Standard Operating Procedure
Research Submission

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REVISION HISTORY

Rev #	Section	Revision Date	Reason for Revision	Signature of MREC Secretary
0	All	01/03/2011	Version 1.0, first issue	
1	All	14/11/2014	Version 2.0, new format with additional information	
2	6.1, 7.1 & 8.4	12/06/2015	Version 2.1, Update in information related to the use of WS 2-1-1 checklist	
3	All	14/12/2018	Version 3.0, major update in timelines and WS 2-1-1 checklist	

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1. PURPOSE

This standard operating procedure is intended to provide detailed instructions to investigators and sponsors on submission of study documents to the MREC (Medical Research & Ethics Committee) for its approval of research involving human subjects.

2. SCOPE

This SOP applies to all submissions for research conducted by MOH (Ministry of Health) researchers and non-MOH researchers using MOH facilities and other institutions without IRB/REC.

Study document submission includes:

- Initial submission for approval.
- Submission of modified document.
- Initial submission of amendment.

3. ABBREVIATIONS

JPP-NIH	Jawatankuasa Penilaian Penyclidikan – National Institute of Health
JPP-CRC	Jawatankuasa Penilaian Penyelidikan – Clinical Research Centre
HRRC	Hospital Research Review Committee
MOH	Ministry of Health
MREC	Medical Research & Ethics Committee
NMRR	National Medical Research Register
SOP	Standard Operating Procedure
WS	Worksheet

4. GLOSSARY

Term	Definition
Amendment	A change or modification of a document that has been approved by MREC.
Human subject	A living individual about whom an investigator conducting research obtains (a) data through intervention or interaction with the individual or (b) identifiable private information
Initial submission	The first time study documents are submitted for approval irrespective whether approval is by full-board, expedited or exempt review.
Modified document	A document that is modified in response to instructions or comments from a MREC review
Research	A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge
Study package	The submission of all essential documents that individually and collectively permit evaluation of the conduct of a study and the quality of the data produced. These documents serve to demonstrate the compliance with the standards of Good Clinical Practice and with all applicable regulatory requirements.

5. REQUIRED AND RELATED DOCUMENT

#	Document Title
1.	SOP 2-3: Full Board Review
2.	SOP 2-4: Expedited Review by Primary Reviewers / Chairperson
3.	SOP 5-1: Maintenance, Archival and Disposal of Study and Non-Study Files
4.	WS 2-1-1: Review Type Checklist

6. PROCEDURE

6.1. Initial submission for approval

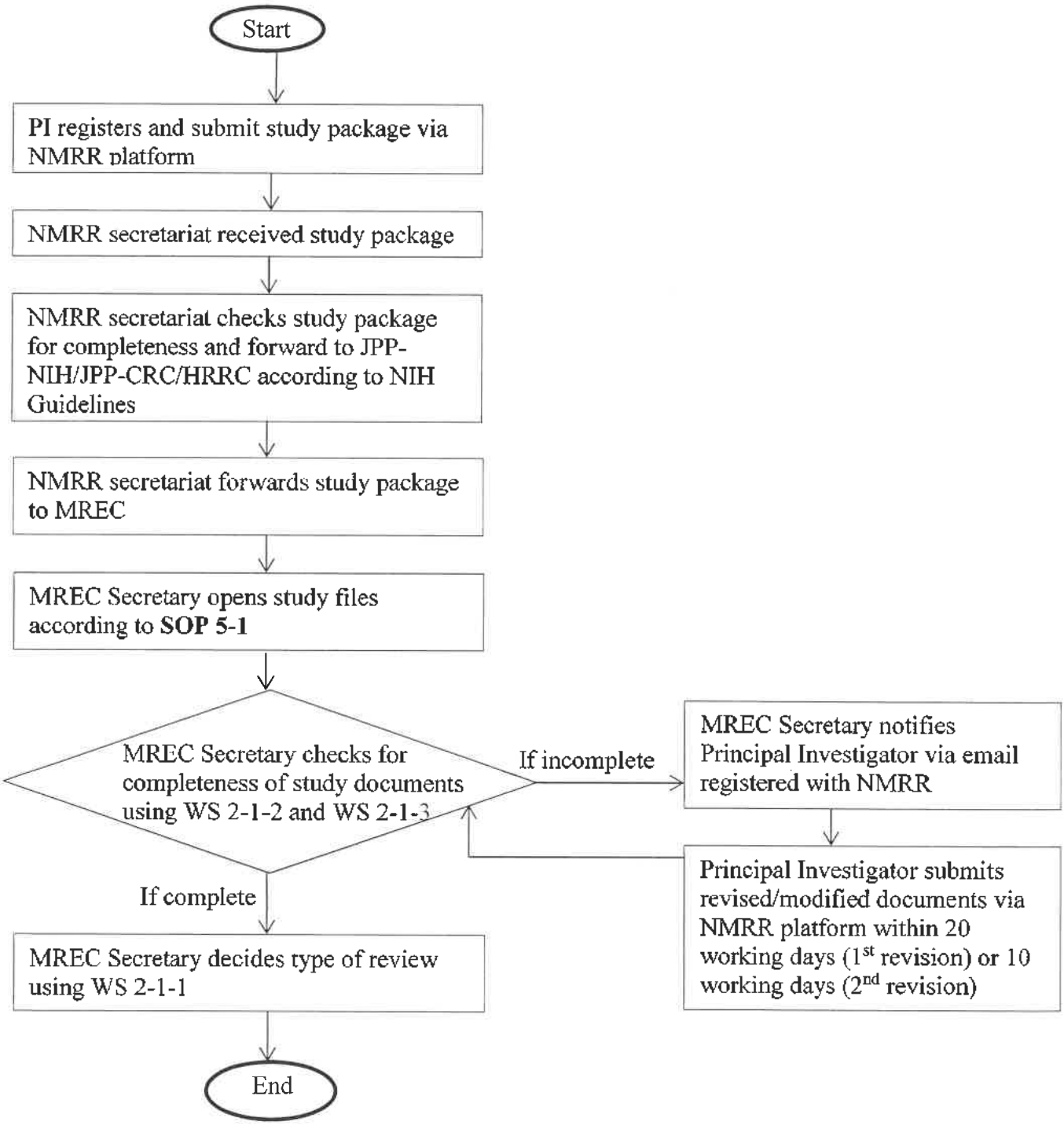
Step #	Process	Responsibility
1.	Submits study package online via the National Medical Research Register (www.nmrr.gov.my).	Principal Investigator (may via corresponding person)
2.	NMRR will forward the submission for provisional opinion either to JPP-NIH/ JPP-CRC/ HRRC reviewer as per the NIH Guideline.	NMRR Secretariat
3.	Processes study package. Submits to MREC when required processing is completed.	NMRR Secretariat
4.	Receives study package and opens study file for new submission as per **SOP 5.1.**	MREC Secretary/Secretariat
5.	Checks study package for completeness using **WS 2-1-2** and/or **WS 2-1-3.** If complete, go to **step 8,** OR If incomplete, go to **step 6.**	MREC Secretary
6.	Informs investigator to submit correct documents via NMRR system to allow document resubmission by investigator	MREC Secretary
7.	Corrects and submits documents via NMRR. Go to **step 4**	Principal Investigator (may via corresponding person)
8.	Determines appropriate type of review using **WS 2-1-1**	MREC Secretary
9.	Processes for MREC initial review (full board review (**SOP 2-3**) or exempted/ expedited review by Primary Reviewers/ Chairperson (**SOP 2-4**))	MREC Secretary

6.2 Submission of Modified/ Revised Document

Step #	Process	Responsibility
1.	Receives notification to submit modified documents as per email received via NMRR platform	Principal Investigator (may via Corresponding person)
2.	Submits modified study documents online via the NMRR platform	Principal Investigator (may via Corresponding person)
3.	Receives documents and to take appropriate action	MREC Secretary
4.	Chairperson/Primary reviewers/Secretary review modified study documents and submit recommendation/decision as per **SOP 2.3** or **SOP 2.4** If document required 2nd or more modification/ revision, notifies investigator to resubmit, go to **step 1**	MREC Secretary

7. FLOWCHART

7.1. Initial Submission for Approval



8. DETAILED INSTRUCTIONS

8.1. Initial Submission

8.1.1. Principal Investigator (PI) registers study package online via NMRR and upload the study package into NMRR system. PI may also submit via Corresponding Person via NMRR system.

8.1.2. NMRR checks submission and forwards the submission for provisional opinion either to JPP-NIH/ JPP-CRC/ HRRC reviewer as per the NIH Guideline.

8.1.3. NMRR secretariat notifies and forwards study package to MREC Secretary once it is deemed complete and where applicable, has been reviewed JPP-NIH/ JPP-CRC/ HRRC reviewer as per the NIH Guideline.

8.1.4. Secretary receives package and opens new study file as per **SOP 5-1.** Once new study files available, MREC Secretary checks for completeness of study package **within 10 working days** of receipt of package using **WS 2-1-2** and **WS 2-1-3.**

8.1.5. Secretary notifies Principal Investigator (and Corresponding Person) via email registered with NMRR if study documents received require revision.

8.1.6. Secretary determines the type of MREC review that is required using **WS 2-1-1,** once the study package received is complete.

8.1.6.1. A study undergoes **FULL BOARD REVIEW** (see **SOP 2-3**) if it involves human subjects, is a research, and involves more than minor increase over minimal risk (high risk).

8.1.6.2. A study undergoes **EXPEDITED REVIEW BY PRIMARY REVIEWERS/ CHAIRPERSON** according to **SOP 2-4** if it generally involves human subjects and is a research involves minor increase over minimal risk (medium risk) OR is a research involves only minimal risk (low risk).

8.1.6.3. A study undergoes **EXEMPT REVIEW** (see **SOP 2-4**) if it does not involve human subjects, is not research and involves not more than minimal risk.

8.1.7. Secretary proceeds further depending on type of review decided according to **SOP 2.3** and **SOP 2.4.**

8.1.8. Secretary withholds studies that need prior review by other ethical committees/authorities up till formal notification is received from the reviewing ethical committees/authorities.

i. Study involving herbal products/extracts – National Committee for Research and Development of Herbal Medicine (NRDHM)

ii. Study involving stem cell or cell therapy - National Stem Cell Research and Ethics Subcommittee (NSCERT)

iii. Study involving medical device – Medical Device Authority

iv. Study involving first in human Phase 1 Study – Scientific Review Panel (appointed by Minister of Health, Malaysia)

v. Study involving other prior required certification, eg, GCP certification

8.1.9. Secretary may also withhold study which needs multiple major revisions (more than 2 times) due to incomplete documents with non-responding Principal Investigator (via both phone and email contact) up till receipt of response from PI (either email or phone call) for maximum of **20 working days**. If no further response from PI, the study will be terminated.

8.2. Submission of Modified Documents

8.2.1. Principal Investigator (and Corresponding Person) receives notification to submit modified /revised documents via email registered with NMRR via NMRR platform.

8.2.2. Principal Investigator (may via Corresponding Person) submits modified/revised study documents online via the NMRR platform (www.nmrr.gov.my) **within 20 working days** for first revision, **within 10 working days** for second revision.

8.2.3. NMRR system auto-terminates application if Principal Investigator fails to resubmit the modified/revised study documents within the provided revision period as per **section 8.2.2.** Subsequent submission following auto-termination will be processed as new application.

8.2.4. Secretary receives modified/revised study package and checks the resubmitted study documents for completeness and ensures that all questions, issues raised have been sufficiently addressed and takes appropriate action.

8.2.5. Chairperson/ Reviewers review modified/revised study documents and submit recommendation/decisions as per **SOP 2-3** or **SOP 2-4.**

8.2.6. Secretariat files study package according to **SOP 5-1**.

8.2.7. Timeline of MREC process will be restarted from the date the last resubmission is submitted by Principal Investigator via NMRR platform.

9. REFERENCES

9.1 Surat Pekeliling Ketua Pengarah Kesihatan Malaysia Bil 10/2015 (Directive Circular from Director General of Health Malaysia) dated 19/11/2015
9.2 NIH Guidelines on Conducting Research in the MOH 19/11/2015

10. APPENDIX

None

Standard Operating Procedure
Full Board Review

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REVISION HISTORY

Rev #	Section	Revision Date	Reason for Revision	Signature of MREC Secretary
0	All	01/03/2011	Version 1.0, first issue	
1	All	14/11/2014	Version 2.0, new format with additional information	
2	8.2.2, 8.2.3	12/06/2015	Version 2.0, Review of study in the case in the case on no reviewer	
3	8.6.4.5	12/06/2015	Version 2.0, Clarification on appeal request	
4	8.3.2	10/08/2015	Version 2.0, revised statement on requirement from non-primary reviewers to review studies	
5	8.5.8, 8.5.10, 8.5.11. 8.5.12	10/08/2015	Version 2.0, removed statement on Chairperson overriding vote and added statement on Chairperson deferring decision after meeting	
6	8.2 and 8.9	04/04/2016	Version 2.0, Clarified statement on relooking decision made after meeting. Added statement on review of independent expert and medical Reviewer expert	

7.	8.5, 8.7.2	10/10/2018	Version 3.0, added section on Quorum Requirements and Meeting Attendance. Clarified process of disapproval.	

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1. PURPOSE

This standard operating procedure (SOP) describes the initial review conducted by the Medical Research & Ethics Committee (MREC), Ministry of Health Malaysia, of research involving human subjects.

2. SCOPE

This SOP applies to the review and assessment of all research conducted by MOH researchers or other researchers using MOH facilities and resources. Decision on approval will adhere to the Malaysian Guidelines for Good Clinical Practice.

