EDA-GCP Public Inspection Report (PIR) of Clinical Trial Site

Part 1	General information
Clinical medical research site details	
CT site information	
Name of CT site	Al-Manial Specialized Hospital, Cairo University
Address of inspected CT site	Cairo University Hospitals (Al-Manial Specialized University Hospital), Cairo, Egypt
Inspection details	
Dates of inspection	10 April 2022
Type of inspection	Follow-up (for the CAPA of previous inspection dated 20/02/2022)
Introduction	
General information about the sponsor and CT site	The inspected site is Cairo University Hospitals – Al-Manial Specialized University Hospital, Cairo, Egypt, conducting clinical studies for the sponsors EVA PHARMA, Veterinary Serum & Vaccine Research Institute (VSVRI), the Supreme Council of University Hospitals, and Ministry of Higher Education and Scientific Research, The Principal Investigator was Prof./Dr. Amal Sayed Hassan. The CRO was DATA CLIN.
Brief report on inspection activities undertaken	
Scope and limitations	
Areas inspected	· Clinical operations (screening, dosing, follow-up) · Investigational Medicinal Product (IMP) management · Pharmacy / IMP storage area · Source documents and Case Report Forms (CRFs) · Quality management system
Out of scope	This was a focused follow-up inspection. The scope was limited to verification of corrective actions from the previous inspection (20/02/2022) in accordance with applicable regulatory requirements and ethical standards
Inspected Clinical medical research	The follow-up inspection focused on the following study: Safety and Immunogenicity Study of EgyVax Vaccine Candidate for Prophylaxis of SARS-CoV-2 Infection (COVID-19) **Trial ID**: SPHINEX22122020 **Phase:** I| **EDA approval** 3 Feb. 2022

العنـــــــــوان: 51 شارع وزارة الزراعة، العجوزة - الجيزة
البـريـد الإلـكـتـرونـي: المكتب الفني / bio.tech@edaegypt.gov.eg، المكتب الإداري /bio.admin@edaegypt.gov.eg
التـلـيـفـــون: 0237484988
موقع الهيئة: www.edaegypt.gov.eg

Type of IMP	Vaccine Candidate &Placebo
Part 2	
1. Facilities and equipment system	
1.1.Facilities and Trial Conduct	-The site facilities at Al-Manial Specialized University Hospital were assessed during the follow-up inspection. All rooms were clearly labeled according to participant circulation workflow at the site. -Controlled access to participant files implemented; responsibility assigned to PI and Co-I. All equipment calibrated with valid labels; certificates archived in TMF with tracked due dates. Emergency trolley confirmed available with medications within expiry dates and regular checking records. Letter of commitment from Secretary General, Supreme Council of confirming emergency access to any university hospital was archived in the TMF. -Infection control implemented: face masks and sterilizers stocked; all staff trained on infection control principles. -Electricity generator availability covering the entire hospital including ICU was confirmed.
1.2. Computerized system	Randomization systems were in use.
2. Pharmaceutical Quality System	
2.1. Quality Management System	-The site had an established Quality Management System. The SOPs were submitted to EDA during the follow-up inspection period: Instructions for Items Destruction in Warehouse; Instructions for Monitoring of Temperature & Humidity in Warehouses; Management of Clinical Trial Drug Supplies – CTDS. IP-relevant SOPs were obtained from the manufacturing site and retained at the study site. -Used Lab. Quality Assurance provided SOPs for samples handling, transportation, and waste disposal, retained at the site. Lab-related SOPs were submitted to EDA. -Procedures for equipment use were developed and submitted to EDA.
2.2.SOPs and Documentation	The siteSOPs governing clinical trial activities. Documents were controlled and implemented. The following documentation corrections were implemented as part of CAPA from the previous inspection: ICFs were corrected in accordance with Good Documentation Practices (overwriting corrected; missing dates added). -GDP training was provided to all investigators. -Spillage procedures remained unavailable at inspection. However, Procedures were prepared as corrective action, provided to the site, and all staff were trained

	as per CAPA implementation. -A translation error was identified in the Arabic ICF. The error was acknowledged, corrected, and documented.
2.3. Deviation Management	Protocol deviations were identified and handled during the inspection. - VBGs were withdrawn from all participants instead of ABGs (protocol deviation). Submitted as an amendment to EDA. - Participants who did not attend one of the visits and passed the window period (protocol deviation). All protocol deviations were reported to EDA. Temperature excursion during IMP transport (protocol deviation). Affected IMP returned to sponsor and reported to EDA. -one of the participants who did not receive the vaccine and the cause was not documented. Clarification was requested and the reason was provided and documented as per CAPA implementation.
2.4. CAPA System	A CAPA system was established at the site. The objective of the follow-up inspection was to verify implementation of corrective actions from the previous inspection (20/02/2022). The following CAPAs from the previous inspection were confirmed implemented and verified: 1- Emergency trolley made available at the procedure area with emergency medications checked and expiry dates recorded; 2- All equipment calibrated, labeled, and certificates filed in TMF; 3- All rooms labeled per patient circulation; 4- Controlled access to participant files implemented; 5- Delegated pharmacist available and trained for IMP receiving, handling, and dispensing; 6- ICF documentation errors corrected per GDP 7- IP and laboratory SOPs obtained and retained at site; 8- Infection control system implemented with face masks and sterilizers stocked; 9-Electricity generator availability confirmed. New findings from this follow-up inspection were communicated to the site for further CAPA. The site was required to address all observations and submit CAPA and supportive documentation as proof of correction, in the proposed time schedule for corrections The identified findings were appropriately addressed by the site through corrective and preventive actions.
3. Ethics and Participant Protection	

