

**Title: Initial Review of Project Proposal**

**SOP Code: SOP/08/V1.7**

**Effective date : 07/11/2017**

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**1. Purpose**

This SOP describes how the NIRRH Ethics Committee for Clinical Studies will review the initially submitted project proposal for approval by the Ethics Committee by using Checklist (see Annex 1 AF/EC/01/06/V1.5) and the Study Assessment Form (see Annex 2 AF/EC/02/06/V1.5).

**2. Scope**

This SOP applies to the assessment of all protocols submitted for initial review and approval from the IEC.

**3. Responsibility**

It is the responsibility of the Secretariat to check for the completeness of the documents to be reviewed and mark the points on the checklist and write the comments they might have after reviewing each study protocol. The Secretariat checks the project proposal submitted by the Principal Investigator and marks the points in the Checklist. The PIs will be needed to submit any documents which are not complete as per the checklist to the secretariat.

**4. Flow chart**

No.	Activity	Responsibility
1	Check the points as per checklist ↓	Secretariat
2	Provide project copy along with Checklist ↓	Secretariat
3	Selection of Primary Reviewers ↓	Member Secretary
4	Sending the copies of study proposals with study assessment form to primary reviewers at least 8 days prior to the meeting. Also sending the copies of proposals to other EC members for deliberations during the meetings. ↓	Secretariat
5	Review of the protocol with associated documents and communicating the comments/suggestions to the ethics secretariat ↓	Primary reviewers
6	Compilation of the minutes by primary reviewers ↓	Secretariat and member Secretary
7	Place the study proposal in the IEC meeting for approval ↓	Secretariat and member Secretary
8	Record the IEC's Decision	IEC Secretariat

## **5. Detailed instructions**

**5.1** The secretariat will mark the documents on Checklist (as per ANNEX 1 AF/EC/01/06/V1.5)

### **5.2 Selection of Primary Reviewers**

The member secretary will appoint two primary reviewers on the basis of the expertise required to review the protocol. In case the expertise required to review the protocol is not available with the EC members, the member secretary will appoint an-independent consultant with competence from the roster maintained in the Ethics Committee office to assist in the review. In addition, a community person from the EC will also be appointed as a primary reviewer.

### **5.3 Initial review of the proposal before the Ethics Committee Meeting**

The Member Secretary will ensure that the protocol is approved for its scientific merit by the institutional scientific review committee (SRC) or scientific advisory committee (SAC). The secretariat, after ensuring the completeness of the protocol, will ask the Principal Investigator to make the copies of the protocol and associated documents for the circulation to the members at least 20 days before the meeting. The Study Assessment form will also be sent to the assigned primary reviewers as per the agenda of the meeting. They will be requested to send their comments and suggestions prior to the full board meeting and minutes will be prepared prior to the meeting. In addition, copies of the protocol will be sent to the other members of the EC committee as well, prior to the meeting.

The Hindi and Marathi versions of the Participant Information Sheet and Informed consent documents ( If submitted by the PI) will also be sent to all the Members. The community members will be requested to send their comments and suggestions prior to the full board meeting.

### **5.4 Placing the proposal before the Ethics Committee Meeting**

After the brief summary provided by the Member Secretary, the primary reviewers for the protocol, as mentioned on the agenda will provide their comments. This will be followed by the chairperson inviting other members for their comments on the relevance/ deficiencies of the protocol, if any. The Member Secretary and reviewers will ensure that the comments given by the SRC/SAC are included in the protocol. The Principal Investigator/Co-Investigator will be called to provide clarifications on the study protocol. The Member secretary (assisted by the Secretarial staff) shall record the discussions and minute it.

### **5.5 Decision-making on submitted protocols.**

The EC members will discuss and clarify the comments and suggestions. The Member secretary (assisted by the Secretarial staff) shall record the discussions and minute it.

- Member(s) of the committee who is/are listed as investigator(s) on a research proposal and having conflict of interest shall declare conflict of interest and will not vote on the

proposal and will opt out from all deliberations on the proposal by leaving the meeting room.

- An investigator or study team member invited for the meeting will not vote or participate in the decision making procedures of the committee.
- An independent consultant invited for the meeting to provide opinion will not participate in the decision making procedures of the committee.
- Specific patient groups invited for the meeting will not participate in the decision making procedures of the committee.
- The decision on the project will be as approved/ minor modification for expedited review/major modification for full board review/ Disapprove
- If the EC decision is 'Approved', it implies the approval of the study as it is presented with no modifications and the study can be initiated.
- If the EC decision is minor modification for expedited review, it implies that the items noted at the convened meeting will be reviewed through expedited review process as per SOP /07/V3.2.
- If the EC decision is major modification for full board, the proposal will have to be submitted for the full board meeting.
- If the EC decides to disapprove the protocol, it should give reasons for the same and principal investigator should be asked to respond with justification for reconsideration of the protocol.
- If the study is approved, the Committee will determine the frequency of continuing review for each protocol. Usually approval is given for one year.
- The Secretariat will list participating members in the meeting and summarize the guidance, advice and decision reached by the EC members and minute it.

### **5.6 Prepare file of the project proposal**

The secretariat will assign the project number in case of new project proposal and will file the project proposal including summary, detailed protocol, participant information sheet, informed consent form and undertakings by the investigators. Project milestones will be prepared.

### **5.7 Final communication of the Ethics Committee decision taken on the project to the Principal Investigator**

- The Secretariat will prepare minutes indicating a decision of the EC meeting on submitted protocol.  
The letter/minutes will be dated and contain:
  - Project No. Project title, Date
  - Name of the PI
  - Dates of the meeting when the project is placed before the meeting and approved and version numbers of the project
  - List of EC members present at the meeting when the project was approved.
- The Chairperson and the Member Secretary will sign the minutes. The approval letter will be signed by Chairperson and Member Secretary and Secretariat will send it to the Principal Investigator.

- The Secretariat will give the minutes (only excerpts relevant to the protocol submitted by PI) without disclosing the names of primary reviewers. The PI will be asked to make the necessary corrections in the project proposal, if required and resubmit it to the ethics secretariat for consideration of the Ethics Committee.
- Principal Investigator will be asked to respond to the comments given through the minutes within 90 days of the receipt of the letter by the investigator. In the absence of any response, the project will be declared closed for the EC office records.

