Information Sheet Guidance for Sponsors, Clinical Investigators, and IRBs

Frequently Asked Questions – Statement of Investigator (Form FDA 1572)

U.S. Department of Health and Human Services
Food and Drug Administration
Office of Good Clinical Practice
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

May 2010
Procedural

TABLE OF CONTENTS

investigational drug or biologic. The most recent version of the 1572 is available online at http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM074728.pdf.

2. Why does this form need to be completed by an investigator?

The 1572 has two purposes: 1) to provide the sponsor with information about the investigator's qualifications and the clinical site that will enable the sponsor to establish and document that the investigator is qualified and the site is an appropriate location at which to conduct the clinical investigation, and 2) to inform the investigator of his/her obligations and obtain the investigator's commitment to follow pertinent FDA regulations. Investigators should complete the form as accurately as they can. Investigators should be aware that making a willfully false statement is a criminal offense under 18 U.S.C. 1001. Further, submission of a deliberately false statement to the sponsor or to the agency can be taken into consideration in a disqualification proceeding.

3. When must this form be completed and signed by an investigator?

Whenever a sponsor selects a new investigator to participate in a clinical investigation that is being conducted under an investigational new drug application (IND), the sponsor must obtain a completed and signed 1572 before permitting the investigator to begin participation in the clinical investigation (21 CFR 312.53(c)). The investigator should sign the form only after being given enough information to be informed about the clinical investigation and to understand the commitments described in Section #9 of the 1572. Having enough information about the study typically means that the investigator has received copies of, has read, and understands the protocol and investigator's brochure (if required[2]), and is familiar with the regulations governing the conduct of clinical studies.

The investigator's signature on this form constitutes the investigator's affirmation that he or she is qualified to conduct the clinical investigation and constitutes the investigator's written commitment to abide by FDA regulations in the conduct of the clinical investigation.

5. What are the minimum qualifications of an investigator?

9. Must a sponsor conduct a foreign clinical study under an IND?

wishes to conduct a foreign clinical study under an IND. In this case, typically an Independent Ethics Committee (IEC) that operates in accordance with Good Clinical Practice (GCP) is utilized instead of a U.S. IRB. Although its membership and functions for assuring human subject protection are comparable to an IRB, an IEC may not meet all of the IRB requirements contained in 21 CFR Part 56.

For a foreign study, an IRB waiver request should contain a description of alternative mechanisms for assuring human subject protection. It would generally be acceptable for a waiver request to state the intention to use an IEC that complies with GCP (e.g., ICH E6) instead of an IRB that complies with 21 CFR Part 56.

The sponsor should submit the waiver request to the IND under which the study will be conducted. The IND will have been submitted to the appropriate review division in either the Center for Drug Evaluation and Research (CDER) or the Center for Biologics Evaluation and Research (CBER).

The sponsor will be informed by the agency in writing whether the waiver request is denied or granted. If a waiver is granted, the sponsor should have investigators attach a copy of the letter granting the waiver to the signed 1572 in the investigator's record.

13. If a sponsor chooses to conduct a foreign clinical study (or operate non-US sites in a multinational study) under an IND and the investigators at these non-US sites comply with the ICH E6 Good Clinical Practice Consolidated Guidance, would the non-US investigators also be in compliance with FDA's IND requirements under 21 CFR Part 312?

Yes, with two exceptions. The first is that the FDA requirements for IRBs under 21 CFR Part 56 are slightly different with respect to membership and function. To address this issue, as described in #12 above, FDA can provide a specific waiver from the Part 56 IRB requirements, allowing an IEC that complies with good clinical practice to substitute for the IRB.[4] The second exception is that the requirements for informed consent under 21 CFR Part 50 for particular clinical trials (e.g., emergency research under 21 CFR 50.24, clinical investigations involving pediatric subjects under Subpart D) are more extensive with respect to IRB responsibilities. Because these types of trials are uncommon, our experience has not revealed that this has caused a conflict; but in the event of one, we would be willing to discuss a resolution with the sponsor on a case-by-case basis. If the investigator or sponsor believes that there are other conflicting requirements, the sponsor may request a waiver from FDA from the specific requirement under 21 CFR 312.10.

[4] See "Information Sheet Guidance for Sponsors, Clinical Investigators, and IRBs: Waiver of IRB Requirements for Drug and Biological Product Studies," January 2006, available at http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM080613.pdf.

16. Should a new form be prepared and signed when the OMB expiration date is reached?

No. There is no need to prepare and sign a new 1572 when the OMB expiration date has been reached.

17. Does FDA expect a double-sided 1572, or is a two-page document printed from the FDA website acceptable?

Either is acceptable; however, FDA recommends that a two-page document be stapled so that there is no question about what form the investigator signed.

18. How should the 1572 be completed?

The 1572 on FDA's website may be completed by typing the information directly into the fillable form and printing the completed form.

1572 to be available at each location to either personally conduct or supervise the study. This responsibility cannot be delegated to a subinvestigator.

Although not necessary, it is acceptable to have more than one investigator at a single site. For example, the conduct and supervision of a large investigation with many subjects or complicated procedures might be shared among several investigators, each of whom has signed a 1572 when the investigation is conducted under an IND. This is distinct from a subinvestigator (see #31) whose role in the clinical investigation is more limited.

III. SECTION #2: EDUCATION, TRAINING, AND EXPERIENCE THAT QUALIFY THE INVESTIGATOR AS AN EXPERT IN THE CLINICAL INVESTIGATION

22. What is the purpose of Section #2?

Section #2 requires the investigator to attach a curriculum vitae (CV) or other statement of qualifications, showing the education, training and experience that qualifies the investigator as an expert in the clinical investigation of the drug/biologic for the use under investigation. Information identified in this section and attached to the 1572 enables the sponsor to assess an investigator's qualifications.

23. Does the CV or other statement of qualifications need to be updated during a clinical study?

No. FDA regulations do not require a CV or other statement of qualifications to be updated during a clinical study.

24. Are CVs required to be signed and dated?

No. FDA regulations do not require a CV to be signed and dated. The investigator's dated signature on the 1572 is sufficient to attest to the accuracy of the CV or other statement of qualifications submitted with the 1572.

IV. SECTION #3: NAME AND ADDRESS OF ANY MEDICAL SCHOOL, HOSPITAL, OR OTHER RESEARCH FACILITY WHERE THE CLINICAL INVESTIGATION(S) WILL BE CONDUCTED

25. What address(es) should be entered in Section #3?

The address(es) of the location(s) where the investigation will be conducted and to where the test articles will be shipped, if different from the investigator's address of record, should be entered in Section #3.

26. What qualifies as a research facility for Section #3?

Section #3 is intended to identify facilities where study activities will be conducted and clinical data will be generated or collected. This includes facilities where subjects will be seen and study procedures performed. For example, this might include locations such as health care facilities where the test article will be administered, or where physical exams will be performed. Facilities where other important clinical investigation functions are performed may also be identified in Section #3. For example, a research laboratory where the test article is prepared, a special storage facility where the test article will be kept, or a location where tissue specimens are collected should be listed in this section.

27. If an investigator sees study subjects at more than one site, should the investigator list all sites on the 1572?

Yes. The names and addresses of each of the study sites should be identified in Section #3. However, if the protocol specifies that the investigative product can be administered at a subject's home (for example, the protocol allows for daily injections to be administered by a registered nurse in the subject's home), the subjects' home addresses do not have to be listed on the 1572. Study records should reflect that the test article was administered at subjects' homes per the protocol.

V. SECTION #4: NAME AND ADDRESS OF CLINICAL LABORATORY FACILITIES TO BE USED IN THIS STUDY

28. What qualifies as a clinical laboratory facility for Section #4?

Section #4 is intended to identify clinical laboratories or testing facilities directly contributing to or supporting the clinical study (for example, diagnostic labs performing blood work, imaging centers, cardiology labs, etc.). This may include analytical labs that provide pharmacokinetic analysis, and laboratories supplying efficacy data for clinical investigations conducted under an IND.

29. If a laboratory is sending samples to satellite or other contract labs for additional testing, should these labs be identified in Section #4?

It is only necessary to list the primary laboratory, provided that laboratory can trace the samples to each of the satellite and/or contract labs where the tests were performed.

VI. SECTION #5: NAME AND ADDRESS OF THE INSTITUTIONAL REVIEW BOARD (IRB) RESPONSIBLE FOR THE REVIEW AND APPROVAL OF THE STUDY(IES)

30. Does the IRB reviewing and approving the clinical study have to be at the same location as where the research is conducted?

The regulations permit review of research by IRBs at locations other than where the research is being performed (e.g. independent or non-institutional IRB; use of a cooperative IRB review process; see 21 CFR 56.114). Therefore an IRB may review clinical studies that are not performed on-site as long as requirements in 21 CFR Parts 50 and 56 are met. For more information on cooperative research arrangements, see the FDA Guidance for Industry-Using a Centralized IRB Review Process in Multicenter Clinical Trials (http://www.fda.gov/RegulatoryInformation/Guidances/ucm127004.htm).

VII. SECTION #6: NAMES OF THE SUBINVESTIGATORS WHO WILL BE ASSISTING THE INVESTIGATOR IN THE CONDUCT OF THE INVESTIGATION(S)

31. Who should be listed as a subinvestigator in Section #6?

FDA's regulation at 21 CFR 312.3(b) states: "In the event an investigation is conducted by a team of individuals, the investigator is the responsible leader of the team. 'Subinvestigator' includes any other individual member of that team." 21 CFR 312.53(c)(1)(viii) requires the investigator to provide "a list of the names of the subinvestigators (e.g., research fellows, residents) who will be assisting the investigator in the conduct of the investigation(s)."

The purpose of Section #6 is to capture information about individuals who, as part of an investigative team, will assist the investigator and make a direct and significant contribution to the data. The decision to list an individual in Section #6 depends on his/her level of responsibility (i.e., whether he/she is performing significant clinical investigation-related duties). In general, if an individual is directly involved in the performance of procedures required by the protocol, and the collection of data, that person should be listed on the 1572. For example, if the protocol notes that each subject needs to visit a specified internist who will perform a full physical to qualify subjects for the clinical investigation, that internist should be listed in Section #6.

32. Should research nurses, other nurses, residents, fellows, office staff, or other hospital staff be listed in Section #6?

Hospital staff, including nurses, residents, or fellows and office staff who provide ancillary or intermittent care but who do not make a direct and significant contribution to the clinical data, do not need to be listed individually. It is not necessary to include in this section a person with only an occasional role in the conduct of the research, e.g., an on-call physician who temporarily dealt with a possible adverse effect or a temporary substitute for any research staff (see ICH E3, Section 6) (http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm073113.pdf).

Concerning staff residents on rotation, it may be difficult to prospectively identify those individuals who might perform specified protocol procedures or collect clinical data. Specific names of the rotational staff do not have to be listed in Section #6. Instead, to successfully address this scenario, the names of rotational individuals and the procedures they are expected to perform should be included in the clinical study records. This information should also be sent to the sponsor for submission to FDA in, for example, an information amendment.