African Vaccine Regulatory Forum (AVAREF)

CHECKLIST FOR THE INSPECTION OF CLINICAL TRIALS

Version	**Date**	**Comments**
Version 1	September 2018	Endorsed by Avaref's steering committee in Entebbe, Uganda,
Version 2	October 2019	To be tabled for adoption at the Avaref Assembly in Victoria Falls, Zimbabwe

Section 1. General information

Study title	
Protocol number and version	
PACTR registration number	
Phase of the trial	
Investigator(s)	1. 2. 3.
Co-investigator(s)	1. 2. 3.
Stage of study inspected:	
○ Before trial commencement	
○ During clinical conduct	
○ After completion of the trial	
Country where the study is inspected	
Names of inspectors, and countries represented	1. 2. 3.
Date of the inspection	
Name and address of the clinical site	
Name and address of the laboratories (clinical, bio-analytical)	

Section 2. Acronyms

ALCOA	Attributable, legible, contemporaneous, original, accurate
AVAREF	African Vaccines Regulatory Forum
CAPA	Corrective and preventive actions
CIOMS	Council for International Organizations of Medical Sciences
COA	Certificate of analysis
CPU	Clinical pharmacology unit
CRA	Clinical research associate
CRF	Case report form
CROMF	Contract research organization master file
CRF	Case report forms
EC	Ethics committee
GCP	Good clinical practice
GxP	Good practice
HPLC	High-performance liquid chromatography
ICF	Informed consent form
ICH	International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use
IMP	Investigational medical product
LC-MS/MS	Liquid chromatography-tandem mass spectrometry
NRA	National Regulatory Authority
WHO	World Health Organization

Section 3. Checks and comments

Note: The checklist contains some key aspects to be verified during an inspection. It is not exhaustive, and where appropriate, other aspects should be included in the inspection. Remarks should be made where appropriate, relating to non-compliances with GxP observed. General information such as version numbers, and dates can be recorded in the table at the end of the checklist

	Yes	No	N/A
Data integrity			
1. There is a written data integrity policy			
2. There is an SOP describing principles of data integrity ensuring ALCOA			
3. Data and results were reviewed and considered complying with data integrity requirements. If "no", complete the comments section below			
Comments and remarks:			
Protocol			
4. The correct version of the protocol, approved by the ethics committee and the regulatory authority, was used.			
5. The protocol included inclusion and exclusion criteria, reference to randomization, IMP, and other required information.			
6. Meals, dosing, and sample collection were included in the protocol.			
7. Deviations and violations from the protocol were recorded and justified.			
8. Amendments to the protocol were approved by the ethics committee and the regulatory authority.			
9. Availability of the investigators signed confirmation to conduct the trial according to the protocol and GCP.			
Comments and remarks:			
Ethics approval			
10. The composition of the ethics committee (EC) is in compliance with national requirements.			

11. The EC members are free from bias in relation to the clinical trial and the sponsor.			
12. The EC operates according to SOPs.			
13. Approval for the clinical trial was given prior to the start of the trial.			
14. All relevant documents, eg recruitment, consent forms, and protocol were approved by the EC.			
15. Reports, including reports of serious adverse events, were submitted to the EC as required.			
Comments and remarks:			
Regulatory approval			
16. Approval for the conduct of the trial was granted in writing before the start of the trial			
17. Revisions and changes to the protocol and related documents were granted approval prior to their implementation			
18. Serious adverse events and other reports were submitted to the NRA as required.			
Comments and remarks:			
Site inspection			
19. The site was licensed or otherwise authorized for the conduct of clinical trials.			
20. The site was suitable for the conduct of clinical trials, and had appropriate areas for the different activities as required in the trial.			
21. Access was controlled.			
Comments and remarks:			
Clinic			
22. The clinic had required areas such as registration, screening, beds for hosting, dosing, and sample collection.			
23. There was a suitably equipped emergency area with required emergency medication.			
24. Emergency medication was within their shelf-life, and emergency equipment was suitable for use.			
25. Toilet and washing facilities were available.			