### **5.8 Storage of Documents**

- The Secretariat will keep a project proposal, Approval letter, copy of the Minutes in the project file along with all the reviewed documents in respective file
- The file will be stored in an appropriate shelf in the designated cabinet.

Timelines for procedures will be as follows:

Initial submission to initial review – 10 days

Initial review to full board – 8 days

Minutes given to PI after full board meeting – Within 15 days

Corrections submitted by PI – Expected within 15 days; maximum upto 90 days

Approval letter – 15-30 days (after submission of final approved copy by Principal Investigator to the Ethics Committee office)

## **6. Glossary**

**Study Assessment Form** An official record that documents the protocol review process.

**Document** Document may be of any forms, e.g., paper, electronic mail (e-mail), faxes, audio or video tape, etc.

**Initial Review** The first time review of that protocol made by two or three individual reviewers (EC members) in advance of the full Committee meeting, and comments will be given to the Principal Investigator for the correction purpose for making it presentable for placing before the meeting. full Committee meeting.

## **7. References**

- 7.1 World Health Organization, Operational Guidelines for Ethics Committees that Review Biomedical Research, 2000.
- 7.2 International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996.
- 7.3 Forum for Ethical Review Committees in Asia and the Western Pacific SOPs 2006
- 7.4 SOPs Ethics Committee for Research on Human Subjects, Seth G S Medical College and K.E.M. Hospital, Mumbai - August 2013
- 7.5 National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, ICMR, 2017

## **8. ANNEX**

- ANNEX 1: Face Sheet Format
- ANNEX 2: Undertaking by investigators and co- investigators
- ANNEX 3: Format for Summary and Detailed Protocol
- ANNEX 4: Guidelines for reviewing Participant Information Sheet and Informed Consent Documents
- ANNEX 5: Participant information sheet
- ANNEX 6: Informed Consent Form
- ANNEX 7 : Assent form template
- ANNEX 8: Guide to Placebo Justification
- ANNEX 9 : Guidance of Protocol Submission
- ANNEX 10 : Use of Study Assessment Form
- ANNEX 11 : Approval letter

**ANNEX 1**

**AF/EC/01/08/V1.7**

Title, version no. date , Principal Investigator's name

***Project for approval by NIRRH Ethics Committee***

***Project Title :***

***Principal Investigator:***

***Co- Investigator/s:***

***Clinical Collaborator/s:***

<b>S. No.</b>	<b><i>Enclosures :</i></b>	<b><i>Page Nos.</i></b>
1	Face sheet	
2	Undertaking of Principal, Co-investigator and Collaborators	
3	Brief Bio-data of investigators	
4	Role of Investigators	
5	Certification regarding conflict of interest, if applicable	
6	Summary of study protocol	
7	Detailed protocol	
8	Participant Information sheet	
9	Informed Consent Document	
10	Funding Agency / sponsor's letter	
11	GCP Training Certificate of Principal Investigator/ Co-Investigators/Collaborators	
12	Any other relevant documents	

*Title, version no. date , Principal Investigator's name (Put as header on all pages)*



**INSTITUTIONAL ETHICS COMMITTEE**  
**NATIONAL INSTITUTE FOR RESEARCH IN REPRODUCTIVE HEALTH**  
**PAREL, MUMBAI - 400 012.**

**'FACE SHEET' of the Protocol**

1. Title of the Project  
*(It should be concise & self-explanatory)*

To be filled by office
• Project No.
• Date of Receipt
• Date/s of Review
• Status - New/Revised/Amendment
• Date of Start
• Duration of the study

2. Name, affiliation, official postal address, telephone nos., e-mail address of the Principal Investigator / Co-ordinator. *(If it is a multicentric study, - who would be responsible for implementation of the protocol)*

3.	<b>Name and address of the Institution / Organization responsible for conduct / coordination of the protocol.</b>	3(a)	<b>Name and address of the officer responsible for Institutional Supervision</b>
4.	<b>Name and address of the Funding / Sponsoring Institution/CRO</b>	4(a)	<b>Name and address of the Officer-in-charge of the funding / Sponsoring Institution / CRO</b>

5. Name and address of the auditor / monitor of the Protocol:

*Title, version no. date , Principal Investigator's name*

6. Comments / Recommendations of the SAC / SRC / Technical Experts:  
 (Attach Minutes / Letter, Page No.)
7. Comments / Recommendations of the Statistician (If Applicable):  
 (Attach letter, Page No.)
8. To be answered by the PI / Co-ordinator

a.	Does the protocol fall under exempt category? <i>(If yes, give reasons on separate sheet)</i>	Yes	No
b.	Is request made for obtaining waiver from informed consent? <i>(If yes, give reasons on separate sheet, Page No.)</i>	Yes	No
c.	Is request made for expedited review? <i>(If yes, give reasons on separate sheet, Page No.)</i>	Yes	No
d.	Does the protocol involve Human participants <i>(If yes, will it include)</i>	Yes	No
	i) body fluids <i>(if yes, give details)</i> i) Control – ii) Study group –	Yes	No
	ii) Administration of an investigational substance / implantation of a device <i>(if yes, provide name of the drug / substance / device etc. and its manufacture's name and address) (Also, clearance from the DCGI, if relevant)</i>	Yes	No
	iii) exposure to ionizing radiation	Yes	No
	iv) Use of genetically engineered products (if yes, give details of the product, and appropriate clearances from the DBT, GEAC, DCGI, etc.)	Yes	No
e.	Does the protocol involve inclusion of vulnerable participants <i>(If yes, special precautions proposed to safeguard their rights and interests shall be documented on separate sheet)</i>	Yes	No

It is certified that the statements made herein are true, complete and accurate to the best of my/our knowledge. I am aware that false, fictitious or fraudulent statements or claims may subject me/us to criminal, civil or administrative penalties. I/we agree to accept responsibility for the scientific conduct of the project and to provide required progress reports if the permission is granted as a result of this application.

