MEDICAL COLLEGE OF WISCONSIN CANCER CENTER

Cancer Center Clinical Trials Office

STANDARD OPERATING PROCEDURE DOCUMENTING DELEGATION OF AUTHORITY	
SOP#: 6.2.6.2.3	**Original Approval Date: 7/14/17**
Version#: 4.0	**Current Revision Date: 9/2/21**

1.0 PURPOSE/BACKGROUND

The local Principal Investigator (PI) is responsible for ensuring that only individuals qualified by means of education, training and experience are charged with the authority to perform research-related tasks. FDA regulations require the Principal Investigator (PI) to personally supervise the conduct of research under his/her name. However, delegation of research-related tasks allows other individuals to actively participate in the implementation and conduct of research. While authority to perform specified tasks may be delegated, the responsibility for those tasks always remains with the PI.

2.0 SCOPE

This SOP applies to all studies managed by the MCW Cancer Center Clinical Trials Office (MCW CCCTO).

3.0 RESPONSIBILITY

Study Staff
Principal Investigator (PI)
Sub Investigators
Pharmacy Staff
Others as assigned

4.0 DEFINITIONS

Refer to Glossary of Common Terms and Definitions

Master Signature Log (MSL): Log containing all signatures of any person assigned to work on any human research study managed by the MCW CCCTO.

Individual Signature Log (ISL): Also referred to as the "Individual Signature Log and Use of Florence eBinders." Log containing all signatures of any person assigned to work on any human research study in Florence eBinders.

Central Delegation Key: A list of all duties that study staff are authorized to perform based on their role.

Protocol-Specific Delegation of Authority Log (PS-DOA): A list of staff designated to work on a specific trial, along with any protocol specific tasks beyond what has been listed on the Central Delegation Key.

Other Protocol-Specific Tasks: Any tasks not included in the Central Delegation Key, or if a staff member performs a task outside of their role (e.g. CRA obtaining informed consent).

5.0 ROLES AND PROCEDURES

5.1 Delegation of Authority will be documented for all studies managed by the MCW CCCTO. With assistance from the regulatory staff, delegation will be documented using a combination of a MSL and/or ISL and separate Protocol-Specific Delegation of Authority Log (see appendix 1 & 2). *Sponsor provided delegation logs will not be used.*

5.2 Prior to beginning research-specific tasks, those assigned to play a significant role in research on any trial within the CCCTO will sign the MSL and/or ISL.

5.2.1 A significant role is described as one who may perform an activity regulated by the FDA such as informed consent, assessment of the primary endpoints, attribution of adverse events, etc. nurse practitioners, physician assistants, clinic nurses, apheresis nurses, infusion nurses, and technicians will not be routinely added to the MSL and/or ISL or PS-DOA log (unless they are delegated to perform activities regulated by the FDA), since they work under the supervision of the investigators. See Appendix 4.

5.3 Additional Tasks not captured in the Key are listed as Other Protocol-Specific Tasks and delegated to appropriate individuals on the Protocol-Specific Delegation of Authority Log. Other Protocol-Specific Tasks will also be used if an individual is delegated to perform a task outside the role listed on the Key (i.e., Clinical Research Assistant obtaining informed consent). Specific duties will not be added to the PS-DOA Log if they are already listed in an equivalent form on the Central Delegation Key. Roles not listed in the Key will be listed as Other, and Other Protocol-Specific Task(s) will be assigned.

5.4 The regulatory staff will add the specific team members to the corresponding PS-DOA log.

5.5 The PI must officially approve any delegates by signing and dating applicable entries of the PS-DOA log. The PS-DOA will be stored in the regulatory file.

5.6 If changes to the study staff or their delegated duties are made, the log will be updated accordingly and signed by the PI. After IRB closure the PS-DOA log will be signed by the PI if staff changes.

5.7 The original MSL will be filed securely in the regulatory office and scanned for electronic access. The ISL will be filed in Florence eBinders. The PS-DOA log will be housed in the corresponding study regulatory file.

