Clinical Protocol Template for ClinO, Chapter 4 »Other Clinical Trials«

General information and instructions

Legal basis for other clinical trials

The laws applicable in this template are the Federal Act on Research involving Human Beings (HRA) and its applicable ordinance (ClinO e/KlinV d/OClin f/OSRUm i) and the ICH-GCP E6, section 6.

The template is intended for studies:

- which are interventional clinical trials according to the definition given in HRA, Art. 3 lit. I and fall into the scope of ClinO Chapter 4 other clinical trials*,
- performed in Switzerland, respectively where the Sponsor-Investigator is located in Switzerland, (possibly there are additional international sites)
- where the study question does not relate to the use of drug(s), medical device(s), transplant products, gene therapy, genetically modified or pathogenic organisms and transplantation effect(s), but to other kinds of medical, psychological, physiological interventions or other procedures,

*interventional clinical trials as per ClinO Chapter 4 include research in preventive, diagnostic, therapeutic, palliative or rehabilitation activities that are examined in the context of a clinical trial.

For multicenter studies, the language used in the protocol should be English.

For monocentric studies the protocol may also be written in a national language, i.e. German, French or Italian, even though the template is in English.

- Please use the text passages that are written in black.
- Please delete all instructions and explanations that are written in blue, including this page and the table 'Change History'.
- Header and footer should contain the following information on all pages:
  [Study ID], [version x, DD/MM/YYYY], [Page x of xx].
- In places where the information is redundant, it is acceptable to refer to another section or to state its redundancy but the section must not be deleted.
- The protocol must be submitted via BASEC in an Optical Character Recognition (OCR) PDF format, i.e. in a searchable PDF format. The protocol signature page must be wet-ink signed by the Sponsor-Investigator, scanned and uploaded separately. In a multicentric study the protocol signature page must be signed by all participating local Investigators.
- Refer questions regarding use of this protocol template to swissethics, info@swissethics.ch, phone: +41 31 306 93 95, www.swissethics.ch.

Please be aware that the content of the protocol has to be identical to the content of the BASEC research study application form. You can refer to the protocol in the research study application form of BASEC to avoid redundancies but not vice versa.

Change history

Version Nr	Version date	Modified without version change	Description, comments	Control
1.0	30.08.2018		Initial version	PG

✂ **….. Please remove the 'General information and instructions' and the table 'Change history' …..** ✂

Protocol Title

Study Type:	Other Clinical Trial according to ClinO, Chapter 4
Risk Categorisation:	Risk category A or B according to ClinO, Art. 61
Study Registration:	1. Name of primary study registry and registration number (if not yet registered, name the intended registry) 2. Registration number from the FOPH portal SNCTP (Swiss National Clinical Trial Portal) and, if applicable, other registries and numbers
Sponsor:	Name and contact details of Sponsor or Sponsor-Investigator
Principal Investigator	Name and contact details of Principal Investigator
Investigated Intervention:	Description of investigated intervention
Protocol ID	If applicable, e.g. Protocol number
Version and Date:	Version x (dated DD/MM/YYYY)

CONFIDENTIALITY STATEMENT

If applicable, add an institutional confidentiality statement here respecting that it is not in conflict with the applicable transparency rules.

e.g. “The information contained in this document is confidential and the property of xx (or “the sponsor”). The information may not - in full or in part - be transmitted, reproduced, published, or disclosed to others than the applicable Competent Ethics Committee(s) and Regulatory Authority(ies) without prior written authorisation from the sponsor except to the extent necessary to obtain informed consent from those who will participate in the study.

PROTOCOL SIGNATURE FORM

Study Title	Full study title as written out on title page
Study ID	If applicable

The Sponsor or the Sponsor-Investigator has approved the protocol version x (dated DD/MM/YYYY) and confirm hereby to conduct the study according to the protocol, current version of the World Medical Association Declaration of Helsinki, and ICH-GCP guidelines as well as the local legally applicable requirements.

A clinical trial covered by ClinO Chapter 4 may be conducted in accordance with other rules than ICH-GCP guidelines, provided that such rules are recognised in the specialty in question and the protection of participants and data quality and security are guaranteed (ClinO Art. 5, Abs 2). If the clinical trial is not conducted according to ICH-GCP guidelines, the paragraph above must be adapted accordingly.

