





Central Drugs Standard Control Organization (CDSCO)

User Manual

For

SAE reporting (Serious Adverse Event)

On SUGAM portal

Version 1.0

Centre for Development of Advanced Computing

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Chapter-1

Serious Adverse Events







1.1 What is a Serious Adverse Event

A Serious Adverse Event (SAE) is defined as any adverse drug event (experience) occurring at any dose that in the opinion of either the investigator or sponsor results in any of the following outcomes:

- 1) Death
- 2) Life-threatening adverse drug experience
- 3) Inpatient hospitalization or prolongation of existing hospitalization (for >24 hours)
- 4) Persistent or significant incapacity or substantial disruption of the abilityto conductnormal life functions
- 5) Congenital anomaly/birth defect
- 6) Important Medical Event (IME) that may not result in death, be life threatening, orrequire hospitalization may be considered a serious adverse drug experience when, based upon medical judgment, it may jeopardize the patient or subject and mayrequire medical or surgical intervention to prevent one of the outcomes listed in thisdefinition.

It is important to remember that all SAEs are adverse events, but not all adverse events are SAEs

A "Life Threatening Adverse Drug Experience" defined as

Any adverse experience that places the subject, in the view of the investigator, at immediate risk of death from the reaction as it occurred, or it is suspected that the use or continued use of the product would result in the patient's death.

"Congenital Anomaly" defined as

Exposure to a medical product prior to conception or during pregnancy resulting in an adverse outcome in the child.





1.2 General SAE Reporting Policy

A Serious Adverse Event report must be submitted on any event which meets the reporting 1.1criteria occurred during conduct of a clinical trial in India.

1.2.1 Timeframe for initial SAE reports submission

The investigator shall report all serious adverse events to the Central LicensingAuthority (CDSCO), the sponsor or its representative and the Ethics Committee within twenty-four hours of their occurrence and after due analysis to the Central Licensing Authority, Ethics Committee and the head of the institution within fourteen days of the knowledge of occurrence of serious adverse event.

The sponsor or its representative shall report all serious adverse events to the Central Licensing Authority (CDSCO), head of the institution and Ethics Committee within fourteen days of the knowledge of occurrence of serious adverse event.

The Ethics Committee shall forward its report on serious adverse event within a period of thirty days of receiving the report of the serious adverse event from the investigator.

<u>1.2.2 Recipients of SAEs reports</u>

Site Principal Investigators (PI), who confirmed that SAEs occurred in their trial, are required to report the SAEs to CDSCO and also to their Trial Sponsor and Ethics Committees.







Figure 1: CT SAE Reporting/Monitoring

Figure1 above depicts the Mapping of PI with Site.





1.3 Process Flow for SAEs Reporting

After obtaining CT-NOC from CDSCO and registering at Clinical Trials Registry-India (CTRI), the sponsor may initiatetrial and shall monitor the clinical trial in all the participating sites. To report SAE on SUGAM portal, sponsor shall mandatorily follow the below mentioned steps to build-up the database and for proper linking of data.

- Add Site Investigator
- Site Investigator Mapping
- Initiate Clinical Trial
- SAE Reported

To accomplish above steps, the Sponsor may login into the SUGAMportal and then click on CLINICAL TRIALS tab under MENU from their dashboard.

Step 1: Add Site Principal Investigator

As the Sponsor/Applicant, when receives CT NOC, it only contains details of trial sites (i.e. Hospital), Ethics committee and PI name (but not PI details and each PI has to register themselves in the portal to report SAE).

After login into the portal, click on "Add Site Investigator" tab under "Clinical Trials" in Menu as shown in below figure.



Figure 2: Sponsor Dashboard





After that a new window will open as shown in below figure. Sponsor has to enter the Investigator's basic details and click on *"Submit"* button. He must add all the investigators mentioned in the CT-NOC.

User-Name:*	Enter Investigator O	ffici	al Email Id				
Name:*	Mr. 🗸	•	First Name	Middle	Nar	me Last Name	
Mobile Number:*	+91 Mobile Numb	er					
Gender.*	● Male ○ Female	01	Transgender				
Address Line 1*							
Address Line 1							
Country*			State*			District*	
India	~	•	Select	~		Select	~
City/Taluka/Mandal/Tehs	il*		Pin Code*			Nationality*	
City/Taluka/Mandal/Tel	hsil		0			Indian	~
ID Proof Details:* (Single PDF < 10 MB)	Select One		~	Choose File No file	cho	osen	
Aadhar Card Number:*	0						
MCI Registration Number:*	MCI Registration Nu	mbe	II				
Upload CV:*	Choose File No file	e cho	osen				
Email Id(Other then	Personal Email ID						

Figure 3: Site Investigator Registration

On clicking Submit button, an e-mail link will be sent to Investigator for confirming and creating his login credentials. Once the investigator clicks the e-mail link, a window will open as shown in figurebelow:





		COSCO COSCO REGREE SER)	Central Drugs S Directorate General Of H Ministry of Health & Far	Standard Control Organisati Health Services mily Welfare, Government of India	on		
A Home	😧 FAQ	[™] ox ox ox ox	Contact Us	leo Tutorial & iConnect			
				Create Login	Credentials		
		Login Details					
		User Id:*	AMITBHARGAVA@	@MAIL.IN			
		Password:*	•••••			•	
		Confirm Password:*	•••••			•	
				🖺 Save			
		सीडेक ©DAC	Developed and Maintained	d by C-DAC.			
			Fig	gure 4: Login Credentia	l Window		

The User Id is auto fetched (i.e. same as entered by applicant/sponsor), investigator needs to enter only Password and Confirm Password. After clicking on "Save" button a message will popup as shown in figurebelow:



Figure 5: Successful Registration Pop-up





Once the login credentials of Investigators are created meanwhile, they must login into the SUGAM portal to complete their user profile and send request for Approval of User Profile.

<u>Step 2:</u> Site Investigator Mapping

After approval of Investigator's User Profile, Applicant/Sponsor will map them with the trial Site/Hospital from his dashboard.

Click on "Site Investigator Mapping" tab under "Clinical Trials" in Menu as shown in figure below:







After that a new window will open as shown in figurebelow. Applicant/Sponsor has to select the BE/CT application, a list of sites mentioned in the CT-NOC will get displayed. Just select the site investigator from drop down and check the checkbox (as highlighted) and click on "*Save*" button.

	COSCO	Directorate General Of Health Services Ministry of Health & Family Welfare, Government of India		
		Application Investigator Mappir	ng Form	
IOTE •	: If you are unable to find \$ <u>/homepage</u> After saving the data, kir	Site Investigator name in dropdown list then inform the respective PI to kindl adly inform the respective PIs to login on SUGAM portal and enter the data of	y register on SUGAM p patients enrolled for C	oortal <u>https://cdscoonline.gov.in/CDSC</u> Clinical Trial.
ll fie Selec	lds are mandatory t BE / CT Application: *	CT/17/000013		
T Si	ite Manning Details			
∎ ≑	Site 🗢		Proposed Site Investigator ≑	Select Site Investigator 🗢
I	♣ All India Institute of Room No. 102, 1st Floor,	Medical Sciences Ethics Committee, All India Institute of Medical Sciences, Old O.T. Block, Ansari Nagar, , New Delhi, Not Available, Delhi	Name: Dr Shalimar	TEST@YOPMAIL.COM
~	+ Government Medica Available, Maharashtra	l College Dept of Pharmacology , Govt Medical College, Nagpur, Not	Name: Dr Sudhir Gupta	SITEINVESTIGATOR@CDSCO.IN
~	+ S.M.S. Medical Colle Hospital, J.L.N. Marg, J	ge and Attached Hospitals, Jaipur First Floor, Dhanvantri OPD Block, S.M.S. aipur, Not Available, Rajasthan	Name : Dr Sandeep Nijhawan	C Salect
	+ SR Kalla Memorial G sardar Patel Marg C-Sc	astro and General Hospital 78, Dhuleshwar Garden, Behind HSBC Bank, heme, Jaipur, Not Available, Rajasthan	Name: Dr Ramesh Roop Rai	AMITBHARGAVA@MAIL.IN MUNEESHGARG@MAIL.IN
	+ Global Hospital Ethi E Borges Road, Hospita Maharashtra	cs Committee, Global Hospital situated at Room No.: 214, Global Hospital, Dr. l Avenue, Opp. Shirodakar High School, Parel, , Mumbai, Not Available,	Name : Dr Samir Shah	NEETU.PI@YOPMAIL.COM SITEINVESTIGATOR@CDSCO.IN TEST@YOPMAIL.COM
	+ Institutional Ethics Available, Telangana	committee Global Hospitals B-1-1070/1 TO 4, LAKDIKAPUL , Hyderabad, Not	Name : Dr Dharmesh Kapoor	Select
	➡ VGM Hospital institu Not Available, Tamil Na	itional ethics committee VGM Hospital No-2100, Trichy Road , Coimbator, du	Name : Dr V G Mohan Prasad	Select
	+ Deccan college of ma Santosh Nagar, , Hydera	edical sciences and allied Hospitals P.O., Kanchanbagh, DMRL 'X' Road, abad, Not Available, Telangana	Name : Dr Mohd Aejaz Habeeb	Select
	➡ Ethics Committee M Hospital Pvt.Ltd situate	idas Multispeciality Hospital Ethics Committee Midas Multispeciality d at Midas Maharashtra, Nagpur, Not Available, Maharashtra	Name : Dr Shrikant Mukewar	Select
	+ Sir Ganga Ram Hosp Nagar, New Delhi, Not A	ital Ethics Committee Room No 1496. IV Floor , Old Building ,Old Rajinder wailable, Delhi	Name: Dr Anil Arora	Select
		« < 1 2 »		

Figure 7: Application Investigator Mapping Form





Step 3: Initiate Clinical Trial

Once the Site Investigator mapping is done for any BE/CT application, the applicant/sponsor can initiate the trial.

Click on "Initiate CT" tab under "Clinical Trials" in Menu as shown in figure below:



Figure 8: Sponsor Dashboard





After that, a new window will open as shown in figurebelow. Applicant/Sponsor has to select the BE/CT application and enter the CTRI Registration Number, then click on "*Save*" button.

		To Initiate (Clinical Trial
* All fields are mandatory			
Select BE / CT Application: *		Select	*
CTRI Registration No: *		Enter CTRI No.	
			Save
Details:			
Search:			
SlNo. 🗢	CTRI No. 🗢		CDSCO File No. 🗢
1	CTRI001166		BE-EXPORT/20/001166

Figure 9: Initiate Clinical Trial Window

<u>Step 4:</u> SAE Reported

After the initiation of the clinical trial SAE occurring at any trial site has to be reported by investigator, sponsor and ethics committee involved in that particular clinical trial.