*Title, version no. date , Principal Investigator's name*

Signature of the Principal Investigator /  
Co-ordinator

Date

Place

(Stamp / Seal)

Signature of the HOD / Chairperson of  
the Department

Date

Place

(Stamp / Seal)

Signature of the Head of the Institution /  
Authorized person

Date

Place

(Stamp / Seal)

1. Required copies of all the documents, neatly typed, numbered and bound shall be submitted.
2. Title of the project should be put as a header with the name of Principal Investigator. Versions if any, and date should be incorporated. e.g. all new proposals will bear Version I and date.
3. All pages must be serially numbered and put as footer on the right side of the page.
4. Any incomplete proposal will not be considered for the meeting. Any blank left in the study proposal (example: signatures), should be justified.
5. All the PIs are instructed to read the National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, ICMR, 2017 before filling the form.

**ANNEX 2**

**AF/EC/02/08/V1.7**

**NATIONAL INSTITUTE FOR RESEARCH IN REPRODUCTIVE HEALTH**  
**J. M. Street, Parel, Mumbai 400 012.**

**UNDERTAKING BY INVESTIGATORS AND CO- INVESTIGATORS**

Study Proposal entitled “.....”

1. We have read the ICMR’s Guidelines for ethical conduct of research involving human participants, and are familiar with our duties / obligations to ensure safety, welfare of participants enrolled in the study and confidentiality of the data. The study would start only after obtaining the approval of Institutional Ethical Committee. We have also read the guidelines for good clinical practice issued by DGHS, Government of India and will follow them in our research on human participants. We would be responsible for obtaining the informed consent of participants before enrolling them in the study.
2. The Principal investigator, Co-investigators and the Clinical Collaborators will take the full responsibility for the safety of the study participants. Also, the patient care and clinical management will be the joint responsibility of the collaborator, principal investigator and co-investigator.
3. We will follow all the restrictions, if any, laid down by the Ethics Committee; and seek its approval, if there is any deviation in the protocol / procedure of consent. We will report all adverse events, which are required to be reported, and will maintain all records as required. We will honor all obligations as accepted in the consent form.
4. There is no conflict of interest of any kind in carrying out the proposed study. We will not receive any personal, direct or indirect financial benefit from the conduct of this study
5. It is also certified that the statements made herein are true, complete and accurate to the best of my/our knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject us to criminal, civil, or administrative penalties. We agree to accept responsibility for the scientific conduct of the project and to provide required progress reports if the permission is granted as a result of this application.

Signature of Principal Investigator

Signature of Co- Investigator

Date : \_\_\_\_\_

Date : \_\_\_\_\_

Name :.....

Name:.....

Address : .....

Address: .....

**ANNEX 3**

**AF/EC/03/08/V1.7**

**Format for Summary and Detailed Protocol**

**Summary of Protocol**

Introduction:

Rationale:

Objectives of the study:

Inclusion criteria:

Exclusion criteria:

Methodology (including Study Duration):

Implications of the study:

Expected Outcome:

.....

**Detailed Protocol**

Introduction and Rationale:

Objectives of the study:

Overall and Specific:

Participants enrolled for this study:

Exclusion criteria:

Methodology (including Study Duration):

Study Design, Sample Size, Study Setting

Expected Outcome:

References:

**ANNEX 4**

**AF/EC/04/08/V1.7**

**Guidelines for reviewing Participant Information Sheet and Informed Consent Document**

The following points should be considered while reviewing the Participant Information Sheet and Informed Consent Document

**1) Participant Information Sheet Process**

- The EC members should check whether the Participant Information Sheet and Informed Consent Document are as per the template provided to the Principal Investigator (ANNEX 3 AF/EC/03/08/V1.5). The Participant Information Sheet (PIS) and Informed Consent Document (ICD) should be congruent with the Application and the research study.
- To see whether the information in the consent form is a reflection of Investigator's communication with the study participant.
- Final comprehensive information of the study may also be given to the participants.
- Information provided in Participant Information Sheet is in simple language (easily understood by lay person), with no scientific jargon and yet complete and updated. Informed consent documents should be written using language at the reading level and technical level of the participant.
- Consent document is written at the 8th grade reading level.
- Because research participants come from a variety of backgrounds and educational levels and are frequently under physical and emotional stress, it is important that Participant Information Sheet/consent form is easy to understand. If a medical term is essential, lay language definition is included.
- As studies have shown that the "understanding" may decrease with the length of the text, it would be appreciated that the consent form be concisely written.
- No informed consent, whether oral or written, may include any language through which the research participant or the representative is made to waive or appear to waive any of the research participant's legal rights, or releases or appears to release the investigator, the sponsor, the institution or its agents from liability for negligence.
- Investigator, study co-ordinator, social worker or any other team member of the research study has to obtain consent from the potential participants.
- The individual taking the consent should be well versed, sufficiently trained and knowledgeable about the study to answer any questions or appropriately refer questions that may exceed their expertise put forth by the potential study participants.
- The individual obtaining consent can unintentionally influence a research participants decision to participate in research, hence every effort should be taken to avoid undue influence.
- Maintaining privacy and the place/setting in which the consent is obtained is of paramount importance. The consent process should be conducted individually and in areas where the discussion is not overheard, there is no peer pressure and or/inattention and no unwanted stress or anxiety.
- The timing of the consent process may have a negative impact on the potential research participant's ability to make a considered decision.
- All research participants must be given the Participant Information Sheet and the Informed Consent Document to take it home to discuss it with their family members, doctor and friends.

Allowing the research participants sufficient time may improve the quality of the informed consent process. In case of studies pertaining to delivery/labor, informed consent should be obtained in the prenatal visit and re-consent may be taken.

- 1) Investigator, study co-ordinator, social worker or any other team member of the research study should sit face-to-face with the potential participant read/discuss the Participant Information Sheet/Informed Consent Document

#### **Considerations for Assent:**

- There is no need to document assent for children below 7 years of age.
- For children between 7 and 12 years, verbal/oral assent must be obtained in the presence of the parents/LAR and should be recorded.
- For children between 12 and 18 years, written assent must be obtained. This assent form also has to be signed by the parents/LAR.