If Sponsor and Principal Investigator are the same person (Sponsor-Investigator), please delete the additional signature line for the Principal Investigator of the study.

Sponsor:

Name: *Name in print*

Date: _____ Signature: _____

Principal Investigator:

Name: *Name in print*

Date: _____ Signature: _____

(only for multicentric studies, delete this page for monocentric studies)

Local Principal Investigator at study site:

In multicenter studies, this page must individually be signed by all participating Local Principal Investigators.

Site: *Name and address of site*

Principal Investigator: *Name in print*

Date: _____ Signature: _____

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GLOSSARY OF ABBREVATIONS

AE	*Adverse Event*
ASR/DSUR	*Annual Safety Repot / Development Safety Report*
BASEC	*Business Administration System for Ethical Committees*
CRF	*Case Report Form*
CTCAE	*Common Terminology Criteria for Adverse Events*
FADP	*Federal Act on Data Protection (in German: DSG, in French: LPD, in Italian: LPD)*
eCRF	*electronic Case Report Form*
FOPH	*Federal Office of Public Health*
GCP	*Good Clinical Practice*
HRA	*Human Research Act (in German: HFG, in French: LRH, in Italian: LRUm)*
ICH	*International Conference on Harmonisation*
ClinO	*Ordinance on Clinical Trials in Human Research (in German: KlinV, in French: OClin, in Italian: OSRUm)*
SAE	*Serious Adverse Event*

Please expand the list of abbreviations as needed.

1 STUDY SYNOPSIS

Sponsor / Sponsor-Investigator	Name(s) and contact details of Sponsor / Sponsor-Investigator
Study Title	Full protocol title
Short Title / Study ID	Abbreviated protocol title or, if applicable, study ID, e.g. study number
Protocol Version and Date	Version x (dated DD/MM/YYYY)
Study Registration	Name of study registry, registration number (if not yet registered, name the intended registry)
Study Category and Rationale	Risk category and rationale
Background and Rationale	Background of the study and rationale
Risk / Benefit Assessment	Risk / benefit assessment
Objective(s)	Primary objective(s) and, if applicable, secondary including safety objective(s)
Endpoint(s)	Primary endpoint(s) and, if applicable, secondary including safety endpoint(s)
Study Design	Design attributes (e.g. confirmatory, non-randomised / randomised, open / single-blinded / one-arm / two-arm, cross-over/controlled)
Statistical Considerations	Description of the main elements of the statistical methodology to be used in the study including an explanation to sample size
Inclusion- / Exclusion Criteria	key inclusion and exclusion criteria and, if applicable, rationale for including vulnerable participants
Number of Participants with Rationale	Number of participants in the entire study, provide the total number as well as the number for each treatment group. Briefly explain the rationale for the number of participants.
Study Interventio	Description of the study intervention
Control Intervention	If applicable, description of the control group
Study procedures	Description of the overall study procedures
Study Duration and Schedule	Estimated duration for the main investigational plan, i.e. from start of screening of first participant to last participant last visit and finishing the study Planned MM/YYYY of First-Participant-In Planned MM/YYYY of Last-Participant-Out
Investigator(s)	Name(s) and contact details of Investigator(s)
Study Center(s)	Name(s) and address of Study Center(s) If multicenter study, number of centers to be involved If multinational study, countries to be involved
Data privacy	Explain how the privacy of data is guaranteed. Mention coding and confidentiality while handling data and if applicable biological material.
Ethical consideration	Explain the scientific value of the study, justify the methodology give a statement to the risks and the benefit. Explain if you include vulnerable populations.
GCP Statement	This study will be conducted in compliance with the protocol, the current version of the Declaration of Helsinki, the ICH-GCP, the HRA as well as other locally relevant legal and regulatory requirements. A clinical trial covered by ClinO Chapter 4 may be conducted in accordance with other rules than ICH-GCP guidelines, provided that such rules are recognised in the specialty in question and the protection of participants and data quality and security are guaranteed (ClinO Art. 5, Abs 2). If the clinical trial is not conducted according to ICH-GCP guidelines, the paragraph above must be adapted accordingly.

Please only fill out the study synopsis if the finished protocol exceeds the length of 25 pages.

