Standard Operating Procedure			**55.007**
Safety Reporting in Clinical Trials of Medical Devices of Non CE Marked Medical Devices or CE Marked Devices Used Outside of their Intended Purpose (Sponsored and hosted clinical investigations)			
Version	2.0		
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Released by	Julie Brittenden	Signature	Date

1. SOP Category

Pharmacovigilance

2. Staff Category

Pharmacovigilance Office
R&D Governance
R&D Sponsor Pharmacists
R&D Sponsor Pharmacy Technicians
R&D Coordinators (Sponsor Representative)
Project Managers
Clinical Trials Monitors
Chief Investigators

3. Scope

This procedure applies to staff within the Glasgow Clinical Trials Unit (GCTU) involved in any aspect of safety reporting activity.

4. Purpose

Safety reporting with regards to medical devices is similar to that utilised within CTIMP trials with some important differences. It relates to the detection, assessment, understanding and prevention of adverse effects, particularly long term and short term side effects caused either directly or indirectly by a medical device.

The Medical Devices Regulations 2002 (Statutory Instrument 2002/618) was implemented on the 13th June 2002 and implemented the following EU directives:

- Medical Devices Directive 93/42/EEC
- Active Implantable Medical Devices Directive 90/385/EEC
- In Vitro Diagnostic Medical Devices Directive 98/79/EEC.

More recently Directive 2007/47/EC amended the above directives with regards to clinical investigations of medical devices to further standardise clinical investigations and the safety reporting required for both CE marked and non CE marked devices.

The purpose of this SOP is to describe the procedures to be followed to ensure that these regulatory requirements are met in clinical investigations of non CE marked medical devices or CE marked devices to be used outside of their intended purpose sponsored by NHS Greater Glasgow and Clyde (NHS GGC) or co-sponsored with the University of Glasgow.

The Chief Investigator (CI) has overall responsibility for the conduct of the clinical investigation.

The Principal Investigator (PI), who may also be the CI in a single-site trial, has responsibility for the conduct of the clinical investigation at that site. This includes the assessing and reporting of adverse events as per the trial protocol.

In clinical investigations sponsored by NHS GGC or co-sponsored with the University of Glasgow, the delivery of safety reporting within the trial is delegated to the Chief Investigator (CI). However, the ultimate responsibility and accountability for safety reporting remains with the NHS GGC under the co-sponsorship agreement.

The Pharmacovigilance (PV) Office is a support mechanism to facilitate, provide central coordination and allow oversight of safety reporting activity within CTIMPs and clinical investigations of non CE marked medical devices sponsored by NHS Greater Glasgow and Clyde or co-sponsored with the University of Glasgow**.**

A safety reporting plan will be written for each individual clinical investigation to capture the specific requirement for that study. This will be prepared by the pharmacovigilance and safety manager and should be in place prior to the study opening to recruitment.

5. Procedures

5.1 Definitions

Sponsor(s)

The individual, company, institution or organisation which takes responsibility for the initiation, management and/or financing of a clinical investigation

Medical device

A medical device is any instrument, apparatus, implement, machine, appliance, implant, software, material, or other similar or related article:

a) Intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the specific purpose(s) of:

1) Diagnosis, prevention, monitoring, treatment or alleviation of disease,
2) Diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury,
3) Investigation, replacement, modification, or support of the anatomy or of a physiological process,
4) Supporting or sustaining life,
5) Control of conception,
6) Disinfection of medical devices, and

b) Which does not achieve its primary intended action in or on the human body by pharmacological, immunological or metabolic means, but which may be assisted in its intended function by such means.

Investigational medical device

Medical device being assessed for safety or performance in a clinical investigation.
NOTE: This includes medical devices already on the market that are being evaluated for new intended uses, new populations, new materials or design changes.

Adverse Event (AE)

Any untoward medical occurrence, unintended disease or injury or any untoward clinical signs (including an abnormal laboratory finding) in subjects, users or other persons whether or not related to the investigational medical device.

NOTE 1: This definition includes events related to the investigational device or the comparator.

NOTE 2: This definition includes events related to the procedures involved.

NOTE 3: For users or other persons, this definition is restricted to events related to investigational medical devices.

