Standard Operating Procedure:

Project Set-up

# Purpose

This standard operating procedure (SOP) describes the steps for setting up a clinical research project within the University of Birmingham (UoB). It includes the approvals required for any project e.g. sponsorship, a favourable opinion from a research ethics committee (REC), Health Research Authority (HRA) approval and Medicines & Healthcare products Regulatory Agency (MHRA) authorisation. This SOP also describes the process for making amendments to a project.

# Scope

This SOP is applicable to all clinical research where the UoB is the sponsor or takes on the sponsor’s responsibilities for project set-up. Where clinical research is sponsored by another institution, this procedure should be followed as far as possible, and in line with the contractual agreement between the UoB and the other institution. This SOP also applies to clinical research approved by a UoB REC that is required to follow the UoB Principles of Good Clinical Practice (GCP) for Clinical Research (UoB-GCP-POL-001). This SOP may be used as a guidance document in all other cases.

# Implementation plan

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| --- | --- | --- |
| Type of Project | SOP Implementation Timeframe | |
| **Existing research**  **(project live prior to this document’s effective date)** | **Research in set-up**  **(project live after this document’s effective date)** |
| **Clinical trial** | Compliant with full SOP  immediately | Compliant with full SOP  immediately |
| **Clinical studies** | Compliant with key points immediately | Compliant with full SOP  immediately |

## Key points

To be compliant with the key points of this SOP the outputs listed below are required.

* Evidence of required contracts and agreements in place (including a site agreement where appropriate).
* Evidence of REC favourable ethical opinion and other regulatory approvals e.g. clinical trial authorisation (CTA) for clinical trials of investigational medicinal products (CTIMPs), HRA approval and R&D approval for clinical research involving the NHS/NHS sites.
* Documented evidence of the required approvals for any amendments to the project, and evidence that the amendments have been implemented.
* In addition, for HRA-approved clinical research:
* documented evidence of sponsorship approval and appropriate insurance (except where projects fall under the UoB’s standard ‘clinical trial’ insurance)
* evidence of registration on a public register in accordance with the UoB position statement on clinical research registration (available from the Research Ethics, Governance & Integrity Team (REGI))
* submission of annual progress report(s) (APR) on time, with a copy sent to REGI
* where an amendment is required, documented evidence of a substantiality assessment in the study/trial master file (S/TMF).

# Stakeholders

Note that where the UoB takes on the sponsor’s responsibility for project set-up, the UoB will delegate the majority of these duties to the chief investigator (CI) and/or to a clinical trials unit (CTU), who may delegate these duties further to their research team(s). All delegation of duties will be documented (e.g. using the CI declaration and the Clinical Trials Task Delegation Log (UoB-SPO-QCD-001)).

* CI: the CI may delegate activities to members of their research team, although evidence of CI involvement and approval is still expected and may not be delegated where ‘no delegation allowed’ is indicated. The SOP will state where delegation is possible. For clinical research approved by a UoB REC, the role of CI may be termed the principal investigator (PI), or the supervisor for the postgraduate research student.
* Clinical Research Compliance Team (CRCT).
* REGI.
* UoB lead.

# Background and rationale

For the purposes of this SOP the terms ‘clinical research’ or ‘project’ will cover CTIMPs, other interventional trials (e.g. surgical trials, device trials and non-CTIMP trials, and any other projects deemed to be ‘interventional’ by the sponsor), and clinical studies.

All UoB clinical research involving human participants requires ethical review. Ethical review is undertaken in order to minimise the risk of harm to participants and to help ensure that all clinical research is conducted in accordance with appropriate ethical principles. The process for ethics review will be initiated by completion of the [UoB research ethics review process](https://www.birmingham.ac.uk/research/research-integrity/research-ethics-and-integrity.aspx).

The [UoB Code of Practice for Research (PDF - 479 KB)](https://www.birmingham.ac.uk/Documents/university/legal/research.pdf) provides a framework for the governance of all research throughout the university. It is expected that all UoB researchers will work to these standards. In addition, all UoB-sponsored clinical research must be conducted in accordance with the UoB Principles of GCP for Clinical Research (UoB-GCP-POL-001). Clinical research approved by a UoB REC may also be instructed to follow these principles.