5.8 The MSL is available to be shared with sponsors, monitors, and auditors in an electronic or photocopied paper format upon request. The original document with wet-ink signatures may be viewed in the regulatory office upon request. The ISL will be available in Florence eBinders, or available in a PDF format upon request.

6.0 REFERENCES

Guidance for Industry Investigator Responsibilities — Protecting the Rights, Safety, and Welfare of Study Subjects. http://www.fda.gov/downloads/Drugs/.../Guidances/UCM187772.pdf
International Conference on Harmonisation of Technical Requirements for the Registration of Pharmaceuticals for Human Use (ICH) and E6 Good Clinical Practice (GCP)

21 CFR Subpart D §312.53 Selecting Investigators and Monitors

7.0 APPENDICES

Appendix 1a: Master Signature Log (MSL) Template

Appendix 1b: Individual Signature Log (ISL) Template

Appendix 2a: Protocol Specific Delegation of Authority Log (PS-DOA) Template (paper)

Appendix 2b: Protocol Specific Delegation of Authority Log (PS-DOA) Template (Florence eBinders)

Appendix 3: Key - Centralized Delegation of Tasks for Clinical Research

Appendix 4: "Guidance – Froedtert Clinical Staff and Research Delegation Logs"

Authorized by:

Signed Electronically by:
Betty Oleson - boleson@mcw.edu
11-Feb-2022 @ 08:36 AM CST Reason: Approval

CCCTO Administrative Director

Revision dates:
7/14/17, v 1.0
2/20/18, v 2.0
3/16/20, v3.0

Review dates:
2/20/18, 3/16/20

Master Signature Log

For use with central delegation key and protocol-specific delegation log.

Name (Print)	Signature	Handwriting Sample	Acknowledgement of delegated task (Initial & date)	
Sample Example	*Sample Example*	0 1 2 3 4 5 6 7 8 9 The quick brown fox jumps over a lazy dog	SE	5/1/17

Individual Signature Log and Use of Florence eBinders

For clinical trials regulated by the US FDA, MCW has submitted a non-repudiation letter to the FDA prior to the use of electronic signatures on any clinical trial document attesting to the fact that their electronic signatures are legally binding equivalents of their traditional hand-written signatures. The Non-repudiation letter is found for your reference on train.mcw.edu.

This Signature Log applies to all documents and clinical research studies and trials where Florence eBinders™ is utilized by this organization and where electronic signatures and handwritten signatures executed to electronic documents are intended to be equivalent to paper records and handwritten signatures.

Electronic signatures may be used for all documents stored in Florence eBinders™, except clinical trial agreements (CTA) or contracts processed through MCW Grants & Contracts Office (MCW GCO). MCW GCO will maintain their standard e-signature workflows via DocuSign or via wet-in signature, when required by sponsor. Each electronic signature shall be unique, using the individual's organization email address as the unique identifier in Florence eBinders™.

The purpose of the Signature Log is to have a record of the handwriting sample of every individual involved in study-related activity. An individual Signature Log should be maintained for each team member who participates on a study or trial that uses wet-ink handwriting. **The document is a wet ink document and needs to be legible to the reader.**

Enter the email address which will be utilized to access Florence eBinders: _____

Name (Print)	Signature	Handwriting Sample (0 1 2 3 4 5 6 7 8 9) The quick brown fox jumps over a lazy dog	Acknowledgement of Signature (Initial & Date)

MEDICAL COLLEGE OF WISCONSIN CANCER CENTER

Protocol-Specific Delegation of Authority Log

For use with central delegation key and Master Signature Log.

PI Name: _____

Sponsor: _____

Protocol Name: _____

Site Name: _____

Individuals are delegated the authority to perform the tasks appropriate for their role, as indicated in the **Key – Centralized Delegation of Tasks for Clinical Research** (Appendix 3 of SOP 6.2.6.2.3). If all tasks are included in the Key, the Protocol-Specific Tasks column will remain blank on the Protocol-Specific Delegation of Authority Log.