#### **Consent of Parent/LAR**

- The EC should determine if consent of one or both parents would be required before a child could be enrolled.
- Generally, consent from one parent/LAR may be considered sufficient for research involving no more than minimal risk and/or that offers direct benefit to the child. Consent from both parents may have to be obtained when the research involves more than minimal risk and/or offers no benefit to the child.
- Only one parent's consent is acceptable if the other parent is deceased, unknown, incompetent, not reasonably available, or when only one parent has legal responsibility for the care and custody of the child, irrespective of the risk involved.
- Whenever relevant, the protocol should include a parent/LAR information sheet that contains information about specific aspects relevant to the child such as effects on growth and development, psychological well-being and school attendance, in addition to all components described in the participant information sheet.
- When the research involves sensitive issues related to neglect and abuse of a child, the EC may waive the requirement of obtaining parental/LAR consent and prescribe an appropriate mechanism to safeguard the interests of the child.
- Cognitively impaired children or children with developmental disorders form one of the most vulnerable populations. In fact, their parents are also vulnerable and there is a high likelihood of therapeutic misconception. The potential benefits and risks must be carefully explained to parents so as to make them understand the proposed research.
- Research involving institutionalized children would require assent of the child, consent of parents/LAR, permission of the relevant institutional authorities (for example, for research in a school setting: the child, parents, teacher, principal or management may be involved).

## 2) Telephone surveys/interview

- Consent forms must be presented on letterhead or must state in the first paragraph that the project is being conducted by the National Institute for Research in Reproductive Health.
- Describe how personal information will remain confidential. In the case where the data collected contains identifying information (e.g., interview tapes, contact information for follow up studies, clinical history with age and name and other identifiable information), describe with whom, for how long, how the data will be stored, and that when the data is no longer required the data will be appropriately destroyed. If the data are anonymous, this statement may be omitted.

All records identifying the participants will be kept confidential and, to the extent permitted by the applicable laws and regulations, will not be made publicly available. The study doctor and research team will use personal information about you to conduct this study. This may include your name, address, medical history and information from your study visits. However, this personal information is not included in the study data that will be forwarded to the sponsor or sponsor representatives. You will be identified by a coded number in any reports of publications produced from this study (study data).

This is important in studies like in Reproductive tract infections, gene studies etc.

- Describe who has access to the data, where the data is and how it will be stored securely.

To confirm that the study data collected about you is correct and related to you, selected people working for the sponsor, as well as representatives of government regulatory authorities and ethics committees will have access to your personal information at the study site. These persons are required to maintain the confidentiality of your information. **By signing this document, you are authorizing such access.**

## Informed Consent Process

The actual **process of informed consent** should:

- Give the participants significant **information** about the study.
- Make sure the participants have **enough time** to carefully read and consider all options.
- **Answer all questions** of the participants before making decision to participate.
- Explain **risks or concerns** to the participants.
- Make sure that all information is **understood and satisfies the participants**.
- Make sure the participants understand the study and the consent process.
- Obtain **voluntary informed consent** to participate.
- Make sure the participants can **freely consent without coercion, pressure or other undue influences**.
- Consent should be **informally verified on a continuing basis**.
- **Continue to inform** the participants throughout the study.
- **Continue to re-affirm** the **consent/assent** to participate throughout the study.
- **Procedures or methods** used in the informed consent process for recruitment of study participants include: A consent form
- Brochures, Pamphlets or other reading materials (i.e., letters to participants, phone pre-screening questionnaires, phone hold messages)
- Internet information



- Instruction sheets
- Audio-visual presentations
- Charts, diagrams or posters
- Discussions
- Consultation with others
- Duration of sample storage and its disposal

**Techniques to improve the readability** of consent forms:

- Use short sentences and paragraphs
- Limit to one thought or topic in a sentence, avoid run-on sentence
- Use simple words, less syllables in a word.
- Use common words, remove technical jargon and medical terms.
- Try to use correct basic grammar and form.
- Use “gene **transfer**” instead of “gene **therapy**” (less implied effectiveness).
- Use “**agent**” instead of “**drug**” or “**medicine**” (less implied effectiveness).  
Try to avoid the use of “**treatment**”, “**therapy**” or “**therapeutic**” in studies involving gene transfer (because these words imply effectiveness)

**ANNEX 5**

**AF/EC/05/08/V1.7**

**Participant Information Sheet**

Title of Project: \_\_\_\_\_

Principal Investigator: Name,  
Designation,  
Contact details \_\_\_\_\_

Co- Investigator(s): Name,  
Designation,  
Contact details \_\_\_\_\_

Collaborators: Name,  
Designation,  
Contact details \_\_\_\_\_

You are invited to take part in this research study. Research is different than routine care. Routine care is based upon the best-known treatment and is provided with the main goal of helping the individual patient. The main goal of research studies is to gain knowledge that may help future patients.

This Participant Information Sheet gives you important information about the study. It describes the purpose of the study, and the risks and possible benefits of participating in the study.

Please take the time to review this information carefully. You are requested to ask for an explanation of any words you do not understand. After you have read the Participant Information Sheet you are free to talk to the doctors/researchers about the study and ask them any questions you have. You will be given a copy of the participant information sheet and discuss it with your friends, family, or other doctors about your participation in this study.

If you have decided to take part in the study, you will be asked to sign the informed consent form which is along with this Participant Information Sheet. Before you sign the informed consent form, be sure you understand what the study is about, including the risks and possible benefits to you. You will be given a copy of the Participant Information Sheet and signed informed consent form for your future reference.

Please remember that your participation in this study is entirely voluntary. You are free to withdraw from the study at any point of time without affecting your medical care and services. Also, by signing the Consent form you have not waived off any rights as a participant.

You may please note that being in a research study does not take the place of routine physical examination or visits to your own doctor and should not be relied on to diagnose or treat any other medical problems.