An applicant/sponsor can view the list of all reported SAEs, for that, just Click on "SAE Reported" tab under "Clinical Trials" in Menu as shown in figure below:

User Profile -	Menu 📰		Welcome Dr. Amit Krishna Antarkar (Sponsors(BA/BE & CT)) 🐗 Ho	me 🎜 Change Password 🖕 Logout
Application Submission -	-	Cen	tral Drugs Standard Control Organisation	
Application Submission •		Direct Minis	torate General Of Health Services	
Online Payment -		11.1		
Clinical Trials -	Das Das	hboard		Switch Role 👻
➔ Add Site Investigator				+ Expand All
Site Investigator Mapping				
Initiate CT SAE Reported	7	User Guidelines	Sponsors(BA/BE & CT)	
		User Profile	Your Profile is ready for application submission. Submit Application	+
	-	Submitted Applications	43 Applications View Most recent: Form44 (File No : BABE/Form44/FF/2017/3614) Modified Date 31-May-2017	+
	.	Saved (Draft) Applications	1 Applications <u>View</u> Most recent: Form12 (Pile No : TL/Form12/SZ/2017/16860) Modified Date 17: Peb-2017	+
		Approved Applications	95 Applications View Most recent: Form44 (71e No : BE/17/000471) Modified Date 17-Feb-2017	+
¢ >	-	Rejected Applications	8 Applications <u>View</u> Most recent: Form44 (File No : BE/17/001272) Modified Date 26-Apr-2017	+
	\bigotimes	Suspended/Withdrawn Applica	tions O Applications View Most recent : No Application Found	+
		View Historical Applications	0 New Messages View	
	-	Post Approval Applications 🙀	Apply Here	
	\bigtriangleup	Notifications	View Here	
	<u>सी</u> डैक	Designed, Developed and Maintained	l by C-DAC.	

Figure 10: Sponsor Dashboard





After that a new window will open as shown in figure below. Applicant/Sponsor can view or report SAEs by clicking on options available under 'Action' button (as highlighted).

Menu	=	CDS(Onlin	CO ne Application Submi	ission System for Licens	sing					€ HELP	ه 🙁	Mr. Rahul Nijhawan -
0				List of Se	erious Adverse	e Events R	eported by	Site Inve	stigator			
æ			14D Reporting	24Hr Reporting								
26			Search:									
89 89			BE or CT NOC No.	Application File No. 🗢	CTRI Registration No.	SAE Terminology 🗢	SAE Type 🗢	Sponsor's created Subject Id \$	Status 🕈	Processing Status \$	Action	
			+ CT/18/000059	CT/SAE-ND-7/2020- 115(14Days-Sponsor)	test123	test	Other than Death	13.0	SAE 14 Day Report Submitted by Sponsor	Inprocess	u ,	
			+ CT/18/000059	CT/SAE-ND-1/2020 📚	test123	sae test	Other than Death	salman01	SAE 14 Day Report Submitted by Sponsor	Inprocess	u	
			+ BE/18/002491	CT/SAE-D-6/2020- 110(14Days-Sponsor)	TESTINGDEEPSHIKHA	corona	Death	salman01	SAE 14 Day Report Submitted by Sponsor	Inprocess	Ļ	
			+ BE/18/002491	CT/SAE-ND-4/2020- 102(14Days-Sponsor)	TESTINGDEEPSHIKHA	test	Other than Death	kat01	SAE 14 Day Report Submitted by Sponsor	Inprocess	ŗ	
			+ BE- EXPORT/19/002158	CT/SAE-ND-53/2020- 226(14Days)	AbhiBE2504	Hyperglycemia	Other than Death	rohit/54/001	SAE 14 Day Report Submitted by 14th day Due	Inprocess Analysis Reporti	ng	
			+ CT/18/000059	CT/SAE-ND-5/2020 📚	test123	test	Other than Death	2016/54/002	View SAE Rep Submitted by Sponsor	oort(24 Hour) Pre	view	
			+ BE/16/000707	CT/SAE-D-20/2020- 138(14Days-Sponsor)	CTAbhi0808	Death	Death	123455.0	SAE 14 Day Report Submitted by Sponsor	Query Responded	ii •	
			+ BE/18/002491	CT/SAE-ND-54/2020	TESTINGDEEPSHIKHA	fever	Other than Death	T patient 1	SAE 14 Day Report Submitted by Sponsor	Order Issued	Ļ	
			+ BE/17/001134	CT/SAE-ND-21/2020- 143(14Days-Sponsor)	CT03052020Abhi	Acute Gastritis	Other than Death	sati/54/002	SAE 14 Day Report Submitted by Sponsor	Inprocess	ŗ	
			+ BE/17/002122	CT/SAE-ND-23/2020	CT11052020Abhi	Seizures	Other than Death	123456.0	SAE 14 Day Report Submitted by Sponsor	Inprocess	ii ·	
					ĸ	< 1 2 3	4 > >					
		र्स	ीडेक Designed,	Developed and Maintained	by C-DAC.							

Figure 11: List of SAEs reported by Site Investigator







Chapter-2

SAE Reporting







To report serious adverse events (SAE), there are three types of forms:

- SAE Reporting (24-hour Report by PI)
- SAE Reporting (14th Day Due Analysis Report by PI and Sponsor)
- SAE Reporting (30th Day Report by Ethics Committee)

While SAE reporting all the data (Sponsor/CRO details, Ethics committee details, Hospital/Site details, PI details) will be fetched automatically based on BE/CT NOC number and rest details will be entered depending on the form.





2.1 SAE Reporting (24 Hours)

Investigator will fill the SAE Reporting form with the following details:

Administrative Information

- SAE report of death or non-death (to be filled)
- Sponsor/CRO details (Auto fetch from CT NOC)
- Clinical Site details (Auto fetch from CT NOC)
- Investigator details (from PI registration)
- Ethics Committee details (Auto fetch from CT NOC)

> Clinical Study/BE Study details

• Study title & Protocol No. (Auto fetch from CT NOC)

Patient/Subject details

- Unique Identifier (Initials/Subject No.)
- Gender
- Date of birth and age at the time of SAE
- Height & Weight
- > SAE(s) Details
 - SAE(s) Term(to be filled)
 - Start date of SAE(to be filled)
 - Stop date of SAE/ongoing
 - Table-5(Upload)





Name of the Ethics Committee:	IBIOME Independent	t Ethics Committee
EC Registartion No. provided by CDSCO:	ECR/40/Indt/GJ/2013/	/RR-19
Address:	Nirmal Ashram Deep P.O. Satyanarayan Ris	omala Pagarani Public School ,Shyampur shikesh (India) - 249204
Contact No. :		
Email ID. :		
linical Study/BE Study	Details	
Study Title:	Single dose oral bioed Tablets 600mg and O Extended-Release Ta subjects under fastin	quivalence study of Oxcarbazepine XR DXTELLAR XRTM (Oxcarbazepine) ablets 600mg in healthy adult human ng conditions.
Protocol No.: linical Study/BE Study	C1B00314 Details	
Study Title:	Single dose oral bioed Tablets 600mg and O	quivalence study of Oxcarbazepine XR XTELLAR XRTM (Oxcarbazepine)
	Extended-Release Ta subjects under fed co	ablets 600mg in healthy adult human onditions.
Protocol No.:	Extended-Release Ta subjects under fed co C1B00315	ablets 600mg in healthy adult human onditions.
Protocol No.: E(s) Details	Extended-Release Ta subjects under fed co C1B00315	ablets 600mg in healthy adult human onditions.
Protocol No.: E(s) Details Expectedness of SAE	Extended-Release Ta subjects under fed co C1B00315	onditions. C Expected O Unexpected
Protocol No.: E(s) Details Expectedness of SAE SAE report of Death or oth	Extended-Release Ta subjects under fed co C1B00315 ner than Death *	 ablets 600mg in healthy adult human onditions. Expected Output Unexpected Death Oother than Death
Protocol No.: E(s) Details Expectedness of SAE SAE report of Death or oth SAE(s) Terminology *	Extended-Release Ta subjects under fed co C1B00315 her than Death *	 ablets 600mg in healthy adult human onditions. Expected O Unexpected Death O other than Death SAE(s) Terminology
Protocol No.: E(s) Details Expectedness of SAE SAE report of Death or oth SAE(s) Terminology * Brief description of the S/	Extended-Release Ta subjects under fed co C1B00315 her than Death *	ablets 600mg in healthy adult human onditions. • Expected • Unexpected • Death • other than Death SAE(s) Terminology Brief description of the SAE including medical management given an outcome
Protocol No.: E(s) Details Expectedness of SAE SAE report of Death or oth SAE(s) Terminology * Brief description of the SA Start Date of SAE(s)	Extended-Release Ta subjects under fed co C1B00315 her than Death *	ablets 600mg in healthy adult human onditions. • Expected • Unexpected • Death • other than Death SAE(s) Terminology Brief description of the SAE including medical management given an outcome
Protocol No.: E(s) Details Expectedness of SAE SAE report of Death or oth SAE(s) Terminology * Brief description of the SA Start Date of SAE(s) SAE Stop or Ongoing?*	Extended-Release Ta subjects under fed co C1B00315 her than Death *	ablets 600mg in healthy adult human onditions. Expected O Unexpected Death O other than Death SAE(s) Terminology Brief description of the SAE including medical management given an outcome DD/MM/YYYY Select
Protocol No.: E(s) Details Expectedness of SAE SAE report of Death or oth SAE(s) Terminology * Brief description of the SA Start Date of SAE(s) SAE Stop or Ongoing?* TABLE 5 (24 hr. Report sul (Single Pdf File < 10 MB)	Extended-Release Tal subjects under fed co C1B00315 her than Death * AE *	ablets 600mg in healthy adult human onditions.
Protocol No.: E(s) Details Expectedness of SAE SAE report of Death or oth SAE(s) Terminology * Brief description of the SA Start Date of SAE(s) SAE Stop or Ongoing?* TABLE 5 (24 hr. Report sul (Single Pdf File < 10 MB) EC Registration Certificate CDSCO*	Extended-Release Tal subjects under fed co C1B00315 her than Death * AE * bmitted)* e copy obtained from	ablets 600mg in healthy adult human onditions.

Figure 12: SAE Reporting Form**24 hours**





After final submission of 24Hrs SAE reporting, a unique file number will be generated for future reference as shown inFigure.

Your Application has been submitted successfully. Kindly note your file no. *CT/SAE-ND-19/2020-129(24Hours)* for future correspondence.



2.2 SAE Reporting (14th Day due Analysis Report)

After 24-hour SAE report is submitted, investigator may proceed to fill the Due Analysis Report. This form is divided into several parts. A report may be submitted only after all the parts of the form are completed. Before clicking the SUBMIT button Investigator may verify the filled data from preview page.

