



DAIDS Laboratory Audit Process

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**DAIDS Clinical Lab Oversight Team
(DCLOT)**

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DAIDS Laboratory Audit Process

Why audit the labs?

As clinical trial sponsor, DAIDS must oversee laboratory operations to ensure (with some level of confidence) that test results generated from all participating laboratories are accurate, reliable and auditable.

- Protect the integrity of our clinical trial data**
- Protect the safety of our trial participants**

Audits help ensure that laboratories participating in DAIDS funded and/or sponsored clinical trials:

- Comply with FDA Regulatory Requirements.**
- Conduct laboratory operations in accordance with GCLP guidelines.**
- Follow network/protocol required Specimen Management and Shipping Instructions and required study specific laboratory procedures.**





DAIDS Laboratory Audit Process

Who performs the audits?

- **Some audits are performed by DCLOT personnel (Joe Fitzgibbon, Mike Ussery, Neal Wetherall).**
- **Most labs are audited by a DAIDS contractor.**
- **Until recently the contractor was PPD, but Westat won the contract in the last re-competition. Westat sub-contracts with FHI360 for the lab audits. Most audits will now be done by FHI360.**



DAIDS Laboratory Audit Process

Will the audits change with the new contractor?

- The audits should not differ substantially from the PPD audits.
- Labs will be audited using the same GCLP standards as PPD used.
- Audit shells (checklists) will be the same as the ones used by PPD.
- Personnel will change. Labs will be contacted by FHI360 personnel to schedule the audit.
- Allan Levesque, FHI360 Laboratory Support Manager
- ALevesque@fhi360.org





DAIDS Laboratory Audit Process

Which labs are audited?

- **Non-US clinical labs performing testing for DAIDS-sponsored trials are audited annually.**
- **In general, CLIA certified clinical labs in the US are not audited. By US law, they must operate under CLIA guidelines and they are audited by CAP every 2 years. These labs may be audited if warranted.**
- **US labs that are not CLIA certified (PBMC processing labs) can be audited annually (HVTN).**
- **CAP accredited clinical labs outside the US are not audited by DAIDS in the same year that they receive a CAP audit.**



DAIDS Clinical Laboratory Oversight Team (DCLOT)

Who: DAIDS staff involved in clinical lab monitoring (Vaccine, Therapeutics, Prevention)

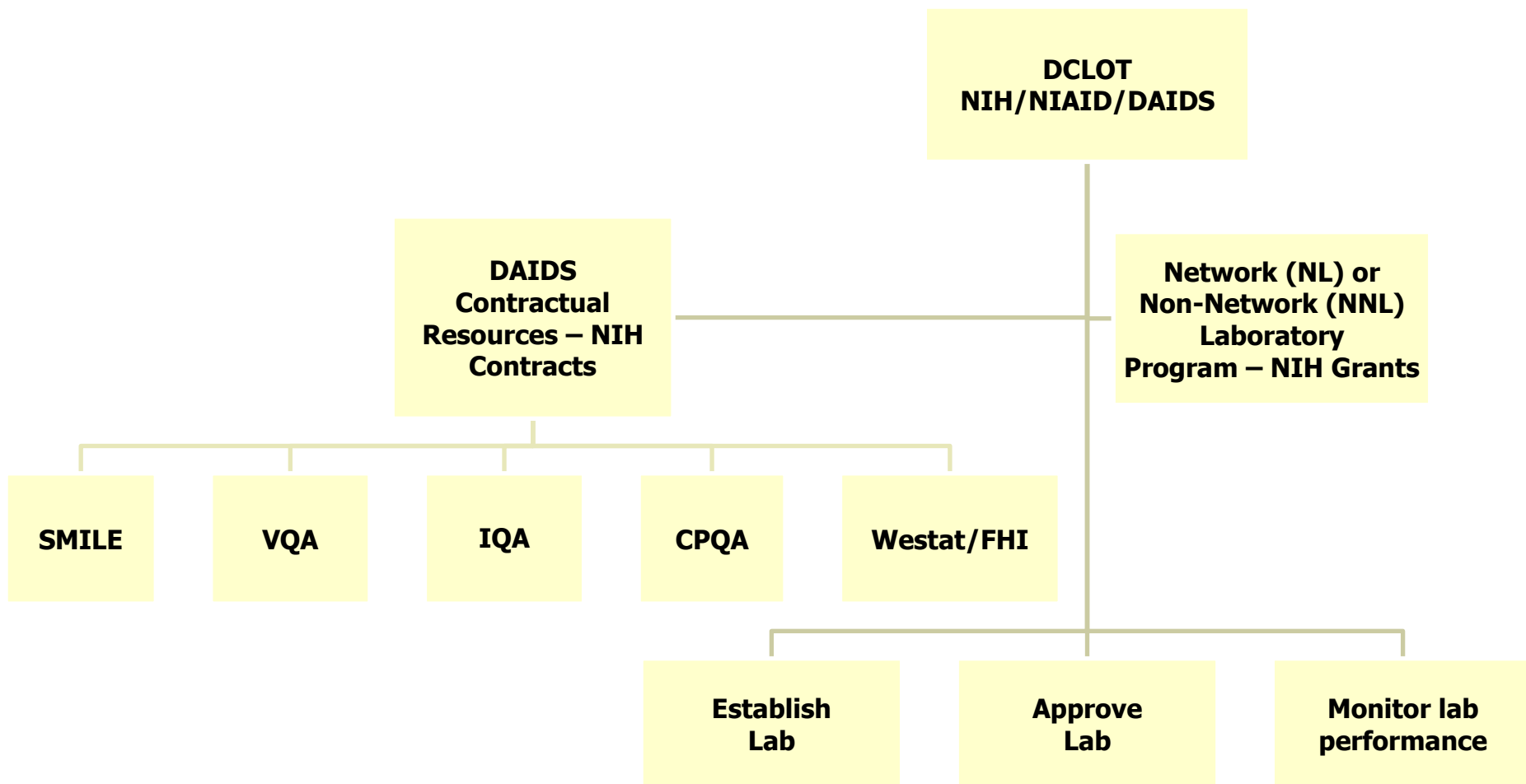
Each clinical trial network has a designated DCLOT POC