2 BACKGROUND AND RATIONALE

The study must address a relevant scientific question and potentially provide valuable generalizable knowledge. Scientific value is essential for the ethical conduct of every study (HRA, Art. 5). The legal requirements must be fulfilled and the ethical standards must be guaranteed. Note that research on humans is only allowed as long as an equivalent new knowledge cannot be gained otherwise (HRA, Art. 11).

Provide information about the scientific background of the study (e.g. (disease) background, epidemiology, current standard of care, etc.) and cite relevant literature including relevant systematic reviews. Describe the research question and explain why you chose the research question that will be answered through this study. Provide information about the intended intervention (e.g. surgery, physiotherapy, psychology, examination method or whatever applies) and give a scientific rationale for the study. Explain why the study generates new scientific generalizable knowledge. State the risk category of the study according to ClinO, Art. 61 and explain the rationale behind the risk categorisation.

3 STUDY OBJECTIVES AND DESIGN

3.1 Hypothesis and primary objective

Describe a clear hypothesis that will be answered through the study and the primary objective. In rare cases a hypothesis might not be required (e.g. exploratory studies).

If applicable, describe secondary objectives.

3.2 Primary and secondary endpoints

The primary endpoint is the main result that is measured during or at the end of an intervention to verify whether the intervention (i.e. the administrated treatment, the surgical procedure, the physiotherapy etc.) was successful or not. Describe the variable of primary interest, the rationale for its selection, the method and as applicable the time point of assessment. In general, a single variable and a single time point are used for the primary endpoint. Under certain circumstances, a combined primary endpoint is possible, but should be carefully determined together with trial statistician.

If applicable, provide a description of all secondary endpoint variables to be assessed. The secondary endpoint(s) are used to answer the secondary objectives.

If applicable, provide a description of the safety endpoint variables referring to e.g. specific adverse events (AEs), the rate of adverse events in general, laboratory parameters/vital signs, etc.

Describe baseline factors that may have an influence on the endpoints (e.g. age, gender, history, morbidity etc.).

3.3 Study design

Both the study design and the selected methods should be appropriate to answer the research question and address the hypothesis.

Describe the general study design (e.g. confirmatory, non-randomised / randomised, one-arm / two-arms, open / single-blinded / cross-over) and the study setup (monocentric / multicenter,

national / international). Discuss known or potential problems associated with the trial design.

Describe the methods of minimising bias (e.g. randomisation or other methods of minimising bias, such as the use of validated questionnaires).

3.4. Study intervention

Describe the planned intervention (e.g. surgical procedure, physiotherapy or other) in detail. What exactly is done?

4 STUDY POPULATION AND STUDY PROCEDURES

4.1 Inclusion and exclusion criteria, justification of study population

Describe the study population and specify the total number of participants, including the control groups. Justify the choice of study population.

List the study inclusion criteria, e.g.

- Group of people undergoing the intervention,
- Target disease / diagnosis,
- Able to give informed consent as documented by signature,
- Age,
- Clinical history,
- Ethnic or sociodemographic background,
- Lifestyle factors, etc.

List the study exclusion criteria, e.g.

- Pregnant or lactating women,
- Inability or contraindications to undergo the investigated intervention,
- Clinically significant concomitant diseases,
- Inability to follow the procedures of the study, e.g. due to language problems, psychological disorders, dementia, etc.,
- Previous enrolment in a clinical trial, etc.

For vulnerable participants (e.g. minors, participants incapable of judgment or participants under tutelage), the following questions need to be addressed (HRA, Art. 21 – 24):

- Rationale for the inclusion of vulnerable participants, i.e. reasons why comparable findings cannot be obtained from adults or those capable of judgment,
- Describe how the legal representative is informed regarding the procedures of the study and how his or her consent is obtained,
- In the event of a participant capable of judgment, describe how their assent is collected in addition to the consent of their legal representative,
- In the event of a participant incapable of judgment, mention that symptoms showing that the participant is unwilling to participate in the study will result in the participant being excluded from participation

For emergency situations with regard to vulnerable patients refer to HRA, Art. 30 f.

4.2 Recruitment, screening and informed consent procedure

Describe the location of recruitment (e.g. hospital, general practice, city, etc.) and procedures for

participant recruitment (e.g. consecutive ongoing recruitment through the study coordinator in daily clinical practice, or recruitment through referring physician). When using advertisements or flyers as a recruitment tool, the documents must be submitted to the Ethics Committee for approval through BASEC and have to be in line with the guidelines published on www.swissethics.ch.

