

| [IRB-Related Matters] | | Notes |
|---|---|---|
| Type of IRB | either of the following • In-house IRB • Central Review Board at the NHO Headquarters • External IRB | |
| IRB establishing authority, official name, and address | (In-house IRB) Establishing authority: Hospital Director (Hiromi Iwasaki) Official name: National Hospital Organization Kyushu Medical Center Institutional Review Board Address: 1-8-1 Jigyohama, Chu-ku, Fukuoka-shi, Fukuoka 810-8563, Japan | |
| Meeting frequency | Once a month , in principle, the fourth Wednesday of each month. No off-month | In March and December, the meeting is held on the third Wednesday. |
| Submission deadline | Document submission deadline is the end of the month prior to the IRB meeting, in principle. (Same for initial and subsequent submissions.) | |
| Electronic document management system | Agatha | Service fee: JPY 10,000 per month |
| Timeline and method to obtain IRB decision letters, etc. | Within one week , uploaded to Agatha | Form 5 is generally issued with the date two business days after the IRB meeting. |
| Typical time from submission to IRB approval | Approximately one month | |
| Pre-hearing (pre-review) | Yes (8 weeks prior to the IRB meeting) | Attendees: CRCs (with Laboratory/Radiology staff as needed) Materials: handouts provided by Agatha Format: web meeting (including start-up meeting) |
| Attendance of the sponsor/CRO (CRA) at the IRB meeting (or PI attendance if not) | No For new submissions, attendance of the Principal Investigator is required to explain. | |
| Whether any IRB members include staff involved in the trial (e.g., the investigational product custodian) | No Relevant staff may attend as the secretariat; however, they are not IRB members and do not participate in voting. | |
| Whether any IRB members have a conflict of interest with the Principal Investigator | Conflicts are reviewed per agenda item. If any member is a responsible/sub-investigator or otherwise related, they do not participate in voting. | |
| Whether SOPs describe the approval process for conditional approval | Yes | |
| Timing of continuing review | Every March (annually) | |
| Criteria for expedited review | Yes (defined) | Described in the SOP. |
| Latest site SOPs and IRB SOPs | Yes | Published on the hospital website. (Change history is not retained on the website, but can be provided upon inquiry.) |
| Summary of IRB meeting minutes | Within two months after the IRB meeting | Published on the hospital website. |
| Redaction/masking policy for publication of the summary of minutes | Yes | For the initial disclosure, the content of Form 3 is published; thereafter, abbreviated names are used. Abbreviated names are registered in Agatha. |
| Latest IRB member roster | Yes | Published on the hospital website. |
| Whether the site has a facility-specific informed consent form (ICF) format | Yes | Prepared based on the "ICF Common Template" developed by the JPMA Pharmaceutical Evaluation Committee (Clinical Evaluation Subcommittee). |
| Whether the site has site-specific rules for compensation/indemnification materials | No | |
| [Contracts & Budget] | | Notes |
| Process and timeline for contract and budget finalization | Responsible office: Office for Clinical Trial Administration Estimated time required for review: about 14 days Method: Agatha, email, etc. | Submission of the finalized contract and budget to the IRB is not required. The contract and budget must be finalized before submitting materials for IRB review, in principle. |
| Whether a standard point-based cost calculation sheet is available | Yes | Published on the hospital website. |
| Time required to obtain the executed contract after the initial IRB meeting | Early in the month following the IRB meeting | |
| Contract effective date | In principle, the 1st day of the month following the IRB meeting | |
| Type of contract (number of parties) | Two-party contract | |
| Multi-year vs. single-year contract | Multi-year contract | |
| Whether the sponsor's contract template can be used | Not possible | |
| Whether contract wording can be revised at the sponsor's request when using the site's template | Possible depending on the content; otherwise handled via an addendum/memorandum. | |
| Whether payments to the site can be made by the CRO | Possible | |
| How and when research fees are invoiced/paid | Invoiced and paid on an ongoing basis according to the number of enrolled/treated cases. | Closing at month-end, invoiced at the end of the following month. |
| When subject burden reduction payments are made | Paid according to actual performance/attendance. | Closing at month-end, invoiced in early following month. |
| The unit price per point in the point table | For Clinical Trials: 1 point = JPY 6,000 For Post-marketing Clinical Studies: 1 point = JPY 5,000 | |
| Standard cost for withdrawn subjects | Withdrawn subject: JPY 50,000 per case (tax not included) | |
| Contact for invoice-related inquiries | Subject burden reduction payments / research fees / combined insured-uninsured services: Accounting Section Chief | |
| [Facilities & Organization] | | Notes |