Investigator shall fill the SAE Reporting form with the following details:

Administrative Information

- SAE report of death or other than death(to be filled)
- Type of Report (to be filled)
- Sponsor/CRO details (Auto fetch from CT NOC)
- Clinical Site details(Auto fetch from CT NOC)
- Investigator's details (Auto fetch from PI registration)
- Ethics Committee details(Auto fetch from CT NOC)
- > Clinical Study/BE Study details
 - Study title & Protocol No.(Auto fetch from CT NOC)
- Patient/Subject details
 - Unique Identifier (Initials/Subject No)(Auto fetch from 24-hour report)
 - Gender (Auto fetch from 24-hour report)
 - Date of birth and age at the time of SAE(Auto fetch from 24-hour report)
 - Weight & Height(Auto fetch from 24-hour report)
 - Previous disease/medical history(to be filled)
- > SAE(s) Details
 - SAE(s) Term (Auto fetch from 24-hour report)
 - SAE Management Setting (to be filled)
 - Start date of SAE (Auto fetch from 24-hour report)
 - Stop date of SAE (Auto fetch from 24-hour report)





- Re challenge/De challenge Details (to be filled)
- Investigational/Suspected drug(s)/Device Details (to be filled)
- Any concomitant Drug(s) taken by the subject/patient.(Exclude those used for treating SAE) (to be filled)
- SAE Management (to be filled)
- > Baseline Lab Investigation Details (At the time of screening) (to be filled)
- > Details of Lab Investigation done (On and before Onset of SAE) (to be filled)
- > SAE case narrative and Due analysis/Causality of the SAE (to be filled)

As figures below:



Figure 14: 14 days Due Analysis Report Form List





Due Analysis Report

(To be filled by Investigators/Sponsors/CROs) (14th day report, Initial and Subsequent Follow-Up)

	(14th day report, initial and outsequent ronow op)
Administrative Information	
Expectedness of SAE *	○ Expected
SAE report of Death or other t	han Death * 🕐 Death 🖲 Other than Death
OT DE Demission Ma	
(Copy to be attached)	EXPORT/20/001166
CTRI Registration No.	CTR1001166
Sponsor/CBO Details	
Name	M/a Shanahai Austa Pharmacauticale Co. Itd
Address:	nys, snangna rucca i namaccultons oc. ru
Mabila No :	
Mobile No	000000000000000000000000000000000000000
Landine No. :	
Email ID. :	
Clinical Site Details	
Name:	M/s. Cliantha Research Ltd.,
Address:	M/s. Cliantha Research Ltd., Opp. Pushparaj Towers, Nr. Judges Bungalows, Bodakdev, Ahmedabad
Contact No. :	
Email ID. :	
Investigator Details	
Name -	Me Deanshikha Sinah
Site Address:	ть, реерзнікна зніції
Site Address:	
Email ID	deepsnikna@gmail.com
Ethics Committee Details	
Name of the Ethics Committee:	IBIOME Independent Ethics Committee
EC Registartion No.	ECR/40/Indt/GJ/2013/RR-19
provided by CDSCO:	
Address:	Nirmal Ashram Deepmala Pagarani Public School ,Shyampur P.O. Satyanarayan Rishikesh (India) - 249204
Contact No. :	
Email ID. :	
Clinical Study/BE Study D	letails
Study Title:	Single dose oral bioequivalence study of Oxcarbazepine XR Tablets 600mg and OXTELLAR XRTM (Oxcarbazepine) Extended-
Protocol No.:	Release Tablets 600mg in healthy adult human subjects under fasting conditions. C1B00314
Clinical Study/BE Study D	Details
Study Title:	Single dose oral bioequivalence study of Oxcarbazepine XR Tablets 600mg and OXTELLAR XRTM (Oxcarbazepine) Extended-
Protocol No -	Release Tablets 600mg in healthy adult human subjects under fed conditions.
F100001 NO.:	CIDADATA
Study Status *	○ Ongoing ○ Completed
Is subject/patient Continued of	or Withdrawn from Ocontinued Withdrawn
the Study *	
A Provious	Saus Depat
Trevious	





Figure 15: 14th day Due Analysis Report (Administrative Information)

Age at the time of SAE: 40.0 .0 Monthly Income(INR): 50000.0 eloper nce (Year)(YYYY) Duration (Years/Months)	Patien D)	t 1/Pat sub id01				
Age at the time of SAE: 40.0 Monthly Income(INR): 50000.0 eloper nce (Year)(YYYY) Duration (Years/Months)	Fomalo					
.0 Monthly Income(INR): 50000.0 eloper nce (Year)(YYYY) Duration (Years/Months)	remaie	Date of Birth:	25-Dec-1998	Age at the time	of SAE:	40.0
eloper nce (Year)(YYYY) Duration (Years/Months)	65.0	Height (in cms):	250.0	Monthly Incom	e(INR):	50000.0
nce (Year)(YYYY) Duration (Years/Months)	Btech	Occupation:	Developer			
	sis		Since (Year)(YYYY)	D	uration (Yea	ars/Months)
0 15 Years or 6 months			0		15 Years or	6 months
		_				
_		E Save	e 🖸 Reset			
		+ Save	e 🛛 🕄 Reset			
_		E Save	e 🤁 Reset			
		sis	Btech Occupation:	Btech Occupation: Developer sis Since (Year)(YYYY) 0	Btech Occupation: Developer sis Since (Year)(YYYY) D 0	Btech Occupation: Developer sis Since (Year)(YYYY) Duration (Year) 0 15 Years or

Figure 16: 14th day Due Analysis Report (Patient/Subject Details)





		1	SAE I	Details			
Fill SAE Details							
SAE(s) Term(s)	sae term						
SAE Management Setting: *	Select		~	Date of Awareness of SAE by the Site Personnel(s): *			Î
Start Date of SAE(s):	15/09/2020			Stop Date of SAE(s):	Sae Ongoing	SAE Stop date	i
Information on recovery and an	y sequelae *			Other Informations *			
Information on recovery and any may have been conducted	y sequelae, Results	s of specific tests and/or treatment that	11	Anything relevant to facilitate allergy, drug or alcohol abuse, f	assessment of the amily history	case, such as medical history including	ĺ,
For a fatal outcome*							
Cause of death and a comment of post-mortem findings	on its possible rela	tionship to the suspected reaction or an	1				
Re challenge/De challenge Deta	ils						
Whether Re-challenge/De-challen	ge was done?	Yes	*				
Date of Re-challenge			 	Date of De-challenge			i
(a) Did Reaction abate after discon	tinuation or	Select	~				
(b) Did reaction re-appear after re- of the drug? *	introduction	Select	~				
How was drug regimen altered in 1	response to the ev	ent? *					
				Select			•
Outcome of the Event							
Outcome of the Event at the time o dated *	of the Report			Please Select *		Select	~
+ Previous			Save	2 Reset			

Figure 17: 14th day Due Analysis Report (SAE Details)





	Inv	vestiga	ational/Su	spect	ed drug(s)/Dev	vice Detail	S		
Note: 1. * All fields are mandatory 2. Click on Edit Icon to add 3. If below Drug Details tabl	r to fill. details for each e is not visible '	table row. then kindly	7 Refresh the page	by press	ing F5 button.				
Fill the following details									
Generic Name: *	Generic Na	me	Strength: *			Units: *		Select	~
Route of Administration: *	Select	~	Dosing Freque	n cy : *		Indication fo	or use: *		
Start Date & Time:					Enter start time e.g.	11:15am			
Stop Date & Time:					Enter stop time e.g. (01:45pm			
Therapy Duration:					Suspected: *	Select			~
Date of Last dose taken p SAE *	rior to the		Whether Study regimen altered in response to the SAE? *						~
Pharmacology of Drug									
Pharmacokinetics (ADME)/Pharmacodyna	mics*	Enter P	harmacokinetics (ADME)/F	harmacodynamics				11
Elimination t1/2 *		Enter E	limination						
Mechanism of Action *		Enter M	fechanism of Actio	n					1
			🔶 Previ	ous	Save 🛛 🛛 Reset				

Figure 18: 14th day Due Analysis Report (Investigational/Suspected drugs/Device details)

		Concomitant	t Drug Details		
Note: 1. * All fields are mandatory 2. If any Concomitant Drug(s 3. If selected Yes then multip 4. After all drug details are a	to fill. s) is not taken by the sub ple drug details can be s idded click on 'Submit F o	oject/patient then no need to s aved by click on 'Add Drug' bu orm' button.	save data for this section. atton for each drug.		
Fill the following details					
Any Concomitant Drug(s) tal treating SAE)	ken by the subject/paties	nt.(Exclude those used for	Yes		*
Generic Name: *	Generic Name	Strength: *		Units: *	Select 🗸
Dosing Frequency: *		Route of Administration: *	Select 🗸	Indication for use: *	
Start Date:		m	Enter start time e.g. 11	:15am	
Stop Date:		iii	Enter stop time e.g. 01	:45pm	
Therapy Duration:		Suspected: *	Select 🗸		
		← Previous 🛛 🖶 A	Add Drug 🛛 🎜 Reset		

Figure 19: 14th day Due Analysis Report (Concomitant Drug Details)





	SAE M	anagement		
Note: 1. * All fields are mandatory to fill 2. If selected Yes then multiple drug det 3. After all drug details are added, fill res	ails can be saved by click on 'Add Drug st data in form and click on 'Submit Fo r	' button for each drug. m' button.		
Fill the following details				
Date of Hospitalization (Admission Date)			
Date of Discharge Available?*		Not Applicable	~	
Please upload related documents Copy of Discharge Summary available?* Copy of Death Certificate available? Copy of Autopsy report available?	Select Select Select	2 2 2		
Details about Drugs/treatment used i	n SAE Management			
Any Drugs/treatment used in SAE Mar	nagement *	Select	~	

Figure 20: 14th day Due Analysis Report (SAE Management)

Due Analysis Report (To be filled by Investigators/Sponsors/CROs) (14th day report, Initial and Subsequent Follow-Up)							
Note	Baseline Lab Investigation	Details (At time of screening)					
1. To add details in this section download 2. Please read Guidelines to Fill Lab Inves	l the given template and upload the Lab stigations Details in Excel Sheet.	Investigations details excel sheet only in give	en format.				
Lab Test Details							
Guidelines to Fill Lab Investigations Details	in Excel Sheet						
Upload Lab Investigations Sheet * (Single Excel File < 10 MB)	Choose File No file chosen	Download and Fill this Excel sheet Temp	plate and Upload the same here				
Upload Scan Report (Single Pdf File < 10 MB)	Choose File No file chosen	Upload Histopathology report (Single Pdf File < 10 MB)	Choose File No file chosen				
	+ Previo	us Upload					