1. What is this research study about?
2. What information is known about this type of research study?
3. Why is this research study being done?
4. Who can take part in this research study?
5. How many participants will be included for this research study?
6. What do you have to do if you agree to take part in the research study?
7. What are the possible benefits to you by being in the research study?
8. How will the research study be done?
9. What are the tests that will be performed on the participant/ biological sample?
10. How long will you be in the research study?
11. How long the biological samples will be stored and how will it be disposed?
12. Under what conditions will your Participation in the study be terminated?
13. What are the possible risks and inconveniences that you may face by being in the research study?
14. What happens if you are injured since you took part in this research study?
15. What are the other treatment options/alternatives to participation?
16. What will happen if you change your mind about participation in this research study?
17. How will your privacy and confidentiality be maintained?
18. Will you have to bear any Expenses or Costs by participating in the research study?
19. Whom do you call if you have questions or problems?
  - a. Research related
  - b. Regarding rights as a Participant

Please note that some questions may not be applicable to your research study, hence can be marked as Not Applicable, example Q.12 is applicable for clinical trials, Q.10 may not be applicable for basic research studies wherein the biological samples are taken at a point time.

Please contact the researchers listed below to:  
Obtain more information about the study  
Ask a question about the study procedures or treatments

Dr. ....  
Scientist.....  
Department.....  
National Institute for Research in Reproductive Health (ICMR)  
J. M. Street  
Parel, Mumbai 400 012  
Phone: 2419..... , time to contact- anytime/ 9.00am to 5.00 pm

Dr.....

Scientist.....

Department.....

National Institute for Research in Reproductive Health (ICMR)

J. M. Street, Parel, Mumbai 400 012

Phone: 2419....., time to contact- anytime/ 9.00am to 5.00 pm

If you have questions or concerns about your rights as a research participant or a concern about the study, please feel free to address the Ethics Committee through the Ethics Office. (Please feel free to address the Ethics Committee through the Ethics Office and identify yourself by the 'participant identification number' as filled in your participant enrollment form – for sensitive study like HIV)

Name of the Member Secretary

NIRRH Ethics Committee for Clinical Studies

National Institute for Research in Reproductive Health

J.M.Street, Parel. Mumbai 400 012

Tel.No.: Direct- 022-24192115/022-24192147, Board no.- 022-24192000

Email : [nirrh.ethics@gmail.com](mailto:nirrh.ethics@gmail.com), [ieccr@nirrh.res.in](mailto:ieccr@nirrh.res.in)

Time to contact- anytime/ 9.00am to 5.00 pm

The Institutional Ethics Committee for Clinical Research comprises of a group of people like doctors, researchers, and community people (non scientific) who work towards safeguarding the rights of the study participants like you who take part in research studies undertaken at the institute - National Institute for Research in Reproductive Health

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

If you agree to participate in this study, you will receive a signed and dated copy of this consent form for your records

**ANNEX 6**

**AF/EC/06/08/V1.7**

**NATIONAL INSTITUTE FOR RESEARCH IN REPRODUCTIVE HEALTH**  
**(INDIAN COUNCIL OF MEDICAL RESEARCH)**  
J. M. Street, Parel, Mumbai 400 012.

**Informed Consent Form**

I \_\_\_\_\_ have read /have had read the participant information sheet version no. ....dated.....bearing page numbers 1-..... of the research study entitled .....

The information contained in the participant information sheet regarding the nature and purpose of the study, safety, and its potential risks / benefits and expected duration of the study, and other relevant details of the study including my role as a study participant have been explained to me in the language that I understand. I have had the opportunity to ask queries, which have been clarified to my satisfaction.

I understand that my participation is voluntary and that I have the right to withdraw from the study at any time without giving any reasons for the same. This will not affect my further medical care or any legal right.

I understand that the information collected about me during the research study will be kept confidential. The representatives of sponsor/, government regulatory authorities/ethics committees may wish to examine my medical records/study related information at the study site to verify the information collected. By signing this document, I give permission to these individuals for having access to my records.

I hereby give my consent willingly to participate in this research study. I am informed that I will be/ will not be given any compensation/ reimbursement for participation in the study.

For Limited or non readers: (Illiterate participants) I have witnessed the consent procedure of the study participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

**Signature of Impartial witness  
with date**

**Signature/Thumb impression of  
Study Participant with date**

Name of the Witness

Name of the Study Participant

Signature of Principal Investigator  
with date

Signature of Person administering the consent  
with date

Name of the Principal Investigator

Name of the Person administering the consent

**ANNEX 7**

**AF/EC/07/08/V1.7**

**NATIONAL INSTITUTE FOR RESEARCH IN REPRODUCTIVE HEALTH**

(INDIAN COUNCIL OF MEDICAL RESEARCH)

J. M. Street, Parel, Mumbai 400 012.

**Informed Consent Form**  
**(For future use of stored samples)**

I \_\_\_\_\_ give/do not give permission to preserve my samples to be used for any extension / modification of this study.

If any other studies planning to use these left over stored samples, are decided in future, with the appropriate permission of the Ethics Committee.

I hereby give /do not give my consent willingly for use of my samples for future studies as mentioned above.

For Limited or non readers: (Illiterate participants) I have witnessed the consent procedure of the study participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

**Signature of Impartial witness  
with date**

Name of the Witness

**Signature/Thumb impression of  
Study Participant with date**

Name of the Study Participant

**Signature of Principal Investigator  
with date**

Name of the Principal Investigator

**Signature of Person administering the  
consent with date**

Name of the Person administering the  
consent

**ANNEX 8**

**AF/EC/08/08/V1.7**

**Assent Information Sheet**

Title of Project: \_\_\_\_\_

Principal Investigator: Name,  
Designation,  
Contact details \_\_\_\_\_

Co- Investigator(s): Name,  
Designation,  
Contact details \_\_\_\_\_

Collaborators: Name,  
Designation,  
Contact details \_\_\_\_\_

You are invited to take part in this research study. Research is different than routine care. Routine care is based upon the best-known treatment and is provided with the main goal of helping the individual patient. The main goal of research studies is to gain knowledge that may help future patients.

This Participant Information Sheet gives you important information about the study. It describes the purpose of the study, and the risks and possible benefits of participating in the study.

Please take the time to review this information carefully. You are requested to ask for an explanation of any words you do not understand. After you have read the Participant Information Sheet you are free to talk to the doctors/researchers about the study and ask them any questions you have. You will be given a copy of the participant information sheet and discuss it with your friends, family, or other doctors about your participation in this study.