The Key may not be all-inclusive. Roles not captured in the Key are listed as Protocol-Specific Tasks below and delegated to appropriate individuals on the Protocol-Specific Delegation of Authority Log. Protocol-specific tasks will also be used if an individual is delegated to perform a task outside the role listed on the Key (i.e. Clinical Research Assistant obtaining informed consent).

☐ **N/A- All tasks follow key. No additional protocol-specific tasks required.**

Protocol-Specific Tasks

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

I authorize the individuals listed to participate on this protocol and perform the tasks delegated on the central delegation key and as indicated above and these individuals are aware of their additional duties, if indicated.

PI Signature at study initiation: _____ **Date:** _____

PI Signature at study closeout: _____ **Date:** _____

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Protocol-Specific Delegation of Authority Log

For use with central delegation key and Master Signature Log.

PI Name: _____

Sponsor: _____

Protocol Name: _____

Site Name: _____

NAME	ROLE	PROTOCOL-SPECIFIC TASKS	START DATE	ENTERED BY: INITIAL/DATE[1]	START DATE PI INITIAL/DATE	STOP DATE	ENTERED BY: INITIAL/DATE	STOP DATE PI INITIAL/DATE
Ex: John Smith	*Per Key	1,2,3,4,5,6,7,8,9,10	01-JAN-2019	JS 01-JAN-2019	AB 01-JAN-2019	01-JAN-2019	JS 01-JAN-2019	AB 31-DEC-2019

[1] Can be typed at initial document creation.

MEDICAL COLLEGE OF WISCONSIN CANCER CENTER

Protocol-Specific Delegation of Authority Log

For use with central delegation key and Master Signature Log.

PI Name: _____

Sponsor: _____

Protocol Name: _____

Site Name: _____

NAME	ROLE	PROTOCOL-SPECIFIC TASKS	START DATE	ENTERED BY: INITIAL/DATE[1]	START DATE PI INITIAL/DATE	STOP DATE	ENTERED BY: INITIAL/DATE	STOP DATE PI INITIAL/DATE
Ex: John Smith	*Per Key	1,2,3,4,5,6,7,8,9,10	01-JAN-2019	JS 01-JAN-2019	AB 01-JAN-2019	01-JAN-2019	JS 01-JAN-2019	AB 31-DEC-2019

[1] Can be typed at initial document creation.

Log Template Version: Cancer Center DOA Log Template V2

Log Details

Study Name:

Principal Investigator:

IRB Number:

Sponsor:

Site Number:

Site Name: Froedtert Hospital and the Medical College of Wisconsin

Log Version:

Legend

A - Investigator
B - Physician Assistant or Nurse Practitioner
C - Clinical Research Nurse
D - Clinical Research Coordinator
E - Clinical Research Assistant
F - Clinical Research Manager
G - Regulatory Staff
H - CTO Laboratory Staff
I - Pharmacist
J - Cell Processing Lab Staff

Log Information

Staff are delegated the tasks for their role assigned by the Legend. Please see the Key - Centralized Delegation of Tasks for Clinical Research in SOP 6.2.6.2.3 - Documenting Delegation of Authority for an explanation of the tasks delegated to each role.

Note--The Other Protocol-Specific Tasks column below will only be used if a staff member does not fit one of the roles in the Legend, if the protocol includes a task not contained in the Key - Centralized Delegation of Tasks for Clinical Research, or if a staff member is delegated a task not associated with their role (e.g. a Clinical Research Assistant is delegated to obtain informed consent).

