FDA AUDIT PROCESS FOR A CLINICAL TRIAL
UNDER THE OVERSIGHT OF AN EXTERNAL IRB

PROCESS FOR A SCHEDULED OR UNANNOUNCED FDA AUDIT:

1. Scheduling an Audit
   a. An FDA inspector(s) contacts the Principal Investigator (PI) or research designee by
      telephone or in writing to schedule an appointment, or the inspector(s) may come to
      a site without notice.
   b. If there are extenuating circumstances (i.e., if the PI is not available), a sub-
      investigator (Sub-I) may request a short delay for the audit and request rescheduling
      at a mutually convenient time. The FDA does not have to honor this request.
   c. The WMed staff member who receives the initial notification of an FDA audit from the
      FDA notifies the WMed Human Research Protection Program (HRPP) Director or
      listed alternate and the primary Clinical Research Coordinator (CRC).
   d. The WMed HRPP Director, or listed alternate, facilitates communication and
      oversight of the FDA visit until its completion utilizing the WMed FDA Audit
      Response Plan Checklist.

2. Preparing for the Audit
   a. The WMed HRPP Director, or alternate, works with appropriate designee to assign
      and facilitate the notification of the following staff with pertinent details, if applicable:
      1) PI and/or Sub-I(s)
      2) Primary & Back-up CRCs
      3) Sponsor/CRO/Monitor
      4) Regulatory Document Specialist
      5) Investigational pharmacy or designated pharmacist
      6) Additional study support staff that have been involved in the study
      7) Medical Records
      8) WMed Assistant Dean for Clinical Research Operations
      9) Center for Clinical Research Director and employees
     10) WMed Department Chair, if applicable
     11) WMed Dean (Institutional Official)
     12) WMed Associate Dean for Research
     13) WMed Associate Dean Administration and Finance (Compliance Officer)
     14) Legal Services
     15) WMed Assistant Dean for Research Compliance
     16) WMed IRB and/or the Central IRB
     17) If the audit will involve off-site record review at Bronson, contact:
         President & CEO, Vice President and Chief Compliance Officer, Chief Quality
         Officer, Senior VP of Legal & Legislative Affairs (Institutional Official), Director of
         Quality & Safety and VP of IT and Medical Records Director
     18) If the audit will involve off-site record review at Borgess, contact:
         President & CEO, Chief Strategy Officer (Institutional Official), Borgess Legal
         Services, Accreditation & Regulation Consultant, IT and Medical Records
FDA AUDIT PROCESS

19) If the audit will involve off-site record review at WMed Oakland Drive Campus, contact:
   Administrative Assistant, Associate Dean for Clinical Affairs, Director of Nursing,
   Manager of Laboratory Services, Director of Facilities, IT Manager, and Health
   Information Management

20) WMed IT Department (for electronic record access)
   b. The primary CRC or designee ensures that all documentation, including informed
      consent forms, source documents, case report forms, and the regulatory binder(s) for
      the study identified as the focus of the audit are accurate, complete, and available for
      review by the inspector(s).
   c. The primary CRC or designee ensures that the study drug dispensing or device
      accountability records are accurate, complete, and available for review. If there were
      any instances in which emergency breaking of the blind was required, the WMed
      designee makes sure that documentation is available.
   d. The Quality Control Specialist and HRPP Education-Quality Improvement Program
      (E-QIP) personnel will work with the primary CRC when possible to help ensure all
      study documentation is in good order and available for review.

3. Inspector(s) Arrival
   a. Upon arrival, the FDA inspector(s) shows credentials and an FDA badge. Proper
      identification is required prior to review of records.
   b. The inspector(s) presents a “Notice of Inspection” (Form FDA 482).
   c. The PI and primary CRC will be notified upon inspector(s) arrival and will be asked to
      make time available for the duration of the audit.
   d. The inspector(s) may request a short interview with the PI before beginning the audit.
      Other staff should also attend this meeting as assigned above.
   e. The Director of HRPP or designee provides the inspector(s) with a quiet area, free
      from excessive interruptions in which to work. The inspector(s) may request that a
      telephone be available.