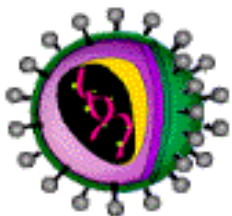
Mission: To develop, evaluate, coordinate, communicate, and oversee the implementation of harmonized DAIDS clinical lab-related guidelines, standards, and requirements for determining the readiness and on-going ability of clinical labs to participate in DAIDS funded and/or sponsored clinical studies.





DAIDS Laboratory Audit Process





DAIDS Laboratory Audit Process



Communication Plan for Lab Audit Reports and
SMILE Action Plans – non U.S.

Step	Group	Action	Communication	Timeline
1	DAIDS Point-of-Contact (POC)	Requests audit & confirm distribution list	PPD	
2	PPD	Emails site to set up audit visit	Notify distribution list when dates set	
3	PPD	Completes audit visit	Sends PPD report to distribution list	4 weeks
4	SMILE	Writes up audit action plan (AP)	Sends audit AP to DAIDS POC and includes the site's email distribution list	2 weeks
5	DAIDS POC	Reviews PPD report and AP for discrepancies, issues, or problems.	Sends AP to all NLs involved	3 days
6	Network Labs and DAIDS POC	Each NL & DAIDS POC review the report and AP, focusing on items critical for their network	NLs and DAIDS POC identify critical action items and forward this information, along with any suggestions and queries relevant to the AP to DAIDS POC	No later than 10 working days
7	DAIDS POC	Responds to suggestions and queries from NLs and finalizes the audit AP	Forwards the final AP and audit report to distribution list, including the site/lab, using email list provided by SMILE	3 days
8	SMILE	Uploads AP to www.psmile.org . AP posted becomes the AP of record		1 day
9	Site Lab	Confirms receipt of audit AP; reviews the PPD report and audit AP, provides a timeline for response	Response from the site goes to DAIDS POC, SMILE, and the NLs involved at the site	2 weeks
10	NL	Reviews reasonableness of proposed completion dates, emphasizing the more critical items	Responds to the site lab with finalized completion dates, and copies the distribution list	2 weeks
11	Site/SMILE/NL/DAIDS POC	Interacts to resolve /close findings	Communicate as necessary within the distribution list. Communicate updates to SMILE periodically so that the AP on psmile.org has the most current information for all interested parties	As quickly as possible and appropriate
12	SMILE	Updates AP of record according to communications and interactions with site/NL/DAIDS POC	Post updates to psmile.org	
13	SMILE	Closure	Sends notices of audit AP closure and completed audit AP to distribution list	

- Some program officers ask the site to send feedback to SMILE; others ask the site to work with their Primary Network Laboratory
- Note: NL=Network Lab; AP = Action Plan; POC = Point-of-Contact
- Distribution list = DAIDS POC, NL, site/lab, SMILE (site primary and backup coordinators)





Pre-Audit Activities

➤ Steps 1-2

- Each quarter, contractor sends DCLOT POCs tentative audit list.
- POC's meet to finalize audit list and distribution list for each audit (sometimes requires NL input).
- Return final list to contractor.
- Contractor (or DCLOT) contacts site lab personnel to set up the audit visit.
- Notifies distribution list when dates are set.





Audit Activities

➤ Step 3

- Contractor (or DCLOT) performs the audit using GCLP audit shell.
- Audit Procedures:
 - Pre-audit meeting. Explain process.
 - Audit (usually 2-3 days)
 - Post-audit outbriefing with explanations of major findings.
- Auditor writes up report.
- Sends to distribution list.

