

Checklist for Sponsor Responsibilities

1. Maintaining an effective IND with respect to the investigations

- | | |
|--|-----------|
| <input type="checkbox"/> (a) Initial IND submission present (and contains the following): | Comments: |
| <input type="checkbox"/> Is numbered 000 | _____ |
| <input type="checkbox"/> Cover sheet (Form FDA 1571) | _____ |
| <input type="checkbox"/> FDA Form 3674 | _____ |
| <input type="checkbox"/> Name, address, phone # of the Sponsor | _____ |
| <input type="checkbox"/> Date of application: _____ | _____ |
| <input type="checkbox"/> Name of investigational new drug:
_____ | _____ |
| <input type="checkbox"/> Name and title of person responsible for review and evaluation of drug safety information:
_____ | _____ |
| <input type="checkbox"/> If any responsibilities will be transferred to a contract research organization (CRO), such transfers must be detailed in writing:
_____ | _____ |
| <input type="checkbox"/> Table of contents | _____ |
| <input type="checkbox"/> General investigational plan | _____ |
| <input type="checkbox"/> Summary of human experience with the drug | _____ |
| <input type="checkbox"/> If the drug has been withdrawn from investigation or marketing in any other country for reasons r/t safety and/or effectiveness | _____ |
| <input type="checkbox"/> IB | _____ |
| <input type="checkbox"/> Chemistry, Manufacturing, and Controls (CMC) | _____ |
| <input type="checkbox"/> Protocol(s) | _____ |

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(b). Annual reports on the progress of the investigation *within ± 60 days of the anniversary date that the IND went into effect containing the following required elements:*

	Annual Report #: _____ Date: _____	Annual Report #: _____ Date: _____	Annual Report #: _____ Date: _____	Annual Report #: _____ Date: _____
Study title, purpose, patient population, and whether study has been completed				
Summary of study progress in the past year				
Total # of subject initially planned for inclusion; # entered into study to date, tabulated by age group, gender, and race; # completed as planned; # who dropped out for any reason				
If study has been completed or interim results are available, these should be provided				
Narrative or tabular summary of most frequent and most serious AEs by body system				
Summary of all IND safety reports submitted in the past year				
List of subject deaths to include cause of death				
List of subjects who dropped out d/t AEs				
Any information learned about the drug, dosing, bioavailability, etc.				
List of preclinical studies completed or in progress				
As applicable, any manufacturing or microbiological changes made during past year				
Investigational plan for upcoming year				
As applicable, description of updates to IB				
For Phase 1 studies, description of protocol changes in previous year that were not previously reported to FDA via amendment				
Summary information of foreign marketing, including approval, withdrawal, or suspension				

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(c) Amendments (note FDA Form 3674 as applicable)