Furthermore, in the UK, the regulatory requirements for clinical research approved by the HRA, including the requirement for sponsorship, are detailed in the [UK Policy Framework for Health and Social Care Research](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/). Prior to awarding sponsorship, the REGI will undertake a sponsor review to ensure the university can meet its responsibilities as sponsor in relation to the project. Please see the Sponsor Oversight of Clinical Research SOP (UoB-SPO-SOP-001) for further information. The [Medicines for Human Use (Clinical Trials) Regulations 2004](https://www.legislation.gov.uk/uksi/2004/1031/contents/made) and any subsequent amendments outline additional requirements for CTIMPs.

Please note that the UoB would not normally act as a ‘site’ for regulated clinical trials or surgery trials (i.e. CTIMPs or, of medical devices). While exceptions to this may occasionally be made, where an exception is made this will be documented in writing in a letter from the University’s Head of Research Governance and Integrity. This means that no patients on CTIMPs, regulated device trials or surgery trials may be recruited, receive treatment or other interventions on university premises without the express written permission of the Head of Research Governance and Integrity. See also the Clinical Research Quality Manual (UoB-CQM-POL-001) for further information.

# Procedure

1. The CI (or delegate) will classify the project type in order to determine the required approval pathway. See the UoB Clinical Research Definitions (UoB-DEF-POL-001) for further details.

* Where clarification has been provided on whether a project is a CTIMP by the REGI, the CI (or delegate) will file evidence of the assessment outcome.

## UoB research ethics review process

The research ethics review process includes a workstream to request sponsorship for a project in line with the [[UK Policy Framework for Health and Social Care Research](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/)](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/uk-policy-framework-health-and-social-care-research/).

1. The CI (or delegate) will complete the [UoB research ethics review process](https://www.birmingham.ac.uk/research/research-integrity/research-ethics-and-integrity.aspx). Note that no work with human participants is to be undertaken until required approvals are in place. See also ‘Sponsorship’ and ‘Ethics and external approvals’ sections below.

## Independent peer review

1. The CI (or delegate) will ensure the research proposal or protocol has received appropriate independent expert ('peer') review prior to submission for research ethics review. See the Peer Review SOP (UoB-PRV-SOP-001) for information about the process to be followed.

## Sponsorship

Completion of the research ethics review process will generate an ethics reference number (ERN). A sponsor reference number (‘RG number’) will be issued by the REGI at the point of validation for projects that require sponsorship by the university.

1. The CI (or delegate) will follow the REGI’s process on [Applying for UoB Sponsorship](https://intranet.birmingham.ac.uk/finance/RSS/Research-Support-Group/Research-Governance/How-to-apply-for-UoB-Sponsorship.aspx).

* Please use [researchgovernance@contacts.bham.ac.uk](mailto:researchgovernance@contacts.bham.ac.uk) for correspondence with the REGI (see point 8 below for documents to include). It is expected that the RG number (or ERN if not available) is stated in the subject line of all communication with the REGI.

1. For CTIMPs, from 1 January 2022, the CI (or delegate) will submit any new applications via the [combined review process](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/clinical-trials-investigational-medicinal-products-ctimps/combined-ways-working-pilot/), formerly known as Combined Ways of Working (CWoW). See also the Essential Documents Development and Maintenance SOP (UoB-ESD-SOP-001).
2. For externally sponsored projects, the CI (or delegate) will follow their local processes for obtaining sponsorship and ensure it is clearly documented what duties are taken on by UoB staff e.g. via a contract, the protocol or a delegation of duties log. For projects sponsored by the UoB, but where the CI is external, the UoB lead (or delegate) will inform the REGI during the early stages of the sponsor-review process.
3. The UoB lead (or delegate), in collaboration with REGI, will ensure a CI agreement is put into place between the UoB and the CI. See also the Clinical Research Quality Manual (UoB-CQM-POL-001) for more information.