Serious Adverse Event (SAE)
Adverse event that:
a) Led to a death, injury or permanent impairment to a body structure or a body function.
b) Led to a serious deterioration in health of the subject, that either resulted in:
- A life-threatening illness or injury, or
- A permanent impairment of a body structure or a body function, or
- In-patient hospitalisation or prolongation of existing hospitalisation, or
- In medical or surgical intervention to prevent life threatening illness

c) Led to foetal distress, foetal death or a congenital abnormality or birth defect.

NOTE 1: Planned hospitalisation for pre-existing condition, or a procedure required by the Clinical Investigation Plan, without a serious deterioration in health, is not considered a serious adverse event.

Device deficiency

Inadequacy of an investigational medical device related to its identity, quality, durability, reliability, safety or performance. This may include malfunctions, use error, or inadequacy in the information supplied by the manufacturer.

Adverse Device Effect (ADE)

Adverse event related to the use of an investigational medical device.

NOTE 1- This includes any adverse event resulting from insufficiencies or inadequacies in the instructions for use, the deployment, the implantation, the installation, the operation, or any malfunction of the investigational medical device.

NOTE 2- This includes any event that is a result of a use error or intentional abnormal use of the investigational medical device.

Serious Adverse Device Effect (SADE)

An adverse effect related to the device that resulted in any of the consequences characteristic of a serious adverse event.

Unanticipated Serious Adverse Device Effect (USADE)

A serious adverse effect related to the device that by its nature, incidence, severity or outcome has not been identified in the current version of the risk analysis report.

NOTE: Anticipated SADE (ASADE): an effect which by its nature, incidence, severity or outcome has been previously identified in the risk analysis report

5.2 Responsibilities

The Pharmacovigilance office, chief investigator, and principal investigators are delegated specific responsibilities for safety reporting by the Sponsor and these will be detailed within the relevant agreements, within the protocol and during any site initiation. R&D coordinators and project managers have a responsibility to liaise with the Pharmacovigilance office during

the set up of clinical investigations sponsored by NHS GG&C. Clinical trial monitors also have responsibilities for safety reporting as detailed below.

The PV office is responsible for:

- Working with the CI (and supplying manufacturer where applicable) to identify at the beginning of the study the information in the investigators brochure or risk analysis that will be used as the reference for assigning causality and expectedness.
- Working with the CI to write the trial protocol with a specific focus on safety reporting.
- Central data collection and verification of AEs, ADEs, SADEs, USADEs, and device deficiencies according to the trial protocol.
- If applicable, reporting safety information to the Chief Investigator, delegate or independent clinical reviewer for the ongoing assessment of the risk-benefit ratio.
- Expedited reporting of SAEs to the Competent Authority (MHRA in UK), main REC and Sponsor within required timelines.
- Notifying Investigators of any USADEs that occur within the trial.
- The unblinding of a participant for the purpose of expedited SAE reporting if applicable.
- Reporting events to the collaborating manufacturer in accordance with the trial contract (if applicable)
- Checking for updates to the devices safety profile and communicating changes to the CI for assessment of the risk benefit ratio.
- Communicating changes associated with a change in the risk benefit ratio to sites via a substantial amendment.
- Notifying Principal Investigators at site(s), the Sponsor, main REC and MHRA of findings that could adversely affect the health of subjects, impact on the conduct of the trial or alter the authority's authorisation of the trial
- Monitoring site(s) compliance with safety reporting procedures and timelines**.**

The CI is responsible for:

- Assessing the investigators brochure or risk analysis for those adverse events that would be classed as expected during usage of the medical device.
- Assessing trial specific procedures in order to identify any expected adverse events that may occur as a result of those procedures.
- Liaising with the Pharmacovigilance office to write those sections of the protocol relating to safety reporting.
- Upon the release of new safety information via the supplier of the medical device; assessing the risk/benefit of updated information and if necessary amending the protocol and/or safety reference documents accordingly.
- Review of SAEs within the trial and agreeing the timelines for this with the Pharmacovigilance office. USADEs and SADEs must be reviewed by the CI within 7 days of the PV office being notified of the event.
- SAEs indicating an imminent risk of death, serious injury, or serious illness and that requires prompt remedial action for other patients/subjects, users or other persons* or follow up information to a previously reported SAE of this kind must be reviewed within 24 hours of the PV office making the CI aware of the event.

