



**TRAINING SESSION:**

**ENHANCED PRISM E-SERVICES**

**OTHER CLINICAL TRIALS SUBMISSIONS**

**TRACK & ENQUIRE @ PRISM**

# OUTLINE

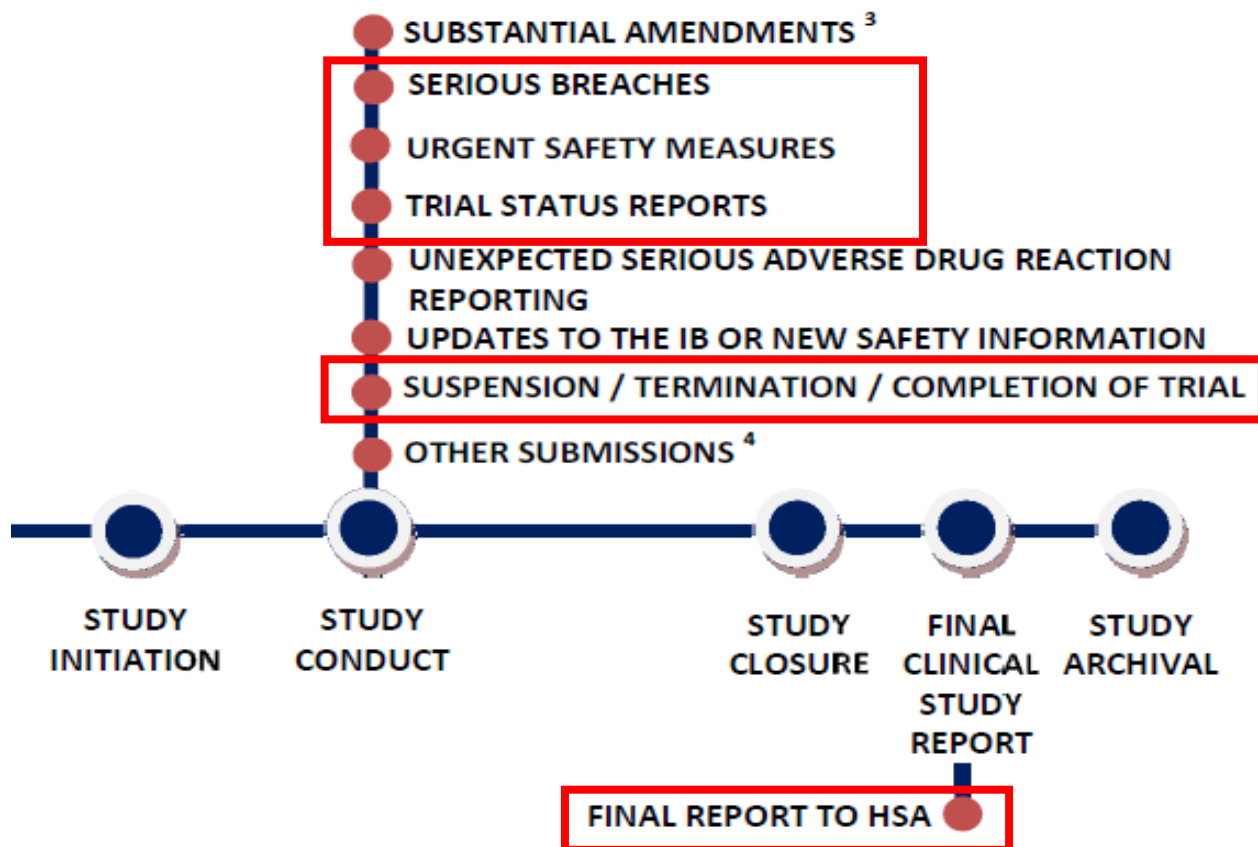
## Other PRISM Submissions

- Serious breaches
- Urgent safety measures
- Trial status report
- Final study report

## PRISM Functions

- Track @ PRISM
- Enquire @ PRISM

# REGULATORY SUBMISSIONS DURING TRIAL CONDUCT



<sup>4</sup> Other submissions include changes to Clinical Research Material Notification, changes to information in the Clinical Trials Register or changes to the regulatory status of trial in other countries.