Delegation of Authority - **STUDY NAME**

Row	Version	Staff Name	Role (from Legend)	Other Protocol-Specific Tasks	Start Date	End Date	Staff Acknowledgement	PI Signature

Medical College of Wisconsin – Cancer Center Clinical Trials Office

Appendix 3: RESEARCH DELEGATION OF AUTHORITY KEY

This document describes the standard research tasks delegated to each role within the MCW Cancer Center Clinical Trials Office. Individuals are delegated the authority to perform the tasks appropriate for their role, as indicated below, unless otherwise noted on a Protocol-Specific Delegation of Authority Log. Please note: this key may not be all-inclusive; roles not captured here should be listed on the Protocol-Specific Delegation of Authority Log as Other Protocol-Specific Tasks.

Investigator

- Assessment of inclusion/exclusion criteria
- Informed consent/assent
- Vital signs (height, weight, BP, pulse, RR, temperature, pulse ox)
- Assess performance status
- Physical exams
- Medical history
- Orders for test article
- Administration of test article
- Dose Limiting Toxicity (DLT) determination
- Maximum Tolerated Dose (MTD) determination
- Dose modification (including reductions, holds or restarts)
- Intake/documentation of symptoms
- Assessment of grade using CTCAE
- Transcription of grades from CTCAE for abnormal laboratory results
- Assessment of clinical significance of labs
- Assessment of expectedness
- Assessment of relationship to test article (i.e., attribution/ causality)
- SAE determination (i.e., event meets criteria for expedited reporting)
- Report to Sponsor as SAE
- Documentation of accountability and adherence by review of subject diary
- Documentation of accountability and adherence by count of test article returned by subject
- Drug/device receipt from the sponsor, storage, preparation, dispensation, destruction, unused returns to the sponsor, and related documentation
- Documenting in subjects' medical records or research charts
- Subject randomization
- Lab sample processing, shipping or receiving
- Apheresis
- Cell Processing and Cryopreservation
- Shipping and Packaging of Apheresis Product
- Evaluation of response assessments
- Assessment of primary study endpoints
- Physical assessments, cognitive tests (i.e., walk tests, strength tests, measurements, neurocognitive tests, etc.)
- Subject photography
- Subject questionnaires, patient reported outcomes
- IVRS/IWRS access
- Perform EKGs/ECGs on provided devices

- Maintain regulatory binder or essential documents
- Data transfer from source documents to CRF
- Sign completed CRF
- Data query resolution
- Communication and submissions to sponsors, IRB, or federal authorities, and Froedtert & MCW
- Perform and access eye exam assessments not requiring licensure

Physician Assistant (PA)/ Nurse Practitioner (NP)

Physician assistants and nurse practitioners will not be routinely added to the MSL and/or ISL or PS-DOA log (unless they are delegated to perform activities regulated by the FDA), since they work under the supervision of the investigators.

- Assessment of inclusion/exclusion criteria
    - Initial documentation: Requires evidence of confirmation by Investigator, before subject registration
- Informed consent/assent
- Vital signs (height, weight, BP, pulse, RR, temperature, pulse ox)
- Assess performance status
- Physical exams
- Medical history
- Administration of test article
- Dose Limiting Toxicity (DLT) determination
    - Initial assessment: Requires evidence of confirmation by Investigator
- Maximum Tolerated Dose (MTD)
    - Initial assessment: Requires evidence of confirmation by overall Investigator
- Dose modification (including reductions, holds or restarts)
    - Initial assessment: Requires evidence of confirmation by Investigator
- Intake/documentation of symptoms
- Assessment of grade using CTCAE
- Transcription of grades from CTCAE for abnormal laboratory results
- Assessment of clinical significance of labs
- SAE determination (i.e., event meets criteria for expedited reporting)
- Documentation of accountability and adherence by review of subject diary
- Documentation in subjects' medical records or research charts
- Subject randomization
- Evaluation of response results
    - Initial determination: Requires evidence of confirmation by Investigator
- Assessment of primary study endpoints
    - Initial determination: Requires evidence of confirmation by Investigator
- Physical assessments, cognitive tests (e.g., walk tests, strength tests, measurements, neurocognitive tests)
- Subject photography
- Subject questionnaires, patient reported outcomes
- Perform EKGs/ECGs on provided device.
- Maintain regulatory binder or essential documents
- Data transfer from source documents to CRF
- Communication and submissions to sponsors, IRB, or federal authorities, and Froedtert & MCW