Principal investigators are responsible for:

- Ensuring that all AEs are assessed for seriousness and causality and documented within the patient notes.
- For those AEs that become SAEs, ensuring that a review of causality and expectedness takes place within 24 hours for those events that indicate an imminent risk of death, serious injury, or serious illness and that requires prompt remedial action for other patients/subjects, users or other persons and within 7 days for all other events.
- Ensuring that all SAEs are reported to the sponsor within 24 hours of the site becoming aware of the event.

R&D coordinators and/or project managers are responsible for:

- Ensuring that the PV office is aware of clinical investigations of any CE marked medical devices prior to the completion of the protocol for classification purposes.
- Ensuring that the PV office is involved in the risk assessment process for any sponsored clinical investigations of medical devices.

Monitors are responsible for:

- Ensuring that patient records are checked for any potential serious adverse events and/or device deficiencies in line with the monitoring plan and the safety reporting section of the protocol.

R&D Sponsor Pharmacy Team is responsible for:

- Liaising and providing advice when any of the devices involve the use of medicines.

5.3 Prior to study start:

The proposed safety recording, notification and reporting procedures will be detailed within in the clinical investigation protocol and will be reviewed by the Medicines and Healthcare products Regulatory Agency (MHRA) during the assessment process and by the Research Ethics Committee (REC).

The protocol should document:

- What adverse events are to be recorded and reported? This decision will be the result of the risk assessment process. For low risk clinical investigations AEs should be reported within the patient notes, for high risk clinical investigations AEs should be collected on the eCRF.

- How adverse events will be identified (e.g. by enquiry at study visits, from lab reports).

- How adverse events are to be recorded in the CRF and/or patient records.

- How adverse events are to be assessed for seriousness, causality, expectedness and severity

- Any events classed as serious which should be excluded from expedited reporting. (If an incident is anticipated or likely as a result of the study population or condition, it can be excluded from the safety reporting process **only** if it is clearly identified as a likely outcome in the study protocol.)

- The period of time during which investigators should notify the sponsor of SAEs. This period of time will be dependent on the risks associated with the clinical investigation.

- The document to be used to assess expectedness of any adverse reactions. In most cases this will be an Investigators Brochure, Risk Analysis Report, or may be the expected reactions to the device and/or procedures associated with that device listed within the protocol.

- Details of unblinding procedure if appropriate.

- The requirements for the expedited reporting of any adverse events assessed as a requiring submission to the MHRA and arrangements for the informing of investigators

Any delegation of safety reporting activities e.g. adverse event recording, assessment or reporting must be documented on a Delegation Log in the Site File.

For CE marked medical devices the pharmacovigilance and safety manager will be responsible for writing the safety reporting sections of the protocol in collaboration with the chief investigator.

5.4 During a trial (See Flow chart Appendix 2)

5.4.1 Adverse events.

Adverse events (AEs) will be recorded, notified, assessed, reported, analysed and managed in accordance with the approved study protocol.

At each study visit, any adverse event reported to trial staff is recorded in the CRF and/or participant medical records as required by the protocol.

All adverse events must be assessed for seriousness and causality. Serious Adverse Events (SAEs) must also be assessed for expectedness and severity.

The clinical review and assessment of adverse events must be undertaken by the Chief or Principal Investigator or an appropriately qualified medical doctor who has been delegated this task. The assessment may also be undertaken by another party e.g. Data Monitoring Committee or Trial Steering Group. This should be detailed in the protocol.

For randomised double blind studies, AEs should be assessed as though the patient was using the medical device under investigation.

5.4.2 Assessment of seriousness.

This assessment is based on the regulatory definitions of seriousness. These definitions should be included in the clinical investigation plan.

An adverse event is serious if it:

a. Led to a death, injury or permanent impairment to a body structure or a body function

b) Led to a serious deterioration in health of the subject, that either resulted in:
- A life-threatening illness or injury[1], or
- A permanent impairment of a body structure or a body function, or
- In-patient hospitalisation[2] or prolonged an existing hospitalisation, or
- Required medical or surgical intervention to prevent life threatening illness

c) Led to foetal distress, foetal death or a congenital abnormality or birth defect.

Note:

[1] Life-threatening in the definition of a serious adverse event or serious adverse reaction refers to an event in which the subject was at risk of death at the time of event; it does not refer to an event which hypothetically might have caused death if it were more severe.

[2] Hospitalisation is defined as an inpatient admission. Planned hospitalisation for pre-existing condition, or a procedure required by the Clinical Investigation Plan, without a serious deterioration in health, is not considered a serious adverse event.