Figure 21: 14th day Due Analysis Report (Baseline Lab Investigation Details)





	Due Analy	vsis Report						
	(To be filled by Investig	gators/Sponsors/CROs)						
	(14th day report, Initial ar	nd Subsequent Follow-Up)						
Details of lab investigations done during clinical trial and SAE								
Note: 1. To add details in this section download 2. Please read Guidelines to Fill Lab Inves	l the given template and upload the Lab In stigations Details in Excel Sheet.	vestigations details excel sheet only in giver	format.					
Lab Test Details								
Guidelines to Fill Lab Investigations Details	in Excel Sheet							
Upload Lab Investigations Sheet * (Single Excel File < 10 MB)	Choose File No file chosen	Download and Fill this Excel sheet Templ	ate and Upload the same here					
Upload Scan Report (Single Pdf File < 10 MB)	Choose File No file chosen	Upload Histopathology report (Single Pdf File < 10 MB)	Choose File No file chosen					
	♦ Previous	s Upload						

Figure 22: 14th day Due Analysis Report (Lab Investigation done during clinical trial)





	Duciniu	ysis hepoir	
	(To be filled by Invest	igators/Sponsors/CROs)	
	(14th day report, Initial a	nd Subsequent Follow-Up)	
	Due analysis/Ca	ausality of the SAE	
E case narration			
SAE case narrative should cover follo	wing points. *		
1. Date of Screening and Date of R	andomization		
 Medical history of the subject a Date of first dose of study drug. 	t the time of entry/randomization to the stud concomitant medications etc.	LY	
4. Lab tests reports / values at the	time of enrollment	1-04F	
6. Medical management of the SAE	E	the SAE	
7. Probable causes of the event	hune		
9. Description of different Concon	nitant Drugs		
I. Date of Screening *		Date of Randomization	
. meatear motory of the subject at the	e time of energy/functionization to the study		
3. Date of first dose of study drug		Date of first dose of concomitant	
		modications	
		medications	
4. Remarks on lab tests reports/ value	es at the time of enrolment *	mentons	
4. Remarks on lab tests reports/ value	es at the time of enrolment *	Incurations	
4. Remarks on lab tests reports/ value	es at the time of enrolment *		
4. Remarks on lab tests reports/ value	es at the time of enrolment *		
4. Remarks on lab tests reports/ value 5. Detailed description of SAE *	es at the time of enrolment *		
4. Remarks on lab tests reports/ value 5. Detailed description of SAE *	es at the time of enrolment *		
4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE *	es at the time of enrolment *		
4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE *	es at the time of enrolment *		
4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE *	es at the time of enrolment *		
 4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE * 7. Probable causes of the event * 	es at the time of enrolment *		
 4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE * 7. Probable causes of the event * 	es at the time of enrolment *		
 4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE * 7. Probable causes of the event * 	es at the time of enrolment *		
 4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE * 7. Probable causes of the event * 8. Description of different Study Drug 	es at the time of enrolment *		
 4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE * 7. Probable causes of the event * 8. Description of different Study Drug 	es at the time of enrolment *		
 4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE * 7. Probable causes of the event * 8. Description of different Study Drug 	es at the time of enrolment *		
 4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE * 7. Probable causes of the event * 8. Description of different Study Drug 9. Description of different Concomitantian 	s at the time of enrolment *		
 4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE * 7. Probable causes of the event * 8. Description of different Study Drug 9. Description of different Concomitant 	s at the time of enrolment *		
 4. Remarks on lab tests reports/ value 5. Detailed description of SAE * 6. Medical management of the SAE * 7. Probable causes of the event * 8. Description of different Study Drug 9. Description of different Concomitant 	s at the time of enrolment *		
Remarks on lab tests reports/ value Detailed description of SAE * Medical management of the SAE * Probable causes of the event * Description of different Study Drug Description of different Concomitan	s at the time of enrolment *		

Figure 23: 14th day Due Analysis Report (Due Analysis/Causality of the SAE (Part 1))





Causality Analysis
Adverse effect of investigational product(s) *
Violation/Deviation of the approved protocol, scientific misconduct or negligence by the Sponsor or his representative or the investigator *
Failure of investigational product to provide intended therapeutic effect where, the required standard care or rescue medication, though available, was not provided to the subject as per clinical trial protocol *
Use of placebo in a placebo-controlled trial [where, the standard care, though available, was not provided to the subject as per clinical trial protocol] *
Adverse effects due to concomitant medication excluding standard care, necessitated as part of the approved protocol *
Adverse effect on a child in-utero because of participation of the parent in the clinical trail *
Any other procedures involved during the clinical study *
Assessment
SAE Assessment by Investigator with Reasoning for Relatedness/Un Relatedness as per criteria under Rule 41 of New Drugs & Clinical Trial Rules, 2019. *
Reason for not submitting SAE due analysis report by Investigator within timeline as per Rule 42 of New Drugs & Clinical Trial Rules, 2019.
← Previous Save 3 Reset

Figure 24: 14th day Due Analysis Report (Due Analysis/Causality of the SAE (Part 2))





Upload Do	ocuments
SAE(s) Details	
1. Copy of Signed Informed Consent Form of the Subject/Patient* (Single Pdf File < 10 MB)	Choose File No file chosen
2. Copy of Protocol version on which the subject was at the time of occurrence of SAE-death/injury * (Single Pdf File < 10 MB)	Choose File No file chosen
3. Upload Updated Table 5 * (Single Pdf File < 10 MB)	Choose File No file chosen
4. Upload Standard of Care given * (Single Pdf File < 10 MB)	Choose File No file chosen
5. Upload CIOMS (Single Pdf File < 10 MB)	Choose File No file chosen
← Previous 🛛 🕄	Save Save Reset

Figure 25: 14th day Due Analysis Report (Upload Document)

		Intervention	Drug Details		
Note: 1. * All fields are mandatory 2. Multiple drug details can	to fill. be saved b y click on 'Add	Drug' button for each drug.			
Fill the following details					
Generic Name: *	Generic Name	Strength: *		Units: *	Select 🗸
Dosing Frequency: *		Route of Administration: *	Select 🗸	Indication for use: *	
Start Date & Time:		iii	Enter start time e.g. 11:	15am	
Stop Date & Time:		Ħ	Enter stop time e.g. 01:	45pm	
Therapy Duration:					
		← Previous	dd Drug 🛛 🤁 Reset		

Figure 26: 14th day Due Analysis Report (Intervention Drug Detail)





Com		Dree	Detaile
Com	Darator	Drud	Details

	oompare	tion Drug Deta		
Note: 1. * All fields are mandator; 2. If any Comparator Drug(9 3. If selected Yes then mult 4. After all drug details are	y to fill. i) is not taken by the subject/patient then no nee iple drug details can be saved by click on 'Add D added click on 'Submit Form' button.	ed to save data for this sec rug' button for each drug.	tion.	
Fill the following details				
Is there any comparator dru	ıg ?	Yes		*
Generic Name: *	Generic Name Strength: *		Units: *	Select 🗸
Dosing Frequency: *	Route of Administration: *	Select	✓ Indication for use: *	
Start Date:		Enter start tim	ie e.g. 11:15am	
Stop Date:		Enter stop tim	e e.g. 01:45pm	
Therapy Duration:	Suspected: *	Select	~	
	+ Previous	🖶 Add Drug 🛛 🤁 Re	set	

Figure 27: 14th day Due Analysis Report (Comparator Drug Detail)

After filling all forms of 14Day due Analysis Report, PI have to submit it by clicking on "SAE Reporting 14Day form Preview" link as shown in Figure below:

Due Analysis Report
Note: 1. All forms are mandatory to fill. 2. Below forms should be filled sequentially.
Click the below links to fill the details
 Steps to fill SAE Reporting Form Administrative Information Patient/subject Details SAE(s) Details Are concomitant Drug(s) taken by the subject/patient (Exclude those used for treating SAE) SAE Management Baseline Lab Investigation Details (At the time of screening) Baseline Lab Investigation done (On and before Onset of SAE Details of Lab Investigation done (On and before Onset of SAE Upload Documents Intervention Drug(s) Details Lab Investigation Zero SAE Case narrative and Due analysis/Causality of the SAE Upload Documents Intervention Drug(s) Details SAE Reporting 14th Day Form Preview

Figure 28: Filled Form List of 14D Report by PI

After final submission of 14th Day SAE report, a unique file number is generated for future reference as shown in Figure below:







Figure 29: File number for 14Day report by PI

List of Serious Adverse Events Reported by Site Investigator

BE or CT NOC No. \$	Application File No. 🗢	CTRI Registration No. 🗢	SAE Terminology \$	SAE Type 🕈	Sponsor's created Subject Id 🗢	Status 🕈	Processing Status 🗢	Action ¢
+ BE- EXPORT/19/002135	СТ/SAE-ND-82/2020- 278(24Hours) 🗣		Test SAE	Other than Death	XYZI	SAE 24 Hour Report Submitted by Investigator	Inprocess	ľ
+ BE- EXPORT/19/002135	CT/SAE-ND-82/2020- 279(14Days) 褽		Test SAE	Other than Death	XYZI	SAE 14 Day Report Submitted by Investigator	Inprocess	H

Figure 30: List of SAEs reported by Site Investigator

2.3 SAE Reporting (14th Day Report by Sponsor)

After 14-day report submitted by Investigator, the file will be displayed on Sponsor's dashboard as shown in Figure below:

	List of Se	erious Ad	verse Eve	nts Reporte	ed by Site II	nvestigator		
4D Reporting	24Hr Reporting							
Search: ND-5	33							
BE or CT NOC No. \$	Application File No. 🗢	CTRI Registration No. \$	SAE Terminology ≎	SAE Type 🗢	Sponsor's created Subject Id \$	Status 🕈	Processing Status \$	Actio
+ BE- EXPORT/19/002158	CT/SAE-ND-53/2020- 226(14Days)	AbhiBE2504	Hyperglycemia	Other than Death	rohit/54/001	SAE 14 Day Report Submitted by Investigator	Inprocess	ļ

Figure 31: List of SAEs reported by Site Investigator at Sponsor





After clicking on "SAE Reporting 14th Day Form Preview" link, Sponsor can see the preview details entered by Pland have to enter their remarks and submit 14 days report as shown in figure below:

Due Analysis Report	
Note: 1. All forms are mandatory to fill. 2. Below forms should be filled sequentially.	
Click the below links to fill the details	
 Steps to fill SAE Reporting Form SAE Reporting 14th Day Form Preview 	

Figure 32: List of SAEs forms by Sponsor

Analysis	
Pre-Existing/underlying Disease (Specify the disease condition) qu	veqwe
Due to Study drug (Specify the drugs related to SAE with reasoning)) diwdiw
Due to Concomitant Medication (Specify the details) asdasd	
Protocol Violation (Specify) asdasd	
Medical Mismanagement (Specify) qwqwe	
Others (eg. Accident, New or current illness) (Specify) asdas	
SAE Assessment by Investigator with Reasoning for Relatedness/U	Jn Relatedness as per criteria under Rule 41 of New Drugs and Clinical Trials Rules. asdasd
Sponsor Remarks	
SAE Assessment by Sponsor/CRO with Reasoning for Relatedness/	Un Relatedness as per criteria under Rule 41 of New Drugs and Clinical Trials Rules.
	h
Copy of Investigator Brochure* (Single Pdf File < 10 MB)	Choose File No file chosen
Filled copy of CRF/Patient admission records * (Single Pdf File < 10 MB)	Choose File No file chosen
Compensation naid Before/If Ves unload Document)	
(Single Pdf File < 10 MB)	Choose File No mie chosen
CIOMS	Choose File No file chosen
(Single Pdf File < 10 MB)	
	D Coherrit Darma

Figure 33: SAE 14 days Due Analysis Report Form by Sponsor





After final submission of 14th Day SAE report by Sponsor, a unique file number will be generated for future reference as shown in Figure below:



Figure 34: File number for 14D report by Sponsor

After submitting 14 days report by sponsor, the status of this file will be changed on Sponsor's dashboard and this file will be visible to Ethicscommittee to submit its 30 Day report as shown in Figure.

