QUALITY ASSURANCE AUDIT REPORT

Auditee: Undisclosed

Facility Profile: Startup Clinical Trials Unit / Reference Laboratory (32 FTEs)

Audit Scope & Regulatory Standards: Evaluation of Clinical Trial Conduct, Investigator Oversight, and Human Subject Protection under FDA Good Clinical Practice (GCP) Frameworks:

- 21 CFR Part 50: Protection of Human Subjects & Informed Consent
- 21 CFR Part 54: Financial Disclosure by Clinical Investigators
- 21 CFR Part 56: Institutional Review Boards (IRB) Review & Approval
- 21 CFR Part 312: Investigational New Drug Application (IND) & Investigator Responsibilities
- ICH E6(R3): Good Clinical Practice Guidelines

Executive Summary & Audit Scope

An independent, risk-based GCP compliance audit of “Undisclosed” was conducted to assess clinical operational compliance, human subject protections, protocol fidelity, investigational product accountability, and investigator oversight for active early-phase clinical protocols. The audit scope included reviewing trial master file (TMF) documentation, Institutional Review Board (IRB) correspondence, informed consent workflows, clinical investigator financial disclosure records, investigational product (IP) handling, and safety reporting workflows across a startup team of 32 full-time employees. Overall, “Undisclosed” maintains active trial operations with qualified clinical personnel and structured investigator oversight; however, specific corrective measures are required to ensure strict regulatory defensibility across documentation, financial disclosures, and reconciliation workflows.

System-by-System Evaluation

Investigator Oversight & IND Protocol Adherence (21 CFR Part 312 / ICH E6)

Delegation of authority logs, Form FDA 1572 records, and curriculum vitae for Principal Investigators (PIs) and Sub-Investigators were verified. Protocol-required procedures, inclusion/exclusion screening, and clinical monitoring communications demonstrated active PI involvement and study oversight. Subject records reflected consistent protocol adherence with no unapproved protocol amendments or unauthorized study role delegations.

Human Subject Protection & Informed Consent (21 CFR Part 50)

Informed consent forms (ICFs) and subject consent tracking logs were audited for active study cohorts. All sampled subject files confirmed that written informed consent was obtained prior to any study-mandated screening procedures. The consent process is conducted by authorized clinical personnel, with appropriately timed signatures, documented consent discussions, and verified provision of signed copies to trial participants.

Institutional Review Board (IRB) Compliance (21 CFR Part 56)

The site utilizes a qualified central Institutional Review Board for trial protocol approvals, informed consent language authorizations, and safety oversight. Continuing review submissions, safety report acknowledgments, and protocol amendment approvals were systematically filed; however, minor administrative tracking inconsistencies were noted regarding non-significant risk protocol updates.

Financial Disclosure by Clinical Investigators (21 CFR Part 54)

Financial disclosure documentation for all clinical investigators listed on Form FDA 1572 was evaluated. The compliance framework mandates disclosures prior to study initiation and upon trial closeout; however, procedural tracking for interim financial disclosures requires systematic tightening across active startup personnel.

Safety Reporting & Investigational Product (IP) Accountability (21 CFR Part 312.62 & 312.64)

Investigational product shipping, receipt, temperature-controlled storage, and dispensing logs were reconciled against subject administration logs. Adverse event (AE) and serious adverse event (SAE) tracking procedures complied with regulatory reporting timelines, showing clear documentation of event onset, causality assessments, and timely sponsor/IRB notifications.