The term “severe” is often used to describe the intensity (clinical severity) of a specific event. This is not the same as “serious”, which is a regulatory definition based on patient/event outcome or action criteria. For example, a headache may be severe but not serious, while a minor stroke is serious but may not be severe.

5.4.3 Assessment of causality i.e. does it have a "reasonable causal relationship" with the medical device. The following categories are used:

Not related:	Any event that is clearly and definitely due to extraneous cause (e.g., disease, environment, etc.).
Possibly related:	Although a relationship to the medical device cannot be completely ruled out, the nature of the event, the underlying disease, concomitant medication or temporal relationship makes other explanations possible.
Related:	The relationship with the use of the investigational device seems relevant and/or the event cannot be reasonably explained by another cause and could not be explained by the subject's clinical or concurrent disease state (including concurrent treatments or drug use)

An adverse event thought to be related to the use of the medical device is an **Adverse Device Effect (ADE)**

A Serious Adverse Event thought to be related to the use of the medical device is a **Serious Adverse Device Effect (SADE)**

The causality assessment given by the investigator should not be downgraded by the sponsor. If an independent assessment is made by the sponsor and the sponsor disagrees with the investigator's causality assessment, the opinion of both the investigator and the sponsor should be provided with the report.

5.4.4 Assessment of expectedness.

If the ADE or SADE is thought to have a causal relationship to the device then clinical judgement along with the relevant document such as an investigators brochure or the clinical investigation plan/protocol should be used to assign expectedness. The presence of any other factors that may confound the assessment should be taken into account for example any concurrent illnesses, concomitant medications, natural progression of a participants underlying disease, and any possible adverse effects of procedures utilised within the clinical investigation plan. If the event is listed within the CIP, protocol or IB as an anticipated effect then the event would be classed as expected. If; however, the event is not listed within the reference document and the medical device is thought to have a causal relationship to the effect then this is classed as an Unanticipated Serious Device Effect and is subject to expedited reporting to the MHRA and main REC.

Anticipated: The medical device is thought to have a causal relationship with the event and the event is listed within the reference information used to assign causality
Unanticipated: The medical device is thought to have a causal relationship with the event and the event is NOT listed within the reference information.

Any AE that is assessed as **serious**, is suspected of having a **causal relationship** to the trial medication and is **unexpected** is a **Unanticipated Serious Adverse Device Effect** (**USADE**) and will require expedited reporting to the MHRA/ Ethics Committee.

5.4.5 Assessment of severity.

The intensity of the event should be assessed and described using the following categories:

Mild - awareness of event but easily tolerated
Moderate - discomfort enough to cause some interference with usual activity
Severe - inability to carry out usual activity

5.5 Reporting Requirements

5.5.1 Reporting requirements for non CE marked devices or CE marked devices used outside of their indicated purpose.

Safety reporting for non CE marked devices or for CE marked devices used outside of their intended purpose is governed by European Directives 90/385/EEC AND 93/42/EEC. MEDDEV 2.7/3 Clinical Investigations: Serious Adverse Event Reporting outlines the reporting requirements for clinical investigations of this type.

5.5.2 Reportable Events

The following events are considered reportable events subject to expedited reporting to the sponsor.

- Any SAE that occurs irrespective of the causality and expectedness
- Any Investigational Medical Device Deficiency that might have led to a SAE if a) suitable action had not been taken or b) intervention had not been made or c) if circumstances had been less fortunate.
- Any new findings/updates in relation to already reported events.

All SAEs and device deficiencies must be notified to the sponsor PV office by the chief investigator or their delegate within 24 hours of them becoming aware of the event.

5.5.3 Notifying the sponsor

SAEs should be ideally reported via electronic CRF by users authorised to do so.

In the event that the eCRF system is not functional, or where an eCRF is not used then a sponsor approved SAE form may be used. This form can be found on the Glasgow CTU website (http://glasgowctu.org/complete-paper-sae.aspx).

Likewise Device deficiencies should ideally be reported via eCRF; where this is not possible they can be reported using a sponsor approved device deficiency form. This form can be found on the Glasgow CTU website (http://glasgowctu.org/complete-paper-sae.aspx).

SAE and device deficiency reports should be sent to the PV office by email or fax to pharmacovig@glasgowctu.org or 0141 357 5588 respectively

If necessary a verbal report can be given by contacting the PV Office on 0141 330 4744. This must be followed up as soon as possible with a signed written (or electronic) report.