# **SERIOUS BREACHES & URGENT SAFETY MEASURES**

# SERIOUS BREACHES

- A serious breach is a deviation which is likely to affect to a significant degree:
  - a) The safety or physical or mental integrity of any subjects in a clinical trial; or
  - b) The scientific value of the clinical trial.
- Any serious breach of the principles of GCP, trial protocol or clinical trials regulations should be notified to HSA.
- Sponsor to notify HSA in writing **as soon as possible and in any event not later than 7 days** after becoming aware of the breach

# SERIOUS BREACHES

## SERIOUS BREACHES FORM






Protocol Title:		Elaborate how and why the serious breach occurred
Protocol No.:		
HSA Ref:		
Name:		
Organization:		
Contact Details:		
Date of awareness of Serious Breach:		
Date Serious Breach Notified to HSA:		
Report: (Tick appropriately)	<input type="checkbox"/> Initial Report <input type="checkbox"/> Follow-up Report	
<b>DETAILS OF SERIOUS BREACH</b>		
Category of serious breach	<input type="checkbox"/> Adverse event reporting <input type="checkbox"/> Informed consent <input type="checkbox"/> Investigational product <input type="checkbox"/> Randomisation and blinding <input type="checkbox"/> Source documentation <input type="checkbox"/> Study conduct <input type="checkbox"/> Use of unapproved documents	Elaborate on corrective and preventive actions implemented / to be implemented as a result of this serious breach
Please indicate if the non-compliance was a serious breach to the following references:	<input type="checkbox"/> Regulations <input type="checkbox"/> Protocol <input type="checkbox"/> Singapore Guideline for Good Clinical Practice (SGGCP)	
Significant Impact of Serious Breach to:	<input type="checkbox"/> The safety or physical or mental integrity of subjects in the clinical trial <input type="checkbox"/> The scientific value of the trial	
Details of Serious Breach <i>Please do not provide any subject identifiable information.</i>		



**From 1<sup>st</sup> Nov  
2016 onwards,**


**Submission via  
PRISM**

# SERIOUS BREACHES

Fill in the application form		<a href="#">Guideline</a>	<a href="#">Help</a>
1. Particulars Of Clinical Trial Application	<b>3. Clinical Trial Serious Breach Report</b>	5. Confirmation	 Special Symbol  Attach  Save
2. Applicant Particulars	4. Supporting Attachments		
3. Serious Breaches / Urgent Safety Measures Details			
3.1 Please select *	<input checked="" type="radio"/> Serious Breaches <input type="radio"/> Urgent Safety Measures		
Serious Breaches			
3.2 Date of occurrence of serious breach *	<input type="text"/> 		
3.3 Date of awareness of serious breach *	<input type="text"/> 		
3.4 Category *	<input type="checkbox"/> Adverse event reporting <input type="checkbox"/> Informed consent <input type="checkbox"/> Investigational product <input type="checkbox"/> Randomisation and blinding <input type="checkbox"/> Source documentation <input type="checkbox"/> Study conduct <input type="checkbox"/> Use of unapproved documents		
3.5 Please indicate if the non-compliance was a serious breach to the following references *	<input type="checkbox"/> Regulations <input type="checkbox"/> Protocol <input type="checkbox"/> Good Clinical Practice (GCP)		
3.6 Please indicate if the serious breach is of significant impact to the following *	<input type="checkbox"/> The safety or physical or mental integrity of the subjects of the trial <input type="checkbox"/> The scientific value of the trial		
3.7 Details of Serious Breach *	<input type="text"/>		
3.8 Please elaborate how and why the serious breach occurred *	<input type="text"/>		
3.9 Please elaborate on corrective and preventive actions implemented / to be implemented as a result of this serious breach *	<input type="text"/>		

# URGENT SAFETY MEASURES

- In order to protect any subject against any immediate hazard to the health or safety of the subject, the sponsor and any investigator of the clinical trial may take appropriate urgent safety measures.
- Sponsor to notify HSA in writing **as soon as possible and in any event not later than 7 days** after the date measure is taken