3. ABBREVIATIONS

GCP	Good Clinical Practice
ICH-GCP	International Conference on Harmonization – Good Clinical Practice
IE	Independent Expert
MREC	Medical Research & Ethics Committee
MOH	Ministry of Health
NIH	National Institute of Health
NMRR	National Medical Research Register
PIS	Patient Information Sheet
SOP	Standard Operating Procedure

4. GLOSSARY

Term	Definition
Independent Expert	An Expert who gives advice, comments and suggestions upon review of study protocols with no affiliation to the institutions or investigators proposing the study protocols.
Initial review	The first time study is reviewed by the MREC. Preliminary online review of study package via NMRR is part of this initial review
Study Package	All documents submitted through NMRR for the review of a study.
No more than Minimal risk	The probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or in the routine medical, dental, or psychological examination of healthy persons
Minor increase over minimal risk	The probability of the occurrence of a low-severity adverse event that is completely reversible or the likelihood of serious harm occurring is low
More than minor increase over minimal risk	The high probability of occurrence of an adverse event that is serious and prolonged or permanent
Minor modifications	Modifications or further information that by themselves do not cause more than minor increase over minimal risk
Major modifications	Modifications or further information that by themselves cause more than minor increase over minimal risk

5. REQUIRED AND RELATED DOCUMENT

#	Document Title
1.	**SOP 1-1**: Authority and Membership
2.	**SOP 1-4:** Independent Expert
3.	**SOP 2-6:** Review of Resubmission
4.	**SOP 4-1:** Preparation of Agenda, Meeting Procedures and Minutes
5.	**SOP 4-3:** Communication Records
6.	**TP 2-3-1**: Approval letter
7.	**TP 2-3-2:** Disapproval letter
8.	**TP 2-3-3:** Modification letter
9.	**TP 2-3-4:** Termination of Study Application letter
10.	**WS 2-3-1:** Review report for Research Protocols involving human subjects
11.	**WS 2-3-2:** Review report for Patient Information Sheet (PIS)
12.	**WS 2-3-3:** Notification Letter for Investigators to Attend MREC meeting
13.	**WS 2-3-4:** MREC Secretary Study Review Note
14.	**WS 2-3-5:** Minutes of Study Review
15.	**WS 2-3-6:** Follow-up Review Report

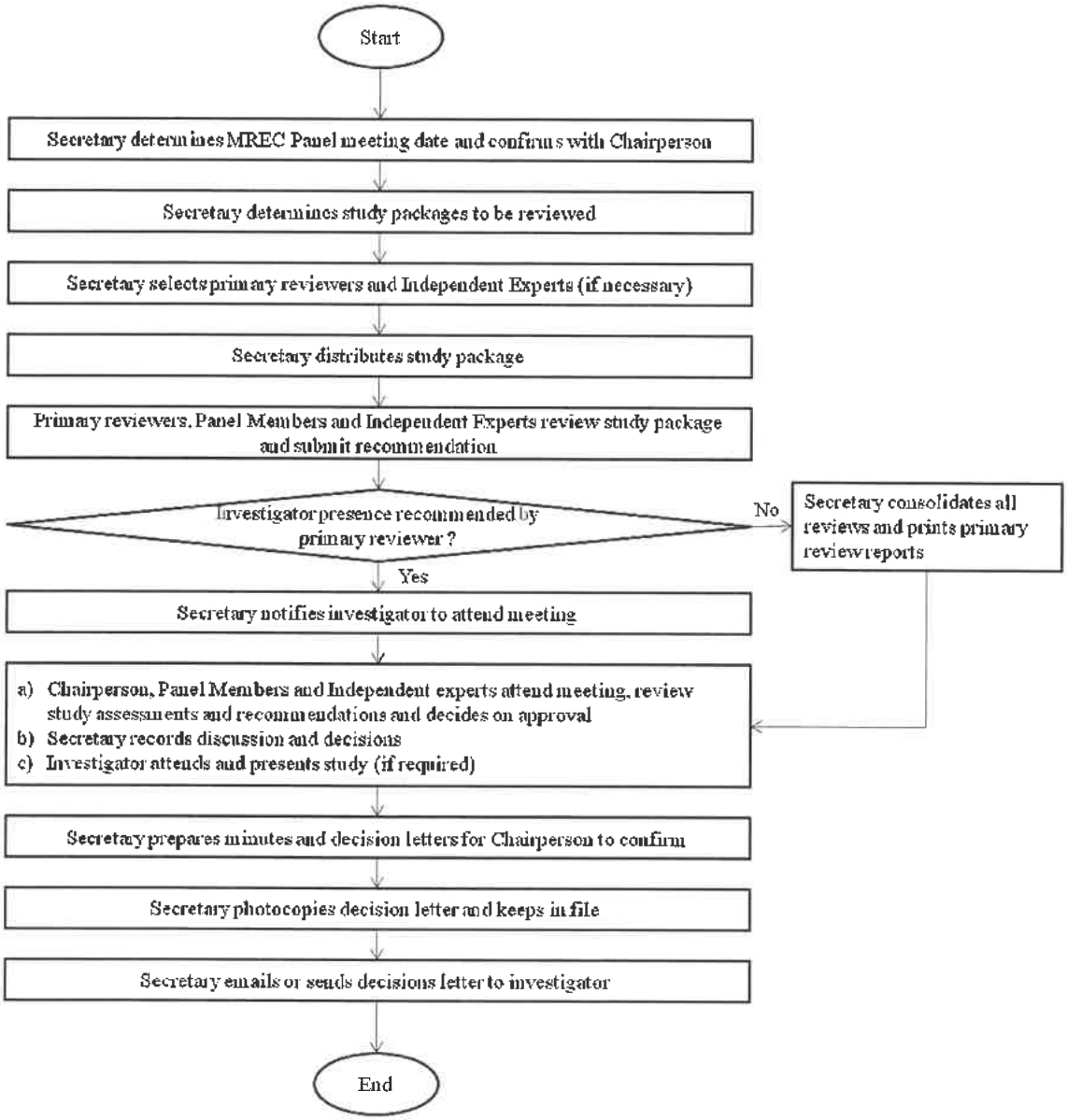
6. PROCEDURE

Step #	Process	Responsibility
1.	Determines date of MREC Panel meeting and confirms with the Chairperson.	Secretary
2.	Determines study packages to be reviewed in the Panel meeting (see **Section 8.1**)	Secretary
3.	Selects primary reviewers and if necessary, Independent Experts for each study (see **Section 8.2**)	Secretary
4.	Distributes study Package to Primary reviewers, Panel members and Independent Expert (if applicable) via NMRR (see **Section 8.1**)	Secretary
5.	Reviews study package and submits recommendation via NMRR (see **Section 8.3**) Recommends whether Investigator need to attend the meeting.	Primary reviewers, Independent Experts
6.	(a) Consolidates all reviews in NMRR for each study (b) Prints hardcopy of primary review reports for the Chairperson (c) Informs investigator to attend meeting if recommended by primary reviewer	Secretary
7.	(a) Attends meeting, reviews study assessments and recommendations and decides on approval (see **Section 8.5**)	Chairperson, Panel Members, Independent Experts (if invited to attend but will not vote on decision)

Step #	Process	Responsibility
	(b) Records discussion and decisions	Secretary
	(c) attends and presents study (if required)	Investigator
8.	Prepare minutes and decision letters for Chairperson to confirm (see **Section 8.6**)	Secretary
9.	Keeps a copy of the decision letter in study file	Secretary
10.	Emails decision letter to investigator	Secretary

7. FLOWCHART

7.1. Initial full board review



8. DETAILED INSTRUCTIONS

8.1. Schedule Panel meeting date and distribution of study packages for review

8.1.1. Secretary determines date of MREC Panel meeting and confirms with the Chairperson.

8.1.2. Secretary selects the study package **at least 10 working days** from scheduled meeting, from the Queued List for Full Board. Studies that have been previously identified for **FULL BOARD** review will be updated in the Queued List for Full Board.

8.1.3. Study package is selected based on when the study was accepted by NMRR Secretariat, on a 'first come, first serve' basis, unless decided otherwise by the Chairperson/ Secretary. At any one time, **up to 12 studies** will be selected for the Panel meeting, unless decided otherwise by the Chairperson/ Secretary

8.1.4. Secretary sends notification of the meeting and study packages are sent to Panel members and primary reviewers (see **section 8.2**) via NMRR and email **at least 7 working days** before scheduled meeting. The investigators of the studies assigned to be tabled in the upcoming meeting are notified via e-mail on the status of the study

8.1.5. Secretary follows with official call letter to Panel members **at least 2 working days** before scheduled meeting (see **SOP 4-1**).

8.2. Primary reviewers/ Independent Expert/ Medical Reviewer Expert

8.2.1. Secretary identifies and confirms with the Chairperson, 3 primary reviewers for each study from the Panel **at least 7 working days** before meeting. Primary reviewers consist of the following:

- 1 medical member who is a subject matter expert OR an Independent Expert (see **section 8.2.3** below),
- 1 scientific or medical member and
- 1 non-scientific member

8.2.2. NMRR sends email with list of selected study packages to MREC panel members (and independent expert/ medical reviewer expert, where applicable).

8.2.3. If a panel member is unable to do any review for the upcoming panel meeting, the member must contact the Secretary **at least 8 working days before meeting** (before any study is assigned to panel member). The study is allocated to another reviewer if it is still within the timeline in **section 8.2.1**. If time is not sufficient, the Secretary confirms with the Chairperson if the study is still to be reviewed for the scheduled meeting, and/ or to be re-assigned to a willing reviewer OR to be allocated to the next meeting, including that of the other Panel.

8.2.4. In addition, if a selected primary reviewer has a conflict of interest with the assigned study, the reviewer must contact the Secretary as soon as possible (**within 1 day from the assigned date**). The study is then immediately allocated to another reviewer. If time is not sufficient, the Secretary confirms with the Chairperson if the study is still to be reviewed

for the scheduled meeting, and/ or to be re-assigned to a willing reviewer OR to be allocated to the next meeting, including that of the other Panel.

8.2.5. If a panel member is unable to attend the meeting, the member must communicate/ inform the Secretary before the meeting.

8.2.6. If there is no suitable subject matter expert in the sitting Panel, the Secretary selects either a primary reviewer from the non-sitting Panel (Medical Reviewer Expert) OR an Independent Expert from the existing Independent Expert database as the content expert. This is in addition to the 3 primary reviewers who have already been assigned to the study.

8.2.7. The assigning of studies to Independent Expert/ Medical Reviewer Expert can be done any time when needed. These reviewers are given **at least 5 working days** to complete their review.

8.2.8. If a selected Independent Expert/ Medical Reviewer expert is unable to do the review, the expert contacts the Secretary as soon as possible. The study is allocated to another expert the review timeline is permissible. If time is not sufficient, the study is allocated to the next meeting, including that of the other Panel.

8.2.9. If there are no suitable subject matter experts in both the Panels and in the existing Independent Expert Database, the study is assigned to the panel member whose expertise is closest to the subject matter/ therapeutic area of research.

8.2.10. The Independent Expert/ Medical Reviewer Expert need not attend the panel meeting discussion for the study assigned unless requested otherwise by the Chairperson/ Secretary.

8.3. Review of Study Package and Submission of Recommendations

8.3.1. **Primary reviewers**

8.3.1.1. Medical and Scientific reviewers review the study package using **WS 2-3-1** for protocol and **WS 2-3-2** for PIS.

8.3.1.2. Independent Expert/ Medical Reviewer Expert, where applicable, review the study package using **WS 2-3-1 for** protocol.

8.3.1.3. Non-scientific reviewer reviews PIS using **WS 2-3-2**.

8.3.1.4. All sections in both review forms must be completed. Reviewers assess risk and benefit according to criteria listed in **section 8.5**, recommend decision on approval and whether investigator needs to be interviewed.

8.3.1.5. Primary reviewers upload their completed **WS 2-3-1** and **WS 2-3-2** review reports into NMRR in the REVIEWER RATING page **not later than 1 working day** before scheduled meeting.

8.3.1.6. Independent Expert/ Medical Reviewer Expert are advised to upload their completed **WS 2-3-1** review report into NMRR in the REVIEWER RATING page **not later than 1 working day** before scheduled meeting, where applicable.

8.3.2. **Non- primary reviewers**

8.3.2.1. It is optional for non-primary reviewers to review study packages using **WS 2-3-1** for protocol and **WS 2-3-2** for PIS.

8.3.2.2. Should these members provide review, all sections in both review forms may be completed. Members may assess risk and benefit according to criteria listed in **section 8.5**, and recommend decision on approval.

8.3.2.3. All members who are not primary reviewers may also choose to consolidate theirs reviews and recommendations in the REVIEWER RATING page irrespective of using **WS 2-3-1** and **WS 2-3-2, not later than 1 working day** before scheduled meeting.

8.4. **Presence of Investigator at Meeting**

8.4.1. Primary reviewers will communicate with the Secretary if the Principle Investigator needs to be present in a meeting at least 2 working days before the meeting. If any primary reviewer recommends that the investigator is to be present at a meeting, the Secretary takes necessary action to contact the investigator if there is sufficient time. All communications are recorded as per **SOP 4.3**.

8.4.1.1. The Secretary telephones the investigator to confirm whether he/she can attend the meeting or a teleconference (Skype or telephone call). If investigator can attend or have teleconference, an official notification letter is sent by email (**WS 2-3-3**). If the investigator cannot attend the meeting or teleconference, the Secretary informs the Chairperson who decides whether to continue with the review in absence of investigator or postpone the review of the study to another date.

