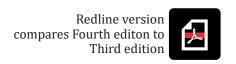
INTERNATIONAL STANDARD



Clinical investigation of medical devices for human subjects — Good clinical practice

Investigation clinique des dispositifs médicaux pour sujets humains — Bonne pratique clinique

ACH ST AND ARD State of State



ISO 14155:redline:2020(E)

IMPORTANT

This marked-up version uses the following colour-coding in the marked-up text:

Text example 1

— Text has been added (in green)

Text example 2

Text has been deleted (in red)

— Graphic figure has been added

- Graphic figure has been deleted

1.x ...

 If there are changes in a clause/subclause, the corresponding clause/ subclause number is highlighted in yellow in the Table of contents

IMPORTANT

Exemple de texte 1 — Texte ayant été ajouté (en vert)

Exemple de texte 2 — Texte ayant été supprimé (en rouge)

— Figure graphique ayant été ajoutée



— Figure graphique ayant été supprimée

1.x ...

— Si des modifications ont été apportées à un article/paragraphe, l'article/le paragraphe est mis en évidence en jaune dans le Sommaire

DISCLAIMER

This marked-up version highlights the main changes in this edition of the document compared with the previous edition. It does not focus on details (e.g. changes in punctuation).

This marked-up version does not constitute the official ISO document and is not intended to be used for implementation purposes.



COPYRIGHT PROTECTED DOCUMENT

© ISO 2020

All rights reserved. Unless otherwise specified, or required in the context of its implementation, no part of this publication may be reproduced or utilized otherwise in any form or by any means, electronic or mechanical, including photocopying, or posting on the internet or an intranet, without prior written permission. Permission can be requested from either ISO at the address below or ISO's member body in the country of the requester.

ISO copyright office CP 401 • Ch. de Blandonnet 8 CH-1214 Vernier, Geneva Phone: +41 22 749 01 11 Fax: +41 22 749 09 47 Email: copyright@iso.org Website: www.iso.org

Published in Switzerland

Coi	ntents		Page
Fore	word		vi
1	Scope		1
2	-	ative references	
		s and definitions	
3			
4		nary of good clinical practice (GCP) principles	
4 5		al considerations	
		General	
		Improper influence or inducement	
	1.5 5.3 5.4	Compensation and additional health careRegistration in publicly accessible database	11 11
		Responsibilities	1 11
		Communication with the ethics committee (EC)	
	110 010	4.5.1 5.6.1	
		General	12
		4.5.2 5.6.2	
		Initial EC submission 4.5.3 5.6.3	12
		4.5.3 5.6.3	10
		Information to be obtained from the EC 4.5.45.6.4 Continuing communication with the EC 4.5.55.6.5	12
		Continuing communication with the FC	12
		45565	13
		Continuing information to be obtained from the EC	12
	4.6 5.7	Vulnerable populations with the state of the	13
	4.7 5.8	Informed consent	14
		Vulnerable populations Informed consent 4.7.15.8.1 General 4.7.25.8.2	
		General	14
		Dragges of obtaining of formed consent	1 /
		Process of obtaining informed consent	14
		Special circumstances for informed consent	15
		4.7.45.8.4	10
		Information to be provided to the subject	
		4.7.5 5.8.5	
		Informed consent signature	19
		4.7.6 5.8.6	10
		New information	
5 6		al investigation planning	
		General	
	5.2 6.2	Risk evaluation management 6.2.1 General	
		6.2.1 General General Investigational device including clinical procedure risks and their disclosure	
		6.2.3 Clinical investigation process	
	5.3 6.3	Justification for the design of the clinical investigation	
		Clinical investigation plan (CIP)	
		Investigator's brochure (IB)	
	5.6 6.6	Case report forms (CRFs)	22
		Monitoring plan	
		Investigation site selection	
		Agreement(s)	23
	5.10 0	. <mark>10</mark> Labelling	24
		LUDCIIIIS	4 T

ISO 14155:redline:2020(E)