Describe the informed consent process (HRA, Art. 7, 16 - 18, 42; ClinO, Art. 7 - 9) including ample time for consideration given to the participants as well as the opportunity to ask questions:

The investigators will explain to each participant the nature of the study, its purpose, the procedures involved, the expected duration, the potential risks and benefits and any discomfort it may entail. Each participant will be informed that the participation in the study is voluntary and that he or she may withdraw from the study at any time and that withdrawal of consent will not affect his or her subsequent medical assistance and treatment.

The participant will be informed that his or her medical records may be examined by authorised individuals other than their treating physician.

All participants for the study will be provided a participant information sheet and a consent form describing the study and providing sufficient information for participant to make an informed decision about their participation in the study. Enough time needs to be given to the participant to decide whether to participate or not. Please specify the time frame given.

The formal consent of a participant, using the approved consent form, will be obtained before the participant is submitted to any study procedure.

The consent form will be signed and dated by the investigator or his designee at the same time as the participant sign. A copy of the signed informed consent will be given to the study participant. The consent form will be retained as part of the study records. The informed consent process must be documented in the patient file and any discrepancy to the process described in the protocol must be explained.

If necessary, describe screening process and screening procedures to meet inclusion and exclusion criteria. Any screening procedure that is not routine or daily practice can only be performed once informed consent has been obtained.

If applicable, describe any compensation or payments given to the participants. For guidelines concerning the remuneration of participants refer to HRA, Art. 14.

An ethical guideline concerning the remuneration of participants is also available on www.swissethics.ch.

4.3 Study procedures

State the planned overall study duration, including the recruitment period and study duration for each patient. Provide a detailed description of the planned intervention (e.g. surgery, physiotherapy etc.) as well as all the additional planned procedures, such as examinations etc.

If applicable: Describe the material sampled and stored as well as methods and tests used for sample collection and analysis.

Compile a summary table listing all study visits, relevant procedures, and samplings as well as all timelines, i.e. a schedule of assessment. For the table, please refer to appendix 1. A table or a flowchart is always helpful.

Describe any expected biases to the study and measures taken to reduce them.

4.4 Withdrawal and discontinuation

Describe criteria for which a participant is withdrawn from the study (e.g. withdrawal of informed consent, disease progression, etc.).

Describe procedures to follow upon premature participant withdrawal or upon withdrawal of informed consent (e.g. final examinations, etc.). Describe how the data and material is anonymised in case of withdrawal. If this is not possible, provide a justification.

5 STATISTICS AND METHODOLOGY

5.1. Statistical analysis plan and sample size calculation

If a statistician is involved, please mention his or her name and responsibilities. State the hypotheses (null, alternative hypotheses) in terms of the primary endpoint. Describe the statistical rationale for sample size in terms of the power to test the primary endpoint. If this is not possible, the sample size should nonetheless be justified. Give a description of the planned statistical methods for the primary endpoint. State the level of significance used (e.g. significance level will be two-sided, $\alpha = 0.05$). Give definitions for the different sets of analysis populations. In the event of multiple endpoints, statistical adjustments for multiple testing need to be considered. If applicable, explain the reason of any planned interim or safety analyses.

Name the statistical software package(s) to be used.

If different statistical methods for each hypothesis testing are used, please describe them in detail.

Mention procedures for reporting any deviations from the original statistical plan (e.g. any deviation from the original statistical plan will be described and justified in the final trial report).

Describe the stopping rules

5.2. Handling of missing data and drop-outs

Describe how missing data (e.g. multiple imputation, last observation carried forward, complete case analysis, etc.) will be handled.

Describe how drop-outs will be handled in order to ensure an adequate number of participants in the study (e.g. drop-outs are replaced by recruitment of new subjects, etc.).

5 REGULATORY ASPECTS AND SAFETY

6.1 Local regulations / Declaration of Helsinki

This study is conducted in compliance with the protocol, the current version of the Declaration of Helsinki, the ICH-GCP If the clinical trial is not conducted according to ICH-GCP guidelines, the paragraph above must be adapted accordingly (ClinO Art. 5, Abs 2), the HRA as well as other locally relevant legal and regulatory requirements.