8.5. **Quorum Requirements and Meeting Attendance**

8.5.1. The quorum for full board meetings is at least 9 members or half of the panel members, whichever lesser, including at least the following:

8.5.1.1. The Chairperson, or, if unavailable, the vice-Chair or alternate vice-Chair

8.5.1.2. At least one lay member

8.5.1.3. At least one scientific member

8.5.1.4. At least one member who is not affiliated with Ministry of Health facilities

8.5.2. In situations where an even number of members are in attendance, a majority means 50% of the attendance plus one.

8.5.3. Where a quorum is not present, the Committee may not provide an opinion on any new application for ethical approval. However, may proceed with any other business on the agenda, provided that the Chair (or vice-Chair) and at least one other member is present.

- Where the Secretary is concerned that an upcoming Full board meeting may not achieve adequate quorum, the following options should be discussed with the Chairperson to Postponing and rescheduling the meeting.

8.6. **Decision for each study at Panel meeting**

8.6.1. Before commencement of meeting, Secretary compiles and consolidates all preliminary online assessment and recommendations of all MREC members for each study.

8.6.2. Before discussing each study, the Chairperson ensures there is a quorum as per **SOP 1-1.**

8.6.3. The Chairperson invites the primary reviewers to lead the discussion on the study. Primary reviewers highlight any major issues especially pertaining to **scientific value, risks, benefits, and involvement of vulnerable subjects.**

8.6.3.1. At least a medical or medical/scientific primary reviewer and the non-scientific primary reviewer must be present at the meeting to present a study that was reviewed by the reviewer. If none of the primary reviewers are present, Chairperson decides if the study can still be reviewed OR deferred to the next Panel meeting.

8.6.4. Secretary displays the consolidated review of other members, reports of any NIH institutional review reports and independent expert, where applicable.

8.6.5. Where applicable, members interview the investigator. After the interview, the investigator leaves the meeting room or the teleconference is terminated.

8.6.6. Panel members discuss the recommendations and any other issues for each study. Members then decide on risk assessment, benefit assessment, type of approval and frequency of progress report.

8.6.6.1. Risk assessment (see **section 4** for definition of the risks)

- minimal risk
- minor increase over minimal risk
- more than minor increase over minimal risk

8.6.6.2. Benefit assessment

- No prospect of direct benefit to individual participants, but likely to yield generalizable knowledge about the participant' disorder or condition
- No prospect of direct benefit to individual participants, but likely to yield generalizable knowledge to further society's understanding or the disorder or condition under study
- The research involves the prospect of direct benefit to individual participants

8.6.6.3. Decision (see **section 4** for definitions on the type of modifications)

- Approve, if all elements of protocol and informed consent/assent are acceptable and satisfactory; and the benefits outweighs or is proportional to the risks.
- Minor modifications required prior to approval
- Major modifications required prior to approval
- Disapprove

8.6.6.4. Frequency of progress report in every 3,4,6 or 12 months

8.6.7. Through the interview and discussion, the Chairman's records down all questions and comments in **WS 2-3-4.**

8.6.8. A decision on the status of the application is based on a simple majority of votes of members present during the review and discussion of the study at the meeting. In the event of a tie, the Chairperson casts the deciding vote. The Secretary records the vote cast by each member in **WS 2-3-5.**

8.6.9. If the study has been assigned to an Independent Expert/ Medical Reviewer Expert, and the completed **WS 2-3-1** has not been submitted, the Chairperson makes the final decision based on voting and decides on;

- Hold on communicating the decision to the investigator until the opinion of the Independent Expert/ Medical Reviewer Expert is obtained OR
- Communicate the decision to the investigator without the Independent Expert/ Medical Reviewer Expert's opinion.

8.6.10. Secretary prepares minutes for study package reviewed in the MREC panel meeting using **(WS 2-3-5) not later than 10 working days** after the meeting.

8.6.11. In the case where a decision that has been made as above, that decision may be temporarily withheld provided there are strong reasons to do so (when new information becomes available). Once sufficient justification/ clarification are obtained, the study is to be re-tabled in the nearest panel meeting and re-discussed. A decision is then made based on the simple majority of votes of members present at that meeting.

8.6.12. The initial decision can be re-looked only once before the decision is communicated to the investigator.

8.7. **Communicate Decision to Investigator**

8.7.1. **Studies that are Approved**

8.7.1.1. Secretary prepares decision letters **not later than 10 working days** after the minutes of the study have been prepared.

8.7.1.2. The approval letter **(TP 2-3-1)** contains at a minimum, a listing of documents reviewed and approved, the frequency of continuing review set by MREC, conditions of approval, obligations of the investigator throughout the course of the study and valid period of approval (not more than one calendar year).

8.7.1.3. The Chairman will sign the letter after verify the decision against the minutes of the MREC meeting.

8.7.1.4. The approval letter will be sent to the investigator **not later than 5 working days** after being signed by the Chairperson.

8.7.1.5. Secretary files a copy of the signed decision letter into the study files as per **SOP 4.3**.

8.7.2. **Studies that require Major or Minor modifications/explanations**

8.7.2.1. Secretary prepares , signs and sends out **Modification** letter **(TP 2-3-3)** and a **WS 2-3-6**, in **not later than 10 working days** after the MREC meeting

8.7.2.2. The letter states that the investigator must submit revised documents to the NMRR **not later than 20 working days** from the date of the letter.

8.7.2.3. In the case of any subsequent modification required by the reviewer upon receipt & review of the 1st set of revised study documents, another WS 2-3-6 is sent and investigator must submit the revised documents to NMRR **not later than 10 working days**.

8.7.2.4. Secretary checks the resubmitted study documents for completeness and ensures that all questions and issues raised have been sufficiently addressed. The resubmission is reviewed as per **SOP 2-6**.

8.7.2.5. If there is no response from the investigator, an automated email reminder will be sent to the corresponding person via the NMRR system **2 and 5 days** before the deadline.

8.7.2.5..1. If the investigator requests for extension of the deadline, the Secretary will decide on the request and period of extension. The Secretary will inform the investigator. If the investigator fails to respond by the due date of submission, the study is terminated in the system and an automated email will be sent to the corresponding person.

8.7.2.5..2. Studies that are terminated/ withdrawn by investigator will be tabled at the next meeting of the Panel that conducted initial review of the study. The Secretary files a copy of the e-mail communication of termination/withdrawal into the study files as per **SOP 4.3**.

8.7.2.6. Secretary prepares decision letters **not later than 10 working days** after the minutes of the study have been prepared.

8.7.2.7. Rejection letter (**TP 2-3-2**) should state the reason for disapproval. Once study has been disapproved, the decision is considered final, shall the Principal Investigator has revised the study according to the comments provided, he/she can re-submit the study, and it will be processed as a new application.

8.7.2.8. The Chairman will sign the letter after verify the decision against the minutes of the MREC meeting.

8.7.2.9. The rejection letter will be sent to the investigator **not later than 5 working days** after being signed by the Chairperson.

8.7.2.10. Secretary files a copy of the signed decision letter into the study files as per **SOP 4.3.**

8.7.3. **Studies that are Disapproved**

8.7.3.1. Secretary prepares decision letters **not later than 10 working days** after the minutes of the study have been prepared.

8.7.3.2. The disapproval letter (**TP 2-3-1**) contains at a minimum, a listing of documents reviewed and approved and the reason for disapproval.

8.7.3.3. The Chairman will sign the letter after verifying the decision against the minutes of the MREC meeting.

8.7.3.4. The approval letter will be sent to the investigator **not later than 5 working days** after being signed by the Chairperson.

8.7.3.5. Secretary files a copy of the signed decision letter into the study files as per **SOP 4.3.**

8.7.4. If Investigator still wishes to pursue with the study after making modifications based on the reason provided, he/she can submit as new study, and will be processed as new application.

9. REFERENCES

9.1. Malaysian Guideline for Good Clinical Practice, 4th Edition, Ministry of Health, 2018.

10. APPENDIX

None

Standard Operating Procedure
Expedited Review by Chairperson/ Primary Reviewer

Document no.:	SOP 2.4
Date registered:	01/12/2012
Revision number:	1
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Version number:	4.0
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Document author(s):	**Reviewed and approved by**
DR LEE KENG YEE Date: 12/12/2018	DR HJH SALINA ABD AZIZ Date: 12/12/2018

REVISION HISTORY

Rev #	Section	Revision Date	Reason for Revision	Signature of MREC Secretary
0	All	04/07/2016	Version 3.0	
1	All	12/12/2018	Version 4.0, clarification of expedited review procedures and flowchart	

TABLE OF CONTENTS

1. PURPOSE

This standard operating procedure describes the criteria for which study can be reviewed through Expedited Review By Chair/ Primary Reviewer process as well as instructions on management, review and approval of such study

2. SCOPE

This SOP applies to the review and initial approval of studies which have undergone the screening process and initial risk assessment by MREC Secretary with not more than minor increase over minimal risk.

3. ABBREVIATIONS

MREC	Medical Research and Ethics Committee
NMRR	National Medical Research Register
SOP	Standard Operating Procedure

4. GLOSSARY

Term	Definition
Exemption from MREC approval	An exemption from MREC approval granted based on studies that satisfy the criteria for exemption.
Expedited review by MREC Chairperson	A review process by the MREC Chairperson/Deputy Chairperson for minimal risk (low risk) studies that satisfy the criteria.
Expedited review by MREC primary reviewers	A review process by selected primary reviewers who then submit their recommendations for a decision. Studies must satisfy specific criteria of not more than minor increase over minimal risk (medium risk) to qualify for expedited review by primary reviewers.
Minimal risk	The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests (45 CFR 46.102(h)(i), OHSR NIH USA, 2005).
Approved, with expedited review by MREC primary reviewers	An ethical approval for a study which has undergone the process of expedited review by MREC primary reviewers.
Approved, with expedited review by MREC Chairperson	An ethical approval for a study which has undergone the process of expedited review by MREC Chairperson/Deputy Chairperson

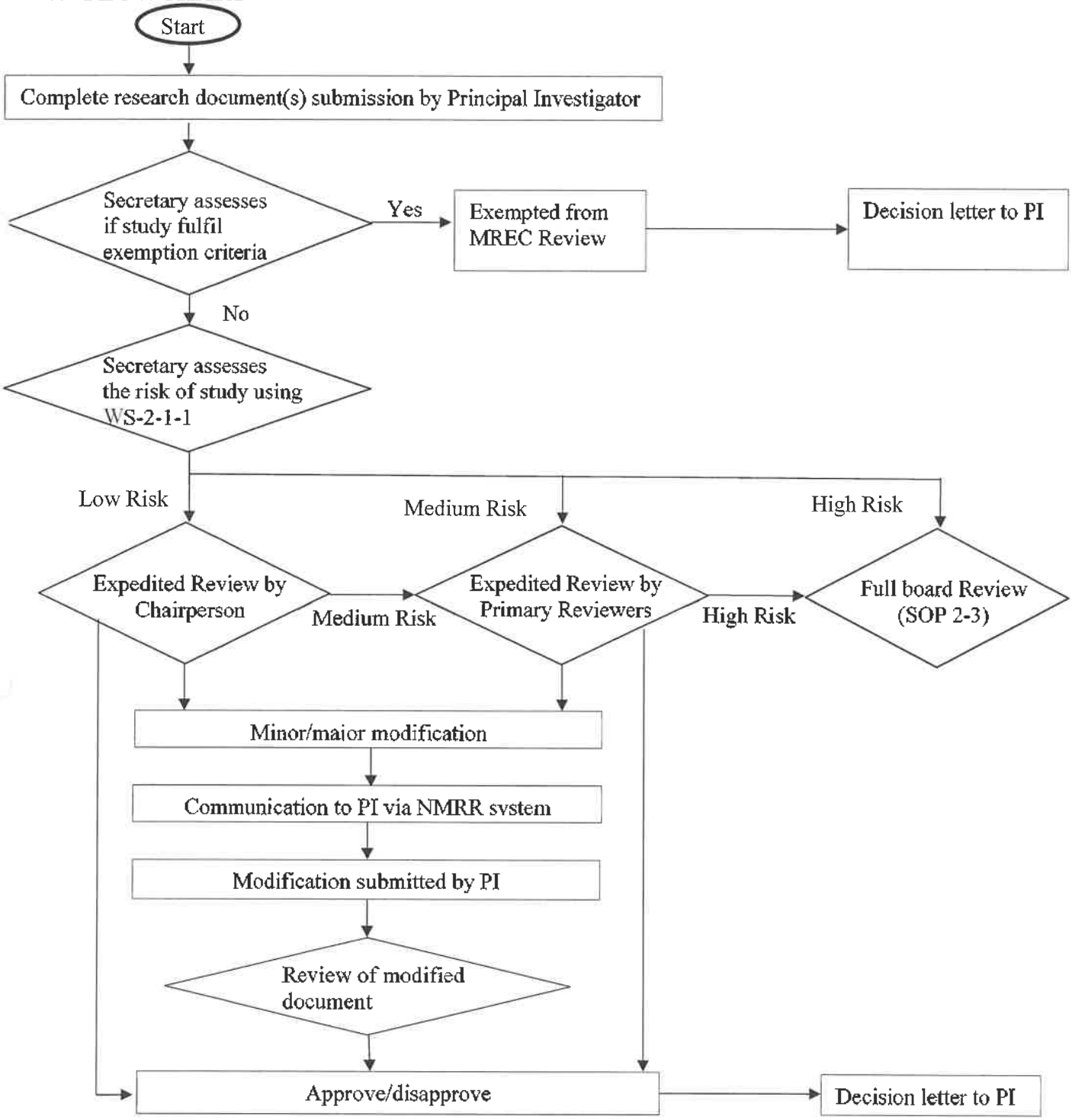
5. REQUIRED AND RELATED DOCUMENT

#	Document Title
1.	SOP 2-1: Research Submission
2.	SOP 2-3: Initial Full Board Review
3.	SOP 2-6: Review of Resubmissions
4.	SOP 2.7: Review of Amendments
5.	SOP 5-1: Maintenance, Archival and Disposal of Study and Non-Study Files
6.	TP 2-3-1: Approval Letter
7.	TP 2-3-2: Disapproval Letter
8.	TP 2-3-3: Modifications Letter
9.	WS 2-3-1: Protocol Review Report
10	WS 2-3-2: PIS Review Report
11	WS 2-4-1: Exempt Protocol/ Patient Information Sheet Review Report
12	WS 2-4-2: Delegated Review Decision