If you have decided to take part in the study, you will be asked to sign the informed consent form which is along with this Participant Information Sheet. Before you sign the informed consent form, be sure you understand what the study is about, including the risks and possible benefits to you. You will be given a copy of the Participant Information Sheet and signed informed consent form for your future reference.

Please remember that your participation in this study is entirely voluntary. You are free to withdraw from the study at any point of time without affecting your medical care and services. Also, by signing the Consent form you have not waived off any rights as a participant.

You may please note that being in a research study does not take the place of routine physical examination or visits to your own doctor and should not be relied on to diagnose or treat any other medical problems.

1. What is the study about and how it might help?
2. What will happen and when?
3. What discomfort there might be and what will be done to minimize it?
4. Who will answer the child's questions during the study?
5. Whether an option to say "no" exists?
6. Whom do you call if you have questions or problems?
  - a. Research related
  - b. Regarding rights as a Participant

Please note that some questions may not be applicable to your research study, hence can be marked as Not Applicable, example Q.12 is applicable for clinical trials, Q.10 may not be applicable for basic research studies wherein the biological samples are taken at a point time.

Please contact the researchers listed below to:

Obtain more information about the study

Ask a question about the study procedures or treatments

Dr. ....

Scientist.....

Department.....

National Institute for Research in Reproductive Health (ICMR)

J. M. Street

Parel, Mumbai 400 012

Phone: 2419..... , time to contact- anytime/ 9.00am to 5.00 pm

Dr.....

Scientist.....

Department.....

National Institute for Research in Reproductive Health (ICMR)

J. M. Street, Parel, Mumbai 400 012

Phone: 2419....., time to contact- anytime/ 9.00am to 5.00 pm

If you have questions or concerns about your rights as a research participant or a concern about the study, please feel free to address the Ethics Committee through the Ethics Office. (Please feel free to address the Ethics Committee through the Ethics Office and identify yourself by the 'participant identification number' as filled in your participant enrollment form – for sensitive study like HIV)

Name of the Member Secretary

NIRRH Ethics Committee for Clinical Studies

National Institute for Research in Reproductive Health

J.M.Street, Parel. Mumbai 400 012

Tel.No.: Direct- 022-24192115/022-24192147, Board no.- 022-24192000

Email : [nirrh.cliethics@gmail.com](mailto:nirrh.cliethics@gmail.com), [ieccr@nirrh.res.in](mailto:ieccr@nirrh.res.in)

Time to contact : time to contact- anytime/ 9.00 a.m. to 5.00 p.m.



The Institutional Ethics Committee for Clinical Research comprises of a group of people like doctors, researchers, and community people (non scientific) who work towards safeguarding the rights of the study participants like you who take part in research studies undertaken at the institute - National Institute for Research in Reproductive Health

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

If you agree to participate in this study, you will receive a signed and dated copy of this consent form for your records

**ANNEX 9**

**AF/EC/09/08/V1.7**

**NATIONAL INSTITUTE FOR RESEARCH IN REPRODUCTIVE HEALTH**  
**(INDIAN COUNCIL OF MEDICAL RESEARCH)**  
J. M. Street, Parel, Mumbai 400 012.

**Assent Form**

I .....have read /have had read the participant information sheet version no. ....dated.....bearing page numbers 1-..... of the research study entitled .....

The information contained in the participant information sheet regarding the nature and purpose of the study, safety, and its potential risks / benefits and expected duration of the study, and other relevant details of the study including my role as a study participant have been explained to me in the language that I understand. I have had the opportunity to ask queries, which have been clarified to my satisfaction.

I understand that my participation is voluntary and that I have the right to withdraw from the study at any time without giving any reasons for the same. This will not affect my further medical care or any legal right.

I understand that the information collected about me during the research study will be kept confidential. The representatives of sponsor/, government regulatory authorities/ethics committees may wish to examine my medical records/study related information at the study site to verify the information collected. By signing this document, I give permission to these individuals for having access to my records.

I hereby give my assent willingly to participate in this research study.

For Limited or non readers: (Illiterate participants) I have witnessed the assent procedure of the study participant and the individual has had the opportunity to ask questions. I confirm that the individual has given assent freely.

**Signature of Impartial witness  
with date**

Name of the Witness

**Signature/Thumb impression of  
Study Participant with date ( If age  
between 12 -18 years)**

Name of the Study Participant

**Signature of Principal Investigator/Collaborator  
with date**

Name of the Principal Investigator/collaborator

**Signature of Person administering the assent  
with date**

Name of the Person administering the assent

**ANNEX 10**

**AF/EC/10/08/V1.7**

**NATIONAL INSTITUTE FOR RESEARCH IN REPRODUCTIVE HEALTH**  
**(INDIAN COUNCIL OF MEDICAL RESEARCH)**  
**J. M. Street, Parel, Mumbai 400 012.**

**Parental/LAR Consent Form**

I \_\_\_\_\_ have read /have had read the participant information sheet version no. ....dated.....bearing page numbers 1-..... of the research study entitled “.....”.

The information contained in the participant information sheet regarding the nature and purpose of the study, safety, and its potential risks / benefits and expected duration of the study, and other relevant details of the study including my child’s role as a study participant have been explained to me in the language that I understand (Hindi/Marathi). I have had the opportunity to ask queries, which have been clarified to my satisfaction.

I am willing to allow collection of samples from my child.

I understand that my child’s participation is voluntary and that he/she has the right to withdraw from the study at any time without giving any reasons for the same. This will not affect his/her further medical care or any legal right.

I understand that the information collected about my child during the research study will be kept confidential. The representatives of sponsor/, government regulatory authorities/ethics committees may wish to examine his/her medical records/study related information at the study site to verify the information collected. By signing this document, I give permission to these individuals for having access to my child’s records.

I hereby give my consent willingly to participation of my child in this research study. I am informed that I will not be given any compensation/ reimbursement for participation in the study.

