



Human Research Protection Program
Institutional Review Board
University of Missouri

Guidance Document

ICH-GCP E6(R3)

**MU Guidance for Investigators When Studies Require Compliance with the
International Conference on Harmonisation (ICH) Guideline for
Good Clinical Practice (GCP) (E6)(R3)**

MU HRPP Roles and Responsibilities SOP

The SOP states “Guidance set forth by the International Conference on Harmonization (ICH)/Good Clinical Practice (GCP) is applied to industry sponsored studies with contract requirements for institutional adherence.” To further clarify this statement, MU HRPP expects MU investigators follow the guideline when the PI indicates in the application that the sponsor requires the IRB review process to comply with ICH-GCP, and the requirement is confirmed in a contract. It is possible an investigator may choose to adhere to ICH-GCP, but the MU HRPP/IRB will not enforce the guideline if not contractually required.

The final guideline (E6)(R3) can be found here:

https://database.ich.org/sites/default/files/ICH_E6%28R3%29_Step4_FinalGuideline_2025_0106.pdf

The FDA has not yet provided a final guidance document regarding R3.

R3 restructured the previous guideline (R2) with one section on general principles, Annex 1 on interventional trials, and Annex 2 on non-traditional interventional trials. Annex 2 was not released in R3.

This document will summarize the sections of the guideline for MU investigators. Investigators are required to be familiar with the ICH-GCP E6 (R3) and comply with the sponsor’s requirements located within the contract.

I. Introduction

GCP is an international, ethical, scientific and quality standard for the conduct of trials that involve human participants. Clinical trials conducted in accordance with this standard will help to assure that the rights, safety and well-being of trial participants are protected; that the conduct is consistent with the principles that have their origin in the Declaration of Helsinki; and that the clinical trial results are reliable.

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II. Principles of ICH GCP

1. Clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with good clinical practice and the applicable regulatory requirements. Clinical trials should be designed and conducted in ways that ensure the rights, safety and well-being of participants. (1.1-1.6)
2. Informed consent is an integral feature of the ethical conduct of a trial. Clinical trial participation should be voluntary and based on a consent process that ensures participants (or their legally acceptable representatives, where applicable) are well-informed. (2.1-2.4)
3. Clinical trials should be subject to an independent review by an IRB/IEC. (3.1-3.2)
4. Clinical trials should be scientifically sound for their intended purpose and based on adequate and current scientific knowledge and approaches. (4.1-4.3)
5. Clinical trials should be designed and conducted by qualified individuals. (5.1)
6. Quality should be built into the scientific and operational design and conduct of clinical trials. (6.1-6.3)
7. Clinical trial processes, measures and approaches should be implemented in a way that is proportionate to the risks to participants and to the importance of the data collected and that avoids unnecessary burden on participants and investigators. (7.1-7.4)
8. Clinical trials should be described in a clear, concise, scientifically sound and operationally feasible protocol. (8.1-8.3)
9. Clinical trials should generate reliable results. (9.1-9.6)
10. Roles and responsibilities in clinical trials should be clear and documented appropriately. (10.1-10.3)
11. Investigational products used in a clinical trial should be manufactured in accordance with applicable Good Manufacturing Practice (GMP) standards and be managed in accordance with the product specifications and the trial protocol. (11.1-11.6)

III. Annex 1

1. Institutional Review Board/Independent Ethics Committee (IRB/IEC)

- 1.1 Submission and Communication
- 1.2 Responsibilities (1.2.1-1.2.9)
- 1.3 Composition, Functions and Operations (1.3.1-1.3.6)
- 1.4 Procedures (1.4.1-1.4.9)
- 1.5 Records (1.5.1-1.5.2)

2. Investigator

- 2.1 Qualifications and Training (2.1.1-2.1.2)
- 2.2 Resources (2.2.1-2.2.2)
- 2.3 Responsibilities (2.3.1-2.3.5)
- 2.4 Communication with IRB/IEC (2.4.1-2.4.6)
- 2.5 Compliance with Protocol (2.5.1-2.5.5)

- 2.6 Premature Termination or Suspension of a Trial (2.6.1-2.6.4)
- 2.7 Participant Medical Care and Safety Reporting (2.7.1-2.7.2)
- 2.8 Informed Consent of Trial Participants (2.8.1-2.8.13)
- 2.9 End of Participation in a Clinical Trial (2.9.1-2.9.3)
- 2.10 Investigational Product Management (2.10.1-2.10.9)
- 2.11 Randomisation Procedures and Unblinding
- 2.12 Records (2.12.1-2.12.14)
- 2.13 Reports

3. Sponsor

- 3.1 Trial Design (3.1.1-3.1.4)
- 3.2 Resources
- 3.3 Allocation of Activities
- 3.4 Qualification and Training (3.4.1)
- 3.5 Financing
- 3.6 Agreements (3.6.1-3.6.11)
- 3.7 Investigator Selection (3.7.1-3.7.2)
- 3.8 Communication with IRB/IEC and Regulatory Authority(ies) (3.8.1-3.8.2)
- 3.9 Sponsor Oversight (3.9.1-3.9.9)
- 3.10 Quality Management (3.10.1)
- 3.11 Quality Assurance and Quality Control (3.11.1-3.11.4)
- 3.12 Noncompliance (3.12.1-3.12.3)
- 3.13 Safety Assessment and Reporting (3.13.1-3.13.3)
- 3.14 Insurance/Indemnification/Compensation to Participants and Investigators (3.14.1-3.14.3)
- 3.15 Investigational Product(s) (3.15.1-3.15.3)
- 3.16 Data and Records (3.16.1-3.16.4)
- 3.17 Reports (3.17.1-3.17.2)

4. Data Governance – Investigator and Sponsor

- 4.1 Safeguard Blinding in Data Governance (4.1.1-4.1.4)
- 4.2 Data Life Cycle Elements (4.2.1-4.2.8)
- 4.3 Computerised Systems (4.3.1-4.3.8)

Appendices

Appendix A. Investigator’s Brochure

Appendix B. Clinical Trial Protocol and Protocol Amendment(s)

Appendix C: Essential Records for the Conduct of a Clinical Trial

Glossary