* For CTIMPs, where the CI is internal to the UoB (i.e. holding a substantive or an honorary contract), this will be documented in a [CI declaration (for CTIMPs](https://intranet.birmingham.ac.uk/finance/documents/public/rgt/ci-declaration-internal-ci-agreement-uob-sponsor-ctimps-v2.0.docx)), and must be signed by the CI.
* For non-CTIMPs and studies, where the CI is internal to the UoB (i.e. holding a substantive or an honorary contract), this will be documented in a [CI declaration (for non-CTIMPs and studies)](https://intranet.birmingham.ac.uk/finance/documents/public/rgt/ci-declaration-internal-ci-agreement-uob-sponsor-non-ctimps-v2.0.docx), and must be signed by the CI.
* Where the CI is external to the UoB (i.e. not holding a substantive or an honorary contract), an external CI agreement will be requested via [Worktribe](https://intranet.birmingham.ac.uk/rssd/systems-data/index.aspx), and must be signed by the CI’s employer. This replaces the need for a CI declaration.

1. The CI (or delegate) will send the protocol and any other documents intended to be submitted to the REC/HRA and any regulatory body to the REGI for sponsor review. See the Sponsor Review Tool (UoB-SPO-QCD-002), [HRA guidance on preparing study documentation](https://www.hra.nhs.uk/planning-and-improving-research/research-planning/prepare-study-documentation/) and the checklist on the IRAS form for further guidance and information. The documents/information to be submitted for sponsor review to REGI will include those listed below.

* The protocol.
* A signed CI declaration or an external CI agreement where the project is UoB-sponsored with an external CI.
* For a UoB CTU-managed project, a signed CI-CTU agreement outlining the duties to be undertaken by each party. See also the Clinical Trials Task Delegation Log (UoB-SPO-QCD-001) for a template. Note that the design/format of the clinical trial task delegation log is optional, but the content is mandatory.
* For CTIMPs, a risk assessment. Note: REGI may also request a copy of the risk assessment for non-CTIMPs and studies. See also the Project Oversight and Quality Management SOP (UoB-POS-SOP-001).
* Essential documents including participant information sheet (PIS), informed consent form (ICF) and any other participant-facing documents, e.g. posters. See also the Essential Documents Checklist (UoB-ESD-QCD-005) for further details.
* Curriculum Vitae (CV) for the CI.
* For clinical research involving the NHS/NHS sites, an [Organisation Information Document and Schedule of Events](https://www.hra.nhs.uk/planning-and-improving-research/research-planning/prepare-study-documentation/).
* Evidence of appropriate training on human tissue regulations if collecting/using human tissue samples is involved. Examples of relevant training include:
* [Medical Research Council (MRC) online ‘Research & Human Tissue Legislation’](https://byglearning.com/mrcrsc-lms/course/index.php?categoryid=1)
* [HRA online ‘Research involving human tissue’](https://www.hra.nhs.uk/planning-and-improving-research/learning/e-learning/).
* The expected recruitment start date and project completion date.
* Confirmation as to the role the UoB will undertake. If the UoB will act only as a coordinating centre, the external sponsor’s details will be provided. Evidence of an agreement between the coordinating centre and external sponsor, detailing each party’s responsibilities, will also be given.

1. The REGI will ascertain if sponsorship can be provided, with reference to the Sponsor Review Tool (UoB-SPO-QCD-001) as outlined in the Sponsor Oversight of Clinical Research SOP (UoB-SPO-SOP-001), and will authorise the IRAS form electronically.
2. The REGI will send the CI a ‘sponsor pack’. This will include a letter confirming the project’s insurance.

* For projects that do not fall under the UoB’s standard insurance, a certificate will be issued and filed in the S/TMF.
* For projects that fall under the UoB’s standard insurance, an [insurance certificate](https://intranet.birmingham.ac.uk/finance/insurance/liability/clinical-trials.aspx) will be available to download where required. The REGI will retain a copy of the insurance certificate within the sponsor’s file.

## Ethics and external approvals

1. For projects running internationally only (and not in the UK), the CI (or delegate) is encouraged to seek an in-country/local research ethics review and, where possible, the UoB will consider accepting the local research ethics review in place of a UoB review. The CI (or delegate) will send the in-country documentation and approvals to the REGI who will work with the UoB REC co-chairs for review and approval.