For Limited or non-readers: (Illiterate participants) I have witnessed the consent procedure of the parents of the study participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Signature of Impartial witness  
with date

Signature/Thumb impression of Parent/LAR  
with date

Name of the Witness

Name of the Parent/LAR

Signature of Principal Investigator/Collaborator  
with date

Signature of Person administering the consent  
with date

Name of the Principal Investigator/collaborator

Name of the Person administering the

**Criteria for Exemption from Review**

**The proposal will be considered for exemption from review if it meets any of the following mentioned criteria:**

Proposals with less than minimal risk where there are no linked identifiers, for example;

- Research conducted on data available in the public domain for systematic reviews or meta-analysis;
- Observation of public behaviour when information is recorded without any linked identifiers and disclosure would not harm the interests of the observed person;
- Quality control and quality assurance audits in the institution;
- Comparison of instructional techniques, curricula, or classroom management methods;
- Consumer acceptance studies related to taste and food quality; and
- Public health programmes by Govt agencies such as programme evaluation where the sole purpose of the exercise is refinement and improvement of the programme or monitoring (where there are no individual identifiers).

### **Criteria for Waiver of Consent**

The EC may grant consent waiver in the following situations:

- Research cannot practically be carried out without the waiver and the waiver is scientifically justified;
- Retrospective studies, where the participants are de-identified or cannot be contacted;
- Research on anonymized biological samples/data;
- Certain types of public health studies/surveillance programmes/programme evaluation studies;
- research on data available in the public domain; or
- Research during humanitarian emergencies and disasters, when the participant may not be in a position to give consent. Attempt should be made to obtain the participant's consent at the earliest.

ANNEX 13

AF/EC/13/08/V1.7

**Guide to Placebo Justification**

Background conditions, such as benefits of standard treatment, risk of using placebo, risk management and disclosure should be considered. The followings are some guides to ease Board decision.

**I. Benefits of standard treatment**

- 1) Is there a standard treatment?
- 2) Is the standard treatment widely accepted?
- 3) Has efficacy of the treatment been consistently proven?
- 4) Are all newly diagnosed patients with this condition put in standard treatment (versus observed or other)?
- 5) Does the treatment act on the basic mechanism of the disease (vs. symptoms)?
- 6) Are most (85%) of the patients with this condition responsive to standard treatment alternatives (vs. resistant or refractory)?

**If the answer of (1) to (6) are “yes”, placebo is not recommended.**

**If any one or more answers are “no”, placebo may be possible.**

**II. Risks of placebo**

- 1) Is the risk of using placebo instead of treatment life threatening?  
**If yes, placebo is not acceptable.**
- 2) Is the use of placebo instead of treatment likely to lead to permanent damage?  
**If yes, placebo is not acceptable**
- 3) Is the risk of using placebo instead of treatment likely to cause irreversible disease progression?  
**If yes, placebo is not acceptable.**
- 4) Can the use of placebo instead of treatment lead to an acute emergency?
- 5) Is the risk of using placebo instead of treatment the persistence of distressing symptoms?
- 6) Is the risk of using placebo instead of treatment severe physical discomfort or pain?  
**If the answer of (4) to (6) are “yes”, placebo is not acceptable unless risk management is adequate.**

**III. Risk management**

- 1) Is there benefit in the overall management of the subject?
  - Yes, consider placebo
  - No, placebo not recommend.
- 2) Will the discontinuation of previous treatment put the participant in danger of acute relapse when transferred to placebo?
  - No, consider placebo
  - Yes, placebo not recommend.
- 3) Are subjects at high risk for the use of placebo excluded?

- Yes, consider placebo
  - No, placebo not recommend.
- 4) Is the duration of the study the minimum necessary in relation to the action of the drug?
- Yes, consider placebo
  - No, placebo not recommend.
- 5) Are there clearly defined stopping rules to withdraw the subject in case he/she does not improve?
- Yes, consider placebo
  - No, placebo not recommend.
- 6) Is risk monitoring adequate to identify progression of the disease before the subject experience severe consequences?
- Not applicable.
  - Yes, consider placebo
  - No, placebo not recommend.
- 7) Are there clearly defined stopping rules to withdraw the subject before the advent of severe disease progression?
- Yes, consider placebo
  - No, placebo not recommend.
- 8) If the risk of placebo is an acute emergency, are rescue medication and emergency treatment available?
- Not applicable.
  - Yes, consider placebo
  - No, placebo not recommend.
- 9) If the risk of placebo is the persistence of distressing symptoms, is concurrent medication to control them allowed?
- Not applicable.
  - Yes, consider placebo
  - No, placebo not recommend.
- 10) If the risk of placebo is severely physical discomfort or pain, is there rescue medication?
- Not applicable.
  - Yes, consider placebo
  - No, placebo not recommend.

#### **IV. Risk disclosure in the consent form**

- 1) Are the risks of getting placebo instead of active treatment fully disclosed?
- Yes, consider placebo.
- 2) Are the risks of the test drug disclosed?
- Yes, consider placebo.
- 3) Are the advantages of alternative treatments explained?
- Yes, consider placebo.

#### **Conclusions :**

1. The use of placebo is ethically acceptable because:
- Subjects are not exposed to severe or permanent harm by the use of placebo.
  - Subjects under placebo will benefit from the overall treatment of the disease.

- Risks of the use of placebo are minimized.
- Risks are adequately disclosed in the consent form.

2. The use of placebo in this study could be reconsidered if the following conditions are met:

.....  
.....  
.....  
.....

3. The use of placebo in this study is ethically unacceptable because:

- Subjects are exposed to severe or permanent harm by the use of placebo instead of active treatment.
- Due to the nature of the disease, the risks of placebo can not be minimized.



### **Guidance of Protocol Submission**

The IEC is currently following the version 4 dated 24<sup>th</sup> September 2014 of the Standard Operating Procedures (SOPs), which are individual activity based and are 24 in number. The SOPs are available on the institutional LAN and the institute website. ( Need to change this)

The templates and forms are available on the Institute LAN for submission to the Ethics Committee

#### **I Prior to approval of a research study**

##### **Submission of a New Study Proposal**

- The Secretariat will ensure completeness of the proposal submitted by the PI to EC.
- Primary reviewers will be assigned and the secretariat will send the copies at least 8 days in advance of the full board meeting to the primary reviewers and EC members.
- The project will be reviewed at the IEC meeting.
- An investigator is expected to be present at the time of full board meeting and will be invited (telephonically) to the IEC meeting to discuss issues related to the study proposal.
- After the full board, the minutes will be given within 15 days.
- An investigator is expected to submit reply to the letter of recommendations/ queries sent by the IEC within 90 days of date of receipt of the letter. In the absence of any response, the project will be declared closed for the IEC office records.