Audit Findings and Observations

1. Major Finding (Internal Remediation Required; Non-Reportable)

- Area: Investigational Product (IP) Temperature Excursion Documentation (21 CFR § 312.62(a) / ICH E6(R3) § 5.14)
- Condition: During the review of the dedicated IP secure storage room, the primary automated continuous temperature monitoring log recorded a brief 4-hour excursion above the allowable range (+2°C to +8°C, peaking at +9.6°C) following a facility power transfer test. While an on-site clinical research coordinator visually confirmed the backup refrigerator remained within stability limits and the excursion did not compromise product efficacy, the required internal deviation report and sponsor stability confirmation were not formally routed, finalized, or signed off in the pharmacy binder prior to kit dispensation for the subsequent study visit.
- Impact & Classification: This is classified as a Major Internal Finding due to non-alignment with IP chain-of-custody and disposition documentation under 21 CFR § 312.62(a). Retrospective technical stability data provided by the sponsor confirmed that the product remained viable with zero impact on subject safety or data validity, meaning this issue does not constitute a critical breach requiring immediate reporting to the FDA. However, immediate procedural remediation, root-cause analysis, and retrospective sign-offs must be completed prior to the next scheduled subject dosing visit.

2. Minor Finding 01

- Area: Clinical Investigator Financial Disclosure Tracking (21 CFR § 54.4 / 21 CFR § 312.64)
- Condition: Two newly onboarded sub-investigators added to the site delegation log during an active study amendment had not completed Form FDA 3455 (Financial Disclosure) within the internal 30-day compliance window following their addition to the study team, although initial pre-study certifications were fully documented for all founding PIs.
- Impact & Classification**:** This is categorized as a Minor Finding. Both sub-investigators have no reportable financial interests or equity holdings in the sponsor entity, presenting negligible risk to study integrity, but demonstrating a tracking lapse in onboarding compliance workflows.

3. Minor Finding 02 (Discovered via Triangular Investigation)

- Area: Source Data Verification & Pharmacokinetic Sample Collection Timing (21 CFR § 312.62(b) / ICH E6(R3) § 4.9.0 & ALCOA+ Principles)

- Condition: A targeted triangular investigation was conducted across three disparate data sources: (1) phlebotomy laboratory draw logs, (2) centrifuge batch run timestamps, and (3) subject clinic visit progress notes for Subject 104 at Visit 3. The phlebotomy draw log recorded a 2-hour post-dose pharmacokinetic (PK) blood draw at 10:15 AM, while the clinic progress note recorded the actual draw completed at 10:42 AM (27 minutes off nominal schedule). Cross-referencing the refrigerated centrifuge automated audit log confirmed centrifugation initiated at 10:48 AM, verifying the progress note was accurate and the phlebotomy log entry was pre-recorded/erroneously timestamped by the technician.
- Impact & Classification: This is categorized as a Minor Finding. The plasma stability window (60 minutes on wet ice) was not exceeded, and analytical validity was preserved; however, the discrepancy reveals a failure of contemporaneous record-keeping and inadequate cross-verification between laboratory workflow sheets and clinical source records.

4. Opportunity for Improvement (OFI 01)

- Area: IRB Administrative Correspondence Archiving (21 CFR § 56.115 / ICH E6(R3) § 8.2)
- Observation: While formal IRB approval letters for protocols and informed consent documents are securely maintained, administrative acknowledgment receipts for non-substantial protocol clarifications are stored across individual study coordinator email archives rather than being centrally indexed in the electronic Trial Master File (eTMF). Establishing an automated correspondence upload rule will ensure seamless inspection readiness during regulatory surveys.

5. Opportunity for Improvement (OFI 02)

- Area: Informed Consent Re-Consent Version Control Tracking (21 CFR § 50.25 / 21 CFR § 312.60)
- Observation: When study protocol amendments require re-consenting active participants, the site relies on manual calendar reminders to flag subjects at their next scheduled visit. Implementing an automated flag in the clinical trial scheduling portal will streamline version control tracking and prevent potential scheduling oversights as patient enrollment numbers expand.

Conclusion & Required Actions

“Undisclosed” demonstrates foundational compliance with FDA GCP regulations and human subject protection standards. A formal Corrective and Preventive Action (CAPA) plan addressing the Major and Minor findings must be submitted to the Quality Assurance Unit within 30 calendar days of this report. Remediation of IP temperature excursion documentation, financial disclosure updates, and phlebotomy source data reconciliation workflows must be finalized prior to opening enrollment for upcoming study cohorts.