4. During the Audit
   a. The primary CRC or designee provides orientation and access to the study records
      and files related only to the study to be inspected.
   b. SOPs may be printed upon request.
   c. As much as possible, all binders and/or documents requested by the inspector(s) will
      be reviewed by the Director of HRPP or designee, Quality Control Specialist, E-QIP
      personnel, primary CRC, and Regulatory Document Specialist, if applicable, prior to
      providing them to the FDA inspector(s). This review should not impede the
      inspection.
   d. A designated research staff member is available at all times to bring requested
      materials to the inspector(s) and to make copies of requested documents. The
      primary and/or back-up CRC(s) should be available as needed for any questions
      and/or clarifications related to study and to facilitate electronic medical record
      access. The WMed designee makes duplicate copies of any photocopied documents
      provided to the inspector(s). These copies are to be maintained at WMed (separate
      from study-related documents) and made available for the sponsor for review while
      on site.
   e. An individual is designated to take notes of the audit, including but not limited to
      items reviewed, questions asked, individuals interviewed, responses provided.
FDA AUDIT PROCESS

f. The inspection contains two parts:
   1) Part one determines the facts surrounding the study. Issues may include:
      a) Responsibilities of site personnel
      b) Delegation of authority
      c) Location of study-related activities
      d) Data collection methods and procedures
      e) Test article accountability
      f) Communication between sponsor and PI
      g) Where and in what condition study documents are archived

   2) Part two involves an audit of the data:
      a) The FDA inspector(s) compares the information submitted to the sponsor with
         the source documentation maintained at the study site.
      b) The inspector(s) reviews any/all patient data.
      c) The inspector(s) interviews the PI and any other WMed personnel involved in
         conducting the study.
      g. The primary CRC or designee keeps the sponsor informed of the progress of the
         audit.

5. Follow-up After the Audit
   a. The Director of HRPP or designee, the PI, the primary CRC and any other required
      staff members participate in the exit interview with the FDA inspector(s).
   b. The Director of HRPP asks when a report will be provided.
   c. The Director of HRPP, in conjunction with the primary CRC or designee responds to
      the audit report no later than 15 business days following receipt of the report.
   d. The Director of HRPP in conjunction with the primary CRC or designee develops and
      maintains a separate binder with all documentation from the audit, including:
         1) Record of communication with the sponsor
         2) Copy of records provided to the FDA
         3) FDA Form 483 (if applicable) or regulatory report document
         4) Response to FDA Form 483 (if applicable)
         5) Establishment inspection Report (EIR)
   e. The Director of HRPP provides a copy of the report and correspondence to the
      primary CRC or designee.
   f. If applicable, the Director of HRPP, in consultation with the Assistant Dean for
      Clinical Research Operations and Assistant Dean for Research Compliance,
      evaluates the audit report to identify areas for improvement and facilitates the
      development of a CAPA to improve quality.

REFERENCES:

1. 21 CFR 312.60 – General responsibilities of investigators
2. 21 CFR 312.62 – Investigator recordkeeping and record retention
3. 21 CFR 312.64 – Investigator reports
4. 21 CFR 312.66 – Assurance of IRB review
5. 21 CFR 312.50 – Protection of Human Subject’s
6. 21 CFR 312.56 – Institutional Review Boards
7. 21 CFR Part 812 – Investigational Device Exemptions
FDA AUDIT PROCESS

8. ICH GCP Part 4.9 – Records and Reports
9. ICH GCP Part 5.15 – Record Access
11. Information Sheet Guidance for IRBs, Clinical Investigators, and Sponsors: FDA Inspections of Clinical Investigators, June 2010

CCR02 Roles and Responsibilities of Clinical Team Members
CCR03 Investigator Responsibilities
CCR12 Trial Master File
GEN01 Code of Professional Conduct
GEN04 Conflicts of Interest and Commitment
HRP01 Human Research Protection Program
    WMed Human Research Protection Program (HRPP) and Institutional Review Board (IRB) Handbook

ATTACHMENTS:

None