	List of Se	erious Ad	verse Eve	nts Reporte	d by Site In	vestigator		
30D Reporting	24Hr Reporting							
Search: ND-	53							
BE or CT NOC No.	Application File No. 🗢	CTRI Registration No. \$	SAE Terminology ≎	SAE Type 🕈	Sponsor's created Subject Id \$	Status 🕈	Processing Status 🕈	Actio
+ BE- EXPORT/19/002168	CT/SAE-ND-53/2021- 287(14Days-Sponsor)	AbhiBE2504	Hyperglycemia	Other than Death	rohit/54/001	SAE 14 Day Report Submitted by Sponsor	Inprocess	H ,

Figure 35: List of SAEs reported by Sponsor at EC

2.4 SAE Reporting (30th Day Report)

After 14th day SAE report is submitted by investigator and sponsor, the ethics committee may proceed to fill its 30th day SAE Report.

Step 1 - First map ethics committee form shown as figure: -





			Welcome Dr. Anand Patel (Ethio	cs Committee) 希 Home 🏾 Change Pa	ssword
		Central Drug Directorate Genera Ministry of Health	ys Standard Control Organisatio al Of Health Services a & Family Welfare, Government of India	on	
		Ethic	s Committee Mapping	Form	
NOTE: • If h	you are unable to find you elpdesk@cdsco.nic.in to a elect your Ethics Committ	r Ethics Commit dd Ethics Commi ee to map with Cl	tee name in drop-down list then inform t ittee details on SUGAM portal. linical Trial for Serious Adverse Event re	o CDSCO by sending an email to it- porting.	
Select	Ethics Committee *	Select			•
Ethics Search Sr.No	Committee Details:	Ethics Committee Name ≎	Address ≎	User Name ≎	De- link ◆
Ethics Searcl Sr.No \$	Committee Details: a: Ethics Committee Registration No. \$ ECR/725/Inst/GJ/2015	Ethics Committee Name \$ Anand Institutional Ethics Committee	Address Poona Hospital And Research Centre .27 Sadashiv Peth, Pune 27 Sadashiv Peth, Pune Pune (India) - 411030	User Name ≎ TMPANANDIECBARODA@GMAIL.COM	De- link €

Figure 36: Ethics Committee Mapping Form

<u>Step 2 -</u> After mapping the form, EC go to SAE Reported option as shown figure below:

User Profile -	Menu 🗄	≣	Welcome Dr. Anar ம் Logout	nd Patel (Ethics Committee) 希 Home	🗧 😂 Change Password 🔤				
Permissions Owned -			Central Dru	igs Standard Control Organisa	ation				
Application Submission -			Directorate Gene Ministry of Heal	eral Of Health Services th & Family Welfare, Government of					
Clinical Trials -			India						
→ SAE Reported			Ethics Co	nmittee Mapping For	m				
Ethics Committee Mapping									
	NOTE : If y he Sel	E : If you are unable to find your Ethics Committee name in drop-down list then inform to CDSCO by sending an email to it- helpdesk@cdsco.nic.in to add Ethics Committee details on SUGAM portal. Select your Ethics Committee to map with Clinical Trial for Serious Adverse Event reporting.							
	Select E	elect Ethics Committee * Select							
				🖺 Save					
	Ethics	Committee Details:							
	Search								
	Sr.No.	Ethics Committee Registration No. 🗢	Ethics Committee Name ≑	Address ≎	User Name 🗢				
	1	ECR/725/Inst/GJ/2015	Anand Institutional Ethics Committee	Poona Hospital And Research Centre ,27 Sadashiv Peth, Pune 27 Sadashiv Peth, Pune Pune (India) - 411030	TMPANANDIECBARODA@GMAIL.COM				
4	2	ECR/725/Inst/GJ/2015	Anand Institutional	Advocate Fir ,Fountain Chamber, Room No.4, 3rd Floor 1C Nanbhai	TMPANANDIECBARODA@GMAIL.COM				

Figure 37: SAE Reported option in the dashboard

<u>Step 3 -</u> EC can see the preview of submitted 24^{th} and 14^{th} day reports and fill the 30^{th} days form: -





List of Serious Adverse Events Reported by Site Investigator

30D Reporting	24Hr Reporting								
Search: ND-	53								
BE or CT NOC No.	Application File No. 🗢	CTRI Registration No. 🗢	SAE Terminology 🗢	SAE Type 🗢	Sponsor's created Subject Id \$	Status 🗢	Processing Status \$	Action	
+ BE- EXPORT/19/002158	CT/SAE-ND-53/2021- 287(14Days-Sponsor)	AbhiBE2504	Hyperglycemia	Other than Death	rohit/54/001	SAE 14 Day Report Submitted by Sponsor	Inprocess	18	
						View SAE Repo	ort(24 Hour) Pre	view	
						View SAE Repo	rt(l4th Day) Pre	eview	
						30th day SAE R	30th day SAE Reporting		

Figure 38: List of SAEs reported by Site Investigator at EC

<u>Step 4 –</u>30days form will open in new window and it looks as below: -

Menu =		Welcome Dr. Anand Patel (Ethics Committee) 希 Home 🟾 🌮	Change Password 🖒 Logout 🔼
		Central Drugs Standard Control Organisation Directorate General Of Health Services Ministry of Health & Family Welfare, Government of India	
		SAE Reporting (30 Day) (To be Filled by Ethics Committee)	
	Patient/Subject Details		
	Patient Unique Identifier AA/2 (Initials/ Subject No.) Gender Male	2016/54/144 e Date of Birth 05-Jan-2001 Age at the time of SAE in Yrs	
	Administrative Information		
	Sponsor/CRO Details		
	Name:	M/s. Alembic Pharmaceuticals Limited	
	Address:	Alembic Road Vadodara Vadodara Gujarat (India) - 390 003	
	Mobile No. :	91-265-3007590	
	Landline No. :		
	Email ID. :		
	Clinical Site Details		
	Name:	M/s. Cliantha Research India Ltd.	
	Address:	M/s. Cliantha Research India Ltd., 1st floor Silver Arcade, Near Ashwamegh-III., Samrajya, Mujmahuda Road, Akota, , Vadodara, Vadodara, Gujarat. 390020	

Figure 39: SAE Reporting (Part 1)

EC have to fill following details: -

- 1. SAE(s) details
- 2. Upload Minutes of Meetings.
- 3. Chairman Details
- 4. Due analysis report





Study Title: A Randomized, Double-Blind, Multicenter, Three arm, Active and Placebo Controlled, Parallel Study to Evaluate the Bioequivalence (with clinical endpoint) of Adapalene and Benzoyl Peroxide Gel, 0.3%/2.5% (Cadila Healthcare Ltd, India) to EPIDUO? FORTE (Adapalene and Benzoyl Peroxide) Gel, 0.3%/2.5% (Galderma Laboratories, L.P., USA) in Subjects with Acne Vulgaris.							
Protocol No.:	CRL031816						
SAE(s) Details							
SAE report of Death or other th	an Death * 🛛 Death 🖲	other than Death					
SAE(s) Terminology *	test						
Start Date of SAE(s) *	29/03/2020	Stop Date of SAE(s)	MM/DD/YYYY				
Table-5 (24 hr. Report) *	± Download	Updated Table-5 (14day Report) *	± Download				
hairman Details							
Chairman Name:*	Chairman Name	×					
	Chairman Name is required and o	cannot be empty					
Chairman Address.*	Chairman Address Chairman Address is required an	ad cannot be empty					
)ue analysis report/ assessme New Drugs and Clinical Trials	nt report of SAE duly signed by Ch Rules).	airman/Member Secretary (with reasoning, J	ustification & criteria und	er Rule 41 of			
Relatedness*	Select	*					
	Please choose an option						
Remarks:*	Enter Remarks	× ©					
	Remarks is required and cannot l	be empty					

Figure 40: SAE Reporting (Part 2)

Once EC has filled all required details, there is an option to "save as draft" for future modification and status will change as shown in figure below:





List of Serious Adverse Events Reported by Site Investigator

30D Reportin	g 24Hr Reporting							
Search:	64							
BE or CT NOC	: No. Application File No. 🗢	CTRI Registration No.	SAE Terminology \$	SAE Type 🗢	Sponsor's created Subject Id 🗢	Status 🗢	Processing Status 🗢	Action ¢
+ BE/18/0024	91 CT/SAE-ND-64/2020- 277(30Days) 😒	TESTINGDEEPSHIKHA	sdasd	Other than Death	patient 01	SAE 30th Day Report Saved as Draft	NA	, H

Figure 41: List of SAEs reported by EC

After saving the form, EC will have option to modify the form

	List of S	erious Advers	e Events	Reported b	y Site Inve	estigator		
30D Reporting	24Hr Reporting							
Search: 64								
BE or CT NOC No.	Application File No. 🗢	CTRI Registration No.	SAE Terminology \$	SAE Type 🗢	Sponsor's created Subject Id \$	Status 🕈	Processing Status 🗢	Action ¢
+ BE/18/002491	CT/SAE-ND-64/2020- 277(30Days) 📚	TESTINGDEEPSHIKHA	sdasd	Other than Death	patient 01	SAE 30th Day Report Saved as Draft	NA ^{Click tr Ac}	o view lion 11
						Delete Form		
						View/Modify/Su	bmit SAE Fon	n
						View SAE Report(24 Hour) Preview		view
						View SAE Repor	t(14th Day) Pre	view