6.2 (Serious) Adverse Events

An Adverse Event (AE) is any untoward medical occurrence in a patient or a clinical investigation subject which does not necessarily have a causal relationship with the trial procedure. An AE can therefore be any unfavourable or unintended finding, symptom, or disease temporally associated with a trial procedure, whether or not related to it.

A Serious Adverse Event (SAE) (ClinO, Art. 63) is any untoward medical occurrence that

- Results in death or is life-threatening,
- Requires in-patient hospitalisation or prolongation of existing hospitalisation,
- Results in persistent or significant disability or incapacity, or
- Causes a congenital anomaly or birth defect

Both Investigator and Sponsor-Investigator make a causality assessment of the event to the trial invervention, (see table below based on the terms given in ICH E2A guidelines). Any event assessed as possibly, probably or definitely related is classified as related to the trial intervention.

Relationship	Description
Definitely	Temporal relationship Improvement after dechallenge* Recurrence after rechallenge (or other proof of drug cause)
Probably	Temporal relationship Improvement after dechallenge No other cause evident
Possibly	Temporal relationship Other cause possible
Unlikely	Any assessable reaction that does not fulfil the above conditions
Not related	Causal relationship can be ruled out
*Improvement after dechallenge only taken into consideration, if applicable to reaction	

Both Investigator and Sponsor-Investigator make a severity assessment of the event as mild, moderate or severe. Mild means the complication is tolerable, moderate means it interferes with daily activities and severe means it renders daily activities impossible. Other grades of severity, such as the terminology from the CTCAE, may be used, if appropriately referenced.

Reporting of SAEs (see ClinO, Art. 63)

All SAEs are documented and reported immediately (within a maximum of 24 hours) to the Sponsor-Investigator of the study.

If it cannot be excluded that the SAE occurring in Switzerland is attributable to the intervention under investigation, the Investigator reports it to the Ethics Committee via BASEC within 15 days.

In multicenter studies the following should be added:

If the SAE occurs at one of the study sites, the coordinating Investigator reports the events to the Ethics Committee concerned, within 15 days.

Exemptions from expedited reporting may be possible if the SAE is either a clear result of the underlying disease or well-known. Please define those SAEs that are exempted from expedited reporting.

A template of the SAE is available at www.swissethics.ch.

Follow up of (Serious) Adverse Events

Describe the follow up procedures of participants terminating the study with reported ongoing (S)AEs until resolution or stabilisation.

6.3 (Periodic) safety reporting

An annual safety report (ASR/DSUR) is submitted once a year to the local Ethics Committee by the Investigator (ClinO, Art. 43 Abs).

In multicenter studies the following should be added:

In international multicentric studies the ASR/DSUR contains information from all sites including information from sites outside of Switzerland. The Sponsor-Investigator distributes the ASR/DSUR to all the participating Investigators.
A template of the ASR is available at www.swissethics.ch.

6.4 Radiation

If applicable, please refer to the swissethics template of clinical trials for IMPs and Medical Devices.

If applicable: If the permitted dose guidance value (5 mSv per year if no direct benefit is expected for the participants) is exceeded at any time, the local Investigator notifies the Ethics Committee via BASEC within 7 working days of it becoming known (see ClinO, Art. 44).

6.5 Pregnancy (if applicable)

Depending on the study, reporting of pregnancies may not be necessary. If reporting is necessary, state how pregnancies will be reported (usually within a maximum of 24 hours to the Sponsor-Investigator), and how occurrence of pregnancy will be handled in the study (usually patient is withdrawn, outcome of the pregnancy is followed up, etc.).

6.6 Amendments

Substantial changes to the study setup and study organization, the protocol and relevant study documents are submitted to the Ethics Committee for approval before implementation. Under emergency circumstances, deviations from the protocol to protect the rights, safety and well-being of human subjects may proceed without prior approval of the Ethics Committee. Such deviations shall be documented and reported to the Ethics Committee as soon as possible.

Substantial amendments are changes that affect the safety, health, rights and obligations of participants, changes in the protocol that affect study objective(s) or central research topic, changes of study site(s) or of study leader and sponsor (ClinO, Art. 29).

A list of substantial changes is also available on www.swissethics.ch.

A list of all non-substantial amendements will be submitted once a year to the competent EC together with the ASR.