	5.11 6.	11	
		Data monitoring committee (DMC)	24
c =	Climin		
6 7		al investigation conduct	
		General	
		Investigation site initiation	
		Investigation site monitoring	
	0.4 /.4	Adverse events and device deficiencies	
		7.4.1 Signals requiring immediate action	25
		6.4.1 7.4.2	0.5
		Adverse events	25
		6.4.2 7.4.3	0.5
		Device deficiencies	
	< 	7.4.4 Risk assessment process for potentially unacceptable risks	
	6.5 7.5	Clinical investigation documents and documentation	26
		6.5.1 7.5.1	
		Amendments	26
		6.5.2 7.5.2	
		Subject identification log	27
		6.5.3 7.5.3	~ -
	((= -	Source documents Additional members of the investigation site team Subject privacy and confidentiality of data Document and data control 6.8.17.8.1	27
	6.6 7.6	Additional members of the investigation site feam	27
	6.7 7.7	Subject privacy and confidentiality of data.	27
	6.8 7.8	Document and data control	27
		6.8.1 7.8.1	~ -
		Traceability of documents and data	27
		Traceability of documents and data 6.8.27.8.2 Recording of data 6.8.37.8.3 Electronic clinical data systems Investigational device accountability Accounting for subjects	20
		Recording of data	28
		District of the 18th Automatical Control of the 18th Automatic	20
	(070	Liectronic clinical data systems	28
	0.7 /.9	investigational device accountability	29
	0.10/.	Accounting for subjects 11 Auditing	20
	<u> </u>	11	30
	0.11/.	Auditing	30
		Additing	50
7 8	Suspe	nsion, termination, and close out of the clinical investigation	31
	8.1	Completion of the clinical investigation	31
	7.1 8.2	Suspension or premature termination of the clinical investigation	31
		7.1.1 8.2.1	
		Procedure for suspension or premature termination	31
		7.1.2 8.2.2	
		Procedure for resuming the clinical investigation after temporary suspension	
		Routine close-out	
		Clinical investigation report	
	8.5	Risk assessment and conclusions	
	7.4 8.6	Document retention	33
9 9	Respo	nsibilities of the sponsor	34
	8.1 9.1	Clinical quality assurance and quality control management	34
		Clinical investigation planning and conduct	34
		0.2.1 9.2.1	
		Selection and training of clinical personnel	34
		9.2.2 9.2.2	
		Preparation of documents and materials	35
		9.2.3 9.2.3	
		Conduct of clinical investigation	36
		0.2.4 9.2.4	
		Monitoring	36

9.2.5 9.2.5		
Safety evaluation and reporting		
8.2.6 9.2.6		
Clinical investigation close-out		
9.3 9.3 Outsourcing of duties and functions		
8.4 9.4 Communication with regulatory authorities	41	
P10 Responsibilities of the principal investigator 9.10.1		
General		
9.2 10.2		
Qualification of the principal investigator		
9.3 10.3		
Qualification of investigation site		
9.4 10.4		
Communication with the EC		
9.5 10.5 Informed consent process		
9.610.6		
Compliance with the CIP		
9.7 10.7		
Medical care of subjects	43	
9.9 10.8		
Safety reporting	44	
Annex B (normative) Clase report forms (CRFs)		
Annex B (normative) Investigator's brochure (IB)	54	
Annex C (informative) Case report forms (CRFs)	57	
Annex D (informative normative) Clinical investigation report	59	
Annex E (informative) Essential clinical investigation documents	65	
Annex F (informative) Adverse event categorization	75	
Annex G (informative) EC responsibilities	77	
Annex H (informative) Application of ISO 14971 to clinical investigations	81	
Annex I (informative) Clinical development stages	82	
Annex J (informative) Clinical investigation audits	87	
Bibliography	90	

Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

International Standards are The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the rules given in editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies easting a vote.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see the following URL: www.iso.org/iso/foreword.html

ISO 14155 This document was prepared by Technical Committee ISO/TC 194, *Biological and clinical evaluation of medical devices*; in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 206, *Biological and clinical evaluation of medical devices*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This second third edition cancels and replaces the first edition of second edition (ISO 14155-1:2003;2011 and the first edition of ISO 14155-2:2003), which have been technically revised. The main changes to the previous edition are as follows:

