



**STANDARD OPERATING PROCEDURE 3:
SITE INITIATION CHECKLIST.**

SOP 3: Site Initiation Checklist.

The following items should be addressed when initiating a participating site into a multi-center trial.

I. Site Information

| | | | |
|---------------|--|-------------------------|---|
| Site Name: | | Date: | |
| Study Name: | | Initiation Visit Method | <input type="checkbox"/> On-site |
| Name of PI: | | | <input type="checkbox"/> Teleconference |
| Conducted by: | | | <input type="checkbox"/> Others: _____ |

II. Checklist

| Sr. No | Content | Yes | No | NA |
|--------|---|-----|----|----|
| 1. | Contact details- | | | |
| | A. Contact detail of Principal Investigator, Co- Investigator, Clinical Research Coordinator, Research Nurse etc. | | | |
| | B. Signed and dated CV, MRC, GCP certificate of PI, Co-I and other site research staff | | | |
| 2. | Agreements- | | | |
| | A. Non - Disclosure Agreement (NDA) if yes, Date: | | | |
| | B. Clinical Study Agreement (CSA)/Clinical trial Agreement (CTA) if yes, Date: | | | |
| | C. Financial Disclosure Form (FDF) If Applicable if yes, Date: | | | |
| | D. Material Transfer Agreement if yes, Date: | | | |
| | Finance | | | |
| | A. Grant offer letter if yes, Date: | | | |
| | B. Payments of investigator sponsor from the funding body if yes, Date: | | | |
| | C. Accounts statement/ Utilization Certificate | | | |
| | D. Expense statement for Investigators Meeting | | | |
| | E. Payments to other sites | | | |

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| 3. | Insurance- | | | |
| | A. Insurance Policy | | | |
| | B. Other documents | | | |
| 4. | Ethics Committee- | | | |
| | A. Composition of ethics committee, EC SOP | | | |
| | B. Submission letter/Notification | | | |
| | C. Approval letters if yes, Date: | | | |
| | D. Other communication | | | |
| 5. | Major Documents related to conducting of the trial | | | |
| 5.1 | Protocol | | | |
| | A. Current approved protocol | | | |
| | B. Protocol Signature Page | | | |
| | C. Amendments (If Any) | | | |
| 5.2 | Investigational Brochure (IB) | | | |
| | A. Current approved Investigational Brochure | | | |
| | B. Amendments (If Any) | | | |
| 5.3 | Informed Consent Form (ICF) | | | |
| | A. Current EC approved version of ICF with translations in other vernacular languages | | | |
| | B. Assent form (if applicable) | | | |
| | C. Translation and Back translation certificates | | | |
| 5.4 | Case Report Form (CRF) | | | |
| | A. Current EC approved Case Report Form | | | |
| | B. Amendments (If Any) | | | |
| 6. | Subject details- | | | |
| | A. Randomization log (templates) | | | |
| | B. Screening log (templates) | | | |

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| | C. Subject identification code list (templates) | | | |
| | D. Note to Files (templates) | | | |
| 7. | Regulatory- | | | |
| | A. Approval letter of (If applicable) <ul style="list-style-type: none"> • DCGI • HMSC • Import/Export License | | | |
| | B. CTRI registration | | | |
| 8. | Safety reporting- | | | |
| | A. Blank Templates of <ul style="list-style-type: none"> • Adverse Event (AE) • Serious Adverse Event (SAE) | | | |
| | B. Copies of completed- <ul style="list-style-type: none"> • Serious Adverse Event (SAE) form • Serious Adverse Event (SAE) report as per table 5 of New Drug and Clinical Trial Rule 2019 | | | |
| | C. Safety report (SAE)log (templates) | | | |
| | D. Annual safety report (separators attached) | | | |
| 9. | Research team training | | | |
| | A. Duty delegation log and signature log | | | |
| | B. Study Specific Training Log | | | |
| 10. | Lab details | | | |
| | A. Accreditation and certificates of local lab | | | |
| | B. Accreditation and certificates of central lab (if applicable) | | | |
| | C. Normal value/range for medical lab | | | |
| | D. Other validation (where required) | | | |
| 11. | Monitoring | | | |
| | A. Feasibility report | | | |
| | B. Visit Confirmation letter/E-mail | | | |
| | C. Pre-trial Visit Report | | | |
| | D. Study monitoring plan (if applicable) | | | |

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| | E. Site initiation visit (SIV) report (separators attached) | | | |
| | F. Monitoring visit log (templates) | | | |
| | G. Follow up letters/E-mail | | | |
| | H. Deviation/violation log | | | |
| | I. Close –out Visit Report | | | |
| | J. Audit certificate (if available) | | | |
| | K. Clinical Study report | | | |
| 12. | Investigational Medicinal Product (IMP)- (if Applicable) | | | |
| | A. Manufacturing and authorization license | | | |
| | B. IMP Shipment record | | | |
| | C. IMP accountability log (templates and completed) | | | |
| | D. IMP order record | | | |
| | E. IMP Return Records / Forms | | | |
| | F. Temperature log (templates and completed copies) | | | |
| | G. Documentation of IMP destruction | | | |
| | H. IP labels/ package insert | | | |
| | I. Certificate of Analysis of the IP shipped | | | |
| 13. | Miscellaneous | | | |
| | A. Investigator Meeting (IM) presentation, agenda including attendance sheet, minutes of the IM | | | |
| | B. MOMs of teleconference between NCG CRO and Sites or Investigator sponsor (separators attached) | | | |
| | C. Newsletters and any other communications | | | |
| | D. Recruitment advertisement, Patient Diary Card, Questionnaire with translations etc (If applicable) | | | |
| | E. SOP training should be completed for all study team members (training log) | | | |