Responsibilities of the Investigator

Procedure Overview

This procedure describes the roles and responsibilities of NETT investigators.

Responsible Individuals

Qualified NETT personnel including NETT Hub complex and trial-specific clinical investigators.

1) Definitions
   a) Clinical investigator - An individual who actually conducts a clinical investigation, or people under whose immediate direction a drug, treatment, biologic, or medical device is administered or dispensed to a human subject in a clinical trial (21 CFR §§312.3, 812.3).
   b) Hub complex - The NETT Hub institution and the spokes affiliated with the Hub.
   c) Institutional review board – The board within an institution providing oversight of research as described in 45 CFR Part 46.

2) General Responsibilities of Investigators
   a) Protecting the rights of subjects.
   b) Protection of subject private health information.
   c) Obtaining informed consent from each subject.
   d) Ensuring that the investigation is conducted according to local and federal guidelines and regulations.
   e) Retaining specific records and issuing specific reports.
   f) Assuring that an IRB is provided with information for initial and continuing review of the study.
   g) Accurate and prompt reporting of all adverse events as specified by the sponsor.

3) Delegation of Authority
   a) Investigators may, and often do, delegate some of the work involved in the studies to personnel on their staff. Delegating the work, however, does not relieve investigators of their responsibility. They have the ultimate responsibility for all work conducted in the trial.
   b) In order to fulfill their responsibilities, investigators must:
      i) Assume full responsibility for the study.
      ii) Maintain adequate and appropriate study documentation, including source documents or case histories for subjects, copies of the study protocol, Institutional Review Board (IRB) approvals, and adverse experience reports.
      iii) Agree to collect information for each subject in the source documents and transcribe the necessary information onto case report forms.
      iv) Review the source data and the case report forms.
      v) Be involved in the treatment of subjects.

c) Authority may delegated under the supervision of the investigator to:
   i) Co-investigators. Co-investigators can be physicians, pharmacists, specialists, nurses or qualified technical personnel.
   ii) Study coordinators.
   iii) Other qualified personnel as evidenced by licensure, certification, or documentation of training.

4) Maintain Subject Records
   a) Investigators should maintain a signed copy of each subject's informed consent form with his or her study specific folders.
   b) Investigators agree to maintain adequate and accurate information for all subjects enrolled into a clinical trial.
      i) Source documents
         (1) Is the basis for information that is included on case report forms.
         (2) Are the first location where information is recorded is considered the source document for that information.
         (3) Source documents may include paper and electronic hospital and office records, patient diaries, and video and/or audio recordings.
         (4) Source document information may be copied onto another form, but the original version must be maintained.
         (5) Investigator records should include a file of source documents for each subject. Hubs are strongly encouraged to maintain study-specific folders for subjects enrolled at the spoke sites as permitted.
         (6) In some circumstances, the case report forms can be considered source documents. .
         (7) The individual entering information in the source documents should sign and date all entries. If more than one individual is responsible for the collection of information, this should be indicated in the source document.
         (8) Corrections to paper source documents should be initialed and dated by the individual making the change. Changes to electronic documents should be captured and verified via audit trails.
         (9) Source documents and case report forms must be made available by investigators to the study sponsor's representatives if requested by the sponsor, Institutional Review Board (IRB), or monitor, as appropriate.
      ii) Case Report Forms (CRFs)
         (1) The investigator must be sure the hospital records are consistent with the case report forms.
         (2) Entries in hospital records can be inconsistent with or different from those in case report forms because various hospital personnel may be making the patient record entries. The site should determine at the beginning of the study from which source document this information will be taken and should indicate this in a note to the study file.
         (3) Data reported on the CRF, which are derived from source documents, should be consistent with the source documents. If the reason a change is made is not readily apparent from the data, an explanation may be warranted.

(4) Changes to CRFs as the result of queries should be responded to in a timely manner.

5) Institutional Review Board Interactions
   a) Investigators are required by local and federal regulations to communicate with Institutional Review Boards (IRBs) concerning the investigators' studies.
   b) The investigator is the primary contact for the reviewing IRB.
   c) It is the responsibility of the investigator to provide the necessary information to, and obtain the required approvals from, the IRB.
   d) Investigators must provide IRBs with all the necessary information regarding the study to allow the IRB members to make an informed decision on approval or non-approval of a study. The material submitted usually includes the full protocol, informed consent forms and all advertisements to be used to recruit subjects.
   e) Investigators may not make any changes in the study protocol without the approval of their reviewing IRB except to eliminate apparent immediate hazards to study subjects.
   f) Investigators must provide safety reports to the IRB as soon as the sponsor provides them to the investigators. These safety reports include information on events that occurred at other sites and/or interim safety data analyses.
   g) Adverse events that occur at the investigator's site must be reported to their IRB in accordance with the Adverse Event reporting procedure as required by the sponsor and the local IRB. All serious and unexpected experiences (those not listed in the investigator's brochure or those whose severity is increased from that which is in the brochure) and/or fatal or life-threatening adverse must also be reported to the reviewing IRBs.
   h) Contact between the investigator and the IRB should occur at least on an annual basis. If a reviewing IRB requires more frequent reports, the investigator is obligated to provide them.
   i) The investigator cannot start the clinical investigation until he or she has written approval by the IRB of the protocol and the informed consent. The written approval should indicate the study by protocol number or name as it appears on the protocol or, when a protocol amendment is being approved, by the amendment number. The written approval also should indicate that it is for the informed consent and should be signed and dated by the IRB chairperson or designee.
   j) The investigator must provide documentation of IRB approvals to the NETT Clinical Coordinating Center (CCC) before the start of subject enrollment at the site(s).
   k) Investigators may be members of the IRB reviewing their data. They may attend the meeting at which the protocol is discussed, but they may not vote on their own study. Minutes recorded for any meetings must clearly indicate that they abstained from voting. Any co-investigators or other site study personnel working on the protocol likewise may be IRB members, but cannot vote on that protocol.
   l) The investigator will maintain records of substantial IRB communications as defined by the institution or study sponsor.