- inclusion of a summary section of GCP principles (see Clause 4);
- reference to registration of the clinical investigation in a publicly accessible database (see 5.4);
- inclusion of clinical quality management (see 9.1);
- inclusion of risk-based monitoring (see 6.7);
- inclusion of statistical considerations in Annex A;
- inclusion of guidance for ethics committees in Annex G;
- reinforcement of risk management throughout the process of a clinical investigation (planning to consideration of results) including Annex H;
- clarification of applicability of the requirements of this document to the different clinical development stages (see Annex I);

inclusion of guidance on clinical investigation audits (see Annex J).

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Intros: Istandards. itelialistandards. Intros: Istandards. istandards. intros: Istandards. itelialistandards. intros: Istandards. intros: Istandards. itelialistandards. intros: Istandards. itelialistandards. intros: Istandards. itelialistandards. intros: Istandards. intros: Ista

Tell ST & And a de find standard; and a design of the first of the fir

Clinical investigation of medical devices for human subjects — Good clinical practice

1 Scope

This International Standard document addresses good clinical practice for the design, conduct, recording and reporting of clinical investigations carried out in human subjects to assess the safety or performance clinical performance or effectiveness and safety of medical devices for regulatory purposes.

The For post-market clinical investigations, the principles set forth in this International Standard also apply to all other clinical investigations and should document are intended to be followed as far as possible relevant, considering the nature of the clinical investigation (see Annex I and the requirements of national regulations).

This International Standard document specifies general requirements intended to

- protect the rights, safety and well-being of human subjects,
- ensure the scientific conduct of the clinical investigation and the credibility of the clinical investigation results,
- define the responsibilities of the sponsor and principal investigator, and
- assist sponsors, investigators, ethics committees, regulatory authorities and other bodies involved in the conformity assessment of medical devices.

It does not apply to in vitro diagnostic medical devices.

NOTE 1 Standards developed by ISO/TC 194 are intended to be applied to medical devices. Users of this International Standard will document need to consider whether other standards and/or national requirements also apply to the investigational device(s) under consideration: or the clinical investigation. If differences in requirements exist, the most stringent apply.

NOTE 2 For Software as a Medical Device (SaMD) demonstration of the analytical validity (the SaMD's output is accurate for a given input), and where appropriate, the scientific validity (the SaMD's output is associated to the intended clinical condition/physiological state), and clinical performance (the SaMD's output yields a clinically meaningful association to the target use) of the SaMD, the requirements of this document apply as far as relevant (see Reference [4]). Justifications for exemptions from this document can consider the uniqueness of indirect contact between subjects and the SaMD.

This document does not apply to *in vitro* diagnostic medical devices. However, there can be situations, dependent on the device and national or regional requirements, where users of this document might consider whether specific sections and/or requirements of this document could be applicable.

2 Normative references

The following referenced documents are indispensable for the application of referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 14971.2007, Medical devices — Application of risk management to medical devices

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at http://www.iso.org/obp
- IEC Electropedia: available at http://www.electropedia.org/

3.1

adverse device effect

ADE

adverse event adverse event (3.2) related to the use of an investigational medical device medical device (3.34)

Note 1 to entry: This definition includes adverse events resulting from insufficient or inadequate instructions for use, deployment, implantation, installation, or operation, or any malfunction malfunction (3.33) of the investigational medical device.

Note 2 to entry: This definition includes any event resulting from use error (3.53) or from intentional misuse of the investigational medical device.

Note 3 to entry: This includes 'comparator' (3.12) if the comparator is a medical device.

3.2

adverse event
AE
any untoward medical occurrence, unintended disease or injury, or untoward clinical signs (including abnormal laboratory findings) in subjects subjects (3.50), users or other persons, whether or not related to the investigational medical device investigational medical device (3.29) and whether anticipated or unanticipated

Note 1 to entry: This definition includes events related to the investigational medical device or the comparator comparator (3.12).