Clinical Research Nurse (CRN), Clinical Research Coordinator (CRC) & Clinical Research Manager (CRM)

- Assessment of inclusion/exclusion criteria
    - Initial documentation: Requires evidence of confirmation by Investigator, before subject registration
- Informed consent/assent
- Vital signs (height, weight, BP, pulse, RR, temperature, pulse ox) – as certified by the institution
- Assess performance status – **CRN only**
- Medical history
    - Clarifications only: Medically focused evaluations done by Investigator/PA/NP
- Administration of test article – **CRN only**
- Dose Limiting Toxicity (DLT) determination
    - Initial assessment: requires evidence of confirmation by Investigator
- Maximum Tolerated Dose (MTD)
    - Initial assessment: requires evidence of confirmation by overall Investigator
- Dose modification (including reductions, holds or restarts)
    - Initial assessment: requires evidence of confirmation by Investigator
- Intake/documentation of symptoms
- Assessment of grade using CTCAE
    - Initial assessment: requires evidence of confirmation by Investigator/PA/NP
- Transcription of grades from CTCAE for abnormal laboratory results
- Assessment of clinical significance of labs
    - Based on if action was taken because of lab value
- Assessment of expectedness
    - Initial determination: Identification based on current version of IB; requires evidence of confirmation by Investigator
- SAE determination (i.e., event meets criteria for expedited reporting)
- Report SAEs, Protocol Deviations, and Unanticipated Problems to study sponsor, IRB, and regulatory agencies as required.
- Documentation of accountability and adherence by review of subject diary
- Documenting in subjects' medical records or research charts
- Subject randomization
- Specimen collection including phlebotomy - **CRN only**
- Lab sample processing, shipping or receiving
- Evaluation of response results
    - Initial determination: Requires evidence of confirmation by Investigator
- Assessment of primary study endpoints
    - Initial determination: Requires evidence of confirmation by Investigator
- Physical assessments, cognitive tests (i.e., walk tests, strength tests, measurements, neurocognitive tests, etc.)
- Subject photography
- Subject questionnaires, patient reported outcomes
- IVRS/IWRS access
- Perform EKGs/ECGs on provided device (following documented training)
- Maintain regulatory binder or essential documents
- Data transfer from source documents to CRF
- Data query resolution
- Communication and submissions to sponsors, IRB, or federal authorities, and Froedtert & MCW
- Directly supervises Clinical Research Assistants, Clinical Research Coordinators and Research Nurses – **CRM only**
- Perform and access eye exam assessments not requiring licensure

Clinical Research Assistant (CRA)

- Determination of grades from CTCAE
- Assessment of clinical significance of labs based on MCW CCCTO SOP
- SAE determination (i.e., event meets criteria for expedited reporting)
    - If pre-specified in protocol; otherwise requires evidence of confirmation by Investigator
- Documenting in subjects' medical records or research charts

- Lab sample processing, shipping or receiving
- Maintain regulatory binder or essential documents
- Data transfer from source documents to CRF
- Data query resolution
- Communication and submissions to sponsors, IRB, or federal authorities, and Froedtert & MCW
- Subject questionnaires, patient reported outcomes
- Informed consent/assent

Regulatory Staff

- Maintain regulatory binder or essential documents
- Communication and submissions to sponsors, IRB, or federal authorities, and Froedtert & MCW

CTO Laboratory Staff (CTO LAB)

- Lab sample processing, shipping or receiving
- Maintaining documentation of sample storage, shipping, and receiving
- Data transfer from source documents to CRF
    - Study specific lab forms