#### **II Once approval for a study is granted**

- An approval will be granted for usually one year study period.
- It is the responsibility of the principal investigator that for studies which will continue for more than a year, a continuing review report needs to be submitted (within 1 month of the due date i.e. 10 months from the date of approval)
- PI is responsible to submit continuing review report for the studies which will continue for more than a year (within 1 month of the due date i.e. 10 months from the date of approval)
- Submission of Study Related Documents for IEC review
- Study related documents (protocol amendments, SAE reports, status reports, study completion reports, protocol deviations/ violations) will be accepted during the office hours specified above. Only one set of the above stated study related documents need to be submitted for the IEC review as per the format.

No changes in the protocol, case record form and /or Informed Consent Document shall be initiated without prior written approval from the committee, except when necessary to eliminate immediate hazards to the research participants.

A covering letter should be submitted and the template for it is available on the LAN.

### **III Once a study is over**

#### **Submission of Study Completion Report**

- For studies which are completed within the IEC approval period, a study completion report as per the format should be submitted to the IEC, by the investigator.
- The study completion report is expected for review within 2 months of completion of the study at the site. A brief study report containing data analysis from all centres should be submitted once available from the sponsor.

#### **IV In case a study is not initiated or terminated,**

- The same should be communicated to the IEC stating reasons for the same. The report of premature termination of the study should be given as per format.

**ANNEX 15**

**AF/EC/15/08/V1.7**

**NATIONAL INSTITUTE FOR RESEARCH IN REPRODUCTIVE HEALTH (NIRRH-ICMR)**

Jehangir Merwanji Street, Parel, Mumbai-400 012

**NIRRH ETHICS COMMITTEE FOR CLINICAL STUDIES**

Tel: 91-22-24192000/2115/2147, Fax No. 91-22-24139412

E-mail: [nirrh.cliethics@gmail.com](mailto:nirrh.cliethics@gmail.com), [icec@nirrh.res.in](mailto:icec@nirrh.res.in)

**CHAIRPERSON**

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Dr. Anahita Chauhan

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Mrs. Savita Mathur

Mrs. Anupama Phadke

Dr. G Sachdeva, NIRRH

Dr. M I Khatkhatay, NIRRH

Dr. Beena Joshi, NIRRH

Dr. Priyanka Parte, NIRRH

Dr. Shahina Begum, NIRRH

Dr. Vikrant Bhor, NIRRH

**MEMBER SECRETARY**

Dr. Ragini Kulkarni

Ref.: D/ICEC/Sci-.../.../.....

Date

Dr. ....

Department .....

NIRRH

Subject: Name of the project Title which was approved in meeting, Version  
....., dated .....

Project No.: .....

PI: Dr. ....

Dear Dr. ....,

This is with reference to the above mentioned research study proposal, Version No. dated (reviewed in the meeting) which was reviewed and approved with minor modifications/ with amendments/ with revision along with the Participant Information Sheet and Informed Consent Documents (English and/ or Hindi and/or Marathi) by the NIRRH Ethics Committee for clinical Studies on ...(meeting date)..... with Dr. ....(Chairperson Name)... as the Chairperson. The Ethics Committee acknowledges the receipt and approves the Participant Information Sheet and Informed consent documents (English) / Hindi/Marathi on ...(final copy received date)....

Please note that any changes to the proposal / Participant Information Sheet / informed consent form should have prior approval by the ethics committee before being implemented. The approval for this proposal is valid for a period of one year only. You are requested to submit the study report for a continuing review at least 2 months before the next re-approval period / on completion of the study.

Ethics Committee approval of the ..... collaborating centers should be obtained.

Due date for submission of Continuing review/Completion Report:.....

Sincerely,

Dr.  
Member Secretary

Dr.  
Chairperson

**Document History**

<b>Author</b>	<b>Version</b>	<b>Date</b>	<b>Description of the Change</b>
Dr. Ragini Kulkarni	Version 1.2	24 <sup>th</sup> September 2014	<ul style="list-style-type: none"> <li>• Removed the bullet 5.2 - Invite internal members to review the project on page no.4</li> <li>• Minor correction in bullet 5.3, 5.4, 5.5 and 5.6 from page 4 to page 6</li> <li>• Inclusion of the following Annexures :  Annex 7: Assent form template, page no.21  Annex 9 : Guidance of Protocol Submission, page no.25  Annex 10 : Approval letter, page no.27</li> </ul>
Dr. Ragini Kulkarni	Version 1.3	12 <sup>th</sup> January 2015	Inclusion in the face sheet “Duration of the study” and addition of the sentence in Informed Consent form “I am informed that I will be/will not be given any compensation/reimbursement for participation in the study.”
Dr. Ragini Kulkarni	Version 1.4	15 <sup>th</sup> April 2015	Addition of the sentence in the approval letter “Due date for submission of Continuing review/Completion Report: ...” and addition of the point in Enclosure list “GCP Training Certificate of Principal Investigator/Co-Investigators/Collaborators”. Changes in the name of the members of the Ethics Committee in Approval letter
Dr. Ragini Kulkarni	Version 1.5	04 <sup>th</sup> March 2016	Addition of the words ‘wherever relevant’ after the words ‘Legal Authorised Representative’ in Informed Consent Form Insertion of Annex 7 : Informed Consent form for future use of stores samples on page 21
Dr. Ragini Kulkarni	Version 1.6	24 <sup>th</sup> September 2016	Pg.6, Time for respond to comments changed to ‘90 days’ instead of ‘180 days’ Pg.20,21- deletion of the word ‘Collaborator’ from Informed Consent Form.
Dr. Ragini Kulkarni	Version 1.7	7 <sup>th</sup> November 2017	Extensive revision of the SOP has been done as per SIDCER/FERCAP recommendations and the ICMR guidelines 2017.