6. PROCEDURE

Step #	Process	Responsibility
1.	Determine if study qualifies for exemption/expedited review.	MREC Secretary
2.	Assign low risk studies for expedited review by Chairperson	MREC Secretary
	Assign medium risk studies for expedited review by primary reviewers and selection of primary reviewers.	MREC Secretary
3.	Conduct expedited review by MREC Chairperson	MREC Chairperson/Deputy Chairperson
	Conduct expedited review by MREC primary reviewers	Primary reviewers
4.	Communicate decision to investigator	MREC Secretary

7. FLOWCHART


Start
Complete research document(s) submission by Principal Investigator
Secretary assesses if study fulfil exemption criteria
Yes
Exempted from MREC Review
Decision letter to PI
No
Secretary assesses the risk of study using WS-2-1-1
Low Risk
Medium Risk
High Risk
Expedited Review by Chairperson
Medium Risk
Expedited Review by Primary Reviewers
High Risk
Full board Review (SOP 2-3)
Minor/maior modification
Communication to PI via NMRR system
Modification submitted by PI
Review of modified document
Approve/disapprove
Decision letter to PI

8. DETAILED INSTRUCTIONS

8.1 Determine if Study Qualifies for Expedited Review

- Secretary proceeds with screening of the study package and carries out initial risk assessment based on specific criteria listed in WS 2-1-1.
- Assessment from screening may be: EXEMPT FROM MREC REVIEW/APPROVAL, LOW RISK, MEDIUM RISK, or HIGH RISK.
- Once the study has been categorized as low or medium risk, it will proceed to undergo **EXPEDITED REVIEW** (refer SOP 2.1).

8.2 Expedited Review by Primary Reviewers

8.2.1 The Secretary selects 1 medical OR 1 scientific and 1 non-medical non-scientific MREC members as deemed appropriate, to review the study as primary reviewers.

8.2.2 The primary reviewers are preferably chosen from the non-sitting panel at that time period.

8.2.3 The Secretary then assigns primary reviewers to review a study and informs them of this decision via e-mail. The primary reviewers will then be able to access the relevant study package via the NMRR system.

8.2.4 If a primary reviewer is unable to conduct the review or the primary reviewer has conflict of interest, then conflict of interest has to be declared and member have to inform the Secretary as soon as possible (within 2 days from time assigned) so that another member can be selected. If no layperson responded, Secretary will forward the review to Chairperson to decide for whether to proceed with comment letters. If the medical/scientific reviewers is unable to review, the study package will be reassigned.

8.2.5 Medical and Scientific reviewers review the study package using **WS 2-3-1** for protocol and **WS 2-3-2** for PIS.

8.2.6 Non-scientific reviewer reviews PIS using **WS 2-3-2.**

8.2.7 All sections in both review forms must be completed.

8.2.8 Primary reviewers assess risk and benefit of the study and provide recommendations:

i. approve without modifications,
ii. minor modifications or explanations required;
iii. major modifications or explanations required
iv. disapprove;
v. Suggest for full board review.

8.2.9 If modification is required to proceed with **section 8.5.1.**

8.2.10 Primary reviewers upload their completed WS 2-3-1 and WS 2-3-2 review reports into NMRR **within 10 working days** from date assigned.

8.2.11 A completed review (at least 1 completed WS 2-3-1 review report & 1 completed WS 2-3-2 review report) is required before a decision letter is issued by the Secretary.

8.2.12 If the review has not been completed after the deadline for submission of primary reviewers' recommendations, the study will be assigned to another primary reviewer(s).

8.2.13 A decision on the status of the application is based on the recommendations received from the primary reviewers.

8.2.14 In the case of conflict in recommendations or recommended for disapproval or recommended to undergo full-board review, the Secretary may decide or may refer to the Chairperson for the final decision using the **WS 2-4-2 form**.

8.2.15 Based on recommendation received and/or Chairperson's decision, final decisions for the above studies that could be reached are:

- Approved
- Modifications required
- Disapproved
- For full-board review (Refer to SOP 2.3)

8.2.16 If the decision was major or minor modifications required, to proceed with **section 8.4.3.**

8.2.17 If the decision is **APPROVED, WITH EXPEDITED REVIEW BY PRIMARY REVIEWERS** then an approval letter will be prepared by the MREC Secretary **within 10 working days** for the Chairperson to sign.

8.2.18 If the decision was for full-board review, the study application for ethical approval will proceed as per **SOP 2-3.**

8.3 Expedited review by MREC Chairperson

8.3.1 Studies that have been identified by Secretary to undergo expedited review by MREC Chairperson will be further checked to ensure all documents are complete and the information provided is sufficient.

8.3.2 The Chairperson assesses risk and benefit of the study and provides recommendations for revision if submitted document need improvisation.

8.3.3 If the revision is required, to proceed with **section 8.5.1.**

8.3.4 The Chairperson using the WS 2-4-1 will come to the following decision:

- This study is not more than minimal risk (Approved)
- This study is more than minimal risk:
  - Suggest for Expedited Review by Primary Reviewers (Refer to Section 8.2) for study with minor increase over minimal risk.
  - Suggest for Full-board Review (Refer to SOP 2.3) for more than minor increase over minimal risk study.
- Suggest to disapproved with the endorsement by Full Board Meeting
- This study is exempted from MREC review

8.4 Exempted from MREC review

8.4.1 Studies that have been identified to be exempted by MREC review will be screened by the Secretary to ensure all documents are complete and the information provided is sufficient.
8.4.2 The Secretary will make the recommend to the Chairperson for the study to be exempted from MREC review
8.4.3 A study can be exempted from MREC review if it full-fills either one of the following criteria: -

8.4.3.1 Course requirement for paramedics which is not fulfilling research criteria ie . Non generalizable
8.4.3.2 Research which uses only existing data which is publicly available, eg. Systematic reviews.
8.4.3.3 Research involving the pathological specimens, or diagnostic specimens, in a manner that subjects cannot be identified. (Eg. In-vitro or In-vivo studies)
8.4.3.4 Audit
8.4.3.5 Taste and food quality evaluation and consumer acceptance studies,
(i) if wholesome foods without additives are consumed or
(ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency.

8.4.4 The Chairperson assesses risk and benefit of the study and provides recommendations for revision if submitted document need improvisation.
8.4.5 If the revision is required, to proceed with section 8.5.1.
8.4.6 The Chairperson using the **WS 2-4-1** will come to the following decision:

- This study is exempted from MREC review

8.5 Communicate Decision to Investigator

8.5.1. Studies that Require Revision (Minor or Major Modifications)

8.5.1.1 Secretary prepares signs and sends out:
8.5.1.1.1 **Modification** letter **(TP 2-3-3)** together with the **(WS 2-3-6), in not later than 10 working days** from the latest decision date. **(For expedited by Primary Reviewer)**
8.5.1.1.2 **Email** explaining the modification/revision required, within **10 working days** from the screening date **(For expedited review by Chairperson)**
8.5.1.2 Investigator must submit revised documents via NMRR system **not later than 20 working days.**

8.5.1.3 Secretary checks the resubmitted study documents for completeness and ensures that all questions, issues raised have been sufficiently addressed and instruct Secretariat to take appropriate action. The resubmission is reviewed as per **SOP 2-1 (section 8.2 - submission of modified documents).**

8.5.1.4 In the case of any subsequent modification required by investigator must submit the revised documents to NMRR **not later than 10 working days**.

8.5.1.5 If the investigator requests for extension of the deadline, the Secretary at discretion will decide on the request and period of extension.

8.5.1.6 If there is no response from the investigator after the deadline, the study will be auto terminated. An automated email will be sent to the investigator to inform that their submission will not be processed further.

8.5.1.9 Auto terminated studies that were not more than minimal risk have to apply a new NMRR ID and will be treated as a new application as per **SOP 2-1.**

8.5.1.11 Studies that are terminated by investigator will be tabled at the next meeting of the Panel that conducted initial review of the study. The Secretary files a copy of the e-mail communication of termination into the study files as per **SOP 5-1.**

8.5.2 Studies that are approved

8.5.2.1 Secretary prepares approval letters **not later than 10 working days** after the decision has been made.

8.5.2.2 **The approval letter**

8.5.2.2.1 For expedited review by Primary Reviewers (**TP 2-3-1**) contains at a minimum, a listing of documents reviewed and approved, the frequency of continuing review set by MREC, a listing of site approved, conditions of approval, obligations of the investigator throughout the course of the study and valid period of approval (not more than one calendar year).

8.5.2.2.2 For expedited by Chairperson (**TP 2-3-5**) contains at a minimum, a listing of documents reviewed and approved, the frequency of continuing review set by MREC, a listing of site approved, method of data collection approved, the conditions of approval, obligations of the investigator throughout the course of the study and valid period of approval (not more than one calendar year).

8.5.2.2.3 The Chairperson will sign the letter.

8.5..2.2.4 The approval letter will be sent to the investigator **not later than 5 working days** after being signed by the Chairperson.

8.5.2.2.5 Secretariat files a copy of the signed decision letter into the study files as per **SOP 5.1.**

8.5.2.2.6 Secretary tables approved studies for endorsement at the nearest Panel meeting.

8.5.3 Studies that are Disapproved

8.5.3.1 Secretary prepares decision letters **not later than 10 working days** after the decision has been made.
8.3.3.2 Rejection letter (**TP 2-3-2**) should state the reason for disapproval and the appeal process.
8.5.3.3 The Chairman will sign the letter.
8.5.3.4 The rejection letter will be sent to the investigator **not later than 5 working days** after being signed by the Chairperson.
8.5.3.5 Secretariat files a copy of the signed decision letter into the study files as per **SOP 5-1**.
8.5.3.6 The letter states that the investigator may appeal to the decision made. The appeal request could be sent to the Secretary/ MREC Secretariat via e-mail within 7 **working days** of the disapproval letter.
8.5.3.7 The appeal request will be referred to the Chairperson for a decision based on the justification provided.
8.5.3.8 Secretary tables disapproved studies for endorsement at the nearest Panel meeting.

8.5.4 Studies that are exempted for review

8.5.4.1 Secretary prepares decision letters **not later than 10 working days** after the decision has been made.
8.3.4.2 Exemption letter (**TP 2-3-6**) should state the reason for exemption from MREC review.
8.5.4.3The Chairman will sign the letter.
8.5.4.4 The exemption letter will be sent to the investigator **not later than 5 working days** after being signed by the Chairperson.
8.5.4.5 Secretariat files a copy of the signed decision letter into the study files as per **SOP 5-1**.
8.5.4.6 Secretary tables exempted studies for endorsement at the nearest Panel meeting.

9. REFERENCES

9.1 OHSR (Office of Human Subjects Research), NIH, USA (2005). Code of Federal Regulations (CFR), Title 45 Public Welfare, Part 46 Protection of human subjects.
9.2 Food and Drug Authority, USA 45 CFR 46.101(b)(4)

10. APPENDIX

None

Standard Operating Procedure
Waiver of Informed Consent

Document no.:	SOP 2-5
Date originally issued:	01/03/2011
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Date revised:	04/07/2016
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Document author(s):	**Reviewed and approved by**
DR GURPREET KAUR Date: 04/07/2016	DATO DR CHANG KIAN MENG Date: 04/07/2016

REVISION HISTORY

Rev #	Section	Revision Date	Reason for Revision	Signature of MREC Secretary
0	All	01/03/2011	Version 1.0, first issue	G.K.
1	All	14/11/2014	Version 2.0, new format with additional information	G.K.
2	8.2.3	04/07/2016	Added clarification	G.K.

TABLE OF CONTENTS

1. PURPOSE

This standard operating procedure describes the process and criteria for approval of waiver of informed consent for a study.

2. SCOPE

This SOP applies to the review and approval of applications of waiver of informed consent for studies involving human subjects. Waiver of informed consent is to be regarded as uncommon and exceptional, and must in all cases be approved by an ethical review committee (CIOMS, 2002).
It is the responsibility of investigator, MREC Chairperson, members and Secretary to clearly understand and adhere to the procedures stated in this SOP.

3. ABBREVIATIONS

MREC	Medical Research and Ethics Committee
CIOMS	Council for International Organizations of Medical Sciences
NMRR	National Medical Research Register

4. GLOSSARY

Minimal risk	The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests (45 CFR 46.102(h)(i), OHSR NIH USA, 2005).
Research	A systematic investigation designed to develop or contribute to generalize knowledge.