* Some countries may require a UoB research ethics review prior to/in addition to an in-country ethics review. In such cases, the CI (or delegate) will submit an application for a UoB research ethics review as well as seeking an in-country ethics review.

1. The CI (or delegate) will submit a request to the relevant authorities to obtain a REC favourable ethical opinion and regulatory approval to begin the project. Note: for all applications, other than projects undergoing a UoB ethics review, submissions will be made within IRAS or the [combined review process](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/clinical-trials-investigational-medicinal-products-ctimps/combined-ways-working-pilot/). The types of approval required may include those listed below.

* REC favourable opinion.
* For clinical research only taking place in a community setting (including the university) involving human participants (unless a CTIMP or work with human tissue where a Human Tissue Authority (HTA) licence exemption is needed), NHS members of staff or work deemed to be ‛service evaluation’ by the NHS, ethical approval will be via one of UoB RECs.
* For clinical research involving NHS patients/carers, their data or tissue, participants with mental incapacity, and the storage of human tissue where a HTA licence exemption is needed, ethical approval will form part of the HRA approval process.
* For some clinical research that does not require HRA approval, for example tissue banks and research databases, or research taking place outside of the NHS such as phase 1 trials in healthy volunteers, REC approval may still be required.
* Gene therapy trials will be submitted to the Gene Therapy Advisory Committee (GTAC), rather than a standard REC. See the [HRA](https://www.hra.nhs.uk/about-us/committees-and-services/res-and-recs/gene-therapy-advisory-committee/) for further details.
* [HRA approval](http://www.hra.nhs.uk/about-the-hra/our-plans-and-projects/assessment-approval/)
* Note: for most applications to the HRA, the REC review will form part of the overall HRA approval process.
* For CTIMPs, clinical trial authorisation (CTA) via the combined review process.
* A CTA is required for each country in which the research is being conducted. For CTIMPs conducted in the UK, relevant documentation needs to be submitted to the MHRA to obtain a CTA.
* For CTIMPs submitted to the MHRA under the Notification Scheme, an assessment of the investigational medicinal product (IMP) risk category and a safety monitoring plan are expected to be included with the notification.
* Administration of Radioactive Substances Advisory Committee (ARSAC) certification – consider the [Ionising Radiation (Medical Exposure) Regulations 2000](http://www.legislation.gov.uk/uksi/2000/1059/contents/made) requirements and see also the [new licensing system for administration of radioactive substances](https://www.hra.nhs.uk/about-us/news-updates/new-licensing-system-administration-radioactive-substances/).
* Studies involving ionising radiation research exposure (e.g. bone density scans or dual-energy X-ray absorptiometry (DEXA) and computerised tomography (CT) scans) may be eligible to apply for [Radiation Assurance](https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/technical-assurances/radiation-assurance/). This is a process designed to ensure that study documents detailing information about radiation exposure are clearly set out early in the regulatory-approvals pathway.
* The Confidentiality Advisory Group (CAG) for projects that intend to access confidential patient information without consent.
* [Pharmacy Assurance](https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/technical-assurances/pharmacy-assurance/).
* At the time of writing, this is currently going through a phased roll-out for which multi-centre site trials/studies may be eligible to submit.

1. The CI (or delegate) will need to consider what other approvals are required in addition to the applicable ethical and regulatory approval. For example; applying for [NIHR Clinical Research Network (CRN) portfolio adoption](https://www.nihr.ac.uk/researchers/collaborations-services-and-support-for-your-research/run-your-study/crn-portfolio.htm). See also the Investigator Site Management SOP (UoB-SMA-SOP-001) for information specific to investigator site set-up.
2. For projects undergoing UoB REC review, the CI (or delegate) will complete the research ethics review process (see point 2 above), and as part of this their project will be reviewed via the appropriate UoB REC workstream. Note: certain UoB REC-approved projects will be required to work to the UoB Principles of GCP for Clinical Research (UoB-GCP-POL-001). Where required, the REGI will inform the CI (or delegate) of this requirement at the time of review.
3. The CI (or delegate) will copy the REGI into all formal correspondence with the REC, HRA and MHRA.
4. Upon receipt of correspondence from the relevant authorities, the CI (or delegate) will review the letters to ensure they refer to the correct project and documentation sent for approval and that any further requests or provisos are dealt with appropriately.
5. The CI (or delegate) will ensure a clear audit trail of the documents submitted to the approval bodies (the full application and related approval letters) is maintained in the S/TMF, with a copy of the relevant documentation in the site file(s). They will ensure all involved (both within the team and at site) are aware that approval by the relevant body(ies) has been obtained. Note: copies of any associated emails or records of updates provided at project team meetings will also be maintained.