If all of the required information is not available at the time of initial reporting, the CI (or designee) must ensure that any missing information is forwarded to the PV Office as soon as this becomes available. The report should indicate that this information is follow-up information for a previously reported event. The follow up information can be sent as per the initial notification.

The principal investigator, chief investigator or other medically qualified delegate should review and sign off the serious adverse event within 24 hours if the event indicates that the SAE may indicate an imminent risk of death, serious injury, or serious illness and that requires prompt remedial action for other patients/subjects, users or other persons or within 7 days for all other serious adverse events.

If the clinical investigation is blinded, the blind should be maintained when reporting to the sponsor unless it is necessary of the participants allocation to be unblinded to ensure the safety of the participant or others that may be at risk.

5.5.4 Processing of SAE forms

Upon receipt the SAE should be assigned a unique reference by the PV office and a review of the SAE form or device deficiency should be carried out. as soon as reasonably possible but within 2 business days of receipt. The SAE should be logged onto the relevant PV log on the day of receipt.

Confirmation of receipt of the SAEs should be sent to the site within 2 business days of receipt and any missing information; particularly information regarding the causality and expectedness of the event and review by the PI/CI should be chased at this time.

An SAE cover sheet should be created and the initial SAE filed along with any follow ups that are received and responses to any queries generated following SAE review.

In the event that an SAE is received indicating an imminent risk of death, serious injury, or serious illness and that requires prompt remedial action for other patients/subjects, users or other persons then the pharmacovgilance and safety manager should be notified immediately along with the chief investigator.

For all other events review and sign of by an authorised medically qualified investigator is required within 7 days of the PV office becoming aware of the event.

5.5.5 Expedited reporting of SAEs to the MHRA: Non CE marked devices

The following events should be reported to the MHRA within 2 calendar days of the PV office becoming aware of the event:

- any SAE which indicates an imminent risk of death, serious injury, or serious illness and that requires prompt remedial action for other patients/subjects, users or other persons* or follow up information to a previously reported SAE of this kind

*This includes events that are of significant and unexpected nature and may cause a public health risk or the possibility of multiple deaths occurring at short intervals.

Other reportable events not detailed above are to be submitted to the MHRA within 7 calendar days of the PV office becoming aware of the event or follow up information relating to a previously reported event.

All SAEs reported to the sponsor must be submitted to the MHRA using the MEDDEV 2.7/3 SAE Report Table found here: http://ec.europa.eu/consumers/sectors/medical-devices/files/meddev/sae_reporting_form.xls

The reporting form gives a cumulative overview of the reportable events per clinical investigation. It should be updated and sent to the MHRA each time a new reportable event or a follow up to an already reported event is received.

The PV office should identify the new/updated information in the status column of the table using the following statuses:

a=added new reportable event
m=modified an already reported event i.e. a follow up
u=unchanged

Any changes to a line should be highlighted in colour/bold text in the respective column.

One reporting form should be used for each clinical investigation plan.

The MHRA may request more detailed information upon reviewing the submitted reports and if requested this should be sent within the period of time stated in their request.

5.5.6 Expedited reporting of USADEs to the REC(s): Non CE marked devices

An SAE occurring to a research participant at a UK trial site should be reported to the main REC if in the opinion of the Chief Investigator the event was:

Related: that is, it resulted from administration of the medical device or any of the research procedures

And

Unexpected: that is, the type of event is not listed in the protocol as an expected occurrence.

Reports of related and unexpected SAEs should be submitted within 15 calendar days of the PV officer becoming aware of the event, using the SAE report form for research other than clinical trials of investigational medicinal products (non-CTIMPs) published on the NRES website. http://www.hra.nhs.uk/?p=194813

If an SAE that was not initially deemed reportable to the REC is found to fit the criteria for expedited reporting, the PV office will submit the AE in a written report to the REC as soon as possible, but no later than 10 business days from the time the determination is made.

The sponsor should include a report on the safety of participants in the annual progress report to the REC.

Individual reports of SAEs will be reviewed by the REC at a sub-committee or Committee meeting

In the event that an unanticipated adverse device effect presents an unreasonable risk to subjects, the Sponsor may terminate all investigations or parts of investigations presenting that risk as soon as possible. Termination shall occur not later than 5 working days after the decision to halt the investigation is made and not later than 15 working days after the Sponsor received notice of the effect leading to the halt. The terminated study may only be resumed after approval from REC.