6.7 (Premature) termination of study

Provide a statement that the Sponsor-Investigator and any other competent authority may terminate the study prematurely according to certain circumstances, e.g:

The Sponsor-Investigator may terminate the study prematurely according to certain circumstances, e.g.

- Ethical concerns,
- Insufficient participant recruitment,
- When the safety of the participants is doubtful or at risk (e.g. when the benefit-risk assessment is no longer positive),
- Alterations in accepted clinical practice that make the continuation of the study unwise, or
- Early evidence of harm or benefit of the experimental intervention

Upon regular study termination, the Ethics Committee is notified via BASEC within 90 days (ClinO, Art. 38).

Upon premature study termination or study interruption, the Ethics Committee is notified via BASEC within 15 days (ClinO, Art. 38).

Please refer to www.swissethics.ch for a template concerning the notification of completion, discontinuation or interruption of the clinical trial.

Describe what happens to the biological materials and health-related data at the end of the study (e.g. all biological materials and health-related data are anonymised upon end of data analysis).

If the study also requires a FOPH approval or includes investigations involving unsealed or sealed radioactive sources, the study leader shall submit to the FOPH a final report including all information of relevance for radiological protection, in particular a retrospective dose estimation, within a year of completing or discontinuing the study. Routine nuclear medicine examinations involving authorised radiopharmaceuticals are exempt from these reporting requirements.

6.8 Insurance

For category A studies: In the event of study-related damage or injuries, the liability of the institution xy provides compensation, except for claims that arise from misconduct or gross negligence.

For category B studies: A separate study insurance is necessary, the sponsor needs to document the guarantee of liability (insurance certificate or equivalent guarantee).

7 FURTHER ASPECTS

7.1 Overall ethical considerations

Provide overall ethical considerations of the study, such as generalizability of results, i.e. overall social and scientific value of the study, justification of the study design, the study population and of the study procedures. Provide information about other study-specific ethical aspects (e.g. handling of incidental findings, right of information, special risks in studies using genetic data, methodological critical points, voluntary study participation, vulnerable population, etc.). Ensure that there is an overall fair balance for the study participant.

7.2 Risk-benefit assessment

Assess the potential risk or anticipated adverse effects for participants against a potential benefit for society, science and the participant. Describe how risks to participants are mitigated or minimised. The risk of a study includes the risks of the trial intervention itself (e.g. MRI, psychiatric questionnaires with potential of traumatization, etc.) as well as the risk of unauthorised data access through third parties or unwanted identification of participants.

For studies without immediate benefit to the study participant, a rationale should be provided stating how the results of the study could benefit future patients (e.g. due to a better understanding of the disease, surgical procedures, etc.).

8 QUALITY CONTROL AND DATA PROTECTION

8.1 Quality measures

Describe measures taken for quality assurance and quality control (e.g. double data entry, study personnel trained on all important study related aspects, planned quality visits or independent data review through an independent Data- or Safety Monitoring Committee or a trial monitor, etc.).

For quality assurance the sponsor, the Ethics Committee or an independent trial monitor may visit the research sites. Direct access to the source data and all study related files is granted on such occasions. All involved parties keep the participant data strictly confidential.

8.2 Data recording and source data

Describe how study data is recorded (e.g. electronic Case Report Form (eCRF) such as secuTrial® or Redcap®). An audit trail is obligatory. For each participant a CRF is maintained. CRFs must not identify participants by their name or birth date, but must provide appropriate coded identification.

Please refer to www.swissethics.ch for an acceptable coding of trial subject.

List the source data used in the study. Source data is all information in original records, certified copies of original records of clinical findings, questionnaires, observations, or other recorded activities in a clinical investigation. Clearly differentiate between source data collected on study specific documents (e.g. study CRF, study specific forms or questionnaires, etc.), and routinely collected data during the daily practice. Only routinely collected data is part of participant file but it may be transferred to the participant's CRF under the condition that, in this case, the CRF will no longer be considered as source data.

8.3 Confidentiality and coding

Trial and participant data will be handled with uttermost discretion and is only accessible to authorised personnel who require the data to fulfil their duties within the scope of the study. On the CRFs and other study specific documents, participants are only identified by a unique participant number.