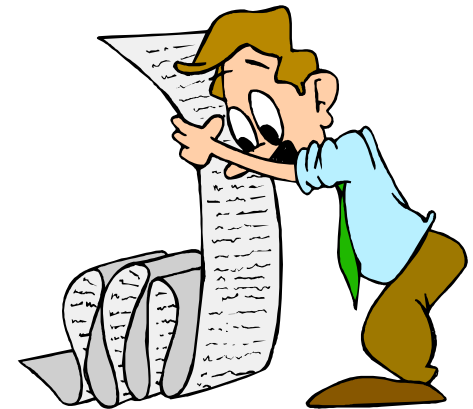




Post-Audit Activities

➤ Steps 4-8

- Report to SMILE for Action Plan.
- DCLOT POCs send AP to all NL involved.
- DCLOT POCs and NLs review AP and mark important items (red items).
- DCLOT POC forwards final AP and audit report to the lab and distribution list.
- SMILE uploads audit report and AP to www.psmile.org



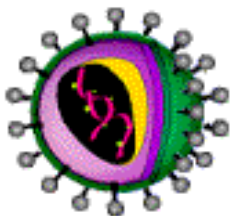


Post-Audit Activities

➤ Steps 9-13

- Site lab confirms receipt of report and AP and provides timeline for response.
- SMILE, NL and DCLOT work with site lab to resolve and close findings.
- SMILE posts AP updates to www.pSMILE.org.
- When all items are resolved, SMILE sends notice of completed audit AP to distribution list.





Action Plan Example

Key		Siriraj Hospital - Clinical Pathology Lab Bangkok, Thailand IMPAACT			
Complete		Created:09 February 2012 By Omar Duaeih DAIDS Lab Audit: 9 January 2012			
In Progress					
Status Unknown					
Contingent, critical items		SMILE comments in BLUE. Site comments in RED.			
SUB-SECTION	OBSERVATION / FINDING	SUGGESTED ACTION	HISTORY	REVIEWER COMMENTS	STATUS & DATE COMPLETED
SECTION III- TESTING FACILITIES OPERATION					
1	III.B.3	Standard Operating Procedures – SOP was 6 months overdue for annual review.	Review and update Specimen rejection SOP CP-00-3-042-06.To be checked next audit.		Complete
2	III.E.	Annual laboratory SOPs review – Annual review of SOPs documentation.	DAID and SMILE suggests the lab may attach a sheet at the end of the SOP reflecting annual review and no changes were made. Submit copy of the sheet to Smile.		Complete
IV- VERIFICATION OF PERFORMANCE SPECIFICATIONS					
3	IV.B.	Analytic Accuracy/Precision – There was no plan established specifying target value for analytical verification of Chemistry and Hematology	The Lab must have a clear validation plan for establishing targets values in Chemistry and Hematology. Notify SMILE when complete.	Critical for IMPAACT	Complete
4	IV.C.	Analytic Precision – Chemistry did not have precision data.	Document precision testing on all protocol analytes that have manufacturers' package inserts with precision specifications. For those that do not have precision create documentation to indicate that it is not required. Submit results to SMILE when completed.	Critical for IMPAACT	Complete
5	IV.D.	Analytic Measurement Range – laboratory did not verified or established and documented analytic measurement range (linearity)	Please work with the SMILE to determine the requirements and establishing of analytical measurement range (linearity)	Critical for IMPAACT	Complete
6	IV.G.	Reference Intervals – Siriraj is in the process of establishing Thai reference ranges. Using manufacturer's ranges for now.	Work with PNL to meet reference range requirements. Notify SMILE when complete.		Complete
VII- QUALITY MANAGEMENT					
7	VII. 4,5	Corrective and Preventive Action (CAPA) – Auditor Did not see any CAPAs produced or monitored during the past year.	Develop policy and documentation for recording all out-of-range results and the corrective action performed. Submit to SMILE when completed.	Critical for IMPAACT	Complete
VIII- EQUIPMENT					
8	VIII. D, 13	Pipettors Calibration – The auditor observe that Pipettors are calibrated once per year	DAIDS recommends a minimum of twice a year.	Item was on last audit.	Complete
9	VIII. D, 18	Timers: The auditor observe that timers were verified annually.	DAIDS requires verification of all timers every six months. Site needs to implement policy and documentation for verification of all timers used in protocols. This includes timers on equipment such as centrifuges. Informed SMILE when completed.	Item was on last audit.	Complete





Post-Audit Activities

➤ Errors on Audit Reports

- Occasionally found after the report is written and the AP is developed.
- Once the item is on the AP, the best (and quickest) way to resolve the issue is to provide documentation to SMILE and have the item turned green on the AP.





Post-Audit Activities

➤ Action Plan Anxiety

- Remember, the Action Plans are a tool to help capture your comments and progress regarding audit observations.
- They are meant to help you organize your efforts.
- SMILE is also there to help. Make use of your SMILE contacts. They can provide many helpful hints. The SMILE website, www.pSMILE.org is an open resource with a vast amount of information without required log-in permission.
- Staff at a network site can gain access to individual laboratory information and performance by requesting access through the "contact us" tab.
- Please do not hesitate to contact SMILE, Network laboratory managers or DAIDS if you need further guidance.





Acknowledgement

- **DCLOT**
- **DAIDS Contractual Resources**
- **Network Lab Program**
- **Site Laboratory**