5. REQUIRED AND RELATED DOCUMENT

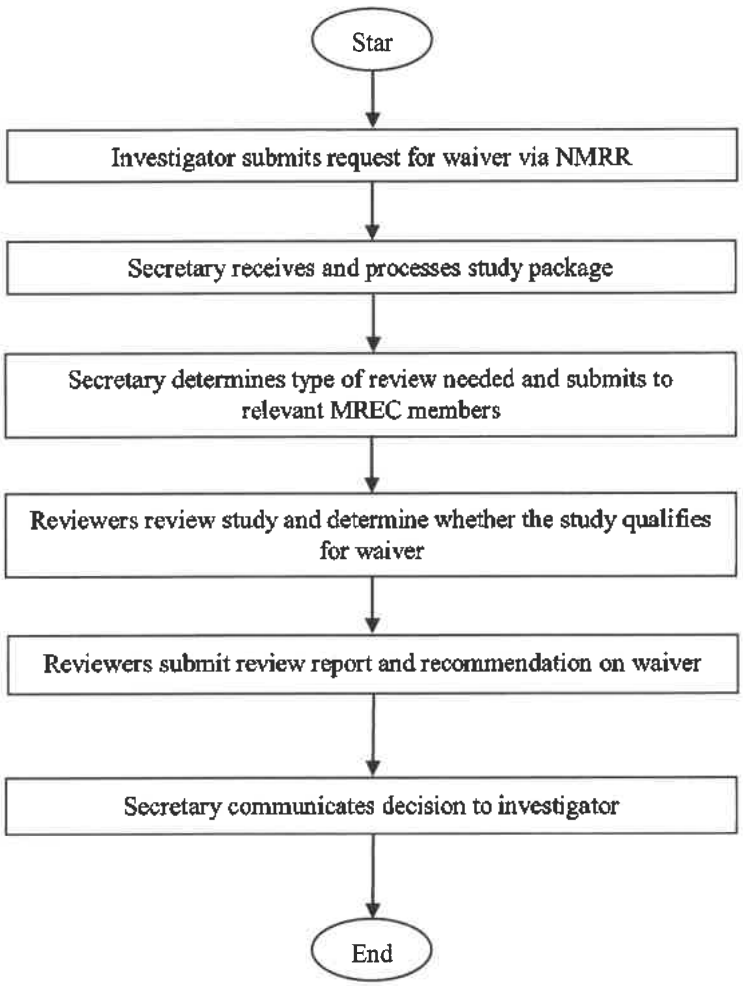
#	Document Title
1.	**SOP 2-1**: Research Submission
2.	**SOP 2-3**: Full Board Review
3.	**SOP 2-4**: Exempt & Delegated Reviews
4.	**WS 2-3-1**: Review Report of Research Protocols Involving Human Subjects
5.	**WS 2-4-1:** Exempt Protocol/ Patient Information Sheet Review Report

6. PROCEDURES

Step #	Process	Responsibility
9.1	Submits request for waiver	Investigator
9.2	Receives and processes study application as per **SOP 2-1.**	Secretary
9.3	Determines types of review and submit for review as per **SOP 2-3** or **SOP 2-4.**	Secretary
9.4	Reviews study and determines if study qualifies for waiver	Reviewer
9.5	Submits review report and recommendation on waiver in **WS 2-3-1**	Reviewer
9.6	Communicate decision to investigator	Secretary

7. FLOW-CHART

7.1 Waiver of Informed Consent



8. DETAILED INSTRUCTION

8.1. **Request for Waiver**

8.1.1. Principal investigator submits the waiver of informed consent checklist stating clearly request for waiver of informed consent and justification for request, at the time of intial study package submission

8.1.2. Principal investigator submits study package via NMRR (see **SOP 2-1**).

8.2. **Review Study**

8.2.1. Secretary receives study package and process as per **SOP 2-1**.

8.2.2. Secretary determines type of review required and takes action as per **SOP 2-3** or **SOP 2-4**.

8.2.3. Reviewers/ Secretary review study and recommend decision on request for waiver of informed consent. Study qualifies for waiver of informed consent if it satisfies one or more of the following criteria:

8.2.3.1. Study design involves no more than minimal risk.

8.2.3.2. Medical records and biological specimens taken in the course of clinical care may be used for research without the consent of the patients/subjects only if the research poses minimal risk, that the rights of interests of the patients will not be violated, that their privacy and confidentiality or anonymity are assured, and that the research is designed to answer an important question and will be impractical if the requirement of informed consent is to be imposed. Refusal or reluctance of individuals to agree to participate is not evidence of impracticability sufficient to warrant waiving informed consent. (CIOMS, 2002).

8.2.3.3. Study involving the collection or use of existing data, documents, records, pathological specimens, or diagnostics if these sources are publicly available, or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. (45 CFR 46.101(b)(4)).

8.2.3.4. Study designed to investigate, evaluate or examine public service programmes.

8.2.4. Reviewer states recommendation in the review form (**WS 2-3-1 or WS 2-4-1**)

8.2.5. Decision on approval of waiver is made together with approval of the study as per **SOP 2-3** or **SOP 2-4**.

8.2.6. Secretary informs investigator of decision as per **SOP 2-3** or **SOP 2-4**.

9. REFERENCES

9.1 CIOMS (Council for International Organizations of Medical Sciences) in collaboration with the World Health Organization. International Ethical Guidelines for Biomedical Research Involving Human Subjects. 2002.

9.2 FDA 45 CFR 46.101(b)(4)

Standard Operating Procedure
Review of Resubmission

Document no.:	SOP 2-6
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Version number:	2
Date of version:	14/11/2014
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Document author(s):	**Reviewed and approved by**
DR GURPREET KAUR Date: 14/11/2014	DATO DR CHANG KIAN MENG Date: 14/11/2014

REVISION HISTORY

Rev #	Section	Revision Date	Reason for Revision	Signature of MREC Secretary
0	All	01/03/2011	Version 1.0, first issue	G.K.
1	All	14/11/2014	Version 2.0, new format with additional information	G.K.

TABLE OF CONTENTS

1. PURPOSE

This standard operating procedure describes how study documents and amendments that are modified as required by MREC, are managed, reviewed and approved.

2. SCOPE

This SOP applies to study documents and amendments that have been reviewed earlier by MREC in an initial review that may be full board, exempt or delegated, and required modifications. All questions and issues raised by MREC in the initial review must be adequately addressed in the resubmission.

3. ABBREVIATIONS

MREC	Medical Research and Ethics Committee
NMRR	National Medical Research Register
SOP	Standard Operating Procedure

4. GLOSSARY

Term	Definition
Initial review	The first review by MREC of an application to conduct a study by Ministry of Health researchers or in Ministry of Health facilities. This includes full board, delegated and exempt reviews.
NMRR	The Ministry of Health research registry for online submission and review of study documents.
Resubmission	The submission of study documents and amendments that have been modified to address questions or issues raised by MREC at an initial review.

5. REQUIRED AND RELATED DOCUMENT

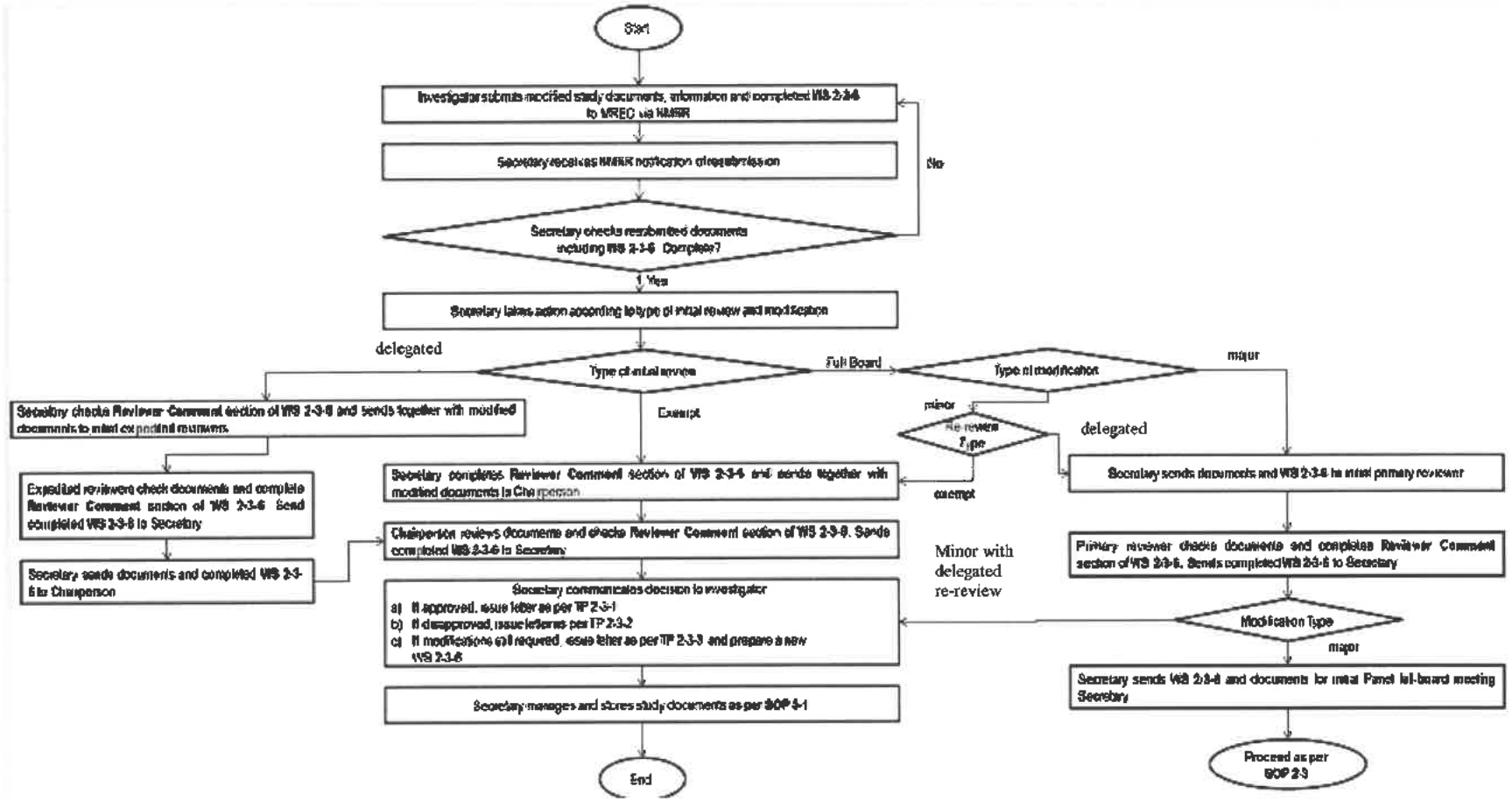
#	Document Title
1.	SOP 2-3: Initial Full Board Review
2.	SOP 2.7: Review of Amendments
3.	SOP 5-1: Maintenance, Archival and Disposal of Study and Non-Study Files
4.	TP 2-3-1: Approval Letter
5.	TP 2-3-2: Disapproval Letter
6.	TP 2-3-3: Modifications Letter
7.	WS 2-3-6: Follow-up Review Report

6. PROCEDURE

Step #	Process	Responsibility
1.	Submits modified study documents, information and completed **WS 2-3-6** to MREC via NMRR	Investigator
2.	Receives NMRR notification of resubmission	Secretary
3.	Retrieves and checks completeness of resubmitted documents including **WS 2-3-6** that has been completed by investigator. If complete, go to step 4 OR If incomplete, notifies investigator to take corrective actions and resubmitted. Go to step 1.	Secretary
4.	Takes action according to type of initial review and modification. a) For exempt review of minor modifications from full board review, go to step 5. b) For delegated review of minor modifications from full board review, go to step 7. c) For major modifications from full board review, go to step 7. d) For all modifications from delegated review, go to step 10. e) For all modifications from exempt review, go to step 5.	Secretary
5.	Completes **REVIEWER COMMENT** section of **WS 2-3-6** and sends together with modified documents to Chairperson	Secretary
6.	Reviews documents and checks **REVIEWER COMMENT** section of **WS 2-3-6**; makes changes if necessary. Sends completed **WS 2-3-6** to Secretary; go to step 13.	Chairperson
7.	Sends documents and **WS 2-3-6** to initial primary reviewers	Secretary
8.	Initial primary reviewers review documents and complete **REVIEWER COMMENT** section of **WS 2-3-6**. Send	Primary Reviewers

Step #	Process	Responsibility
	completed WS 2-3-6 to Secretary	
9.	If it from major modifications, prepares for Panel full board meeting. Go to **SOP 2-3.** OR If it is from minor modifications, go to step 13.	Secretary
10.	Checks **REVIEWER COMMENT** section of **WS 2-3-6** and sends together with modified documents to initial delegated reviewers.	Secretary
11.	Reviews documents and completes **REVIEWER COMMENT** section of **WS 2-3-6**. Sends completed **WS 2-3-6** to Secretary.	Initial delegated reviewer
12.	Sends completed **WS 2-3-6** and documents to Chairperson. Go to step 6.	Secretary
13.	Communicate decision to investigator. a) If approved, issue letter as per **TP 2-3-1.** b) If disapproved, issue letter as per **TP 2-3-2.** c) If modifications still required, issue letter as per **TP 2-3-3** and prepare a new **WS 2-3-6.**	Secretary
14.	Manage and store study documents as per **SOP 5-1**	Secretary

7. FLOWCHART


Start
Investigator submits modified study documents, information and completed WS 2-3-6 to MREC via NMRR
Secretary receives NMRR notification of resubmission
No
Secretary checks resubmitted documents including WS 2-3-6 Complete?
Yes
Secretary takes action according to type of initial review and modification
delegated
Type of initial review
Full Board
Type of modification
major
minor
Re-review Type
delegated
Exempt
exempt
Secretary checks Reviewer Comment section of WS 2-3-6 and sends together with modified documents to initial expedited reviewers
Expedited reviewers check documents and complete Reviewer Comment section of WS 2-3-6. Send completed WS 2-3-6 to Secretary
Secretary sends documents and completed WS 2-3-6 to Chairperson
Secretary completes Reviewer Comment section of WS 2-3-6 and sends together with modified documents to Chairperson
Chairperson reviews documents and checks Reviewer Comment section of WS 2-3-6. Sends completed WS 2-3-6 to Secretary
Secretary communicates decision to investigator
a) If approved, issue letter as per TP 2-3-1
b) If disapproved, issue letter as per TP 2-3-2
c) If modifications still required, issue letter as per TP 2-3-3 and prepare a new WS 2-3-6
Secretary manages and stores study documents as per SOP 3-1
End
Secretary sends documents and WS 2-3-6 to initial primary reviewer
Primary reviewer checks documents and completes Reviewer Comment section of WS 2-3-6. Sends completed WS 2-3-6 to Secretary
Minor with delegated re-review
Modification Type
major
Secretary sends WS 2-3-6 and documents for initial Panel full-board meeting Secretary
Proceed as per SOP 2-3

8. DETAILED INSTRUCTIONS

8.1. Track Resubmission

8.1.1. Secretary refers to **SOP 2-3** and **SOP 2-4** for required actions and timelines on follow-up of MREC requests for modifications to study documents.