Describe who stores the participant identification list, how the data is protected from unauthorised or accidental disclosure, alteration, deletion, copying and theft. Describe the processes in place to ensure traceability (audit trail; ClinO, Art. 18). Mention password access and safety back-ups on storage media to prevent misuse.

In multicenter studies, the process can be described in an annex to cover all sites' specificities.

Describe if uncoded or coded genetic or only non-genetic data are used.

If applicable:

Biological material in this study is not identified by participant name but by a unique participant number. Biological material is appropriately stored in a restricted area only accessible to the authorised personnel.

Describe the measures taken to prevent unauthorised or accidental disclosure, alteration, destruction and theft of biological material.

Describe the processes in place, which are essential to ensure traceability.

Describe appropriate storage and technical requirements to be met (e.g. the maintenance of a cooling system).

If biological material or data collected during the study are to be shipped outside the study site, include the receiver address, the responsible person to whom the materials or data are sent, the purpose of shipment, if applicable, temperature control and how participant confidentiality is guaranteed. Biological material or genetic data can only be sent abroad in the scope of the research study, if the participant involved has given his or her consent to do so upon having been sufficiently informed. Non-genetic health-related personal data can be sent abroad for research if the requirements of Swiss data protection law are met (FADP, Art. 6).

8.4 Retention and destruction of study data and biological material

All study data are archived for 10 years (time according to local legislation; for other clinical trials usually 10 years) after study termination or premature termination of the study.

Specify time-period and location of archiving of the study data and the biological material.

If applicable, describe how biological materials will be destroyed after termination of the research study and how this will be documented.

If it is planned to further use the study data or the biological materials (e.g. for a Biobank), describe the planned use and the duration (HRA, Chapter 4).

9 MONITORIMG AND REGISTRATION

Mention the institution that is fulfilling the monitoring duties. Describe the regular monitoring visits at the investigator's site prior to the start and during the course of the study. Give a description of what data and documents will be monitored. Alternatively the extent and nature of monitoring activities based on the objective and design of the study can be defined in a study specific monitoring plan.

Provide a statement that the source data/documents are accessible to monitors and questions are answered during monitoring.

Registration in a national language in the Swiss National Clinical trial Portal (SNCTP via BASEC) is required. In addition, the study must be registered in a registry listed in the WHO International Clinical Trials Registry Platform (ICTRP; http://www.who.int/ictrp/en/), if it satisfies the definition given therein.

10. FUNDING / PUBLICATION / DECLARATION OF INTEREST

Describe funding sources, publication policy of the study (e.g. authors, raw data access, timelines, etc.), data sharing policy and possible conflict of interests (e.g. independence, intellectual, financial, proprietary, etc.). If applicable, make reference to other contracts or documents where this information is captured.

In multicenter studies, if there is no contract or any written agreement between the institutions, the specifics of the collaboration can be given here.

10 REFERENCES

1. Common Terminology Criteria for Adverse Events (CTCAE)
   https://www.eortc.be/services/doc/ctc/CTCAE_4.03_2010-06-14_QuickReference_5x7.pdf
2. Declaration of Helsinki
   https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/
3. Federal Act on Data Protection (FADP)
   https://www.admin.ch/opc/en/classified-compilation/19920153/index.html
4. Human Research Act (HRA)
   https://www.admin.ch/opc/de/classified-compilation/20061313/index.html
5. International Conference on Harmonization (ICH) E6(R2) Guideline for Good Clinical Practice
   http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R2__Step_4_2016_1109.pdf
6. International Conference on Harmonization (ICH) E2A Clinical Safety Data Management: Definitions and Standards for Expedited Reporting
   http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2009/09/WC500002749.pdf
7. Ordinance on Clinical Trials in Human Research (ClinO)
   https://www.admin.ch/opc/de/classified-compilation/20121176/index.html

Please expand the references as needed.

Appendix 1: Schedule of assessments (if applicable)

Time (hour, day, week)	**>-1 day**	**0**	**+1**	**+3**
Visit	Information	Screening	1st visit	2nd visit
Oral and written patient information	+			
Written consent		+		
Inclusion-/ exclusion criteria		+		
Medical history		+		
Physical examination		+		
Participant characteristics		+		
Procedures			+	+
Intervention		+	+	+
Questionnaire		+	+	+
Sampling			+	+
Safety		+	+	+

Please amend and expand the above schedule according to the specific study.