Urgent Safety Measures	
3.10 Date of implementation of urgent safety measure *	<input type="text"/> 
3.11 Please describe urgent safety measure taken *	<input type="text"/>
3.12 Please elaborate how and why the urgent safety measures were taken *	<input type="checkbox"/> The safety or physical or mental integrity of the subjects of the trial <input type="checkbox"/> The scientific value of the trial



# TRIAL STATUS REPORT

# TRIAL STATUS REPORT

## During Trial Conduct

- Sponsor to submit trial status report to HSA **every 6 months** starting from CTA authorisation, CTN acceptance or CTC issuance, until trial conclusion or termination.
- Immediately or within such other time **as required by HSA.**

**Reminder email:  
Every 6 months from the CTA/CTN/CTC approval/  
acceptance date.**

# TRIAL STATUS REPORT

## Trial Suspension or Termination

- Sponsor to notify HSA (via trial status report) **within 15 days after date of suspension or termination.**

## Trial Conclusion

- Sponsor to notify HSA (via trial status report) **within 30 days of trial conclusion.**

# TRIAL STATUS REPORT

Fill in the application form			<a href="#">Guideline</a>	<a href="#">Help</a>
1. Particulars Of Clinical Trial Application	<b>3. Clinical Trial Status</b>	5. Confirmation	Special Symbol	
2. Applicant Particulars	4. Supporting Attachments		Attach	Save

Fields marked with an asterisk \* are mandatory.

Fields marked with ^ will be displayed in the Clinical Trial Register.

3. Clinical Trial Status	
3.1 Trial Status *^	<div style="border: 1px solid black; padding: 5px;">           Select One            Not Yet Recruiting            Ongoing, Recruiting            Ongoing, Recruitment Suspended            Ongoing, Recruitment Closed            Premature Closure            Suspended            Terminated            Completed         </div>
3.2 Date of Trial Completion	
3.3 Date of Trial Suspension	
3.4 Date of Trial Termination	<input type="text"/> <input type="button" value="Calendar"/> Please provide reason: <input style="width: 100%;" type="text"/>
3.5 Date of Trial Closure	<input type="text"/> <input type="button" value="Calendar"/> Please provide reason: <input style="width: 100%;" type="text"/>
3.7 Please provide any supplementary information to this status report, if necessary	<input checked="" type="checkbox"/> Not Applicable <input style="width: 100%;" type="text"/>

# TRIAL STATUS (LOCAL)

Field	Definition
<b>Not yet recruiting</b>	The local trial site(s) has/have not commenced recruiting subjects into the clinical trial.
<b>Ongoing, recruiting</b>	The local trial site(s) has/have commenced recruiting subjects into the clinical trial.
<b>Ongoing, recruitment suspended</b>	The recruitment has been suspended. <b>However, the enrolled subjects are still continuing with the study procedures.</b>
<b>Ongoing, recruitment closed</b>	The recruitment has been closed. <b>However, the enrolled subjects are still continuing with the study procedures.</b>
<b>Premature Closure</b>	The local trial site(s) was/were closed prematurely as <b><u>no subjects were screened into the clinical trial.</u></b>
<b>Suspended</b>	The clinical trial has been suspended. <b>All screening and enrollment activities should be suspended.</b> Please notify the IRB and HSA if existing subjects are to continue with the study procedures.
<b>Terminated</b>	The clinical trial has been terminated. <b>All screening and enrollment activities should be terminated; and existing subjects should not continue with the study procedures.</b>
<b>Completed</b>	Study completion is defined as ' <b>Last Patient Last Visit (LPLV)</b> ' for the clinical trial. For clinical trials where subjects are followed up remotely after LPLV (e.g. survival follow-up via telephone calls or safety follow-up etc.), <b>study completion is defined as the end of remote follow-up.</b>

# TRIAL STATUS REPORT










Trial Site Status Report				
List of Principal Investigator(s) & Clinical Trial Site(s)				
<input checked="" type="checkbox"/>	Principal Investigator	Clinical Trial Site	Date of Approval	Trial Site Status
<input checked="" type="checkbox"/>	A	KK WOMEN'S AND CHILDREN'S HOSPITAL	23/03/2016	
<input checked="" type="checkbox"/>	A	National University Hospital	23/03/2016	