Comments and remarks:			
Pharmacy			
26. Access to the pharmacy was controlled and logs were maintained for the entry and exit.			
27. SOPs were detailed and described the different activities in the pharmacy.			
28. Storage conditions were appropriate, as required for the storage of the products. Records were maintained. No excursions were detected.			
29. Where storage conditions were out of limit, these were investigated and appropriate corrective and preventive actions (CAPAs) were taken			
30. Records relating to the IMP, such as import license or import authorization, proof of purchase, shipping letter, storage conditions during transport, receipt at the site, COA(s), stock card, and dispensing record were in place.			
31. Dispensing was done according to an SOP and randomization, with no risks of mix ups.			
32. IMPs were appropriately labelled.			
33. IMP labels contained the correct information.			
34. Dosing (or administration) was done according to the randomization sheet and protocol; and indicated in the CRF.			
35. IMP accountability was verified and found correct.			
36. An SOP for the safe disposal of waste was followed.			
Comments and remarks:			
Documentation			
37. The trial site operated in accordance with a documented quality management system.			
38. Policies, procedures, and responsibilities were documented and followed.			
39. The quality system covered at least management of deviations, violations, risk management principles, and CAPA.			
40. The curriculum vitae of key personnel were current.			
41. An SOP and records for qualification and training of employees and contracted personnel were available.			

Comments and remarks:			
Contracts			
42. A current and valid contract existed between the sponsor and the investigator			
43. Responsibilities for each party were clearly described and included, eg IMPs; monitoring of the trial, quality assurance, reports, and insurance.			
44. Contracts with outsourced personnel, laboratories, and other service providers were in place.			
Comments and remarks:			
Archive			
45. An archiving area was available. There was sufficient space, records were protected from damage such as fire, water, humidity, and deterioration.			
46. Procedures and records were available for the placement and retrieval of documents and trial data (hard copies and electronic data).			
Comments and remarks:			
Responsibilities			
47. The responsibilities of the sponsor were described and met by the sponsor.			
48. The responsibilities of the investigator were described and met by the investigator.			
49. The qualifications, experience, and training records of the investigator were meeting the requirements.			
50. The investigator signed the final study report.			
51. There was documented evidence of the delegation of tasks.			
52. Personnel should have appropriate qualifications, experience, and training.			
53. There was an appropriate number of employees to conduct the trial.			
Comments and remarks:			

Monitor(s) and monitoring reports			
54. A monitor with appropriate experience was appointed to monitor the study.			
55. Monitor reports were available reflecting the site review and trial progress.			
Comments and remarks:			
Quality assurance			
56. Personnel responsible for the quality assurance were independent of the trial.			
57. Quality assurance reports, reflecting the review of the data and information before, during, and after the conduct of the trial, were available.			
Comments and remarks:			
Patients			
58. The trial was conducted in accordance with the principles of GCP, the Declaration of Helsinki, and CIOMS guidelines.			
59. Patients are not participating in more than one trial at a time, and wash out periods are observed.			
60. A complete record of participation in studies was available.			
61. Vulnerable groups were only included if justified.			
62. Demographic data were accurately recorded.			
63. There was justification for the number of patients enrolled.			
64. Patients' signatures were cross-checked and found acceptable.			
Comments and remarks:			
Informed consent forms (ICFs)			
65. Patients were informed of the advantages and disadvantages of participating in a trial, about the IMP, possible adverse events, insurance, and other matters.			
66. Each patient signed the ICF prior to participating in the trial, general (where applicable), and trial-specific.			
67. ICFs contained all the required information in a way that the patient could understand.			
68. The correct version of the ICF was signed.			
69. Contact details of PI or secretariat were given to the patients.			