### Maintenance of sponsorship and approvals

For any project amendments, please refer to the amendments section below. For adverse event reporting (including annual progress reports and Development Safety Update Report (for CTIMPs)), please see the Adverse Event Reporting SOP (UoB-AES-SOP-001). For project closure requirements, please see the Project Closure SOP (UoB-CLO-SOP-001).

## Registration on a public database

All HRA-approved clinical research requires registration on a public database. See the UoB Principles of GCP for Clinical Research (UoB-GCP-POL-001). Note: this section is not applicable to UoB REC projects working to the UoB Principles of GCP for Clinical Research, although registration may be a requirement outside of the UoB QMS e.g. required by the funder.

1. The CI (or delegate) will register all clinical research involving human participants on a publicly accessible database before recruitment of the first participant or at least within six weeks of the first participant recruited. The database will be in accordance with the [UoB position statement on clinical research registration (PDF – 218 KB)](https://www.birmingham.ac.uk/documents/college-mds/crct/uob-position-papers/uob-position-paper-clinical-research-registration-v1.0-vd-14-jan-2021.pdf?_ga=2.97101980.2047291186.1698653979-1163258220.1673863076).

* See also [HRA research registration and research project identifiers](https://www.hra.nhs.uk/planning-and-improving-research/research-planning/research-registration-research-project-identifiers/) for details on automatic ISRCTN registration via the HRA.
* Apart from adult phase 1 studies, all CTIMPs that have sites in the European Union (EU) will be registered on the [EudraCT database](https://eudract.ema.europa.eu/eudract-web/index.faces) and obtain a EudraCT number. For these trials, the procedural point is met by registering the trial onto this database and no further action needs to be taken.

1. As a minimum, the CI (or delegate) will include the following on the public database and will keep information updated (as per the [UoB Code of Practice for Research (PDF - 479 KB)](https://www.birmingham.ac.uk/Documents/university/legal/research.pdf)):

* a summary of the project protocol before the first participant is recruited, or at least within six weeks of the first participant recruited.
* a summary of results within one year (6 months for paediatric projects) of the project’s completion. See also the Project Closure SOP (UoB-CLO-SOP-001) for further details.

1. When preparing the IRAS application, the CI (or delegate) will include the registry number relating to the public database, if know at the time of submission.

* For transparency, it is strongly recommended that the REC/regulatory body is informed of the registry number if it is not known at the time of submission.

## Amendments

Amendments are changes to the protocol, supporting documents, or any other information (including participant-facing documents) that have received external approval, for example from the MHRA, HRA or REC.

1. The CI (or delegate) will identify how changes in the project, from those originally approved by the review body(ies), will impact on previously agreed resources, roles and/or procedures. These may include, but are not limited to:

* sponsorship
* insurance and indemnity cover
* risk assessment
* contracts and agreements
* project supplies and labelling procedures
* human-tissue-collection procedures
* primary/secondary endpoint and exploratory assessments performed in a research laboratory.

Note: points 22-25 (inclusive) are not applicable to clinical research with favourable opinion from a UoB REC.

1. The CI (or delegate) will document the substantialness of any necessary amendments and subsequent submission requirements, including the justification, in the S/TMF.

* For further information and guidance, please refer to [HRA examples of substantial and non-substantial amendments](https://www.hra.nhs.uk/approvals-amendments/amending-approval/examples-of-substantial-and-non-substantial-amendments/) and also communication from the [European Commission (PDF - 878 KB)](https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:082:0001:0019:EN:PDF).

1. The CI (or delegate) will submit all amendments (both substantial and non-substantial) to the REGI for review prior to online submission via the [IRAS Amendment Tool](https://www.myresearchproject.org.uk/help/hlpamendments.aspx).