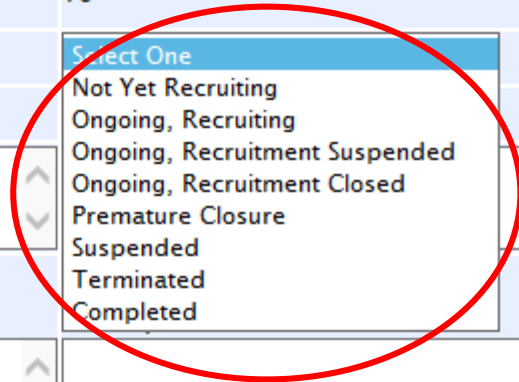
Retrieve Saved Draft Report(s)

Retrieve Last Submitted Report(s)

- A maximum of 2 trial sites can be retrieved at one time.
- Please click on "Retrieve Saved Draft Report(s)" button to retrieve status report details if:
  - a) no status report has been submitted previously for the trial site, or
  - b) there is a saved status report in the current application.
- Please click on "Retrieve Last Submitted Report(s)" button to retrieve status report details if a status report has been submitted previously to HSA.
- Trial site(s) with "Completed", "Terminated" or "Premature Site Closure" status are not allowed to be updated. To view, please click on "Retrieve Saved Draft Report(s)".

# TRIAL STATUS REPORT

Status Report	Centre 1	Centre 2
Name of Principle Investigator	A	A
Designation	Consultant	Consultant
Name of Trial Site	KK WOMEN'S AND CHILDREN'S HOSPITAL	National University Hospital
Planned No. of Clinical Trial Subjects	10	10
3.8 Trial Site Status *^	Select One 	Select One
3.9 Date of Trial Site Initiation	<input type="text"/> 	<input type="text"/> 
3.10 If clinical trial has not started recruitment, please provide reason	<input type="text"/>	<input type="text"/>
3.11 Date of Trial Site Suspension	<input type="text"/> 	<input type="text"/> 
Please provide reason:	<input type="text"/>	<input type="text"/>
3.12 Date of Trial Site Termination	<input type="text"/> 	<input type="text"/> 
Please provide reason:	<input type="text"/>	<input type="text"/>
3.13 Date of Trial Site Closure	<input type="text"/> 	<input type="text"/> 
Please provide reason:	<input type="text"/>	<input type="text"/>



# TRIAL STATUS REPORT

Recruitment Status	
Are there any changes to 3.14 to 3.17 since the last status report?	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes
3.14 No. of subjects screened	<input type="text" value="0"/>
3.15 No. of screened failures	<input type="text" value="0"/>
3.16 No. of subjects pending screening outcome	<input type="text" value="0"/>
3.17 No. of subjects enrolled (i.e. Randomised) (Numbers in 3.15 to 3.17 should add up to 3.14)	<input type="text" value="0"/>
Subjects enrolled	
Are there any changes to 3.18 to 3.20 since the last status report?	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes
3.18 No. of subjects withdrawn or prematurely terminated	<input type="text" value="0"/>
Please provide reasons:	Please provide reasons:
<input type="text"/>	<input type="text"/>
3.19 No. of subjects ongoing	<input type="text" value="0"/>
3.20 No. of subjects completed (Numbers in 3.18 to 3.20 should add up to 3.17)	<input type="text" value="0"/>
3.21 No. of SAEs experienced by local subjects	<input type="text" value="0"/>
3.22 Has there been an internal audit conducted for this clinical trial site?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No

Save



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Reset



# FINAL TRIAL REPORT

# TRIAL COMPLETION

- Upon trial completion,
  - Sponsor to notify HSA (via *trial status report*) within **30 days of trial conclusion**.
- In addition, sponsor to submit final report of trial **within 1 year after date of trial conclusion, or such longer period as the Authority may allow in any particular case**.

