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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | **Propuesta** | | | | | | | | | | **1** | | | Fecha de propuesta | | | dd-mmm-aaaa | | | | **2** | | | Etapa | | | Automatizar | | | | Nombre =   * Factibilidad – Desde Fecha de propuesta hasta Incubación. * Incubación – Hasta iniciar Conducción. * Conducción – inicia a partir del llenado de e-QUIS 5. Reclutamiento / 1.Fecha de la visita de inicio, termina al iniciar Terminado * Terminado – inicia a partir del llenado de e-QUIS 7.Cierre / 11. Fecha de visita de cierre, termina al iniciar Archivo muerto * Archivo muerto – inicia a partir del llenado de e-QUIS 7.Cierre / 24. Fecha de integración de archivo muerto * Destrucción – inicia a partir del llenado de e-QUIS 7.Cierre / 54. Fecha de destrucción del archivo muerto | | | | | | | | | | **La variable 2. Etapa debe mostrarse en la barra de inicio (búsqueda)** | | | | | | | | | | **3** | | | Fecha de inicio de la etapa | | | Automatizar | | | |  | | | | | | | | | | **Contactos (cambiar)** | | | | | | | | | | **4** | | | Contacto de factibilidad | | |  | | | | **5** | | | Se llenó tarjeta de contacto de factibilidad | | | Si | | No | | No = Alerta, requiere seguimiento hasta completar | | | | | | | | | |  | | | | | | | | | | **Análisis** | | | | | | | | | | **6** | | | ¿El estudio es éticamente aceptable para la empresa? | | | Si | | No | | No = Mensaje de alerta **Requiere comentar con la dirección** | | | | | | | | | | **7** | | | ¿El estudio es técnicamente aceptable para la empresa? | | | Si | | No | | No = Mensaje de alerta **Requiere comentar con la dirección** | | | | | | | | | | **8** | | | ¿El estudio es éticamente aceptable para el investigador? | | | Si | | No | | No = Mensaje de alerta **Requiere comentar con la dirección** | | | | | | | | | | **9** | | | ¿El estudio es médicamente aceptable para el investigador? | | | Si | | No | | No = Mensaje de alerta **Requiere comentar con la dirección** | | | | | | | | | | **10** | | | ¿Existe evidencia de dificultades en un estudio previo con patología o criterios similares? | | | Si | | No | | Si = Mensaje de alerta **Requiere comentar con la dirección** | | | | | | | | | | **11** | | | ¿Se comentó con la dirección? | | | Si | | No | | **12** | | | ¿El estudio debe cancelarse? | | | Si | | No | | Si = Alerta, **Llene los datos disponibles y pase a cancelación** | | | | | | | | | | **13** | | | Fecha de respuesta al cliente | | | dd-mmm-aaaa | | | |  | | | | | | | | | | **Confidencialidad** | | | | | | | | | | **14** | | | Firmó Confidencialidad con el patrocinador | | | Si | | No | | Si = Activar el resto de la tabla  Mostrar en forma automática = No | | | | | | | | | | Si = Activar las preguntas  23. Archivó la confidencialidad firmada en archivo electrónico, con el nombre CDA Dra. Velázquez + fecha  y 24. Archivó la confidencialidad firmada en la incubadora de 4royectos | | | | | | | | | | **15** | | | Fecha de envío electrónico de Confidencialidad firmada por UIS | | | dd-mmm-aaaa | | | | Obligatorio cuando  14. Firmó acuerdo de confidencialidad con el patrocinador = Si  Alerta, dar seguimiento hasta conclusión | | | | | | | | | | **16** | | | Envió por paquetería Confidencialidad firmada | | | Si | | No | | No = Continúa a pregunta  21. Abrió carpeta de archivo electrónico  Si = Activa el resto de la tabla | | | | | | | | | | **17** | | | Fecha de envío por paquetería de Confidencialidad firmada | | | dd-mmm-aaaa | | | | **18** | | | Courier | | |  | | | | **19** | | | Número de guía | | |  | | | | **20** | | | Fecha en que confirmó de recibido | | | dd-mmm-aaaa | | | | Campo obligatorio cuando  16. Envió por paquetería la confidencialidad firmada = Si.  