8.2. Receive and Check Resubmission

8.2.1. Investigator submits resubmission through NMRR. NMRR will automatically notify MREC Secretary of the resubmission.

8.2.2. Secretary retrieves resubmitted documents and completed **WS 2-3-6** from NMRR. If documents submitted are incomplete, Secretary communicates to investigator to do the necessary and re-submit the complete package immediately.

8.2.3. If documents and **WS 2-3-6** are complete, Secretary retrieves study file and copy of original **WS 2-3-6** to investigator informing of recommendations from initial review and takes actions as stated in the relevant sections below.

8.3. Follow-up on resubmission from initial full board review

8.3.1. Minor modifications with Secretariat re-evaluation

8.3.1.1. Secretary checks contents of resubmitted documents and **WS 2-3-6** to ensure that all questions and issues raised by primary reviewers at initial review have been addressed.

8.3.1.2. Secretary completes section on **REVIEWER COMMENTS** of the **WS 2-3-6.** If satisfactory, the Secretariat sends the document to the Chairperson together with modified documents and a prepared approval letter **TP 2-3-1.**

8.3.1.3. Chairperson verifies the approval decision in **WS 2-3-6** and signs the prepared approval letter **TP 2-3-1.** The Secretary sends the approved letter to the investigator.

8.3.1.4. If the **INVESTIGATOR'S RESPONSE** provided in WS 2-3-6 is unsatisfactory/ further clarification/ further revision is required, the Secretary prepares a new **WS 2-3-6** and **TP 2-3-3** and signs letter **TP 2-3-3.** Secretary sends these letters to investigator and follows up on resubmission as per procedure and timeline as for the cycle number of modification [stated in **SOP 2-3** or **SOP 2-4** whichever is relevant]

8.3.1.5. Secretary tables approved studies for endorsement at the nearest Panel meeting that did the initial full board review

8.3.2. Minor modifications with Delegated re-evaluation

8.3.2.1. Secretary assigns the reviewers to re-evaluate the resubmitted revised documents and **WS 2-3-6** as was decided during the initial full-board review.

8.3.2.2. Reviewer completes **REVIEWER COMMENTS** section in the **WS 2-3-6** and uploads in NMRR.

8.3.2.3. If approved, Secretary prepares approval letter **TP 2-3-1**, gets letter signed by Chairperson and sends to investigator.

8.3.2.4. If modifications are required, prepares a new **WS 2-3-6** and **TP 2-3-3** and signs letter **TP 2-3-3**; sends letter to investigator. Secretary sends these letters to investigator and follows up on resubmission as per procedure and timeline as for the cycle number of modification [stated in **SOP 2-3** or **SOP 2-4** whichever is relevant]

8.3.2.5. Secretary tables approved studies for endorsement at the nearest Panel meeting that did the initial full board review.

8.3.3. Major modifications with full-board re-evaluation

8.3.3.1. Study is assigned to Queued for Full-board list and is assigned to the next nearest Panel meeting which conducted initial full-board review. Secretariat proceeds with study package as of **FULL-BOARD REVIEW** (SOP 2.3).

8.3.3.2. In case there are long lapses between the date of re-submission to the date of the next nearest Panel meeting which conducted initial full-board review (more than one month), the Secretary upon the Chairperson agreement will assign the study for delegated re-evaluation (8.3.2)

8.4. Follow-up on Resubmission from Delegated Review

8.4.1.1. Secretary checks contents of resubmitted documents and **WS 2-3-6** to ensure that all questions and issues raised by primary reviewers at initial review have been addressed.

8.4.1.2. Secretary completes section on **REVIEWER COMMENTS** of the **WS 2-3-6.** If satisfactory, the Secretariat sends the document to the Chairperson together with modified documents and a prepared approval letter **TP 2-3-1.**

8.4.1.3. Chairperson verifies the approval decision in **WS 2-3-6** and signs the prepared approval letter **TP 2-3-1.** The Secretary sends the approved letter to the investigator.

8.4.1.4. If the **INVESTIGATOR'S RESPONSE** provided in WS 2-3-6 is unsatisfactory/ further clarification/ further revision is required, the Secretary prepares a new **WS 2-3-6** and **TP 2-3-3** and signs letter **TP 2-3-3**. Secretary sends these letters to investigator and follows up on resubmission as per procedure and timeline as for the cycle number of modification [stated in **SOP 2-3** or **SOP 2-4** whichever is relevant]

8.4.1.5. Secretary tables the approved studies for endorsement at the nearest Panel meeting.

8.5. Manage and Store Study Documents

8.5.1. Documents are filed and stored as per **SOP 5-1.**

9. REFERENCES

None

10. APPENDIX

None

Standard Operating Procedure
Study Amendments

Document no.:	SOP 2.7
Date registered:	01/12/2012
Revision number:	3
Date revised:	14/12//2018
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Document author(s):	**Reviewed and approved by**
DR LEE KENG YEE Date: 14/12/2018	DR HJH SALINA ABD AZIZ Date: 14/12/2018

REVISION HISTORY

Rev #	Section	Revision Date	Reason for Revision	Signature of MREC Secretary
0	All	01/12/2012	Version 1.0, new issue	
1	All	11/12/2015	Version 2.0, new format with revised title and additional information on new review flow	
2	8.3-8.6	04/07/2016	Version 3.0	
3	All	14/12/2018	Version 4.0, clarification on detailed instructions and flowchart	

TABLE OF CONTENTS

1. PURPOSE

This standard operating procedure (SOP) describes how study amendments (post-initial approval) are managed and reviewed by MREC. This includes changes in approved study documents, addition in study documents, changes in study team and sites and others amendments requested.

2. SCOPE

This SOP applies to studies with initial approval by MREC that are later submitted amendment for approval of MREC. Amendments made to studies may not be implemented until reviewed and approved by MREC.

3. ABBREVIATIONS

SOP	Standard Operating Procedure
GCP	Good Clinical Practice
ICH-GCP	International Council on Harmonization – Good Clinical Practice
MREC	Medical Research & Ethics Committee
NMRR	National Medical Research Register

4. GLOSSARY

Term	Definition
Study Amendment	Amendments/ additions/ changes to the study documents/ study team previously approved by MREC

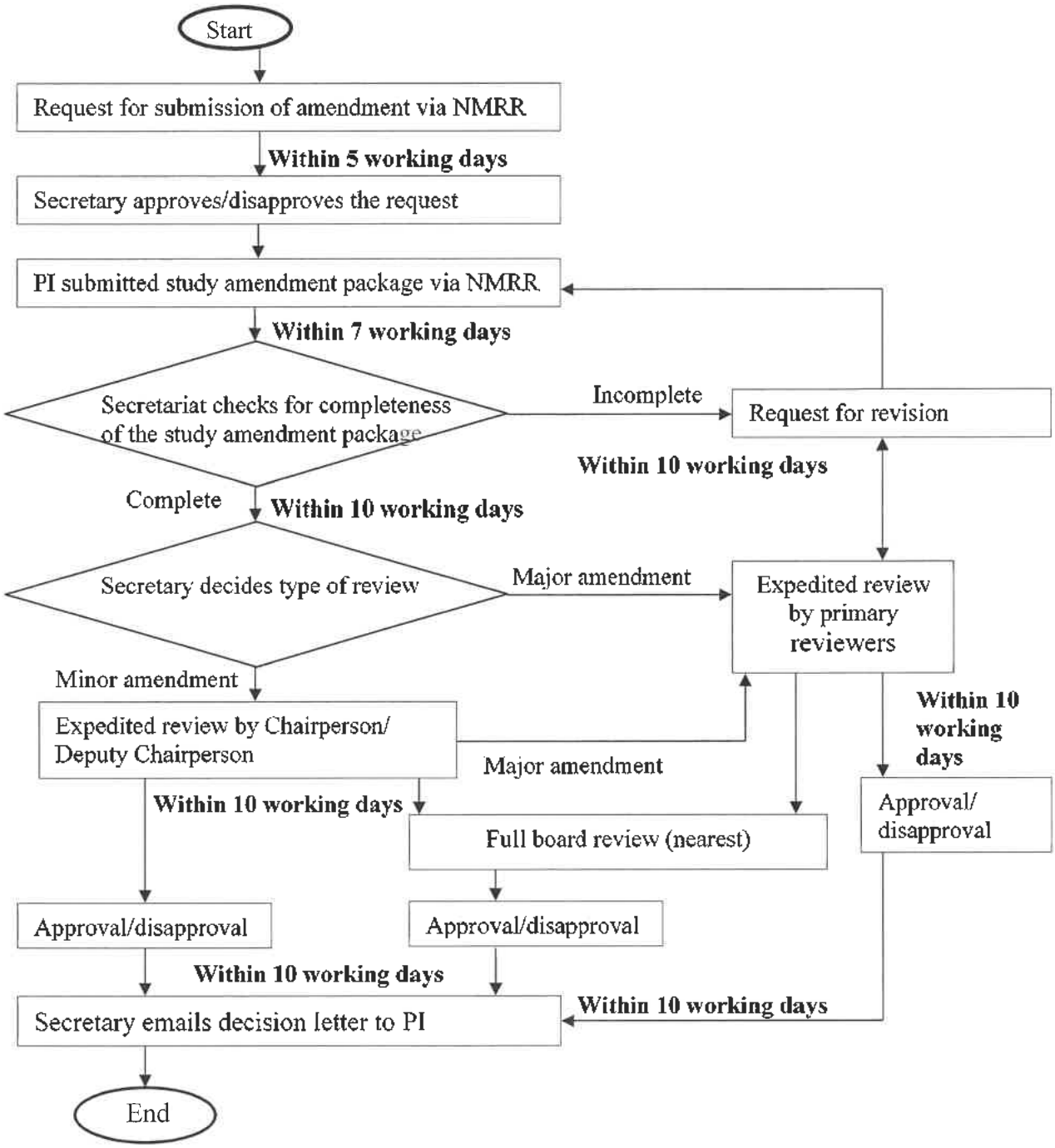
5. REQUIRED AND RELATED DOCUMENT

#	Document Title
1.	**SOP 2-3:** Full Board Review
2.	**WS 2-7-1:** Amendment Application Form
3.	**TP 2-7-1:** Template letter for amendment approval/disapproval letter

6. PROCEDURE

Step #	Process	Responsibility
1	Submits of study amendment package and completed form WS 2-7-1 via NMRR platform	Principal Investigator (may via Corresponding Person)
2	Receives and checks for submission completeness	MREC Secretariat
3	Determine types of review required (expedited review by Chairperson, review by primary reviewer or full board review)	MREC Secretary
4	Assigns study to for review	MREC Secretary
5	Expedited review by Chairperson, review by primary reviewer or full board review	MREC Chairperson/Primary Reviewers/Members
6	Communicate decision to investigator	MREC Secretary
7	Manage and store study documents	MREC Secretariat

7. FLOWCHART


Start
Request for submission of amendment via NMRR
Within 5 working days
Secretary approves/disapproves the request
PI submitted study amendment package via NMRR
Within 7 working days
Secretariat checks for completeness of the study amendment package
Incomplete
Request for revision
Within 10 working days
Complete
Within 10 working days
Secretary decides type of review
Major amendment
Expedited review by primary reviewers
Minor amendment
Expedited review by Chairperson/ Deputy Chairperson
Major amendment
Within 10 working days
Approval/ disapproval
Within 10 working days
Full board review (nearest)
Approval/disapproval
Approval/disapproval
Within 10 working days
Within 10 working days
Secretary emails decision letter to PI
End

8. DETAILED INSTRUCTIONS

8.1 Submission of Study Amendment

8.1.1 Principal Investigator (via corresponding person) request to submit amendment through NMRR online platform. MREC secretariat will check and approve/disapprove the request **within 5 working days**. Upon approval of the amendment request, NMRR system will be opened with automated email from NMRR system to notify PI to submit related study documents,

8.1.2 Principal Investigator submits the Amendment Application Form (WS 2-7-1) and study amendment package via NMRR platform.

8.1.3 MREC Secretary receives submission through NMRR platform and checks for completeness of amendment package received **within 7 working days.**

8.1.3.1 If study amendment package is incomplete, MREC Secretary will revert to the investigator for revision **within 10 working days**.