# TRIAL COMPLETION

During the submission of trial status report, the following will be displayed if the trial status is “Premature closure”, “Terminated” or “Completed” :

3. Clinical Trial Status	
3.1 Trial Status *^	Completed <input type="button" value="v"/>
3.2 Date of Trial Completion	<input type="text"/> <input type="button" value="calendar"/>
3.3 Date of Trial Suspension	<input type="text"/> <input type="button" value="calendar"/> Please provide reason: <input type="text"/>
3.4 Date of Trial Termination	<input type="text"/> <input type="button" value="calendar"/> Please provide reason: <input type="text"/>
3.5 Date of Trial Closure	<input type="text"/> <input type="button" value="calendar"/> Please provide reason: <input type="text"/>
3.6a Will the final study report be available?	<input checked="" type="radio"/> Yes <input type="radio"/> No
3.6b Will the final study report be available within 1 year of trial completion/closure/termination?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3.6c If No, please provide the estimated date of availability of the final study report/synopsis/publication *	<input type="text"/> <input type="button" value="calendar"/>
3.6d Please provide reason for request for extension of submission of Final Study Report *	<input type="text"/>
3.7 Please provide any supplementary information to this status report, if necessary <input type="checkbox"/> Not Applicable	<input type="text"/>

Section appears if trial status is “Premature closure”, “Terminated” or “Completed”. →

# FINAL TRIAL REPORT

## PL1008 SUBMISSION OF CLINICAL TRIAL FINAL REPORT

**Fill in the application form**
[Guideline](#) [Help](#)

<p>1. Particulars Of Clinical Trial Application</p> <p>2. Applicant Particulars</p>	<p><b>3. Supporting Attachments</b></p> <p>4. Confirmation</p>	<p> Special Symbol</p> <p> Attach</p> <p> Save</p>
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Fields marked with an asterisk \* are mandatory.

### 3. Supporting Documents

To add an attachment, type in the path or hit the browse button. Then **hit the Attach Files button to save the attachment** to the list below.

Please click [here](#) for guideline on document attachment.

**Documents**

<div style="background-color: #fff9c4; padding: 2px;">3.1 Final Report : *</div>	<div style="background-color: #cccccc; padding: 2px; text-align: center;">Browse...</div>
--	---

Attach Files

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# OUTLINE

## Other PRISM Submissions

- Serious breaches
- Urgent safety measures
- Trial status report
- Final study report

## PRISM Functions

- Track @ PRISM
- Enquire @ PRISM

# PRISM FUNCTIONS

## Track @ PRISM

- Search your **application**
  - Check status of your application
  - Check endorsement by various parties for your draft application

## Enquire @ PRISM

- Search your **licence** (i.e. CTA/ CTN/ CTC)
- Search your **CRM Notification**

# TRACK @ PRISM

## PZ0951 TRACK@PRISM

### Important Notes:

For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required eservices.

### General Search

**Enter Transaction No or Application/Submission No for fast and exact matched look-up**

Application/Submission Type *	<input type="text" value="Select Application Type"/>	▼
Licence/Permit/Certificate/Listing/Notification/Registration Type *	<input type="text" value="Select Licence Type"/>	
Enquiry Type *	<input type="text" value="Select Enquiry Type"/>	▼
Transaction No.	<input type="text"/>	←
Application/Submission No.	<input type="text"/>	←
Licence/Permit/Certificate/Listing/Notification/Registration No.	<input type="text"/>	
Product Name.	<input type="text"/>	
Submission Date (dd/mm/yyyy)	<input type="text"/>	To <input type="text"/>
Last Update Date (dd/mm/yyyy)	<input type="text"/>	To <input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>		

[Please click here to extend your draft](#)

# TRACK @ PRISM

- Search your new application – enter “New Application/ Submission”
- Search amendment application - enter “Amendment”

PZ0951 TRACK@PRISM

**Important Notes:**

For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required eservices.

General Search

**Enter Transaction No or Application/Submission No for fast and exact matched look-up**

Application/Submission Type \*

Licence/Permit/Certificate/Listing/Notification/Registration Type \*

Enquiry Type \*

Transaction No.