Alerta, dar seguimiento hasta conclusión | | | | | | | | | |  | | |  | | | | | | | | | **Archivo** | | | | | | | | | | **21** | | | Abrió carpeta de archivo electrónico | | | Si | | No | | Alerta, campo obligatorio  Mostrar en forma automática = No | | | | | | | | | | No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | | **22** | | | Archivó el contacto electrónico inicial con el nombre Contacto inicial + fecha | | | Si | | No | | Alerta, campo obligatorio  Mostrar en forma automática = No | | | | | | | | | | No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | | **23** | | | Archivó la confidencialidad firmada en archivo electrónico, con el nombre CDA Dra. Velázquez + fecha | | | Si | | No | | Campo obligatorio cuando  16. Firmó acuerdo de confidencialidad con el patrocinador = Si  Mostrar en forma automática = No  Alerta, dar seguimiento hasta concluir | | | | | | | | | | No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | | **24** | | | Archivó la confidencialidad firmada en la incubadora de proyectos | | | Si | | No | | Campo obligatorio cuando  16. Firmó acuerdo de confidencialidad con el patrocinador = Si  Mostrar en forma automática = No  Alerta, dar seguimiento hasta concluir | | | | | | | | | | No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Equipamiento** | | | | | | | | | | **25** | | | Se verificó el equipamiento | | | Si | | No | | Mostrar en forma automática = No  Activar el resto de la tabla cuando se llena | | | | | | | | | | **26** | | | Existe algún problema de equipamiento | | | Si | | No | | Si = Alerta, Requiere aviso a la dirección | | | | | | | | | | **27** | | | Problema de equipamiento | | |  | | | | **28** | | | Solución | | |  | | | | **Agregar 32. Problema, ligado a 33. Solución** | | | | | | | | | | **29** | | | Se pudieron resolver todos los problemas de equipamiento | | | Si | | No | | No = El estudio debe cancelarse,  pero no pasa directamente a cancelación, solamente indicarlo | | | | | | | | | | **30** | | | Verificó la bitácora de mantenimiento de equipos | | | Si | | No | | Campo obligatorio cuando se llenó 32. Se verificó el equipamiento  No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | | **31** | | | Todo el equipo necesario está calibrado | | | Si | | No | | Campo obligatorio cuando se llenó 30. Se verificó el equipamiento  No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | **C** | | | Cuestionario - responde utilizando los siguientes criterios: | | | | | | | | | |  | | | | |  | | | **1** | **Del Sitio Clínico** | | | | | | | | |  | | | | |  | | | Nombre del sitio | | | Unidad de Investigación en Salud | | | | | | |  | | | | |  | | | Correo electrónico de contacto | | | [factibilidades@uis.com.mx](mailto:factibilidades@uis.com.mx) | | | | | | |  | | | | |  | | | Lugar de práctica | | | SMO o Centro de investigación independiente | | | | | | |  | | | | |  | | | ¿Se puede rembolsar pago por medicamentos que el patrocinador no proporciona? | | | Es aceptable | | | | | | |  | | | | |  | | | Tasa de pérdida de seguimiento final en estudios largos | | | 5% | | | | | | |  | | | | |  | | | ¿El CE tiene restricción para búsqueda de pacientes perdidos en sus casas o en instituciones hospitalarias? | | | No, siempre y cuando se someta la información | | | | | | |  | | | | |  | | | ¿Es factible hacer estudios de DNA en los pacientes que participan? | | | Si, en general si aceptan participar | | | | | |  |  |  | |  | | | | |  | | | Acceso a flebotomista en horas flexibles | | | Si | | | | | |  |  |  | |  | | | | |  | | | Acceso a hielo seco | | | Si | | | | | |  |  |  | |  | | | | |  | | | Disponibilidad para muestras congeladas 3 meses | | | Si | | | | | |  |  |  | |  | | | | |  | | | Acceso a laboratorio local para muestras | | | Si | | | | | |  |  |  | |  | | | | |  | | | Congelador de -20 con temperatura controlada y termómetro calibrado | | | Si | | | | | |  |  |  | |  | | | | |  | | | Congelador de -70 | | | No | | | | | |  |  |  | |  | | | | |  | | | Acceso a envío de muestras fuera del país | | | Si | | | | | | |  | | | | |  | | | Acceso a centrifuga refrigerada | | | Si | | | | | | |  | | | | |  | | | Farmacia | | | Si | | | | | | |  | | | | |  | | | Acceso a EEG (electro encefalografía) | | | Si | | | | | | |  | | | | |  | | | Acceso a PET (tomografía por emisión de positrones) | | | No | | | | | | |  | | | | |  | | | Acceso a DEXA (para osteoporosis) | | | Si | | | | | | |  | | | | |  | | | Acceso a Tomografía | | | Si | | | | | | |  | | | | |  | | | Acceso a RMI (resonancia magnética nuclear) | | | Si | | | | | | |  | | | | |  | | | Acceso a medicina nuclear | | | Si | | | | | | |  | | | | |  | | | Experiencia en envío de imágenes a laboratorio central (RMI, Tomografías, etc.) | | | Si | | | | | | |  | | | | |  | | | Staff entrenado en GCPs | | | Si | | | | | | |  | | | | |  | | | Frecuencia de entrenamiento | | | Anual | | | | | | |  | | | | |  | | | Entrenamiento en IATA | | | Si | | | | | | |  | | | | |  | | | **2** | **De Comité de Ética en Investigación (CE)** | | | | | | | | |  | | | | |  | | | Se puede usar un CE central | | | No, solamente que se trate de protocolos de registro | | | | | |  |  |  | |  | | | | |  | | | Nombre del CE | | | CE de la Unidad de Investigación en Salud | | | | | |  |  |  | |  | | | | |  | | | Tiempo de revisión | | | 10 días a partir de la fecha de sometimiento | | | | | |  |  |  | |  | | | | |  | | | Reuniones del CE | | | 2 veces al mes | | | | | |  |  |  | |  | | | | |  | | | Se hacen aprobaciones expeditas para cambios menores | | | Si | | | | | |  |  |  | |  | | | | |  | | | Se requiere contrato antes del sometimiento al CE | | | No | | | | | |  |  |  | |  | | | | |  | | | Requiere revisión por otro CE además del de la UIS | | | No | | | | | |  |  |  | |  | | | | |  | | | **3** | **Auditorías** | | | | | | | | |  | | | | |  | | | Por FDA | | | No | | | | | |  |  |  | |  | | | | |  | | | Por patrocinador | | | Si, 15 veces | | | | | |  |  |  | |  | | | | |  | | | Por COFEPRIS | | | No | | | | | |  |  |  | |  | | | | |  | | | Laboratorios con los que hemos trabajado | | | Sanofi, Roche, | | | | | |  |  |  | |  | | | | |  | | | Experiencia con laboratorios centrales | | | Si, Covance, Quest, Quintiles, Carpermor | | | | | |  |  |  | |  | | | | |  | | | Experiencia en IWRS o IXRS | | | Clinphone, Almac, Cenduit, Iciti-global, PPDI | | | | | |  |  |  | |  | | | | |  | | | Experiencia en eCRF o EDC (electronic data capture) | | | Si, Inform, Oracle, Medidata, Phase forward Inform, Global View | | | | | |  |  |  | |  | | | | |  | | | Acceso a internet | | | Si | | | | | |  |  |  | |  | | | | |  | | | **4** | **Del personal** | | | | | | | | |  | | | | |  | | | SC | | | 4 | | | | | |  |  |  | |  | | | | |  | | | SI | | | 6 | | | | | |  |  |  | |  | | | | |  | | | Enfermeras | | | 2 | | | | | |  |  |  | |  | | | | |  | | | Químicos | | | 1 | | | | | |  |  |  | |  | | | | |  | | | Farmacista | | | 1 | | | | | |  |  |  | |  | | | | |  | | | Regulatorios | | | 1 | | | | | |  |  |  | |  | | | | |  | | | Sistemas (TI) | | | 1 | | | | | |  |  |  | |  | | | | |  | | | Estudios por coordinador (promedio) | | | 5 | | | | | |  |  |  | |  | | | | |  | | | Experiencia de coordinación (promedio) | | | 2 años | | | | | |  |  |  | |  | | | | | | | | | | **Factibilidad** | | | | | | | | | | **32** | | | Fecha en que se recibió el cuestionario de factibilidad | | | dd-mmm-aaaa | | | | Activar el resto de la tabla cuando se llena  39. Fecha en que se recibió el cuestionario de factibilidad | | | | | | | | | | **33** | | | Fecha de respuesta de cuestionario de factibilidad | | | dd-mmm-aaaa | | | | **Programar un contacto de seguimiento cada 4 meses a partir de**  **37. Fecha de respuesta de cuestionario de factibilidad, hasta cuando se llena 45. Fecha de cancelación o 50. Fecha de visita de selección** | | | | | | | | | | **34** | | | Decisión de factibilidad | | | Rechazo | | Aceptación | | Rechazo = El estudio debe cancelarse,  pero no pasa directamente a cancelación, solamente indicarlo | | | | | | | | | |  | | | | | | | | | | **Archivo** | | | | | | | | | | **35** | | | Archivó el correo que contiene la sinopsis del estudio y el cuestionario de factibilidad, con el nombre Sinopsis y cuestionario + fecha | | | Si | | No | | No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | | Campo obligatorio cuando se llena  37. Fecha en que se recibió el cuestionario de factibilidad | | | | | | | | | | **36** | | | Archivó una copia del cuestionario respondido en formato electrónico | | | Si | | No | | No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | | Campo obligatorio cuando se llena  37. Fecha en que se recibió el cuestionario de factibilidad | | | | | | | | | | **37** | | | Archivó una copia del correo de respuesta FIQ enviado + fecha | | | Si | | No | | No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | | Campo obligatorio cuando se llena  38. Fecha de respuesta del cuestionario de factibilidad | | | | | | | | | | **38** | | | Archivó una copia del correo de respuesta Estudio no aceptado + fecha | | | Si | | No | | **39** | | | Archivó una copia del correo de confirmación FIQ recibido + fecha | | | Si | | No | | No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | |  | | | | | | | | | | **Cancelación** | | | | | | | | | | **40** | | | Fecha de cancelación | | | dd-mmm-aaaa | | | | **41** | | | Causa de cancelación | | | Nombre | | | | Nombre =   * Dificultades con la patología (Pacientes insuficientes) * Dificultades con los criterios * Problemas de equipamiento * Éticamente inaceptable para el médico * Médicamente inaceptable * Éticamente inaceptable para la empresa * Técnicamente inaceptable * Rechazado por el patrocinador * Cancelado por Patrocinador \* * Cancelado por CE \* * Cancelado por autoridades de salud \* * Cancelado por UIS \* * No hubo acuerdo económico * Otra causa | | | | | | | | | | **42** | | | Si es otra causa o, especifique | | |  | | | |  | | | | | | | | | | **Seguimiento** | | | | | | | | | | **43** | | | Fecha de seguimiento | | | dd-mmm-aaaa | | | | **44** | | | Resultado de seguimiento | | |  | | | | **Agregar 48. Fecha de seguimiento, ligado a 49. Resultado de seguimiento** | | | | | | | | | |  | | | | | | | | | | | | | | | | | **Selección** | | | | | | | | | | **45** | | | Fecha de visita de selección | | |  | | | | Activar el resto de la tabla y la tabla siguiente, Fuentes y estrategias de reclutamiento cuando se llena 57. Fecha de visita de selección | | | | | | | | | | **46** | | | Meta de reclutamiento | | |  | | | |  | | | | | | | | | | **Fuentes y estrategias de reclutamiento** | | | | | | | | | | **47** | | | Consulta del Investigador principal | | | Si | | No | | Campo obligatorio cuando se llena 50. Fecha de visita de selección | | | | | | | | | | **48** | | | Otros médicos o profesionales | | | Si | | No | | Campo obligatorio cuando se llena 50. Fecha de visita de selección | | | | | | | | | | **49** | | | Tarjeta de bolsillo | | | Si | | No | | Campo obligatorio cuando se llena 50. Fecha de visita de selección | | | | | | | | | | **50** | | | Grupos sociales | | | Si | | No | | Campo obligatorio cuando se llena 50. Fecha de visita de selección | | | | | | | | | | **51** | | | Póster | | | Si | | No | | Campo obligatorio cuando se llena 50. Fecha de visita de selección | | | | | | | | | | **52** | | | Población abierta | | | Si | | No | | Campo obligatorio cuando se llena 50. Fecha de visita de selección | | | | | | | | | | **53** | | | Prensa | | | Si | | No | | Campo obligatorio cuando se llena 50. Fecha de visita de selección | | | | | | | | | | **54** | | | Web | | | Si | | No | | Campo obligatorio cuando se llena 50. Fecha de visita de selección | | | | | | | | | | **55** | | | Debe elaborar el FC Publicidad | | | Si | | No | | Campo obligatorio cuando se llena 50. Fecha de visita de selección | | | | | | | | | | **56** | | | Entregó al patrocinador el FC Publicidad, adaptado para el estudio, para su aprobación | | | Si | | No | | No = Alerta, requiere seguimiento hasta concluir | | | | | | | | | | Campo obligatorio cuando se llena 50. Fecha de visita de selección | | | | | | | | | | **57** | | | Existen observaciones especiales en este estudio | | | Si | | No | | **58** | | | Observación especial | | |  | | | | **Agregar 63. Observación especial** | | | | | | | | | | **59** | | | Fecha probable de sometimiento | | | dd-mmm-aaaa | | | | **60** | | | Fecha estimada de cierre de reclutamiento | | | dd-mmm-aaaa | | | |  | | | | | | | | | | **Evaluación de la calidad** | | | | | | | | | | **61** | | | Días hábiles entre 37. Fecha en que se recibió el cuestionario de factibilidad y 39. Fecha de respuesta del cuestionario de factibilidad | | | Automatizar | | | | **62** | | | Se cumplió el Objetivo de la calidad número 1, Tiempo de factibilidad ≤ 3 días hábiles | | | Si | | No | | No = Alerta hasta conocimiento de la dirección | | | | | | | | | | **. . .** | | | | | | | | | |