* For non-substantial amendments, the UoB CTUs may lock the IRAS amendment tool. In all other cases, this will be done by the REGI. Where the IRAS amendment tool is locked by a UoB CTU, a copy of the amendment package will be sent to REGI at the time of submission to the review body(ies) with confirmation that the substantiality assessment has been conducted.
* For CAG applications, it is expected that they will be notified of any amendments made to the information provided in the original application. For further information see [Submitting amendments to CAG](https://www.myresearchproject.org.uk/help/hlpamendments.aspx).
* ARSAC will require notification of any changes regarding the administration of radioactive substances that may affect the approval given. See [Notifying amendments to ARSAC](https://www.myresearchproject.org.uk/help/hlpamendments.aspx) for further information.

1. For clinical investigations of medical devices, the CI (or delegate) will notify MHRA Devices of all proposed changes (including those classified as non-substantial amendments) and await a letter of no objection from MHRA Devices before implementing them. Please see [Notifying amendments to MHRA Devices](https://www.myresearchproject.org.uk/help/hlpamendments.aspx#4) for further information.
2. For CTIMPs and clinical investigations of medical devices, the CI (or delegate) will notify the REC of substantial amendments prior to receiving favourable opinion where, exceptionally, significant changes are requested by the MHRA as part of the regulatory approval process and these changes are relevant to ethical review.
3. For UoB REC-approved projects, the CI (or delegate) will complete the research ethics review process and as part of this, their amendment will be reviewed via the appropriate UoB REC workstream.
4. The CI (or delegate) will not implement any changes until the relevant approvals are in place. Some exceptions to this may exist (e.g. for urgent safety measures).

List of expected outputs

* Evidence of required contracts and agreements in place (including a site agreement where appropriate).
* Evidence of REC favourable ethical opinion and other regulatory approvals e.g. CTA for CTIMPs, HRA approval and R&D approval for clinical research involving the NHS/NHS sites.
* Documented evidence of the required approvals for any amendments to the project, and evidence that the amendments have been implemented.
* In addition, for HRA approved clinical research:
* evidence of an independent expert (“peer”) review of the research proposal or protocol prior to submission to the REC
* documented evidence of sponsorship approval and appropriate insurance (except where projects fall under the UoB’s standard ‘clinical trial’ insurance)
* a signed CI declaration, or an external CI agreement where the project is UoB-sponsored with an external CI
* evidence of registration on a public register in accordance with the UoB position statement on clinical research registration
* where an amendment is required, documented evidence of a substantiality assessment in the S/TMF.
* For UoB sponsored projects managed by a UoB CTU, evidence of a signed CI-CTU agreement outlining the duties to be undertaken by each party.
* For externally sponsored clinical research, documented evidence of duties undertaken by UoB staff e.g. via a contract, the protocol or a delegation of duties log, with a copy sent to REGI.

# Related documents

* UoB-AES-SOP-001 Adverse Event Reporting
* UoB-CLO-SOP-001 Project Closure
* UoB-CQM-POL-001 Clinical Research Quality Manual
* UoB-DEF-POL-001 UoB Clinical Research Definitions
* UoB-ESD-QCD-005 Essential Documents Checklist
* UoB-ESD-SOP-001 Essential Documents Development and Maintenance
* UoB-GCP-POL-001 UoB Principles of GCP for Clinical Research
* UoB-POS-SOP-001 Project Oversight and Quality Management
* UoB-PRV-SOP-001 Peer Review
* UoB-SMA-SOP-001 Investigator Site Management
* UoB-SPO-QCD-001 Clinical Trials Task Delegation Log
* UoB-SPO-QCD-002 Sponsor Review Tool
* UoB-SPO-SOP-001 Sponsor Oversight of Clinical Research

Access to the full UoB QMS for clinical research is available via the [CRCT website](https://www.birmingham.ac.uk/research/activity/mds/mds-rkto/governance/index.aspx).