8.1.3.2 If study amendment package is complete, MREC Secretary will decide the types of review required for the study amendment using NMRR system **within 10 working days.**

8.1.4 Study amendments which increase the risks or adverse events to study subjects due to change in study design (major amendment) are to undergo primary reviewer/full board review unless determined otherwise by the Chairperson. Such amendments may include but is not limited to:

i. Additional treatments or the discontinuation of treatments.
ii. Significant changes in inclusion / exclusion criteria.
iii. Changes in mode of delivery of intervention, such as oral changed to intravenous.
iv. Significant change in the overall number of subjects targeted to be recruited in Malaysia (Increase: if there are <20 subjects to be enrolled, change of 5 is significant; if there are >20 subjects to be enrolled, a change of 20% is significant – Decrease: if the decrease in the number of subjects alter the fundamental characteristics of the study or the statistical significance of the outcomes, it is significant).
v. Significant decrease or increase in dosage of treatment(s).

8.1.5 Study amendments which do not increase the risks or adverse events to study subjects (minor amendment) are to undergo expedited review by Chairperson/Deputy Chairperson.

8.2 Expedited review by primary reviewer

8.2.1 For expedited review by Primary Reviewers, MREC Secretary will assign the study amendment to one (1) or more primary reviewers via NMRR.

8.2.2 Assigned reviewer(s) will be notified on the study amendment package through NMRR automated email.

8.2.3 Reviewers will review study amendment via NMRR platform and provide the recommendation via NMRR, **not later than 10 working days** from the date the study is assigned to reviewer(s).

8.2.4 Reviewers may recommend the following:

i. Approve the study amendment as it is (without further modification/ clarification)

ii. Amendment withheld, requires further clarifications: Request further information regarding the amendment/ the effects of the amendments on the approved study.

iii. Amendment withheld, requires full board review

8.2.5 Recommendation from primary reviewers will be tabled for nearest full board meeting for final decision.

8.3 Expedited review by Chairperson/Deputy Chairperson

8.3.1 For expedited review by Chairperson/Deputy Chairperson, MREC Secretary will assign the study amendment to either Chairperson or Deputy Chairperson via NMRR.

8.3.2 Chairperson/Deputy Chairperson will be notified on the study amendment package through NMRR automated email.

8.3.3 Chairperson/Deputy Chairperson will review study amendment via NMRR platform and provide the recommendation via NMRR, **not later than 10 working days** from the date the study is assigned to reviewer(s).

8.3.4 Chairperson/Deputy Chairperson may make decision as follows:

i. Approve the study amendment as it is (without further modification/ clarification)

ii. Amendment withheld, requires further clarifications: Request further information regarding the amendment/ the effects of the amendments on the approved study.

iii. Amendment withheld, requires primary reviewers' review

iv. Amendment withheld, requires full board review

8.3.5 Decision by Chairperson/Deputy Chairperson will be tabled in the nearest full board meeting for endorsement.

8.4 Full board review

8.4.1 For full board review, MREC Secretary will assign the study amendment to the nearest MREC full board meeting **within 7 working days.**

8.4.2 Full board will review the recommendation by Primary Reviewer(s)/ Chairperson/ Deputy Chairperson and make final decision as per following:

i. Approve the study amendment as it is (without further modification/ clarification)

ii. Amendment withheld, requires further clarifications: Request further information regarding the amendment/ the effects of the amendments on the approved study.

iii. Disapprove the study amendment

8.4.3 Decision from full board will be documented in meeting minutes.

8.5 Decision on Study Amendment

8.5.1 Secretary will examine decision received via NMRR platform for expedited review by Chairperson/Deputy Chairperson or full board review's decision.

8.5.2 If further clarification is required, an e-mail notification is to be provided to the investigator which should clearly state the additional information/ documents that is required. Once clarification is received from the investigator, the provided clarification and study amendment will be reviewed by the Secretary.

8.5.3 MREC Secretary will prepare an official notification of approval/disapproval to the investigator and submits to the Chairperson for endorsement and signature

8.5.4 The official approval notification should clearly state the study protocol and the amendment(s) that were reviewed.

8.5.5 Amendment approval/disapproval letter will be sent via e-mail by the Secretary to the Principal Investigator, **not later than 10 working days** from date of decision.

8.6 Manage and Store Study Documents

8.6.1 Copies and/or originals of all forms, documents, notifications and other correspondences pertaining to a study amendment must be properly kept in the relevant study file (see SOP 5.1).

9. REFERENCES

9.1 Malaysian Guideline for Good Clinical Practice, 4th Edition, Ministry of Health.

10. APPENDIX

None

Standard Operating Procedure
Continuing Review of Approved Study

Document no.:	SOP 2-8
Date registered:	01/03/2011
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Date revised:	15/06/2015
Version number:	2
Date of version:	14-12-2018
Number of pages:	10
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Controlled copy number:	MASTER

Document author(s):	**Reviewed and approved by**
DR. LEE KENG YEE Date: 14-12-2018	DR HJH SALINA ABD AZIZ Date: 14-12-2018

REVISION HISTORY

Rev #	Section	Revision Date	Reason for Revision	Signature of MREC Secretary
0	All	01/03/2011	Version 1.0, first issue	
1	All	14/11/2014	Version 2.0, new format with additional information	
2	8.1.5.4	15/06/2015	Version 2.0, clarification of the ethical renewal due date	
3	8.1.4	14/12/2018	Version 2.0, clarification on expedited review by chair	

TABLE OF CONTENTS

1. PURPOSE

This standard operating procedure describes how continuing review of previously approved studies are managed by the MREC.

The purpose of continuing review is to monitor the progress of an entire study, and not just changes to it, to ensure continuous protection of the rights and welfare of research subjects. Continuing review of an approved study may not be conducted through an expedited review process, unless (1) the study was eligible for, and initially reviewed by, an expedited review procedure; or (2) the study has changed such that the only activities remaining are eligible for expedited review.

2. SCOPE

This SOP applies to conducting any continuing review of approved studies involving human subjects at intervals appropriate to the degree of risk but not less than once a year. Depending upon the degree of risk to the participants, the nature of the studies, and the vulnerability of the study subjects and duration of the study, the MREC may choose to review or monitor the study more frequently.

3. ABBREVIATIONS

PI	Principal Investigator
MREC	Medical Research and Ethics Committee

4. GLOSSARY

Term	Definition
-	-

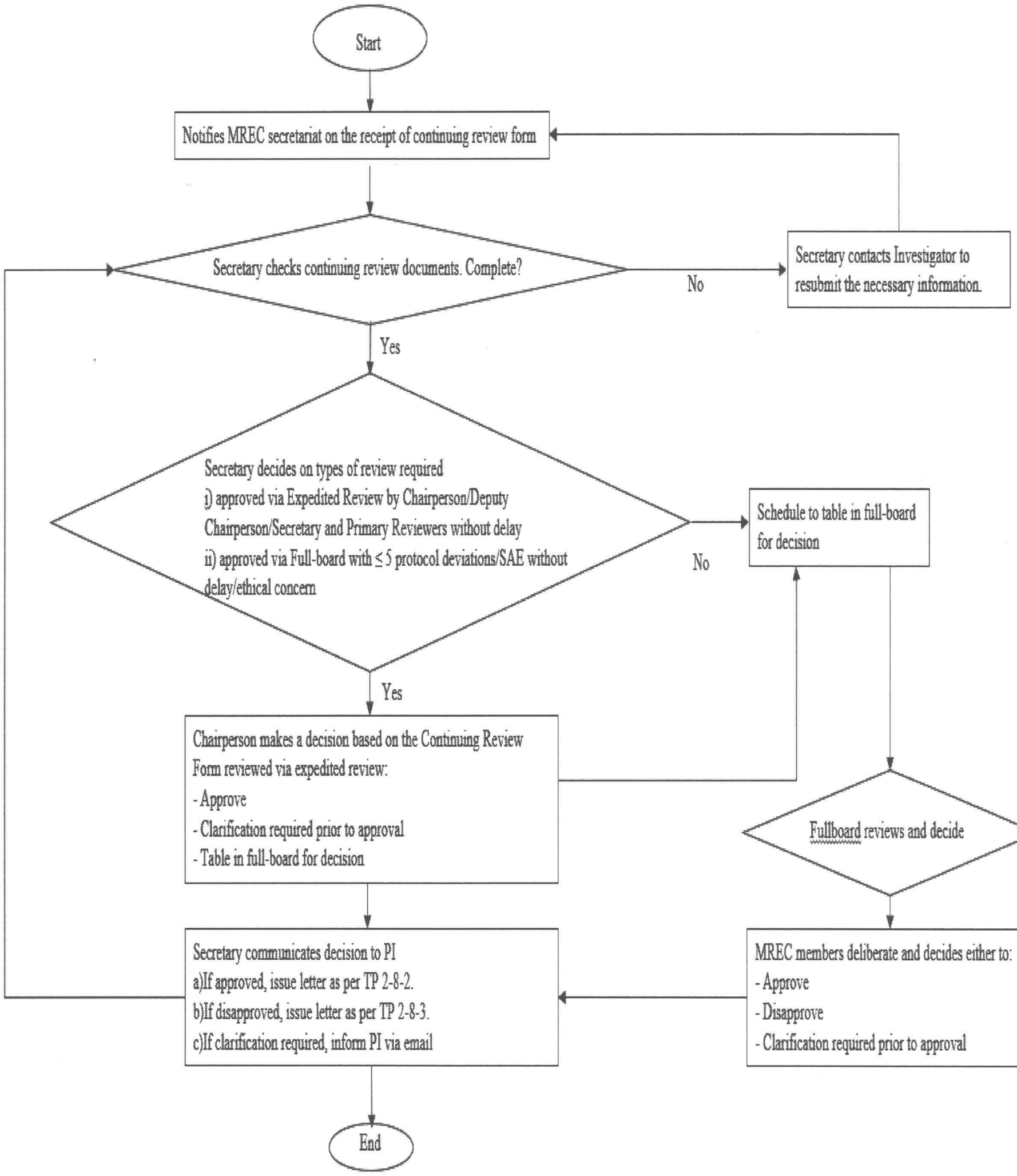
5. REQUIRED AND RELATED DOCUMENT

#	Document Title
1.	**SOP 4-1**: Preparation of agenda, meeting procedures and minutes
2.	**SOP 5-1**: Management of Study and Non Study Files
3.	**WS 2-8-1**: Continuing Review Form
4.	**TP 2-8-2:** Approval letter for Annual Ethical Renewal
5.	**TP 2-8-3:** Disapproval letter for Annual Ethical Renewal

6. PROCEDURE

Step #	Process	Responsibility
1.	Notifies MREC secretariat on the receipt of continuing review form	NMRR system
2.	Checks completeness and verifies of the contents of continuing review package. If incomplete, contact Investigator to resubmit the necessary information. If complete, proceed to **STEP 3**.	Secretariat
3.	Decide on type of review required for the continuing review form to expedited review by chair (**STEP 4**) or full board and assign accordingly **(STEP5).**	Secretary
4.	Review and decide assigned continuing review for expedited review	Chairperson/Deputy Chairperson/Secretary
5.	Discuss and decide in full board continuing review form for decision (for those require full board review) and endorse list of continuing review form approved via expedited review by Chairperson/Deputy Chairperson/Secretary	Chairperson, MREC members
6.	Communicates decision to PI a) If approved, issue letter as per **TP 2-8-2.** b) If disapproved, issue letter as per **TP 2-8-3**. c) If clarification required, inform PI via email	Secretary
7.	Manage and stores completed continuing review form as per **SOP 5-1**	Secretariat

7. FLOWCHART


Start
Notifies MREC secretariat on the receipt of continuing review form
Secretary checks continuing review documents. Complete?
No
Secretary contacts Investigator to resubmit the necessary information.
Yes
Secretary decides on types of review required
i) approved via Expedited Review by Chairperson/Deputy Chairperson/Secretary and Primary Reviewers without delay
ii) approved via Full-board with ≤ 5 protocol deviations/SAE without delay/ethical concern
No
Schedule to table in full-board for decision
Yes
Chairperson makes a decision based on the Continuing Review Form reviewed via expedited review:
- Approve
- Clarification required prior to approval
- Table in full-board for decision
Fullboard reviews and decide
Secretary communicates decision to PI
a)If approved, issue letter as per TP 2-8-2.
b)If disapproved, issue letter as per TP 2-8-3.
c)If clarification required, inform PI via email
MREC members deliberate and decides either to:
- Approve
- Disapprove
- Clarification required prior to approval
End

8. DETAILED INSTRUCTIONS

8.1. **Receipt of Continuing Review Package**

8.1.1. NMRR system notifies MREC secretariat on the receipt of continuing review form.

8.1.2. MREC secretariat checks completeness of the Continuing Review Form and verify its contents.

8.1.2.1. If incomplete, Secretary contacts Investigator to resubmit the necessary information.

8.1.3. Studies will be reviewed by Chairperson via expedited review process:

a) Studies that have been approved via Expedited Review by Chairperson/Deputy Chairperson/Secretary and Primary Reviewers without delay

b) Studies that have been approved via Fullboard with ≤ 5 protocol deviations/SAE without delay/ethical concern

8.1.4. Chairperson makes a decision based on the Continuing Review Form reviewed via expedited review:

8.1.4.1.1. Approve

8.1.4.1.2. Clarification required prior to approval

8.1.4.1.3. Table in full-board for decision

8.1.5. In the case of Continuing Review Forms to be tabled in full-board, Secretary tables the continuing review form at the nearest MREC panel meeting

8.1.6. MREC panel discusses Continuing Review Form during the meeting:

8.1.6.1. Chairperson uses the Continuing Review Form to guide review and deliberation.

8.1.6.2. Chairperson invites members to raise questions and opens the review form for deliberation

8.1.6.3. MREC members deliberate and decides either to:

8.1.6.3.1. Approve

8.1.6.3.2. Disapprove

8.1.6.3.3. Clarification required prior to approval

8.1.5.4 Chairperson determines frequency of continuing review based on members/ Chairperson's deliberation. All studies will be reviewed at intervals appropriate to the degree of risk but not less than once per year. The calculation of the due date will be based on the determined interval (E.g.: If a study is to be reviewed at an interval of once a year, and the last initial approval/ continuing review was dated 8 June 2014, the ethical approval is valid until 7 June 2015. A new continuing review must be conducted by 7 June 2015 for the ethical approval to be valid from 8 June 2015 onwards)

8.2. **Communicate Decision to Principal investigator**

8.2.1.1. Secretary prepares the approval letter (**TP 2-8-2**) or disapproval letter (**TP 2-8-3**), whichever is relevant, and submits to the Chairperson.