Figure 42: Options to modify the form

After final submission of 30th Day SAE report by EC, a unique file number will be generated for future reference as shown in Figure below:



Figure 43: File number for 30th Day report by EC





After successful submission, status will change as shown in Figure below:

					,	5		
0D Reporting 24	Hr Reporting							
Search: 41								
BE of CT NOC No.	pplication File No. 🗢	CTRI Registration No. \$	SAE Terminology \$	SAE Type 🗢	Sponsor's created Subject Id \$	Status 🕈	Processing Status ≎	Action ¢
+ BE/18/002491 CT 19:	T/SAE-ND-41/2020- I3(30Days) 🐋	TESTINGDEEPSHIKHA	Test SAE	Other than Death	T patient 1	SAE 30th Day Report Submitted by EC	Inprocess	ľ

Figure 44: Successful form submission







Chapter-3

SAE Reporting For Offline CT (Applicable for CT-NOC's issued offline and not through SUGAM online application system)







To Report SAE Firstly Sponsor has to map the offline CT Application with Investigator

Click on "*Offline CT Investigator Mapping*" tab under "*Clinical Trials*" in Menu as shown in figure below:



Figure 445: Sponsor Dashboard

After clicking on the "Offline CT Investigator Mapping" tab , mapping page will be shown to map the offline CT with Investigator as shown in figure below:







	Menu =			Welcome Mr. Rahul Nijhawan (Sponsors(BA/BE & CT)) 希 Home <i>Ə</i> Change	e Password 🙂 Logout
• Alfedera emanation Ber / Application N: Seter trees in the EECT Application No. Detail: Seter: Sete:		Central Drugs Standard G Directorate General Of Healt Ministry of Health & Family	Control Organisation Ith Services y Welfare, Government of India		
Alfelds are mandatory Br. / CT Application No. Select towestigator: Select Select <t< th=""><th></th><th>С</th><th>Offline CT Investi</th><th>igator Mapping</th><th></th></t<>		С	Offline CT Investi	igator Mapping	
BE/ Cf Application N: Select Investigator * Select Detail:: Second Second BE/CT-Application No. * Investigator 1d * 1 BE/CT-Off-Oull dimpysingh1994@gmail.com 2 BE/CT-Off-Oull dimpysingh1994@gmail.com 3 BE/CT-Off-Poul2 DiMPYSINGH1994@GMAIL.CoM 4 BE/CT-Off-Oul2 DiMPYSINGH1994@GMAIL.CoM 5 BE/CT-Off-Oul2 DiMPYSINGH1994@GMAIL.CoM 6 BE/CT-Off-Oul2 DiMPYSINGH1994@GMAIL.CoM 7 Asc1245 Investigator 1@ Compensation 6 BE/CT-Off-Oul2 DiMPYSINGH1994@GMAIL.CoM 7 Asc1245 InvESTIGATOR@GMAIL.CoM 8 ChroliteARA4007 InvESTIGATOR@GMAIL.CoM 9 ChroliteARA4007 InvESTIGATOR@GMAIL.CoM 8 ChroliteARA4007 InvESTIGATOR@GMAIL.CoM 9 Chrolite	* All fields are mandatory			-	
Select Select Image: Control of the select of the sel	BE / CT Application: *		Enter offline BE/CT Applica	ation No.	
Details: Search: Investigator Id 4 1 BE/CT-OFF-002 2 BE/CT-OFF-0022 3 BE/CT-OFF-0023 4 BE-CT0123 5 BE/CT-Off-0011 4 BE-CT0123 5 BE/CT-Off-0022 7 ABC12345 6 BE-CT-Off-001222 7 ABC12345 1 INVESTIGATOR@GMAIL COM 8 CNT0148ARA4007 10 CNT0148ARA4007 10 CNT0148ARA4007	Select Investigator: *		Select	v	
Betalls: Search: Stano. * Investigator Id * 1 BE/CT-Off-0011 dimpysingh1994@gmail.com 2 BE/CT-OFF-0022 TMPSSNAIK@CIPLA.COM 3 BE/CT-OFF-0023 DIMPYSINGH1994@GMAIL.COM 4 BE-CT0123 DIMPYSINGH1994@GMAIL.COM 5 BE/CT-Off-0011222 DIMPYSINGH1994@GMAIL.COM 6 BE-CT-Off-001222 DIMPYSINGH1994@GMAIL.COM 7 ABC12345 INVESTIGATOR@GMAIL.COM 8 CNTO148ARA4007 INVESTIGATOR@GMAIL.COM 9 CNTO148ARA4007 INVESTIGATOR@GMAIL.COM 10 CNTO148ARA4007 INVESTIGATOR@GMAIL.COM			🖹 Sa	YP .	
Search: Investigator Id \$ \$\$\stack\$. BE/CT-Off-0011 dimpysingh1994@gmail.com 1 BE/CT-OFF-0022 TMPSSNAIK@CIPLA.COM 2 BE/CT-OFF-0023 DIMPYSINGH1994@GMAIL.COM 4 BE-CT0123 DIMPYSINGH1994@GMAIL.COM 5 BE/CT-Off-001222 DIMPYSINGH1994@GMAIL.COM 6 BE-CT-Off-001222 DIMPYSINGH1994@GMAIL.COM 7 ABC12345 NIVESTIGATOR@GMAIL.COM 8 CNT0148ARA4007 NIVESTIGATOR@GMAIL.COM 9 CNT0148ARA4007 NIVESTIGATOR@GMAIL.COM 10 CNT0148ARA4007 NIVESTIGATOR@GMAIL.COM 10 CNT0148ARA4007 NIVESTIGATOR@GMAIL.COM	Dotaile				
Search:StNo. •BE/CT Application No. •Investigator Id •1BE/CT-Off-0011dimpysingh1994@gmail.com2BE/CT-OFF-0022TMPSSNAIK@CIPLA.COM3BE/CT-OFF-0023DIMPYSINGH1994@GMAIL.COM4BE-CT0123DIMPYSINGH1994@GMAIL.COM5BE/CT-Offine-2233DIMPYSINGH1994@GMAIL.COM6BE-CT-Off-001122DIMPYSINGH1994@GMAIL.COM7ABC12345NIVESTIGATOR@GMAIL.COM8CNTO148ARA4007NIVESTIGATOR@GMAIL.COM9CNTO148ARA4007NIVESTIGATOR@GMAIL.COM10CNTO148ARA4007NIVESTIGATOR@GMAIL.COM10CNTO148ARA4007NIVESTIGATOR@GMAIL.COM	Details.				
StNo. •BE/CT Application No. •Investigator Id •1BE/CT-Off-0011dimpysingh1994@gmail.com2BE/CT-OFF-0022TMPSSNAIK@c1PLA.COM3BE/CT-OFF-0023DIMPYSINGH1994@GMAIL.COM4BE-CT0123DIMPYSINGH1994@GMAIL.COM5BE/CT-Offline-2233DIMPYSINGH1994@GMAIL.COM6BE-CT-Off-011222DIMPYSINGH1994@GMAIL.COM7ABC12345NIVESTIGATOR@GMAIL.COM8CNTO148ARA4007NIVESTIGATOR@GMAIL.COM9CNTO148ARA4007NIVESTIGATOR@GMAIL.COM10CNTO148ARA4007NIVESTIGATOR@GMAIL.COM	searcn:				
1BE/CT-Off-0011dimpysingh1994@gmail.com2BE/CT-OFF-0022TMPSSNAIK@CIPLA.COM3BE/CT-OFF-0023DIMPYSINGH1994@GMAIL.COM4BE-CT0123DIMPYSINGH1994@GMAIL.COM5BE/CT-Offline-2233DIMPYSINGH1994@GMAIL.COM6BE-CT-Off-001222DIMPYSINGH1994@GMAIL.COM7ABC12345NIVESTIGATOR@GMAIL.COM8CNT0148ARA4007NIVESTIGATOR@GMAIL.COM9CNT0148ARA4007NIVESTIGATOR@GMAIL.COM10CNT0148ARA4007NIVESTIGATOR@GMAIL.COM12VV6127SAGA4007NIVESTIGATOR@GMAIL.COM	SI.No. 🗢	BE/CT Application No. 🗢		Investigator Id 🗢	
2 BE/CT-OFF-0022 TMPSSNAIK@CIPLA.COM 3 BE/CT-OFF-0023 DIMPYSINGHI994@GMAILCOM 4 BE-CT0123 DIMPYSINGHI994@GMAILCOM 5 BE/CT-Offine-2233 DIMPYSINGHI994@GMAILCOM 6 BE-CT-Off-0011222 DIMPYSINGHI994@GMAILCOM 7 ABC12345 NIVESTIGATOR@GMAILCOM 8 CNT0148ARA4007 NIVESTIGATOR@GMAILCOM 9 CNT0148ARA4007 NIVESTIGATOR@GMAILCOM 10 CNT0148ARA4007 NIVESTIGATOR@GMAILCOM	1	BE/CT-Off-0011		dimpysingh1994@gmail.com	
3 BE/CT-OFF-0023 DIMPYSINGHI994@GMAILCOM 4 BE-CT0123 DIMPYSINGHI994@GMAILCOM 5 BE/CT-Offline-2233 DIMPYSINGHI994@GMAILCOM 6 BE-CT-Off-0011222 DIMPYSINGHI994@GMAILCOM 7 ABC12345 DIMPYSINGHI994@GMAILCOM 8 CNT0148ARA4007 INVESTIGATOR@GMAILCOM 9 CNT0148ARA4007 INVESTIGATOR@GMAILCOM 10 CNT0148ARA4007 INVESTIGATOR@GMAILCOM	2	BE/CT-OFF-0022		TMPSSNAIK@CIPLA.COM	
4 BE-CT0123 DIMPYSINGHI994@GMAILCOM 5 BE/CT-Offline-2233 DIMPYSINGHI994@GMAILCOM 6 BE-CT-Off-0011222 DIMPYSINGHI994@GMAILCOM 7 ABC1245 INVESTIGATOR@GMAILCOM 8 CNT0148ARA4007 INVESTIGATOR@GMAILCOM 9 CNT0148ARA4007 INVESTIGATOR@GMAILCOM 10 CNT0148ARA4007 INVESTIGATOR@GMAILCOM	3	BE/CT-OFF-0023		DIMPYSINGH1994@GMAIL.COM	
5 BE/CT-Offline-2233 DIMPYSINGHI994@CMAIL.COM 6 BE-CT-Off-0011222 DIMPYSINGHI994@CMAIL.COM 7 ABC12345 INVESTIGATOR@GMAIL.COM 8 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM 9 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM 10 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM	4	BE-CT0123		DIMPYSINGH1994@GMAIL.COM	
6 EE-CT-Off-0011222 DIMPYSINGH1994@GMAIL.COM 7 ABC12345 INVESTIGATOR@GMAIL.COM 8 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM 9 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM 10 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM	5	BE/CT-Offline-2233		DIMPYSINGH1994@GMAIL.COM	
7 ABC12345 INVESTIGATOR@GMAIL.COM 8 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM 9 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM 10 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM	6	BE-CT-Off-0011222		DIMPYSINGH1994@GMAIL.COM	
8 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM 9 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM 10 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM • • • • • • • • • • • • • • • • • • •	7	ABC12345		INVESTIGATOR@GMAIL.COM	
9 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM 10 CNT0148ARA4007 INVESTIGATOR@GMAIL.COM	8	CNT0148ARA4007		INVESTIGATOR@GMAIL.COM	
10 CNTO148ARA4007 INVESTIGATOR@GMAIL.COM	9	CNT0148ARA4007		INVESTIGATOR@GMAIL.COM	
	10	CNT0148ARA4007		INVESTIGATOR@GMAIL.COM	
			« c 1 ;	2) »	

Figure 46: Offline CT Investigator Mapping Page





To report serious adverse events (SAE) for Offline CT, there are three types of forms same as SAE reporting for online CT:

- SAE Reporting (24-hour Report by PI)
- SAE Reporting (14th Day Due Analysis Report by PI and Sponsor)
- SAE Reporting (30th Day Report by Ethics Committee)

Investigator has to click on "Report Offline CT SAE" to report SAE for offline CT.



