From: OC GCP Questions
To: [redacted]
Subject: Regulations or guidance applicable to clinical laboratories supporting human clinical trials
Date: Thursday, November 12, 2015 6:49:42 AM

Good morning –

I can only comment from an FDA standpoint. FDA expects that the laboratory is qualified to conduct the study and that the site has documentation of this fact. Anything you implement above and beyond the requirement of CLIA is up to you. Whether or not the laboratory is required to be certified or accredited will depend on local laws. In the US, high complexity clinical laboratories are subject to the Clinical Laboratory Improvement Act (CLIA) which is implemented by the Centers for Medicare and Medicaid (CMS), which requires certification.

Additionally, a specific study protocol may require additional recordkeeping, if nothing is specified in the protocol the expectation is that the clinical laboratory that analyzes study samples/specimens will comply with the recordkeeping requirements of CLIA. In addition, the case report forms (CRFs) for the study subjects should contain information as to what specimens were sent for analysis, the date(s) they were both collected and sent, and any study-specific information regarding handling of the specimens and their transmittal to the laboratory and/or receipt of the results. If a bioresearch monitoring (BIMO) inspection was conducted at the site, FDA investigators would expect to see the original copies of protocol-specified laboratory results in each subject's study file and look to reconcile the dates on the results with the information in the CRFs. While FDA regulations do not address the chain of custody of study specimens, should there be any concerns about laboratory results for one or more study subjects, FDA would look for documentation of specimen collection, handling, shipment, etc. in search of potential causes of noted or suspected discrepancies.

For non-US study sites, FDA would expect to see certification/accreditation as required by the country/state in which the study is conducted. If the laboratory in question for some reason lacks such an accreditation, we would need to see evidence that the laboratory is capable of performing the particular testing accurately and reproducibly. Please see the ICH E-6 Guidance. It discusses laboratory certification.
http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM073122.pdf

I am not familiar with molecular genetic tests so I cannot answer that question. I recommend that you contact the CLIA group at CMS (http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/clia/)

I hope this information is helpful. Please contact us again at gcp.questions@fda.hhs.gov should you have additional questions.

Kind regards,

Doreen M. Kezer, MSN
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Office of Good Clinical Practice
Office of the Commissioner, FDA

From: [redacted]

Sent: Wednesday, November 11, 2015 7:23 PM
To: OC GCP Questions
Subject: Regulations or guidance applicable to clinical laboratories supporting human clinical trials

It is my understanding that the FDA does not have any specific regulations or guidance applicable to clinical laboratories supporting human clinical trials. We are a CLIA certified and CAP accredited molecular diagnostic laboratory. We accept human samples from and provide high complexity molecular genetic testing for Clinical Trials sponsors.

Please confirm that the standards developed by CMS under CLIA for certification of clinical laboratories would be acceptable to FDA. In addition, is there any circumstance in which a laboratory in the US would have to comply with European guidance? It is my understanding that GLP applies to laboratories that are performing nonclinical safety studies (we are not performing toxicology laboratory testing). It is also my understanding that GCP applies to the sponsor of the study and the CROs who are managing the study (we are not managing any part of a study). [redacted] is only performing molecular genetic tests as an reference laboratory. Therefore it is my understanding that GLP and GCP do not apply. Please confirm.

Is there any provision under which a clinical trial sponsor can insist that we are audited by and follow GLP/GCP guidance?

Thanks very much for your advice.

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