8.2.1.2. Chairperson signs the decision letter and returns to the Secretary. The decision letter is sent to the investigator **not later than 10 working days** after the decision is made in the MREC meeting (in the case of full-board review)/ **not later than 10 working days** after submission of Continuing Review Form (in the case of expedited review)

8.2.1.3. If a decision of further clarification is required, Secretary requests clarification from Investigator via email.

8.2.1.3.1. Once the clarification has been addressed by the investigator, the Secretary/ Secretariat get the final decision from the Chairperson (8.1.4)

8.2.1.4. Secretary photocopies the letter and keeps a copy in the study file as per **SOP 5-1**.

9. REFERENCES

9.1. Malaysian Guideline for Good Clinical Practice, 4th Edition, Ministry of Health.

9.2. International Conference on Harmonization, Guideline on Good Clinical Practice (ICH GCP) 1996

10. APPENDIX

None

Standard Operating Procedure
Management of Study Termination

Document no.:	SOP 2.9
Date registered:	01/12/2012
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Date revised:	04/07/2016
Version number:	3
Date of version:	04/07/2016
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Controlled copy number:	DISTRIBUTION COPY

Document author(s):	**Reviewed and approved by**
 DR GURPREET KAUR Date: 04/07/2016	 DATO' DR CHANG KIAN MENG Date: 04/07/2016

REVISION HISTORY

Rev #	Section	Revision Date	Reason for Revision	Signature of MREC Secretary
0	All	04/07/2016	Version 3.0. New information in updated format	G.K.

TABLE OF CONTENTS

1. PURPOSE

This standard operating procedure describes how MREC proceeds and manages the termination of a study. Studies are usually terminated at the recommendation of the MREC, Data Safety Monitoring Board (DSMB), Institutional Scientific Director, sponsor or other authorized regulatory agencies when subject enrolment and subject follow up are discontinued before the scheduled end of the study.

2. SCOPE

This SOP applies to any study approved by MREC that is being recommended for termination before its scheduled completion.

3. ABBREVIATIONS

SOP	Standard Operating Procedure
GCP	Good Clinical Practice
ICH-GCP	International Conference on Harmonization – Good Clinical Practice
MREC	Medical Research & Ethics Committee
NMRR	National Medical Research Register

4. GLOSSARY

Term	Definition
Institution Scientific Director	Person in the institution where the study is being conducted, who is overall responsible for all research conducted in the institution.

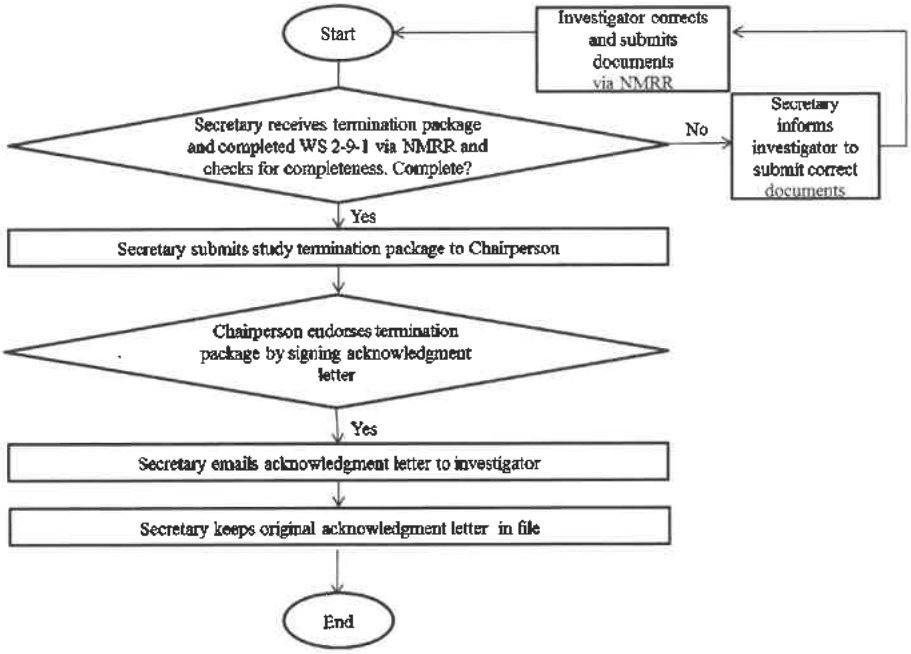
5. REQUIRED AND RELATED DOCUMENT

#	Document Title
1.	**SOP 2-3:** Full Board Review
2.	**SOP 2-4:** Exempt & Delegated Review
3.	**SOP 2.9:** Review of Final Report
4.	**SOP 4-2:** Emergency Meeting
5.	**SOP 5-1:** File Management
6.	**WS 2-9-1:** Study Termination Memorandum

6. PROCEDURE

Step #	Process	Responsibility
1	Receive recommendation for study termination	Secretary
2	Review and discuss termination package	Chairperson, Members, Secretary
3	Assess study package and submit recommendation	Chairperson, Members, Independent Expert(s), Secretary
4	Notify principal investigator	Secretary, Principal Investigator
5	Store study documents	Secretary

7. FLOWCHART



8. DETAILED INSTRUCTIONS

8.1 Studies Terminated by Sponsor/ Investigator

8.1.1 Sponsor/ Investigator may decide to terminate the study prematurely prior to study completion due to certain circumstances.

8.1.2 Secretary receives the completed WS 2-9-1 Study Termination Memorandum from Corresponding Person via NMRR notifying MREC on the study termination.

8.1.3 Secretary/ secretariat checks document for completeness. If complete, the Secretary/ Secretariat notify the Chairperson regarding study termination decision.

8.1.4 An acknowledgment letter is issued and signed by the Chairperson.

8.1.5 The Secretary communicates the decision to the Principal Investigator within 10 working days from the date of the submission.

8.1.6 The terminated study is endorsed in the nearest panel meeting.

8.2 Studies Terminated based on Recommendation

8.2.1 Secretary receives recommendation and comments from MREC members, relevant institutional director(s), other authorized regulatory agencies or top management authorities within Ministry of Health for study termination. Reason for recommending termination must be clearly stated.

8.2.2 Secretary notifies the Chairperson regarding the recommendation for study termination.

8.2.3 Chairperson reviews recommendation together with relevant study documents.

8.2.4 Chairperson calls for an emergency MREC meeting to discuss the recommendation to terminate the study (Refer to SOP 4.2).

8.2.5 Based on decision made during the emergency meeting, decision is made based members vote.

8.2.6 Depending on the type of decision, the appropriate decision letter is issued and signed by the Chairperson

8.2.7 The Secretary communicates the decision to the Principal Investigator within 5 working days from the date of the meeting.

8.3 Studies Terminated due lapse in ethical approval period AND/OR no unknown status of study (completed/ ongoing)

8.3.1 The ethical approval period of all studies is valid at most for one calendar year (SOP 2.3, SOP 2.4). For studies that require renewal of the ethical approval period, a completed Continuing Review Form needs to be submitted to MREC (Refer to SOP 2.8). For studies that have been completed, a Study Final Report form needs to be submitted to MREC (Refer to SOP 2.9).

8.3.2 2 e-mail reminders are sent prior to the expiry of the ethical approval period to inquire on the study status if no Continuing Review Form OR Study Final report was provided.

8.3.3 For studies whereby the status remains unknown (no submission of Continuing Review Form OR Study Final report) after the expiry of ethical approval period, a an e-mail notifying on the termination of study is sent 30 days after expiry of ethical approval period

8.4 Store documents

8.4.1 The Secretary keeps a copy of the Study Termination Memorandum/ Decision Letter/ Acknowledgment Letter/ E-mail notifying termination in the study file (SOP 5.3)

9. REFERENCES

9.1 Malaysian Guideline for Good Clinical Practice, 3rd Edition, Ministry of Health, October 2011.

10. APPENDIX

None

Standard Operating Procedure
Review of Final Report

Document no.:	SOP 2.10
Date registered:	01/12/2012
Revision number:	0
Date revised:	04/07/2016
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Document author(s):	**Reviewed and approved by**
DR GURPREET KAUR Date: 04/07/2016	DATO' DR CHANG KIAN MENG Date: 04/07/2016

REVISION HISTORY

Rev #	Section	Revision Date	Reason for Revision	Signature of MREC Secretary
0	All	04/07/2016	Version 3.0. New Information in updated format	G.K.

TABLE OF CONTENTS

1. PURPOSE

This standard operating procedure (SOP) is to provide instructions on the review and follow up, if appropriate, of Final Report for any study previously approved by the MREC.

2. SCOPE

This SOP applies to the review and follow-up of a Final Report which is an obligatory review of each principal investigator and presented as a written report of completed study submitted to the MREC.

Although the MREC provides a Study Final Report Form (WS 2-10-1) to the principal investigator, any other mechanism or written format may be used, provided that the information required in the Study Final Report Form, is submitted.

3. ABBREVIATIONS

SOP	Standard Operating Procedure
GCP	Good Clinical Practice
ICH-GCP	International Conference on Harmonization – Good Clinical Practice
MREC	Medical Research & Ethics Committee
NMRR	National Medical Research Register

4. GLOSSARY

Term	Definition
Study Final Report	A report prepared by principal investigator at the completion of a study.
Study Completion	Study has ended (no further enrolment/ follow-up with subjects/ respondents) in all MREC approved sites.

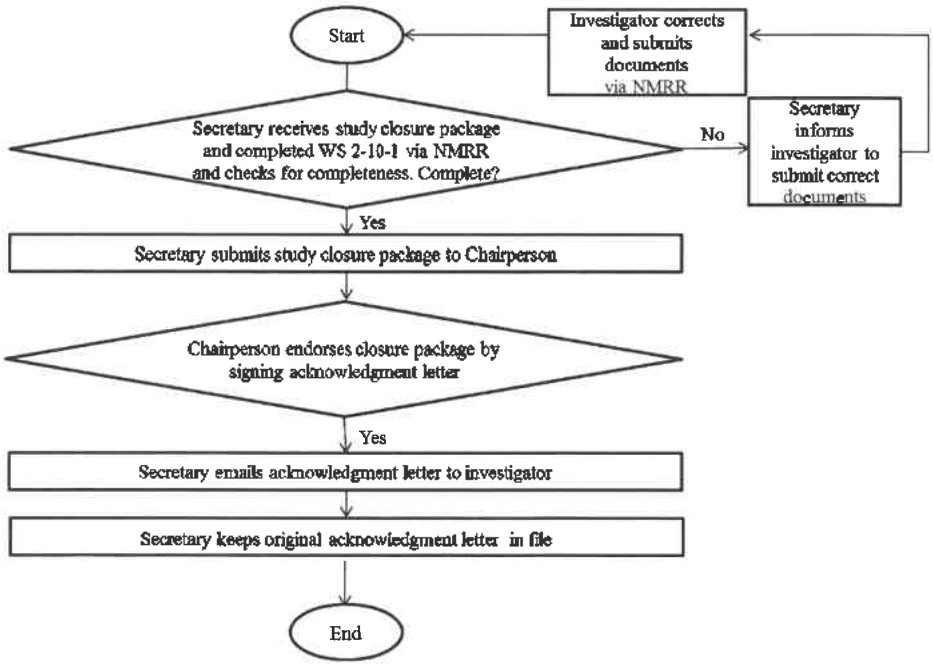
5. REQUIRED AND RELATED DOCUMENT

#	Document Title
1.	**SOP 5-1:** File Management
2.	**WS 2-10-1:** Study Final Report

6. PROCEDURE

Step #	Process	Responsibility
1	Receive study closure notification	Secretary
2	Review and discuss closure package	Chairperson, Secretary
3	Assess study package and submit recommendation	Chairperson, Secretary
4	Notify principal investigator	Secretary, Principal Investigator
5	Store study documents	Secretary

7. FLOWCHART



8. DETAILED INSTRUCTIONS

8.1 Investigator sends WS 2-10-1 Study Final Report within two (2) months after study completion/ expiry of ethical approval period
8.2 Secretary receives the completed WS 2-10-1 Study Final Report from Corresponding Person via NMRR notifying MREC on the study completion.
8.3 Secretary/ secretariat checks document for completeness. If complete, the Secretary/ Secretariat notify the Chairperson regarding study completion decision.
8.4 An acknowledgment letter is issued and signed by the Chairperson.
8.5 The Secretary communicates the decision to the Principal Investigator within 10 working days from the date of the submission.
8.6 The completed study is endorsed in the nearest panel meeting.
8.7 The Secretary keeps a copy of the Study Final Report/ Decision Letter/ Acknowledgment Letter/ E-mail notifying study closure in the study file (SOP 5.3)

9. REFERENCES

9.1 Malaysian Guideline for Good Clinical Practice, 3rd Edition, Ministry of Health, October 2011.

10. APPENDIX

None