Figure 47: Investigator Dashboard

3.1 SAE Reporting (24 Hours)

Investigator will fill the SAE Reporting form with the following details:

- **BE/CT** Application Number
- > SAE Report Type
- > Site No
- Protocol No
- > Investigator Name
- > Subject No





Menu	E See and	CDSCO Online Application Submission System for Licensing		e Help	* •	🜲 🛛 Ms. Dimpy Singh 🗸
0			SAE Reporting			
		SAE(s) Details				
929		Select BE / CT Application: *	Select		Ŧ	
		SAE report of Death or other than Death *	○ Death ○ other than Death/Injury			
		Site Name: *	Enter Site Name			
		Protocol No: *	Enter protocol no		10	
		Investigator Name: *	Enter Investigator's Name			
		Subject No: *	Enter subject no			
			🖺 Save 🖉 Reset			
		Figur	re 48: SAE Reporting Form			

Investigator can see the preview of the form after save as shown in below figure:

Menu	=	ecoria arad	CDS Onl	3CO ine Application Submission System for Licens	ing	O HELP 🧍 🗮 🔍	Ms. Dimpy Singh -
0					SAE Reporting Preview for offline CT		
æ				SAE(s) Details			
				BE / CT Application No: SAE report of Death or other than Death: Site Name: Protocol No: Investigator Name: Subject No:	BE/CT-Off-0011 Other than Death / Injury Bimla Devi hospital test protocol testing investigator testing subject		
					Proceed To Checklist		

Figure 49: SAE Reporting Preview

Investigator has to fill Checklist For 24H reporting after clicking on "Proceed To Checklist" shown in below figure:





Menu ≡ Welcome Ms. Dimpy Singh (Investigator) ♂ Change	Password Ů Logout
Central Drugs Standard Control Organisation	
S associate vertical of Health & Family Welfare, Government of India	
1	
Upload Essential Documents For SAE Reporting 24H	
 Note: 1. Click on the checklist point to upload document against it. Only PDF documents with size not more than 50 MB are permitted. 2. All checklist items are mandatory. In case of unavailability of document give proper justification regarding the unavailability of document and also upload supporting document. 3. Partially saved checklist can be viewed/altered under the Saved Application link available on the Dashboard 4. Click here to view Guidelines for PDF documents 	
1 . Copy of Clinical Trial permission obtained from Central Drugs Standard Control Organization	
2. SAE report as per Table 5 of Third Schedule to New Drugs and Clinical Trials Rules, 2019.	
★ Submit	
間 らゆ Designed, Developed and Maintained by C-DAC.	

Figure 50: Checklist page for 24H SAE Reporting



Figure 51: Checklist page for 24H SAE Reporting

After filling all the checklist items investigator has to click on "Submit" button for the final submission of the SAE Reporting .





After final submission of 24H SAE report by Investigator, a unique file number will be generated for future reference as shown in Figure below:



Figure 52: Successful form submission

After 24H SAE reporting , the 24H application is shown on Sponsor as well as to EC to fill 14D SAE reporting and 30D SAE Reporting respectively.

3.2 SAE Reporting (14th Day due Analysis Report)

After 24-hour SAE report is submitted, investigator may proceed to fill the 14Day Due Analysis Report.

Search: 99									
BE or CT NOC No. 🗢	Application File No. 🗢	Site Name 🗢	SAE Type 🗢	Sponsor's created Subject Id \$	Status 🗢		Processing Status \$	Action ¢	
+ CNTO148ARA4007	CT(Offline)/SAE-ND- 99/2021-212(24Hours) 🜪	Bimla devi hospital	Other than Death	tesing subject	SAE 24 1 Subr Inve	24 Hour Report ubmitted by Investigator			
						View Preview			
						View Checklist			
						14th day Due Analysis Reporting			

List of Serious Adverse Events Reported by Site Investigator

Figure 53: SAE Reporting List

After clicking on "14th Day Due Analysis reporting" action, Investigator can see the preview of the form.





Menu	E Seconda area	CD: Onl	SCO ine Application Submission System for Licensi	ng	i Help 👫 🐟 🗍 1	Ms. Dimpy Singh -
0				SAE Reporting Preview for offline CT		
B			SAE(s) Details			
			BE / CT Application No: SAE report of Death or other than Death: Site Name: Protocol No: Investigator Name: Subject No:	BE/CT-Off-0011 Other than Death / Injury Bimla Devi hospital test protocol testing investigator testing subject		
				Proceed To Checklist		

Figure 54: SAE Reporting Form Preview

Investigator has to fill Checklist For 14th Day reporting after clicking on "Proceed To Checklist" shown in below figure:

Upload Essential Documents For SAE Reporting 14D

 Note: 1. Click on the checklist point to upload document against it. Only PDF documents with size not more than 50 MB are permitted. 2. All checklist items are mandatory. In case of unavailability of document give proper justification regarding the unavailability of document and also upload supporting document. 3. Partially saved checklist can be viewed/altered under the Saved Application link available on the Dashboard 4. Click here to view Guidelines for PDF documents 	
1. SAE report as per Table 5 of Third Schedule to New Drugs and Chinical Trials Rules,2019	
2. Copy of all the lab investigation reports performed during the screening/baseline and conduct of trial during each visits	
🖸 3. Causality assessment with reasoning for Relatedness/Un-Relatedness	
🖸 4. Discharge Summary	
🖸 5. Copy of Informed Consent Document	
6. Copy of current version of Protocol for the clinical trial approved by the Central Drugs Standard Control Organization	
▲ Submit	

Figure 55: Checklist page for 14D SAE reporting

After filling all the checklist items investigator has to click on "Submit" button for the final submission of the SAE Reporting .

After final submission of 14th Day SAE report by Investigator, a unique file number will be generated for future reference as shown in Figure below:





Kindly note your	Your Application has been submitted successfully. file no. <i>CT(Offline)/SAE-ND-85/2020-168(14Days)</i> for future correspondence
	× Close
	Figure 56: Successful form submission

3.3 SAE Reporting (14th Day Report by Sponsor)

After 14-day report submitted by Investigator, the file will be displayed on Sponsor's dashboard as shown in Figure below:

User Profile -	Menu =	Welcome Mr. Rahul Nijhawan (Sponsors(BA/BE & CT)) 🗰 Home 🟾 🕃 Change	Password Ů Logout
Application Submission -		Central Drugs Standard Control Organisation Directorate General Of Health Services However the United and Communication Services	
Online Payment -		winistry of realth & raining wenare, sovernment of india	
Clinical Trials +	🖵 Dashboard		Switch Role 👻
Add Site Investigator			+ Expand All
Site Investigator Mapping			
Initiate Clinical Trial	- User Guidelines	Sponsors(BA/BE & CT)	
SAE Reported	•1		
 Offline CT investigator Mapping 			
Report SAE for offline CT	User Profile	Your Profile is ready for application submission. <u>Submit Application</u>	+
	Submitted Applications	20 Applications <u>View</u> Most recent: SAE D Reporting Offline (File No : TMPCT(Offline)/SAE-D-84/2020-164(14Days-Sponsor)) Modified Date:08-Nov-2020	+
	Saved (Draft) Applications	15 Applications <u>View</u> Most recent : SAE ND Reporting offline (File No : TMP) Modified Date 03-Nov-2020	+
	Approved Applications	115 Applications <u>View</u> Most recent : Post Approval Change (File No : BE/19/002003) Modified Date:06-Nov-2020	+
4	E Figu	ire 57: Sponsor Dashboard	-





List of Serious Adverse Events Reported by Site Investigator

Search:	ND-99							
BE or CT NOC	: No. 🗢	Application File No. 🗢	Site Name 🗢	SAE Type 🗢	Sponsor's created Subject Id \$	Status 🗢	Processing Status \$	Action \$
+ CNTO148A	RA4007	CT(Offline)/SAE-ND- 99/2021-212(24Hours)	/SAE-ND- 2(24Hours) Bimla devi hospital Other than Death tesing subject SAE 24 Hour Report Submitted by Investigator		SAE 24 Hour Report Submitted by Investigator	Inprocess	o view tion	
+ CNT0148A	RA4007	CT(Offline)/SAE-ND- 99/2021-213(14Days)	Bimla devi hospital	Other than Death	tesing subject	SAE 141 Subn View Checkl	list	
14th day Due Analysis Reporting								

Figure 58: SAE Reporting List

After clicking on "14th Day Due Analysis reporting" action, Investigator can see the preview of the form.

Menu	E Server and	CDS Onli	CO ine Application Submission System for Licensing		I HELP	# 🔍	•	Ms. Dimpy Singh -
0			S	AE Reporting Preview for offline CT				
R			SAE(s) Details					
			BE / CT Application No: SAE report of Death or other than Death: Site Name: Protocol No: Investigator Name: Subject No:	BE/CT-Off-0011 Other than Death / Injury Bimla Devi hospital test protocol testing investigator testing subject				
				Proceed To Checklist				
			Figur	e 59: SAE Reporting Preview				

Sponsor has to fill Checklist For 14th Day reporting after clicking on "Proceed To Checklist" shown in below figure:





Upload Essential Documents For SAE Reporting 14D

 Note: 1. Click on the checklist point to upload document against it. Only PDF documents with size not more than 50 MB are permitted. 2. All checklist items are mandatory. In case of unavailability of document give proper justification regarding the unavailability of document and also upload supporting document. 3. Partially saved checklist can be viewed/altered under the Saved Application link available on the Dashboard 4. Click here to view Guidelines for PDF documents
1. Due analysis report on causality assessment with reasoning for Relatedness/Un-Relatedness
2. Complete copy of duly filled and signed CRF/e-CRF
3. Investigator Brochure
◆ Submit

Figure 60: Checklist Page for 14D SAE Reporting by Sponsor

After filling all the checklist items Sponsor has to click on "Submit" button for the final submission of the SAE Reporting .