# References and frameworks

* Annual Progress Report: <https://www.hra.nhs.uk/approvals-amendments/managing-your-approval/progress-reports/>
* Data Protection Act (2018): <http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>
* Equality Act (2010): <https://www.legislation.gov.uk/ukpga/2010/15/contents>
* EudraCT Registration: <https://eudract.ema.europa.eu/eudract-web/index.faces>
* European Commission (2010) - Detailed guidance on the request to the competent authorities for authorisation of a clinical trial of a medicinal product for human use, the notification of substantial amendments and the declaration of the end of a trial: <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:082:0001:0019:EN:PDF>
* European Committee (2006) - Recommendation on the content of the trial master file and archiving: <https://ec.europa.eu/health/sites/default/files/files/eudralex/vol-10/v10_chap5_en.pdf>
* Freedom of Information Act (2000): <https://www.legislation.gov.uk/ukpga/2000/36/contents>
* HRA’s approval process: <http://www.hra.nhs.uk/about-the-hra/our-plans-and-projects/assessment-approval/>
* HRA combined review service: <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/clinical-trials-investigational-medicinal-products-ctimps/combined-ways-working-pilot/>
* HRA examples of substantial and non-substantial amendments: <https://www.hra.nhs.uk/approvals-amendments/amending-approval/examples-of-substantial-and-non-substantial-amendments/>
* HRA New licensing system for administration of radioactive substances: <https://www.hra.nhs.uk/about-us/news-updates/new-licensing-system-administration-radioactive-substances/>
* HRA Organisation Information Document and Schedule of Events: <https://www.hra.nhs.uk/planning-and-improving-research/research-planning/prepare-study-documentation/>
* HRA Pharmacy Assurance: <https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/technical-assurances/pharmacy-assurance/>
* HRA Radiation Assurance: <https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/technical-assurances/radiation-assurance/>
* HRA research registration and research project identifiers: <https://www.hra.nhs.uk/planning-and-improving-research/research-planning/research-registration-research-project-identifiers/>
* Human Tissue Act (2004): <http://www.legislation.gov.uk/ukpga/2004/30/contents>
* ICH-GCP: <https://www.ich.org/>
* IRAS: <https://www.myresearchproject.org.uk/>
* IRAS Amendment Tool: <https://www.myresearchproject.org.uk/help/hlpamendments.aspx>
* Ionising Radiation (Medical Exposure) Regulations 2000: <http://www.legislation.gov.uk/uksi/2000/1059/contents/made>
* Medical Devices Act 2002: <http://www.legislation.gov.uk/uksi/2002/618/contents/made>
* Medicines for Human Use (Clinical Trials) Regulations 2004: <http://www.legislation.gov.uk/uksi/2004/1031/contents/made>
* MHRA webpage containing information about when to apply for a CTA: 'Clinical trials for medicines; apply for authorisation in the UK': <https://www.gov.uk/guidance/clinical-trials-for-medicines-apply-for-authorisation-in-the-uk>
* MHRA website containing guidance on managing authorisation for clinical trials for medicines: [https://www.gov.uk/guidance/clinical-trials-for-medicines-manage-your-authorisation-report-safety-issues#apply-to-change-your-trials-protocol-or-documentation](https://www.gov.uk/guidance/clinical-trials-for-medicines-manage-your-authorisation-report-safety-issues)
* MRC Regulatory Support Learning Management System - research and human tissue legislation training: <https://byglearning.com/mrcrsc-lms/course/index.php?categoryid=1>
* NIHR CRN portfolio adoption: <https://www.nihr.ac.uk/researchers/collaborations-services-and-support-for-your-research/run-your-study/crn-portfolio.htm>
* Reflection paper for laboratories that perform the analyses or evaluation of clinical trial samples (2012), European Medical Agency: [www.ema.europa.eu/docs/en\_GB/document\_library/Regulatory\_and\_procedural\_guideline/2012/05/WC500127124.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/Regulatory_and_procedural_guideline/2012/05/WC500127124.pdf)
* Risk-adapted Approaches to the Management of Clinical Trials of Investigational Medicinal Products – MRC/DH/MHRA Joint Project; October 2011: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/343677/Risk-adapted_approaches_to_the_management_of_clinical_trials_of_investigational_medicinal_products.pdf>
* UK Policy Framework for Health and Social Care Research: <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>
* UoB clinical trials insurance: <https://intranet.birmingham.ac.uk/finance/insurance/liability/clinical-trials.aspx>
* UoB Code of Practice for Research: <https://www.birmingham.ac.uk/Documents/university/legal/research.pdf?_ga=2.18709945.18907887.1620818109-190571737.1615802495>
* UoB position statement on clinical research registration: <https://www.birmingham.ac.uk/documents/college-mds/crct/uob-position-papers/uob-position-paper-clinical-research-registration-v1.0-vd-14-jan-2021.pdf>
* UoB Research Ethics: <https://intranet.birmingham.ac.uk/finance/rss/ethics-and-governance/research-ethics/index.aspx>
* UoB Research Ethics Review Process: <https://www.birmingham.ac.uk/research/research-integrity/research-ethics-and-integrity.aspx>
* UoB sponsor process: <https://intranet.birmingham.ac.uk/finance/RSS/Research-Support-Group/Research-Governance/How-to-apply-for-UoB-Sponsorship.aspx>
* UoB Worktribe (via research systems & data): <https://intranet.birmingham.ac.uk/rssd/systems-data/index.aspx>