5.5.7 Reporting to other parties

Manufacturer

The manufacturer will be notified of all serious adverse events at the time the event is reported to the MHRA/REC unless alternative timelines are agreed at the time the contract is agreed.

Funder

As per the manufacturer

5.5.8 Other reportable events

Events may occur during a clinical investigation which do not fall within the definition of the SAE reporting requirements even though they may be relevant in terms of subject safety. Examples are:

- new events related to the conduct of a trial or the development of an IMP likely to affect the safety of subjects, such as:
- a significant hazard to the subject population such as lack of efficacy of a medical device used for the treatment of a life-threatening disease,
- a major safety finding from a newly completed animal study
- a temporary halt of the clinical investigation for safety reasons if the trial is conducted with the same investigational medicinal products in another country by the same sponsor, recommendations of the Data and Safety Monitoring Board, if any, where relevant for the safety of subjects,

These events/observations are not to be reported as SAEs, but they might require other action, such as:

- urgent safety measures and their notification
- substantial amendments
- early termination of the clinical investigation

It is also recommended that the sponsor informs the MHRA and the Ethics Committee of any safety issues which might materially alter the current benefit-risk assessment of an IMP while not falling within the actions listed above.

5.6 Unblinding

Unblinding arrangements should be detailed in the clinical investigation plan. Treatment allocation in the course of a clinical investigation should only be unblinded if this is relevant to the safety of the subject.

The blind should be maintained for persons responsible for the ongoing conduct of the study (such as the management, monitors, investigators) and those responsible for data analysis and interpretation of results at the conclusion of the study. Unblinded information should only be accessible to those who need to be involved in the safety reporting or persons performing ongoing safety evaluations during the trial.

5.7 Informing investigators of USADEs

All study investigators must be informed of USADES that have occurred in the trial. This should be done in a timely manner and in a concise and practical way to ensure that investigators are kept full informed of all safety information.

In a single centre UK study where the sponsor has no other studies running with the same device, all other investigators at that site should be informed.
In multicentre trials all principal investigators within the clinical investigation must be informed.

The PV office will forward a copy of any USADE reports with an accompanying cover letter to the CI for onward distribution to co-investigators.

Any immediate safety concerns must be communicated to all concerned investigators in an expedited fashion.

5.8 Pregnancy

The decision regarding the collection of pregnancy data should be made at the time of the risk assessment and both the CI and R&D Sponsor Pharmacy should take part in these discussions. In the event that there is a risk of teratogenic effects from a medical device then CTIMP safety reporting shall be used to collect the necessary safety data.

If the decision is made to collect pregnancy data then the following reporting requirements would apply.

The CI /PI must collect pregnancy information for female trial subjects or female partners of male participants. This includes subjects who become pregnant while participating in a clinical investigation of a medical device or during a stage where the foetus could have been exposed to that device .

Any pregnancy occurring in a female subject or female partner of a male subject who becomes pregnant while participating in the clinical investigation will be reported by the CI/PI to the PV Office (sponsor) using the Pregnancy Reporting Form (available at http://www.glasgowctu.org/data/Pregnancy_Notification.pdf) within two weeks of the CI first becoming aware of the pregnancy. The subject will also be followed to determine the outcome of the pregnancy and follow-up information forwarded to the PV office. It may be necessary to

monitor the development of the newborn for an appropriate period post delivery. Any resulting SAEs should be reported as per SAE reporting procedure above.

5.9 Notifying NHS Trust/Health Board

Although not a requirement of the Clinical Trials Regulations, the Principal Investigator at each centre participating in a trial should ensure that their NHS Trust/Health Board are notified, in accordance with the Trust / Board clinical incident reporting policy, of any relevant patient safety incidents that occur in the clinical investigation..

6. Referenced documents

- International Conference on Harmonisation (1996) Harmonised Tripartite Guideline for Good Clinical Practice
- The Scottish Executive Health Department Research Governance Framework for Health and Community Care (Second Edition, 2006)
- Medicines and Healthcare products Regulatory Agency, Good Clinical Practice Guide, UK: TSO, 2012.
- Medical Devices Directive 93/42/EEC
- Active Implantable Medical Devices Directive 90/385/EEC
- In Vitro Diagnostic Medical Devices Directive 98/79/EEC.