Note 2 to entry: This definition includes events related to the procedures involved.

Note 3 to entry: For users or other persons, this definition is restricted to events related to the use of investigational medical devices or comparators.

3.3

audit

systematic independent examination of activities and documents related to elinical investigational clinical investigation (3.8) performed by (an) independent (3.26) person(s), to determine whether these activities were conducted, and the data recorded, analysed and accurately reported, according to the CIP, standard operating procedures, this International Standard document and applicable regulatory requirements

3.4

documentation that allows reconstruction of the course of events

$\frac{3.4}{3.5}$

blinding/masking

masking

procedure in which one or more parties to the clinical investigation clinical investigation (3.8) are kept unaware of the treatment assignment(s)

Note 1 to entry: Single blinding usually refers to the subject(s) subject(s) (3.50) being unaware of the treatment assignment(s). Double blinding usually refers to the subject(s), investigator(s) investigator(s) (3.30), monitor and, in some cases, centralized assessors being unaware of the treatment assignment(s).

Note 2 to entry: A clinical investigation is termed 'observer blind', if at least the primary endpoint(s) (3.22) is/are assessed without knowledge of whether an investigational medical device (3.29) or comparator (3.12) has been used to treat a subject.

3.53.6

case report forms form

CRF₃ CRF

set of printed, optical or electronic documents for each subject (3.50) on which information to be reported to the sponsor (3.49) is recorded, as required by the CIP

certified copy

copy (irrespective of the type of media used) of the original record that has been verified (i.e. by a dated signature or by generation through a validated process) to have the same information including data that describe the context, content, and structure, as the original

3.63.8

clinical investigation

systematic investigation in one or more human subjects (3.50), undertaken to assess the safety clinical performance (3.11), effectiveness (3.20) or performance safety of a medical device medical *device* (3.34)

Note 1 to entry: "Clinical For the purpose of this document, "clinical trial" or "clinical study" are synonymous

with "clinical investigation".

3.73.9

clinical investigation plan

CIP

document that state(s) states the rationale, objectives objectives (3.37), design and proposed prespecified analysis, methodology, monitoring organization, monitoring (3.35), conduct and recordkeeping of the clinical investigation clinical investigation (3.8)

Note 1 to entry: The term For the purpose of this document "protocol" is synonymous with "CIP". However, protocol has many different meanings, some not related to clinical investigation, and these can differ from country to country. Therefore, the term CIRIS used in this International Standard document.

3.03.10

clinical investigation report

document describing the design, execution, statistical analysis and results of a clinical investigation clinical investigation (3.8)

clinical performance

behaviour of a medical device or medical device (3.34) and response of the subject(s) (3.50) to that medical device in relation to its intended use, when correctly applied to appropriate subject(s)

Note 1 to entry: Clinical performance can be defined under national regulations.

3.103.12

comparator

medical device medical device (3.34), therapy (e.g. active control treatment, normal clinical practice), placebo or no treatment, used in the reference group control group (3.15) in a clinical investigation clinical investigation (3.8)

3.13

computer system

hardware and software (including associated documents, e.g. user manual) that creates, modifies, maintains, archives, retrieves, or transmits in digital form information related to the conduct of a clinical investigation (3.8)

ISO 14155:redline:2020(E)

3.11_{3.14}

contract research organization

CRO

person or organization contracted by the sponsor sponsor (3.49) to perform one or more of the sponsor's clinical investigation-related duties and functions

3.15

control group

group of *subjects* (3.50) that receives the *comparator* (3.12)

Note 1 to entry: A control group may be concurrent or historical, or subjects may serve as their own control.

3.12 3.16

coordinating investigator

investigator investigator (3.30) who is appointed by the sponsor sponsor (3.49) to coordinate assist in coordinating the work in a multicentre clinical investigation clinical investigation (3.8)

Note 1 to entry: For the purpose of this document, "national investigator" or "global investigator" are synonymous with "coordinating investigator".