| Availability of a fax line capable of sending to external/overseas destinations (separate from phone lines) | Not available | |
| Availability of an external (outside-line) push-button phone line | Available | |
| Ability to send/receive international calls and international fax | Available | |
| Capability to provide emergency response for SAEs and other urgent events | Yes | |
| CRC staffing model | In-house CRCs and SMO CRCs | |
| [Laboratory Facilities] | | Notes |
| Access to local reference ranges | Yes | Published on the hospital website. |
| Freezers (Clinical Laboratory) | Below -20°C freezer: Yes Below -70°C freezer: Yes Freezer maintenance: No Thermometer calibration: No Calibration/maintenance records: Yes (temperature is recorded on every business day) Alarm function for temperature rise: Yes | Alarms are set to activate at -20°C or higher for freezers maintained at ≤ -30°C. |
| Centrifuges (room temperature and refrigerated) | Yes (both room-temperature and refrigerated centrifuges are available) | |
| Calibration and calibration frequency for equipment (CT/MRI/ECG/etc.) | CT: Yes (internal checks daily, external calibration once every 3 months) MRI: Yes (external calibration once every 3 months) ECG: No (daily checks) Blood pressure monitor: Yes (external calibration annually) Thermometer: No (replacement within warranty period) Scale: Yes (external calibration once every 2 years) Stadiometer: No (internal check annually) Investigational product refrigerator thermometer (Pharmacy): Yes Sample storage refrigerator thermometer (Lab): Yes | After agreeing to conduct the clinical trial, accuracy management records can be viewed on Agatha. Before agreeing to conduct the clinical trial, the clinical trial office can present accuracy management records via web screen-sharing upon request. |
| [Investigational Product] | | Notes |
| Investigational product (IP) custodian | Pharmacy Department – Deputy Director of Pharmacy | |
| IP storage location | Pharmacy Department (controlled storage) | |
| Ability to store at 2–8°C | Yes | |
| Adequate storage space for IP | Yes | |
| Whether IP storage/refrigerator is lockable | Yes | |
| Whether temperature logs are maintained for IP storage/refrigerator | Yes (data logger type) Temperature excursions are checked once daily on business days. | Temperature is not checked on weekends/holidays; excursions are confirmed on the next business day. |
| Temperature logger/device name for IP storage | Ondotri (T&D Corporation) | |
| Calibration and calibration frequency for the IP storage thermometer | Yes (external calibration once per year) | |
| Person responsible for IP storage temperature recording | Investigational product custodian | Excursion checks are primarily performed by pharmacists in the Office for Clinical Trial Administration. |
| Alarm function for temperature excursions IP storage thermometer | Yes | |
| Backup function during power outages of IP refrigerator | Yes | Connected to emergency power supply |
| Whether direct shipment of IP to the site is possible | Yes | |
| Whether staff other than the IP custodian can perform IP management tasks | Yes Pharmacists in the Office for Clinical Trial Administration | A designation letter is available. |
| Template for the IP accountability log | Currently sponsor-provided template; standardizing to a site template is being considered. | |
| IP destruction procedure | Yes | |
| Whether IP can be destroyed on-site | Yes | |
| [EDC] | | Notes |
| Ability to create web-based eCRFs and trial-related documents | Available | |
| EDC systems previously used at the site | Medidata Rave Oracle RDC Inform, etc. | |
| Internet connectivity | Yes | |
| Availability of PCs with high-speed internet for data entry | Available | |
| Ability to enter eCRF data in a timely manner after subject visits | Available | Dedicated PCs are available for use by CRCs. |
| [Monitoring] | | Notes |
| Availability of a room for monitoring visits | Available | |
| Whether CRA's can access the internet during monitoring visits | Yes | |
| Whether meetings with investigators are possible during monitoring visits | Yes | |
| Monitoring visit fee | Not required (no additional fee) | |
| Advance application requirement | Required | SDV room availability is published on the hospital website. Application forms are submitted via Agatha. |
| Whether the past medical records of the subject can also be reviewed | Yes | |
| [Documents] | | Notes |
| Whether essential documents can be retained for 25 years | Yes | No special procedure is required; however, the retention period should be explicitly stated in a memorandum at the time of contracting. |
| Whether essential documents are stored in a restricted-access, locked cabinet, etc. | Yes | |
| Whether all essential documents are stored on-site | Yes | After study completion, documents may also be stored in an off-site warehouse. |
| Whether documents can be provided by postal mail (submission documents and essential documents) | No (in principle) | In principle, submission is via Agatha. Documents requiring wet-ink signatures may be provided by postal mail as paper documents. |