Investigational Drug Service (IDS) Pharmacist

- Medical history
    - Medication review only
- Dose modification determination (including reductions, holds or restarts)
    - Initial assessment: Requires evidence of confirmation by Investigator
- Documentation of accountability and adherence by count of test article returned by subject
- Drug/device receipt from the sponsor, storage, preparation, dispensation, destruction, unused returns to the sponsor, and related documentation
- Unblinding of study drug
- Documenting in subjects' medical records or research charts
- IVRS/IWRS access
    - Pharmacy functions only
- Maintain regulatory binder or essential documents
    - Pharmacy specific documents
- Data transfer from source documents to CRF
    - Pharmacy specific documents
- Data query resolution
    - Pharmacy specific forms
- Communication and submissions to sponsors, IRB, or federal authorities, and Froedtert & MCW

Cell Laboratory Staff

- Cryopreservation of cells
- Mononuclear cell collection
- Shipment of cells to sponsor
- Production and propagation of cell agent
- Receipt and storage of cell agent

- Thawing and processing of cell agent
- Delivery of cell agent to subject for administration
- Management of Cell Processing Lab staff
- Recordkeeping of logs

Multisite Coordinator

- Perform study start-up tasks
- Coordinate site start-up activities and training
- Review of regulatory files, subject files, and pharmacy files, as applicable
- Enter queries and provide PI and applicable study staff with written and verbal feedback and findings.
- Provide education to study staff about regulations, good clinical practice, and study protocol requirements as necessary.
- Report concerns to regulatory authorities, as necessary

Froedtert Health has received questions from research sponsors of the Medical College of Wisconsin Physicians regarding the regulatory requirements relating to clinical research regulated by the U.S. Food and Drug Administration (FDA) in situations in which our clinical staff (i.e. nurses, pharmacists) provide care to patients who receive investigational drugs (or an investigational device). At times sponsors of clinical investigations insist that these Froedtert clinical staff be listed on a Form FDA 1572 Statement of Investigator and/or sign a "delegation of authority log" which states that the clinical staff have reviewed all amendments to each clinical study protocol for study patients to whom the hospital staff provide clinical care/treatment that is also research (i.e. prepare, administer study drug, or provide investigational device-related care).

Froedtert's regulatory review indicates that the regulations do not require, and the FDA's current guidance does not recommend, that hospital nurses who administer study drug in the course of their clinical nursing duties sign a delegation log indicating that they have reviewed all clinical trial protocol amendments relating to hospital patients. Accordingly, hospital clinical staffs that do not perform a significant role in a particular clinical study should not be asked to sign a delegation log and should not be listed on the investigator statement. This is consistent with the FDA's clinical research regulations which assign regulatory responsibilities and requirements to sponsors and investigators.

Based on the FDA's regulations governing sponsor and investigator responsibilities and principles of appropriate patient care, Froedtert clinical staff should not be listed on the investigator statement (or investigator agreement) and should not be required to sign an investigator's delegation of authority log, including those that specify, among other things, that the clinical staff has reviewed every amended protocol for any hospital patient that receives study drug or investigational device.

The Medical College of Wisconsin researcher requests Froedtert clinical staff resources to support their research trial needs. Froedtert does require the Principal Investigator, and/or his/her designee, to provide protocol specific training pertinent to the clinical staff role the research requires. Education is documented, generally a protocol specific "tip" sheet and/or Operational Plan is created collaboratively between the researcher and the Froedtert Entity. Copies are provided and impacted clinical staff signs an education log. Amendments to a protocol that specifically impact the Froedtert clinical staff role are expected to be managed by the PI, study team in the same way.

Froedtert is comfortable with the researcher identifying the Froedtert unit/department staff as a group, not as individuals.

Froedtert's regulatory review has organizational support of the Medical College of Wisconsin/Froedtert Health Research Optimization Committee.