3.133.17

data monitoring committee

DMC

independent (3.26) committee that can be established by the sponsor sponsor (3.49) to assess, at intervals, the progress of the clinical investigation clinical investigation (3.8), the safety data or the critical performance endpoints clinical performance (3.11) or effectiveness (3.20)endpoints (3.22) and to recommend to the sponsor whether to continue, suspend, modify, or stop the clinical investigation

Note 1 to entry: Examples of DMCs are "data For the purpose of this document, "data and safety monitoring board (DSMB)" or "data and safety monitoring committee (DSMC)" or "independent data monitoring committee (IDMC)" are synonymous with DMC.

3.143.18

deviation

instance(s) of failure to follow, intentionally or unintentionally, the requirements of the CIP (3.9)

3.153.19

device deficiency

inadequacy of a medical device medical device (3.34) with respect to its identity, quality, durability, reliability, usability, safety or performance

Note 1 to entry: Device deficiencies include malfunctions malfunctions (3.33), use errors use errors (3.53), and inadequate inadequacy in the information supplied by the manufacturer including labelling.

Note 2 to entry: This definition includes device deficiencies related to the *investigational medical device* (3.29) or the *comparator* (3.12).

3.20

effectiveness

achievement of a clinically significant intended result in a defined portion of the target population when the *investigational medical device* (3.29) is used within its intended uses and according to its instructions for use, the *investigator's brochure* (3.31) and the *CIP* (3.9), as determined by documented scientific evidence

3.21

electronic record

combination of text, graphics, data, audio, imaging, or other information in digital form that is created, modified, maintained, archived, retrieved, or distributed by a computer system (3.13)

EXAMPLE An electronic CRF.

3.16 3.22

endpoint(s)

(primary) <pri>primary> principal indicator(s) used for assessing the primary hypothesis of providing the evidence for *clinical performance* (3.11), *effectiveness* (3.20) a clinical investigation or safety in a *clinical investigation* (3.8)

3.173.23

endpoint(s)

(secondary) < secondary > indicator(s) used for assessing the secondary hypotheses objectives (3.37) of a clinical investigation (3.8)

3.183.24

ethics committee

EC

independent (3.26) body whose responsibility it is to review elinical investigations clinical investigations (3.8) in order to protect the rights, safety, and well-being of human subjects (3.50) participating in a clinical investigation

Note 1 to entry: For the purposes of this International Standard document, "ethics committee" is synonymous with "research ethics committee", "independent ethics committee" or "institutional review board". The regulatory requirements pertaining to ethics committees or similar institutions vary by country or region.

3.193.25

hypothesis

testable statement, resulting derived from the objective, regarding objective (3.37) the investigational medical device safety or performance that is used of the clinical investigation (3.8) to design the clinical investigation and that can be accepted or rejected based on results of the clinical investigation and statistical calculations draw a conclusion about this objective, based on a pre-specified statistical test

Note 1 to entry: The primary hypothesis is the determinant of the investigational medical device safety or performance parameters formulated based on the pre-defined primary endpoint (3.22) and is usually used to calculate the sample size. Secondary hypotheses concerning other points of interest can also be evaluated.

3.203.26

independent

not involved in the development of the investigational device or the conduct of a clinical investigation clinical investigation (3.8); except for their specifically assigned responsibilities, in order to avoid bias or a conflict of interest

3.21_{3.27}

informed consent process

process by which an individual is provided information and is asked to voluntarily voluntarily confirms willingness to participate in a clinical particular clinical investigation (3.8) investigation, after having been informed of all aspects of the investigation that are relevant to the decision to participate

Note 1 to entry. Informed consent is documented by means of a written, signed and dated informed consent form.

3.223.28

investigation site

institution or site where the clinical investigation clinical investigation (3.8) is carried out

Note 1 to entry: For the purpose of this International Standard document, "investigation site" is synonymous with "investigation centre".

3.23 3.29

investigational medical device

medical device medical device (3.34) being assessed for safety-clinical performance (3.11), effectiveness (3.20), or performance safety in a clinical investigation clinical investigation (3.8)

Note 1 to entry: This includes medical devices already on the market that are being evaluated for new intended uses, new populations, new materials or design changes.