Application/Submission No.

Licence/Permit/Certificate/Listing/Notification/Registration No.

Product Name.

Submission Date (dd/mm/yyyy)   To

Last Update Date (dd/mm/yyyy)   To

**Mandatory Fields**  
(for search without transaction no or application/submission no.)

[Please click here to extend your draft](#)



# ENQUIRE @ PRISM

# ENQUIRE @ PRISM

- Search your licence (i.e. CTA/ CTN/ CTC)

Licence/Permit/Certificate/Listing/Notification/Registration Type \*

Status \*

Licence/Permit/Certificate/Listing/Notification/Registration No

Product Name

Start Date (dd/mm/yyyy)   To

Expiry Date (dd/mm/yyyy)   To

**Mandatory Fields**

Please do not access the record using the new window via right mouse click.

20 Matching Record(s)

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## Active Clinical Trial - Authorisation

S/No	HSA App No	CTA No	Trial Site	Investigational Product	Protocol No	Date of Approval
1	1204626C	<a href="#">CTA1200001</a>	Bright Vision Hospital		test1.2	09/03/2012
2	1204627T	<a href="#">CTA1200003</a>	National Cancer Centre	test1.18	test1.2	23/03/2012
3	1204641P	<a href="#">CTA1200004</a>	Changi General Hospital	test2.2	test1.2	26/03/2012
4	1600273R	<a href="#">CTA1600004</a>	Ang Mo Kio Hospital;Bright Vision Hospital	Drug B, lamivudine	ABC	15/03/2016

# ENQUIRE @ PRISM

## CTA (Sample)

PZO901 ENQUIRE@PRISM

1. Licence/Permit/Certificate/Listing/Notification Summary	
1.1 Licence/Permit/Certificate/Listing/Notification Type:	Clinical Trial Authorisation
1.2 Licence/Permit/Certificate/Listing/Notification No:	CTA1600016
1.3 Company Name:	ABC Co Ltd.,
1.4 Approval/Acceptance Date:	23/03/2016
2. Particulars of Clinical Trial	
2.1 PRISM CTA/CTN Application No:	1600420W
2.2 Title of Clinical Trial:	This is a CTA
2.3 Protocol Number:	123
2.4 Investigational Product(s):	CTA1 CTA2
2.5 Local Sponsor(s):	ABC Co Ltd.
3. List of Principal Investigator(s) & Clinical Trial Site(s)	
Principal Investigator	Clinical Trial Site
abc	HMI Balestier Hospital
4. The Clinical Trial Authorisation has been granted for the conduct of the clinical trial, subject to the provisions of the Health Products Act and its subsidiary legislation, and also to the following conditions:	
NA.	

Authorisation Date

Trial Information

Site/ PI Information

Licensing Conditions (if any)

The above information is current as of the date of print: 11/10/2016

# ENQUIRE @ PRISM

## CTN (Sample)

PZO901 ENQUIRE@PRISM

1. Licence/Permit/Certificate/Listing/Notification Summary	
1.1 Licence/Permit/Certificate/Listing/Notification Type:	Clinical Trial Notification
1.2 Licence/Permit/Certificate/Listing/Notification No:	CTN1600037
1.3 Company Name:	LION VIEW MINIMART
1.4 Approval/Acceptance Date:	05/10/2016

**Acceptance Date** ←

2. Particulars of Clinical Trial	
2.1 PRISM CTA/CTN Application No:	1601118E
2.2 Title of Clinical Trial:	ABCDE for NSCLC
2.3 Protocol Number:	ABCDENSCLC
2.4 Investigational Product(s):	ABCDE
2.5 Local Sponsor(s):	LION VIEW MINIMART

**Trial Information**

3. List of Principal Investigator(s) & Clinical Trial Site(s)	
Principal Investigator	Clinical Trial Site
Principal Investigator	National Cancer Centre

**Site/ PI Information**

4. The Clinical Trial Notification has been granted for the conduct of the clinical trial, subject to the provisions of the Health Products Act and its subsidiary legislation, and also to the following conditions:
NA.