7. Related documents

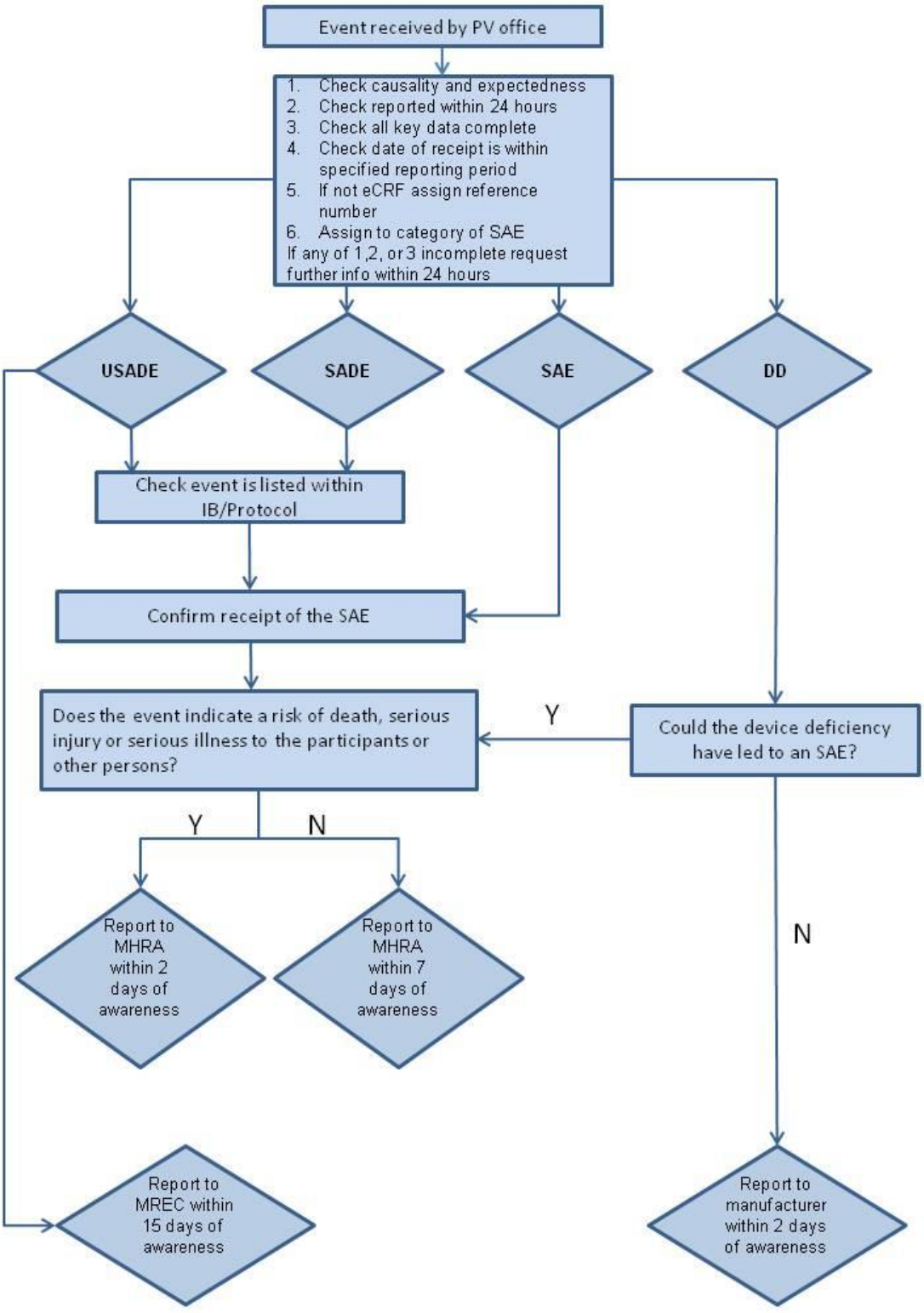
None

8. Document History

Version	Date	Description
1.0	15/07/2016	Release of first version
2.0	19/07/2018	Amended in line with PV Manager review of MEDDEV regulations.

This SOP is a controlled document. The current version can be viewed on the Unit's internet site. Any copy reproduced from the internet site may not, at time of reading, be the current version.

Appendix 1: Medical device reporting flowchart



The number of days listed in each scenario is calendar days.