Procedure Name: **Adverse Event Reporting**
Effective Date: **March 1, 2010**
Revision: **02**
Initiating Department: **Office of Clinical Trials**
Procedure Number: **CR-003, Rev 2**
Application: **Principal Investigators, Coordinators and Staff**
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OBJECTIVE:

Describe the process for recognizing and where applicable reporting adverse events in human drug and medical device clinical trials.

REFERENCES:

21 CFR 312.32	IND Safety Reports
21 CFR 812.3	Definitions
21 CFR 812.150	Reports
FDA	Draft Guidance - Adverse Event Reporting-- Improving Human Subject Protection
ICH E-6, § 1	GCP Definitions
ICH E-6, § 4.11	Safety Reporting
ICH E-2A	ICH Guidance for Clinical Safety Data Management: Definitions and Standards for Expedited Reporting (ICH studies)
OPHS-IRB Manual, Section 7.4	Defining and Reporting Unanticipated Problems Involving Risks to Subjects or Others, and Serious Adverse Events or Unexpected Events

SCOPE:

This document describes the procedure for recognizing and reporting, as required, adverse events which may occur at the clinical site subject to investigational new drug or device trials.

RESPONSIBILITY:

The clinical site has the responsibility for recognizing changes in subject health that may qualify as adverse events, classifying those results as defined in the relevant regulations and reporting those events to both the sponsor and the applicable Institutional Review Board(s).

The trial sponsor is responsible for receiving these reports and forwarding this information (when applicable) to the appropriate regulatory authorities.

PROCEDURE:

1.0 Identify the regulatory environment for the subject trial. The protocol or other trial-related documentation should state whether the trial is being conducted under U.S. requirements (CFR) or ICH or both. If in doubt or the regulatory environment is not specified, utilize the most conservative approach.

2.0 Identify a potential adverse event. Recall that adverse events are negative changes from the baseline condition. Since the baseline condition is critical to understanding if an adverse event has occurred, a thorough medical history is required in most clinical trials.

3.0 Identify any information that may indicate that an adverse event may have occurred. This information may come from several different sources and persistent discussions with the subject may be required to learn of these events. Possible sources for AE information include:

- Information obtained during a scheduled clinical visit
- Emergency room or other hospital records – including hospital visits which may have occurred in other cities or states.
- Laboratory reports indicating significant deleterious changes
- Changes in medication that the subject may be taking
- Visits to new physicians the subject did not previously consult
- Any other medically significant information or records that indicate that a negative change from baseline may have occurred.

4.0 Document the adverse event as directed by the applicable protocol. Most protocols contain adverse event reporting procedures and forms. If no forms or guidance are available from the protocol, document the adverse event seen in the subject's medical record. FDA form 3500A (which is used for mandatory reporting of adverse events – by the sponsor) may be helpful in the absence to guidance from the protocol if questions arise about what information to document. The form is available from FDA.gov. Capture the following information when submitting to the IRB:

- Subject ID (Subject initials, gender, and age)
- Protocol name and number, IRB project number/Investigator name
- Date and time of onset including dosage information as applicable
- Brief description of the adverse event
- Event Result:
  - Death
  - Life threatening situation
  - Hospitalization or prolonged hospitalization
  - Severe or permanent disability
  - Other
  - Casual relationship of the investigational product to the AE, as

determined by the PI.

Assure that all relevant AE information is captured in source documentation.

5.0 If the adverse event occurred at UNTHSC, is serious and/or unexpected (SAE or UADE), and is related to the study protocol, notify the IRB electronically within 24 hours of learning about event. This information should be electronically submitted to Debbie Ceron at Deb.Ceron@unthsc.edu. Inform the sponsor of an event according to the protocol. Within 10 working days submit a detailed report (IRB form 3a) with all supporting documentation to the IRB.

6.0 Follow-up this initial notification with documentation as described in the protocol. Assure that documentation of this initial and follow-up notification is documented in the clinical records. Assure that any follow-up documentation is provided both to the sponsor and to the applicable IRB(s).

7.0 Follow the subject as appropriate until the adverse event is resolved. Document all follow-up treatment and findings in the subject's source documentation and charts as appropriate.

SAE Notification from other clinical sites:

8.0 The PI is required to assure that the IRB(s) of record are notified of "unanticipated problems" that that may have occurred at other clinical sites. Typically, this determination and notification of these events to the site are provided by the sponsor. Within 10 working days of a receipt of the notification from the sponsor, a detailed report (IRB form 3b) should be used to report SAEs that have occurred at other sites. Assure that the IRB receives timely notification of any such events, including a discussion of why the event described represents a problem for the study and why it is unanticipated. See FDA Guidance "Adverse Event Reporting – Improving Human Subject Protection" for extensive discussion of when adverse events from other sites are passed on to the IRB. If the IRB is notified, capture and document the date the IRB receives notification of these events and the date the IRB documents receipt of same.

REVISION HISTORY

Rev	DCO	Description of Change	Approved by
2	08-011	Additional cross-referencing	Michael V.W. Bergamini