Comments and remarks:			
Randomization			
70. Randomization was done according to the study protocol and corresponding SOPs, and records were available.			
71. IMPs were dispensed and dosed or administered in accordance with the randomization schedule.			
Comments and remarks:			
Case Report Forms (CRFs)			
72. The results and data recorded in CRFs were the same as those in the source documents.			
73. Samples such as blood and urine were taken, chest X-ray or other tests done as required. Results were within the specified ranges.			
74. The protocol was followed where it refers to the trial being conducted under fasting or under fed conditions.			
75. Meals were provided, checked, and consumption recorded.			
76. Adverse events, concomitant medication, dosing, and sample collection were accurately recorded.			
Comments and remarks:			
Laboratories			
77. Laboratories were appropriately equipped to perform the required tests.			
78. Where testing was outsourced, contracts were in place.			
Comments and remarks:			
Clinical laboratory			
79. The laboratory followed SOPs for their activities including supplier qualification, procurement, and testing.			
80. Records were appropriate for the qualification and calibration of the laboratory equipment and instruments.			
81. Equipment log books were maintained.			
82. Current normal ranges and values of the measures were specified.			

83. Procedures were in place for the receipt, storage and handling of certified reference materials, chemicals and reagents. No expired stock was used, and storage conditions were maintained.			
84. Procedures were followed for handling hazardous materials, eg live viruses.			
85. Test methods were verified or validated as appropriate.			
86. Printouts of test results complied with ALCOA principles.			
87. Procedures and records for the safe disposal of laboratory waste were available.			
Comments and remarks:			
Bio-analytical laboratory			
88. The laboratory had the necessary resources to perform the required analysis.			
89. The areas for sample receiving and storage, sample preparation, and analysis were suitable.			
90. Personnel had appropriate qualifications, experience, and training.			
91. Required equipment and instruments were qualified and calibrated.			
92. Source data for the trial and sample analysis were acceptable.			
Comments and remarks:			
Sample management			
93. Procedures and records were available for sample movement; reconciliation was verified.			
94. Samples were stored at the required temperature, eg -20 or -70 degrees Celsius until analyzed.			
95. The freezers used for storage of samples were qualified.			
96. Qualification and calibration status was valid at the time of use for method validation and sample analyses.			
97. The bio-analytical method was validated before it was used to analyze the samples. Data were inspected and found compliant.			
98. Sample and solution stability had been established.			
99. The reference materials used were appropriately managed, and records were traceable.			
Comments and remarks:			
Sample analysis			

100. Source data were accurately reported.			
101. Instruments were in a qualified and calibrated state at the time of sample analysis.			
102. Electronic data were verified and met ALCOA+ principles.			
103. Sample sets met requirements, eg calibration curve, quality control samples.			
104. Repeat analysis was appropriately done and in accordance with an SOP.			
105. Incurred sample analysis was done according to an SOP and the results were acceptable.			
Comments and remarks:			
Statistical analysis			
106. Statistical analysis of data was reviewed and found acceptable.			
Comments and remarks:			
Study report			
107. The final report was a true reflection of the study and was in a suitable format, eg ICHE3 guideline.			
108. The report was signed and dated by all responsible personnel including the investigator.			
Comments and remarks:			
Multicenter trial			
109. The points above were checked for multicenter trials.			
110. There was proof of written acceptance of the protocol and its annexes/amendments by all investigators.			
111. Records were available for any meetings between parties.			
112. There were procedures available addressing centralized data management and analysis.			
113. Safety reports were provided to the investigators from all sites involved in a multicenter trial.			
Comments and remarks:			

Any other general comment or remark:			

Summary of events

	Date	Ref no. and version
Regulatory Authority approval of the protocol and amendments		
Ethics approval of the protocol and amendments		
Ethics approval for the informed consent form		
Annual ethics approval renewal		
General screening		
Trial specific screening		
Randomization		
Dosing/administration after approvals	Y	N
Number of patients enrolled		
Number of patients who withdrew		
Number of patients lost to follow up		
Number of patients who completed the study		
Number of serious adverse events reported		
Number of protocol deviations and violations		
Was there any CAPA?	Y	N
Is there a risk management plan and it is being adhered to?	Y	N