After final submission of 14th Day SAE report by Sponsor, a unique file number will be generated for future reference as shown in Figure below:

	Your Application has been submitted successfully.
Kindly no	te your file no. CT(Offline)/SAE-ND-85/2020-169(14Days-Sponsor) for future
	correspondence.
	X Close

3.4 SAE Reporting (30th Day Report)

After 14th day SAE report is submitted by investigator and sponsor, the ethics committee may proceed to fill its 30th day SAE Report.

Step 1 - First map ethics committee form shown as figure: -







<u>Step 2 -</u> After mapping the form, EC go to SAE Reported option as shown figure below:

User Profile - Permissions Owned -	Menu = Welcome Dr. Arun Kumar Aggarwal (Ethics Committee) & Home 2 Change Password (Central Drugs Standard) Organisation Directorate Central Of Health & Family Welfare, Government of India							
Application Submission - Clinical Trials - > Ethics Committee Mapping > SAE Reported > Report SAE for offline CT > Map Offline CT	* All fields are mandatory Select BE / CT Application: *	Offline CT Investigator Mapping Select						
	Details: Search:							
	SI.No. 🗢	BE/CT Application No. ♥						
	1	BE/CT-Off-0011						
	2	BE/CT-OFF-0022						
	3	BE/CT-OFF-0023						
	4	BE-CT0123						
	5	BE/CT-Offline-2233						
	6	BE-CT-Off-0011222						
	7	ABC12345						
	8	CNT0148ARA4007						
	9	CNT0148ARA4007						

Figure 63: Offline CT Investigator Mapping

<u>Step 3 -</u> EC can see the preview of submitted 24^{th} and 14^{th} day reports and fill the 30^{th} days form: -





List of Serious Adverse Events Reported by Site Investigator

Search: ND-	99						
BE or CT NOC No.	Application File No. 🗢	Site Name 🗢	SAE Type 🗢	Sponsor's created Subject Id \$	Status 🗢	Processing Status ≑	Action ¢
+ CNTO148ARA40	07 CT(Offline)/SAE-ND- 99/2021-213(14Days)	Bimla devi hospital	Other than Death	tesing subject	SAE 14 Day Report Submitted by Investigator	Inprocess	
+ CNTO148ARA40	07 CT(Offline)/SAE-ND- 99/2021-212(24Hours)	Bimla devi hospital	Other than Death	tesing subject	SAE 24 Hour Report Submitted by Investigator	Inprocess	ĩ
+ CNT0148ARA40	07 CT(Offline)/SAE-ND- 99/2021-214(14Days- Sponsor)	Bimla devi hospital	Other than Death	tesing subject	SAE 14 Day Repo Submitted by Spor	View Pieview	
						30th day SAE Rep	orting

Figure 64: SAE Reporting List

<u>Step 4 –</u>30days form will open in new window and it looks as below: -

Menu	=	ecola act	CDS Onl	SCO ine Application Submission System for Licensi	ng	o help 🏘 🗨 4	Ms. Dimpy Singh -
0					SAE Reporting Preview for offline CT		
æ				SAE(s) Details			
	9			BE / CT Application No: SAE report of Death or other than Death: Site Name: Protocol No: Investigator Name: Subject No:	BE/CT-Off-0011 Other than Death / Injury Bimla Devi hospital test protocol testing investigator testing subject		
					Proceed To Checklist		

Figure 646: SAE Reporting Preview

EC has to fill Checklist For 30th Day reporting after clicking on "Proceed To Checklist" shown in below figure:





Upload Essential Documents For SAE Reporting 30D



Figure 66: Checklist Page for 30D SAE Reporting by EC

After filling all the checklist items EC has to click on "Submit" button for the final submission of the SAE Reporting .

After final submission of 30th Day SAE report by Sponsor, a unique file number will be generated for future reference as shown in Figure below:

Your Applicat	tion has been submitted successfully.
indry note your me no. c	correspondence.
	-
	🗙 Close

Figure 67: Successful form submission







Chapter-4

E-Vartalaap







To communicate with official, Applicant can use e-vartalaap facility.

Step 1: Click on chat icon which is just after the file number as shown in figure below:

List of Serious Adverse Events Reported by Site Investigator											
30D Reporting	24Hr Reporting										
Search:											
BE or CT NOC No. 🗢	Application File No. 🗢	CTRI Registration No. \$	SAE Terminology \$	SAE Type 🗢	Sponsor's created Subject Id ≎	Status 🕈	Processing Status \$	Action ¢			
+ BE- EXPORT/20/001166	CT/SAE-ND-9/2020 🐋	CTRI001166	fever	Other than Death	Patient sub 2	SAE 30th Day Report Submitted by EC	Inprocess	11 •			
+ BE- EXPORT/20/001166	CT/SAE-ND-4/2020- 15(30Days)	CTRI001166	fever	Other than Death	Patient sub 2	SAE 30th Day Report Submitted by EC	Inprocess	iii •			
+ BE- EXPORT/20/001166	CT/SAE-ND-10/2020- 29(30Days) 📚	CTRI001166	test sae temm	Other than Death	Patient sub 3	SAE 30th Day Report Submitted by EC	Inprocess				
+ BE- EXPORT/20/001234	CT/SAE-D-11/2020- 33(30Days) 🗪	CTRI001234	sae death	Death	Patient sub 21	SAE 30th Day Report Submitted by EC	Inprocess	H T			

Figure 68: Chat icon in SAE Reporting List

After clicking on chat icon, a communication box has open for entering the remarks. Applicant can enter their remarks and uploaded the supported document(if any) as shown in below:

Menu	≡ स्रायमेड प्रचते	CDSCO Online Application Sul	bmission Syst	nmunications	with Officials		×	0 H	ELP 👫 🧠	ф м	r. Investigator Singh +	ŕ
20		Search:	Lis	Remarks	please p	process this file	•	stigator				l
		BE or CT NOC No. \$	Application Fil	Upload Documer (Single PDF < 10 ME	at: Download) (21).pdf)	(WrittenConfirmatio Remove	Send X Cancel	s \$	Processing Status \$	Action \$		
		+ BE- EXPORT/19/002135	CT/SAE-ND-84 281(24Hours) 🗣					IE 24 Hour Report Submitted by Investigator	Inprocess	÷		l
		+ BE- EXPORT/19/002135	CT/SAE-ND-80/2020- 276(24Hours) 🗣		COPD EXACERBATION	Other than Death	12345.0	SAE 24 Hour Report Submitted by Investigator	Inprocess	÷		l
		+ BE- EXPORT/19/002135	CT/SAE-ND-82/2020- 278(24Hours) 🔍		Test SAE	Other than Death	XYZI	SAE 24 Hour Report Submitted by Investigator	Inprocess	÷		ŀ
		+ BE- EXPORT/19/002135	CT/SAE-ND-82/2020- 279(14Days) 🗣		Test SAE	Other than Death	XYZI	SAE 14 Day Report Submitted by Investigator	Inprocess	÷		
4		+ BE- EXPORT/19/002135	CT/SAE-ND-85/2020- 283(24Hours) 🗣		Test SAE123	Other than Death	XYZI	SAE 24 Hour Report Submitted by Investigator	Inprocess			•

Figure 69: Communication Model





After sending the message to the official, Applicant can view their previous communication on clicking on same chat icon as shown in figure below.

Menu = 👷) CDSCO) Online Application Su na	bmission Syst	Communications wi	th Officials			×	HELP 👫 ۹	• 🔺 м	r. Investigator Singh -
Ŭ		Lis	Comments By:	Remarks		View Docum	stigator			
æ	Search:		Investigator Singh 21-Jan-2021 04:49PM 🛧	please proce	ss this file	View 🛛		-		
	BE or CT NOC No. ≑	Application Fil					s≑	Processing Status \$	Action \$	
	+ BE- EXPORT/19/002135	CT/SAE-ND-84 281(24Hours) 🗣		-	+) Write to Of	ficials X Ca	IE 24 Hour Report Submitted by Investigator	Inprocess	÷	
	+ BE- EXPORT/19/002135	CT/SAE-ND-80/2 276(24Hours) 🔍	<i>020-</i> C	COPD EXACERBATION	Other than Death	12345.0	SAE 24 Hour Report Submitted by Investigator	Inprocess	÷	
	+ BE- EXPORT/19/002135	CT/SAE-ND-82/2 278(24Hours) 晃	020- T	ïest SAE	Other than Death	XYZI	SAE 24 Hour Report Submitted by Investigator	Inprocess	÷	
	+ BE- EXPORT/19/002135	CT/SAE-ND-82/2 279(14Days) 🔍	020- T	lest SAE	Other than Death	XYZI	SAE 14 Day Report Submitted by Investigator	Inprocess	÷	
	+ BE- EXPORT/19/002135	CT/SAE-ND-85/20 283(24Hours) 🗣	<i>020-</i> T	lest SAE123	Other than Death	XYZI	SAE 24 Hour Report Submitted by Investigator	Inprocess	÷	

Figure 70: Previous Communication view

If Applicant can again communicate with official after clicking on the "Write to Officials" button as shown below:

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		+ BE- EXPORT/19/002135	CT/SAE-ND-84 281(24Hours)	4		→ Write to O	fficials × Cance	IE 24 Hour Report Submitted by Investigator	Inprocess	÷	
		+ BE- EXPORT/19/002135	CT/SAE-ND-80/ 276(24Hours)	/2020-	COPD EXACERBATION	Other than Death	12345.0	SAE 24 Hour Report Submitted by Investigator	Inprocess	÷	
		+ BE- EXPORT/19/002135	CT/SAE-ND-82/ 278(24Hours)	/2020-	Test SAE	Other than Death	XYZI	SAE 24 Hour Report Submitted by Investigator	Inprocess	÷	
		+ BE- EXPORT/19/002135	CT/SAE-ND-82/ 279(14Days) 🔍	/2020-	Test SAE	Other than Death	XYZI	SAE 14 Day Report Submitted by Investigator	Inprocess	÷	
		+ BE- EXPORT/19/002135	CT/SAE-ND-85/ 283(24Hours)	/2020-	Test SAE123	Other than Death	XYZI	SAE 24 Hour Report Submitted by Investigator	Inprocess	÷	

Figure 71: Communication Model with previous chat





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