# Abbreviations and definitions

| Term | Description |
| --- | --- |
| AER | Application for ethical review |
| APR | Annual progress report |
| ARSAC | Administration of Radioactive Substance Advisory Committee |
| CA | Competent authority |
| CAG | Confidentiality Advisory Group |
| CI | Chief investigator |
| Clinical trial authorisation (CTA) | The regulatory approval for a clinical trial of an investigational medicinal product, issued by the MHRA |
| CRCT | Clinical Research Compliance Team |
| CT scan | Computerised tomography scan |
| CTIMP | Clinical trial of an investigational medicinal product(s) |
| CTU | Clinical trials unit |
| CV | Curriculum vitae |
| CWoW | Combined Ways of Working, now known as the combined review process |
| DEXA scan | Dual-energy X-ray absorptiometry scan |
| ERN | Ethics registration number |
| EudraCT | European Union Drug Regulating Authorities Clinical Trials Database |
| EU | European Union |
| GCP | Good Clinical Practice |
| GTAC | Gene Therapy Advisory Committee |
| HRA | Health Research Authority |
| ICF | Informed consent form |
| IMP | Investigational medicinal product |
| IRAS | Integrated Research Application System |
| MHRA | Medicines and Healthcare products Regulatory Agency |
| MRC | Medical Research Council |
| NIHR | National Institute for Health Research |
| Non-CTIMP | Any clinical trial that is not a CTIMP |
| PIS | Participant information sheet |
| PI | Principal investigator |
| PGR | Postgraduate researcher |
| QMS | Quality management system |
| RDB | Research database |
| REC | Research ethics committee |
| REGI | Research Ethics, Governance & integrity Team |
| RG number | Research governance number; the number that the Research Governance Team will assign to any project put forward for UoB sponsorship |
| RTB | Research tissue bank |
| SAE | Serious adverse event |
| SAF | UoB Ethical Review of Research Self-Assessment Form |
| SOP | Standard operating procedure |
| Site file | The site file contains all essential documents held by principal investigator(s) conducting a trial that individually and collectively permit the evaluation of the conduct of a trial and the quality of the data produced. Also known as the investigator site file (ISF). |
| Study/trial master file (S/TMF) | The study/trial master file consists of essential documents kept at the sponsor (or delegate) site that enable both the conduct of a clinical study/trial and the quality of the data produced to be evaluated. The filing system can be in the form of a single file or a number of files, whichever is deemed most appropriate. |
| UKCRN | UK Clinical Research Network |
| UoB | University of Birmingham |
| UoB lead | The UoB lead is a (senior) person in the UoB who takes responsibility for the conduct and delivery of those parts of the study that are either carried out at or managed/overseen by the UoB. Normally this would be an academic researcher, but in some cases it may be a senior member of a UKCRC- registered UoB CTU. |

See also the [Glossary of Terms](https://www.birmingham.ac.uk/research/activity/mds/mds-rkto/governance/Glossary-of-Terms.aspx).