**Licensing Conditions (if any)**

The above information is current as of the date of print: 11/10/2016

# ENQUIRE @ PRISM

## CTC (Sample)

PZO901 ENQUIRE@PRISM

1. Licence/Permit/Certificate/Listing/Notification Summary	
1.1 Licence/Permit/Certificate/Listing/Notification Type:	Clinical Trial Certificate
1.2 Licence/Permit/Certificate/Listing/Notification No:	CTC1600036
1.3 Company Name:	ABC Co Ltd.,
1.4 Approved Date:	05/10/2016

Approved Date

2. Particulars of Clinical Trial	
2.1 PRISM CTC Application No:	1601153J
2.2 Title of Clinical Trial:	This is a CTC application
2.3 Protocol Number:	0987
2.4 Investigational Product(s):	CTC Drug 1
2.5 Local Sponsor(s):	ABC Co Ltd.

Trial Information

3. List of Principal Investigator(s) & Clinical Trial Site(s)			
Principal Investigator	Clinical Trial Site	CTC No.	Date of Approval
PI	Kwong Wai Shiu Hospital	CTC1600036	05/10/2016

The certificate is granted under the Medicines (Clinical Trials) Regulations, to the abovementioned PI(s) as per **1601153J** relating to the use of :  
CTC Drug 1

Site/ PI Information

4. The CTC is issued subject to the provisions of the Medicines Act, and to any regulations and orders made thereafter and, also to the following conditions:
NA.





Licensing Conditions (if any)

The above information is current as of the date of print: 11/10/2016

# ENQUIRE @ PRISM

- Search your CRM Notification

Search Criteria

Licence/Permit/Certificate/Listing/ Notification/Registration Type *	<input type="text" value="Clinical Research Material Notification"/>	} Mandatory Fields
Status *	<input type="text" value="Active"/>	
Licence/Permit/Certificate/Listing/ Notification/Registration No	<input type="text"/>	
Product Name	<input type="text"/>	
Start Date (dd/mm/yyyy)	<input type="text"/>  To <input type="text"/> 	
Expiry Date (dd/mm/yyyy)	<input type="text"/>  To <input type="text"/> 	

# CRM Notification (Sample)

1. Clinical Research Material Notification	
Notification Number	CRM1600117
Notification Date	07/10/2016
Valid Until	Trial Completion

**Validity Period\***  
Note for standalone CRM,  
it is valid for 1 year

2. Particulars of Importer/Manufacturer	
2.1 Unique Entity No.(UEN)	HEY
2.2 Company Name	HEY importer
<b>2.3 Address</b>	
2.3.1 Address Type:	Local
2.3.2 Postal Code: *	138667
2.3.3 Block / House No:	11
2.3.4 Level - Unit *	
2.3.5 Street Name:	BIOPOLIS WAY
2.3.6 Building Name:	HELIOS
2.3.7 Country:	SINGAPORE
2.4 Company Representative	HEY HEY
2.5 Designation:	importer
2.6 Tel.No. :	1234567
2.7 Fax.No. :	
2.8 Email:	HEY_importer@gmail.com

**Importer/ Manufacturer Details**

3. Particulars of Clinical Trial/Research	
3.1 Title of Clinical Trial/Research:	This is a CTC application
3.2 Protocol/Research Reference Number:	0987
3.3 Name of Trial/Research Sponsor:	ABC Co Ltd.,
<b>3.4 List of Principal Investigator(s) &amp; Clinical Trial/Research Site(s)</b>	
Principal Investigator(s)	Clinical Trial / Research Site
PI	Kwong Wai Shiu Hospital

**Trial Information**

**Site/ PI Information**

4. Particulars of Clinical Research Material (CRM)				
4.1 Medicinal / Therapeutic Product				
No.	Name	Dosage Form	Strength	Estimated Total Qty
1	CTC Drug 1	CAPSULE	500	5200

**CRM Information**

5. The CRM Notification for company, stated in Section 2, to import the clinical research material, stated in Section 4, for the purposes of the clinical trial/research, stated in Section 3, has been received.

We welcome your queries!

HSA\_CT@hsa.gov.sg

**THANK YOU!**