |  |  |  |  |  |  |  |  |

A3. Appendix – landscape format(This page is for a landscape appendix, examples to include may be inspection plan/agenda, copy of signature list for those at opening/closing meeting, slides presented by the inspectee at the opening meeting, example documents referred to from the report body text)

A4. Title (This page is for a portrait appendix, examples to include may be inspection plan/agenda, copy of signature list for those at opening/closing meeting, slides presented by the inspectee at the opening meeting, example documents referred to from the report body text)

GCP INSPECTION REPORT XXX *[insert EMA inspection reference number]* at XXX *[insert Sponsor/CRO/Investigator/BE/BA]* site.

Addendum 1: Response from the sponsor or inspectee

XXX *[Amend to EMA application reference number]*

XXX *[Amend to CA inspection reference number]*

XXX *[Amend to site name, identification or abbreviation and type]*

**Date responses received by the inspector:** DD/MM/YYYY *[amend date]*

**The following attached documentation is the response received from the sponsor or inspectee.**

*[Attach the documentation]*

GCP INSPECTION REPORT XXX *[insert EMA inspection reference number]* at XXX *[insert Sponsor/CRO/Investigator/BE/BA]* site.

Addendum 2: Evaluation by the inspectors of the response to the inspection report

XXX *[Amend to EMA application reference number]*

XXX *[Amend to CA inspection reference number]*

XXX *[Amend to site name, identification or abbreviation and type]*

**Date of Evaluation***:* DD/MM/YYYY *[amend date]*

*[This summary should be prepared by the Lead Inspector and signed by all the inspectors. It should address the evaluation and conclusions on the inspection findings once the responses have been evaluated.]*

*[Provide a conclusion whether the findings were modified by the response from the inspectee and include any comment that may be necessary for clarification. If any finding has been modified include the new finding wording and/or the new grading. Finally, comment on the adequacy of the preventative or corrective actions and timeline proposed, if applicable.]*

*[****Important*** *– Where this is a single site inspection and the IR serves as the IIR, then Addendum 2 should follow the requirements of the IIR and be written with section headings as follows]*

**Final conclusions from inspection findings**

***Assessment of the relevance of the findings for the full trial***

Type here

*[Discuss if the findings are process related and not site specific, and thus relevant for the overall clinical trial or clinical development programme.]*

***Quality of the data and GCP compliance***

Type here

*[Discuss the implication of any major or critical findings on data quality {cross reference to relevant section or the IRs} and compliance with the GCP principles. This section may need to be specific on which data were affected and to what extent. The section may need to discuss the results of any responses by the inspectee/ sponsor that are re analyses (extrapolations/sensitivity)]*

*[Statement on GCP compliance and whether the trial was conducted in accordance with internationally accepted ethical standards. Describe the areas where deviations from full GCP-compliance were detected, as applicable, and to what extent GCP compliance is impaired]*

***Recommendation for the acceptability of the clinical trial data***

Type here

*[Provide a conclusion on whether the quality of the data inspected as a whole or in parts may be used for the evaluation by the assessors regarding acceptance/non-acceptance of the trial data.]*

*[Statement on validity/reliability of data (specify trial data which are affected by findings, as appropriate).]*

*[Describe impact of findings on overall trial data, as appropriate.]*

*[Consider if inspection findings are likely to influence / may influence / are less likely to influence the benefit-risk evaluation, for example by their impact on validity/reliability of data (specify trial data which are affected by findings or overall trial data as appropriate]*

***Recommendations for follow up actions (GCP systems)***

Type here

*[Provide a conclusion and recommendation for any further actions regarding CAPA and re-inspection, for example, must inspect further MAA applications involving inspected organisations, in respect of any GCP system findings]*

**Signatures**

[Date and signature(s) of lead and other inspectors, experts and observers if applicable]

| **Date** |  |
| --- | --- |
| **Print name** |  |
| **Function** |  |
| **Signature** |  |

| **Date** |  |
| --- | --- |
| **Print name** |  |
| **Function** |  |
| **Signature** |  |