References: **A. <u>Form FDA 1572 Statement of Investigator</u>**

Clinical Investigator responsibilities are set forth in 21 C.F.R. § 312.60 (for drug trials) and 21 C.F.R. § 812.100 (for devices). In May 2010, the FDA issued an *Information Sheet Guidance for Sponsors, Clinical Investigator, and IRBs – Frequently Asked Questions – Statement of Investigator (Form FDA 1572)*. The Guidance was issued by the FDA's Office of Good Clinical Practice and Drug, Biologics and Device Centers. While the Form FDA 1572 ("Form 1572")

applies to drug studies, the guidance notes that sponsors of device studies are required to obtain a signed investigator agreement that contains "information similar to that requested on the 1572" from each participating investigator under 21 C.F.R. § 812.43(c). With regard to section 6 of the Form 1572, which lists "the names of the subinvestigators who will be assisting the investigator in the conduct of the investigation(s)", the FDA indicates that the purpose of that section "is to capture information about individuals who, as part of an investigative team, will assist the investigator and make a direct and significant contribution to the data." (Emphasis added). The FDA notes that the decision to list an individual depends on that person's level of responsibility – i.e., whether the person is directly involved in the performance of procedures required in the protocol and the collection of data. More specifically, with respect to hospital nurses, the FDA states that "[H]ospital staff, including nurses, residents, or fellows and office staff who provide ancillary or intermittent care but who do not make a direct and significant contribution to the clinical data, do not need to be listed individually" on the FDA Form 1572. (Emphasis added).

Therefore, based on the FDA's clinical investigator regulations and on current FDA guidance interpreting the sponsor and investigator regulatory requirements, hospital nurses who do not provide direct and significant contributions to the clinical data in a clinical study need not sign the investigator statement (or investigator agreement). This regulatory guidance is also consistent with the definition of Investigator set forth in the MCW/FH IRB standard operating procedures.

B. Delegation of Authority Logs and Review of All Protocol Amendments

The responsibility of drug sponsors to select qualified investigators who will conduct a drug study "in accordance with the relevant, current protocol(s)" is set forth in 21 C.F.R. §§ 312.60 and 53(c). Similarly, the responsibility of device sponsors to select qualified investigators and to conduct the study "in accordance with the investigational plan" is set forth in 21 C.F.R. §§ 812.40 and 43(c). In October 2009, the FDA issued a *Guidance for Industry, Investigator Responsibilities – Protecting the Rights, Safety, and Welfare of Study Subjects*. The Guidance was likewise issued by the FDA's Office of Good Clinical Practice, and Drug, Biologics and Device Centers. The Guidance is intended to "clarify" investigator responsibilities to supervise the conduct of the clinical trial and protect the rights, safety and welfare of drug and device trial participants. In discussing delegation of responsibilities, the FDA states that the investigator "should maintain a list of the appropriately qualified persons to whom significant trial-related duties have been delegated" in accordance with the protocol. In explaining what constitutes "adequate training" for all staff that participate in a study, the FDA indicates that the investigator should ensure, among other things, that staff "[h]ave an adequate understanding of the specific details of the protocol and attributes of the investigational product needed to perform their assigned tasks" and [are] informed of any pertinent changes during the conduct of the trial and receive additional training as appropriate." (Emphasis added).

Accordingly, the FDA regulations and applicable guidance make apparent that, rather than insisting that hospital nurses review every protocol amendment for any patient to whom they may administer study drug (or investigational device), the investigators should provide targeted training on those portions of protocol amendments that would specifically affect hospital nurses that administer drugs but who do not perform a significant role within the clinical trial. This approach would provide the "adequate training" for the nurses' "assigned tasks" envisioned by the FDA's regulations, would provide better patient protection and care, and is consistent with the definition of Investigator responsibilities set forth in the MCW/FH IRB standard operating procedures.

Current Electronic Signatures (v.6):

Signed electronically by: Betty Oleson (boleson@mcw.edu)

Date: *11-Feb-2022 @ 08:36 AM CST*

Reason: *Approval*

Previous Electronic Signatures:

There are no signatures for any previous versions.