Amendment #	Type:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Initial IND <input type="checkbox"/> Response to Clinical Hold <input type="checkbox"/> Response to FDA Request for Info <input type="checkbox"/> Reactivation <input type="checkbox"/> Annual Report <input type="checkbox"/> General Correspondence <input type="checkbox"/> Development Safety Update (DSUR) <input type="checkbox"/> Other: <hr/> <u>Protocol Amendments</u> <input type="checkbox"/> New Protocol <input type="checkbox"/> Change in Protocol <input type="checkbox"/> New investigator <input type="checkbox"/> PMR/PMC approval <u>Information Amendments</u> <input type="checkbox"/> Chem/Microbio <input type="checkbox"/> Pharm/Tox. <input type="checkbox"/> Clinical <input type="checkbox"/> Clin. Pharm. <input type="checkbox"/> Stats <u>Request for</u> <input type="checkbox"/> Meeting <input type="checkbox"/> Proprietary Name Review <input type="checkbox"/> Special Prot. Assessment <input type="checkbox"/> Formal Dispute <u>IND Safety Report</u> <input type="checkbox"/> Initial Written Report <input type="checkbox"/> Follow-up to Written Report
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Initial IND <input type="checkbox"/> Response to Clinical Hold <input type="checkbox"/> Response to FDA Request for Info <input type="checkbox"/> Reactivation <input type="checkbox"/> Annual Report <input type="checkbox"/> General Correspondence <input type="checkbox"/> Development Safety Update (DSUR) <input type="checkbox"/> Other: <hr/> <u>Protocol Amendments</u> <input type="checkbox"/> New Protocol <input type="checkbox"/> Change in Protocol <input type="checkbox"/> New investigator <input type="checkbox"/> PMR/PMC approval <u>Information Amendments</u> <input type="checkbox"/> Chem/Microbio <input type="checkbox"/> Pharm/Tox. <input type="checkbox"/> Clinical <input type="checkbox"/> Clin. Pharm. <input type="checkbox"/> Stats <u>Request for</u> <input type="checkbox"/> Meeting <input type="checkbox"/> Proprietary Name Review <input type="checkbox"/> Special Prot. Assessment <input type="checkbox"/> Formal Dispute <u>IND Safety Report</u> <input type="checkbox"/> Initial Written Report <input type="checkbox"/> Follow-up to Written Report
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Initial IND <input type="checkbox"/> Response to Clinical Hold <input type="checkbox"/> Response to FDA Request for Info <input type="checkbox"/> Reactivation <input type="checkbox"/> Annual Report <input type="checkbox"/> General Correspondence <input type="checkbox"/> Development Safety Update (DSUR) <input type="checkbox"/> Other: <hr/> <u>Protocol Amendments</u> <input type="checkbox"/> New Protocol <input type="checkbox"/> Change in Protocol <input type="checkbox"/> New investigator <input type="checkbox"/> PMR/PMC approval <u>Information Amendments</u> <input type="checkbox"/> Chem/Microbio <input type="checkbox"/> Pharm/Tox. <input type="checkbox"/> Clinical <input type="checkbox"/> Clin. Pharm. <input type="checkbox"/> Stats <u>Request for</u> <input type="checkbox"/> Meeting <input type="checkbox"/> Proprietary Name Review <input type="checkbox"/> Special Prot. Assessment <input type="checkbox"/> Formal Dispute <u>IND Safety Report</u> <input type="checkbox"/> Initial Written Report <input type="checkbox"/> Follow-up to Written Report
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Initial IND <input type="checkbox"/> Response to Clinical Hold <input type="checkbox"/> Response to FDA Request for Info <input type="checkbox"/> Reactivation <input type="checkbox"/> Annual Report <input type="checkbox"/> General Correspondence <input type="checkbox"/> Development Safety Update (DSUR) <input type="checkbox"/> Other: <hr/> <u>Protocol Amendments</u> <input type="checkbox"/> New Protocol <input type="checkbox"/> Change in Protocol <input type="checkbox"/> New investigator <input type="checkbox"/> PMR/PMC approval <u>Information Amendments</u> <input type="checkbox"/> Chem/Microbio <input type="checkbox"/> Pharm/Tox. <input type="checkbox"/> Clinical <input type="checkbox"/> Clin. Pharm. <input type="checkbox"/> Stats <u>Request for</u> <input type="checkbox"/> Meeting <input type="checkbox"/> Proprietary Name Review <input type="checkbox"/> Special Prot. Assessment <input type="checkbox"/> Formal Dispute <u>IND Safety Report</u> <input type="checkbox"/> Initial Written Report <input type="checkbox"/> Follow-up to Written Report

Checklist for Sponsor Responsibilities

2. Selection of qualified investigators

Comments:

The following are present for each site investigator:

- Signed Form FDA 1572 (Investigator Agreement)
- CV/biosketch/professional license
- Written disclosure of any financial conflicts of interest (Form FDA 3454 or 3455)
- Clinical protocol to be used and approved by the investigator's institution

3. Ensuring proper monitoring of investigations

Comments:

- Select a monitor qualified by training and experience to monitor the progress of all investigations conducted under its IND
- Have a documented and adequate monitoring plan, including the review and evaluation of the data and drug safety and effectiveness
- Monitoring reports

Checklist for Sponsor Responsibilities

5. Ensuring control and representation of the investigational new drug

- Ship IND only to investigators participating in the investigation
- Maintain adequate records showing receipt, shipment, or other disposition of IND (*Records must include name of investigator to whom drug is shipped, date, quantity, and batch or code mark of each shipment*)
- Ensure the return of all unused supplies/IND from each investigator and maintain adequate records of all returns/disposal of IND
- Compliance with the Controlled Substances Act
- Ensure the immediate packaging of the IND intended for human use bears a label with the statement, ***Caution: New Drug-Limited by Federal (or United States) law to investigational use***, and the drug label does not bear any statement that is false or misleading and does not represent that the IND is safe or effective for the purposes for which it is under investigation
- Must not represent the IND in a promotional context that it is safe or effective for the purposes for which it is under investigation or otherwise promote the drug.
- Current Good Manufacturing Practices (cGMPs): Ensure the minimum current good manufacturing practice for preparation of drug products for administration to humans or animals in compliance with the requirements of §501(a)(2)(B) of the FD&C Act

Comments:

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IRB documents (as applicable):

- Correspondence
- Approval letters for initial approval, CRs, amendments

Other Requirements:

- Sponsor SOPs?
- Maintaining all regulatory documentation including original IND application, FDA forms 1571, FDA letter of no objection, IND safety reports, amendments, annual reports, and any other correspondence with the FDA, participating site investigators, and CRO (if applicable)
- SIV documentation
- Allowing the FDA, at reasonable times, to and copy and verify any records or reports relating to the clinical investigation
- Documentation of correspondence with study investigators
- ICFs
- DSMB, as applicable
- Sample CRFs, as applicable
- CTD, as applicable
- Notification of Trial Termination
- If trial is closed, study information is appropriately stored
 - o Location: _____
 - o Address: _____
 - _____
 - _____
 - o Responsible person: _____
 - o Phone#: _____

Comments:
