From: Hommel, Carolyn - OC on behalf of OC GCP Questions
Sent: Wednesday, November 08, 2006 3:44 PM
To: **[Redacted]**
Subject: RE: Sub-investigator

Dear Dr. **[Redacted]** :

We are frequently asked who should be listed on the 1572, and it's a question for which there is limited guidance and not always a straightforward answer. Many people do not realize that one of the main purposes of the 1572 is to provide the sponsor with information about the clinical site and investigator qualifications which will enable the sponsor to establish and document that the investigator and site are qualified to conduct the study. In short, it's not the person's title, but what they are responsible for doing that would determine if they should be listed on the form.

Block #6 asks for the "Names of the subinvestigators (e.g., research fellows, residents, associates) who will be assisting the investigator in the conduct of the investigation(s)." "Subinvestigator" is indirectly defined in the drug and biologics regulations (21 CFR 312.3(b):

> "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 Block #6 is to capture information about individuals who, as part of an investigative team, will be assisting the investigator and ***who make a direct and significant contribution to the data***. The decision to list an individual in Block #6 depends on his/her level of responsibility (i.e., whether he/she is performing significant study-related duties). In general, if an individual is directly involved in the treatment or evaluation of research subjects, that person should be listed on the 1572. For example, as part of the protocol of a clinical investigation, if each subject needs to visit a specified internist who will perform a full physical to qualify subjects for the study, that internist should be listed in Block #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 data do not need to be listed individually. It is not necessary to include in this block 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. If a number of staff residents on rotation participate on the study, a general statement regarding their planned participation may be included in Block #6.

As for your question about which form to use for individuals who do not have any financial interests: In those cases, the applicant should submit a Form FDA 3454, attesting to the absence of financial interests and arrangements, per 21 CFR 54.5(a)(1). The Form FDA 3455 is to be completed for clinical investigators who have financial arrangements to disclose (see 21 CFR 54.5(a)(3)).

If you have questions about FDA's financial disclosure regulations, the complete text is posted on our website (http://www.fda.gov/oc/gcp ; once at the site, click on "Good Clinical Practice/Clinical Trial Regulations" in the middle column. There is also a guidance document in the "Guidances and Information Sheets" on this topic.)

I hope this is helpful.

Sincerely,

Carolyn Hommel
Consumer Safety Officer
Good Clinical Practice Program
Office of Science and Health Coordination
Office of the Commissioner
U.S. Food and Drug Administration (HF-34)
5600 Fishers Lane, Room 14-B17
Rockville, MD 20857

Phone: 301/827-3340
Fax: 301/827-1169

This communication does not constitute a written advisory opinion under 21 CFR 10.85, but rather is an informal communication under 21 CFR 10.85(k) which represents the best judgment of the employee providing it. This information does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed.

From: **[Redacted]**
Sent: Friday, November 03, 2006 9:07 AM
To: OC GCP Questions
Subject: Sub-investigator

Dear GCP department,

There are several answers given by you already on the subject sub-investigator and e.g. FDA 1572 (box 6) and financial disclosure.
Since we are coordinationg a number of IND-studies**[Redacted]**, where trial nurses have a prominent role, we would like to be more informed in detail.

It is clear that physicians involved in conducting a clinical trial will be (sub-) investigators, however we are interested in the status of sub-investigator in the following cases:
- a trial nurse who is taking blood samples
- a trial nurse completing (but not signing off) CRFs
- a trial nurse writing in the medical dossier of the study subject
- a trial nurse performing the informed consent process (of course on behalf of the investigator) and also signing off the informed consent form
- a pharmacist who receives the study medication for storage, who only dispense medication to site personnel or on investigator's prescription to a study subject
- a trial nurse who dispenses study medication to a study subject and maintains records of drug accountability
- a 3rd person only making ECG's and give interpretation
Etc.

In fact we would like to know when a trial nurse (or study coordinator, or 3rd person), involved in a GCP trial, **is not seen** as a sub-investigator, with examples.

Financial disclosure

A number of sponsors **[Redacted]** let have complete (sub-) investigators the form FDA 3455 (without ticking boxes if they have nothing to disclose). To my opinion, this form is not meant for an investigator who has nothing to disclose. Right? Are there FDA forms which should be completed by those investigator's who have nothing to disclose?

Thank you for your understanding and answers.

Kind regards,
[Redacted]