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|  |  | | **Policy Number:** | 11-152 |
| **Policy Title:** | Standard Operating Procedures for Clinical Research | | | |
| **Check as appropriate:** | New | Revised | Reviewed | For Deletion |
| **Executive Sponsor:** | Dr. Steven Smith | | | |
| **MRP:** | Lisa McAvoy | | | |
| **Policy Working Group:** | Lisa McAvoy | | | |
| **Suggested policy key words: standard operating procedures for research, SOPs, research SOPs, clinical research SOPs, clinical trial SOPs, clinical trial** | | | | |

**Review and Endorsement** (Insert rows as required)

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| Individual / Council / Committee | Date Reviewed | Date Endorsed | Comments |
| Lisa McAvoy, Associate Director, Health Sciences Research | 2023/11/24 | 2023/11/24 | Policy revised to reflect current versions of the N2 Standard Operating Procedures and update links and references in the Appendices. |
| Executive Sponsor: Dr. Steven Smith | 2023/11/27 | 2023/11/27 |  |
|  | Click here to enter a date. | Click here to enter a date. |  |
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**Date Approved by Planning and Performance Committee:** Click here to enter a date.

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| P & P Committe Comments: |

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| **Indicate:** |  |  | Comments |
| **Type of Revision** | Major | Minor | Policy revised to reflect current versions of the N2 Standard Operating Procedures and update links and references in the Appendices. |
| **Resources required?** | Yes | No |  |
| **Impact on operations?** | Yes | No |  |
| **Communication plan?** | Yes | No | Email communication was sent to research community in June 2023 when new version of SOPs were released by N2. No education plan required. Email communication will be sent regarding updated policy. |
| **Applicable Legislation:** | Appropriate legislation has been included as required. | | |
| **Other:** | Not applicable | | |

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| **Have you considered the current accreditation standards in your review** | Yes | No |  |

**Next Review Date:** Click here to enter a date.(if left blank, review will be auto set for 3 years)

**Signature**

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| Planning and Performance Committee Chair | Date (yyyy/mm/dd) |

**AUTHORIZATION FOR POLICY DELETION**

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President and Chief Executive Officer Date (yyyy/mm/dd)