3.1. Informed Consent Process	- The informed consent process was reviewed during the follow-up inspection. - Approved Informed Consent Forms were available and used. - ICF`s overwriting, and missing dates had been corrected in accordance with Good Documentation Practices during CAPA implementation and verified during the follow-up inspection. A translation error identified in the Arabic ICF was clarified and corrected. -
3.2.Ethics Committee Approval	- IRB Approval Date: 30/12/2021.Ethics Committee of supreme council of universities approval date was confirmed as 21 January 2022 (corrected from erroneous 22-JAN-2022 entry in the previous inspection; correction verified during the follow-up inspection and filed in the TMF). - The invalid protocol date in the Supreme Council approval was corrected as part of the CAPA from the previous inspection and was verified during this follow-up inspection.
3.3. Participant Safety	- Safety monitoring procedures were in place. - An emergency trolley was confirmed available at the procedure area with emergency medications checked and expiry dates recorded on a checklist. - A letter of commitment was available in the TMF confirming emergency access to any university hospital for any participant. - Infection control measures were in place with face masks and sterilizers stocked. - No SAEs were reported during this follow-up inspection period beyond those previously notified. - A temperature excursion during IMP transport was identified as a protocol deviation; the affected IMP was returned to the sponsor as a corrective action.
4. Personnel and Training	
4.1. Training and qualifications	- Roles and responsibilities of study personnel were clearly defined. - A delegation log discrepancy was identified: access to source documents was inconsistent with the submitted delegation log. This was identified, acknowledged, and the delegation log was corrected and aligned with actual site access permissions. - GCP training records were available and reviewed. Delegated pharmacist received training on GCP, Study Protocol, and relevant study documents. - GDP training was provided to all investigators. All site personnel were trained on infection control principles and spillage procedures. - The training system was adequate following corrective actions. Training on access control procedures, infection control, and spillage procedures was conducted for all site staff.
5. Investigational Product (IMP) Management	

5.1.1IMP handling	• **Personnel & Responsibility:** -Delegated pharmacist confirmed responsible for IMP receipt, handling, and dispensing -Previous inspection CAPA verified as implemented • **Storage & Temperature Monitoring:** -IMP storage and temperature monitoring reviewed and adequate -Temperature excursion identified during transport— affected IMP returned to sponsor and reported as protocol deviation to EDA -No further accountability deficiencies identified • **Standard Operating Procedures:** -SOPs obtained from EVA PHARMA manufacturing site and retained at study site -Shipping, receipt, and dispensing procedures implemented per manufacturer SOPs • **IMP Labeling & Traceability:** -Labels clear and readable (batch number, expiry date, "for clinical trial use only" statement) -Labeling and traceability adequate -All equipment calibrated with valid labels; certificates filed in TMF with recalibration tracking
6. Clinical Trial Conduct	
6.1.Protocol Compliance	The study was conducted in compliance with protocol as prescribed in the ICH Guide to GCP. The inspectorate was satisfied that the Principal Investigator was in control to ensure trial compliance.
6.2. Source Data and CRFs	Source documents and CRFs were reviewed during the follow-up inspection: - Controlled access to participant files was confirmed implemented. Records were stored in a secure archiving area with locked cabinets for all records. Confidentiality of all records was maintained. Source data were confirmed legible and well organized. - .
6.3. Delegation of Duties	-Delegation logs were available and reviewed. A discrepancy was identified between the stated access permissions for source documents and the submitted delegation log. This was identified, acknowledged, and the delegation log was corrected and aligned with actual access permissions at the site
7. Laboratory and Bioanalytical Activities (if applicable)	

-External laboratory was designated for analysis of participants withdrawn samples. SOPs for laboratory samples handling, transportation, and waste disposal were obtained from lab Quality Assurance and retained at the site and submitted to EDA as requested by the inspection team. - VBGs were withdrawn from all participants instead of ABGs as per protocol – this was identified as protocol deviation, acknowledged, and submitted as an amendment to EDA.
8. Safety Reporting (SAE)
-SOPs for SAE reporting were available at the site. -No new SAEs were reported up to the follow-up inspection period. -The inspectorate was satisfied that safety monitoring procedures were in place and that the Principal Investigator maintained appropriate oversight of participant safety throughout the trial. -Reporting timelines and documentation requirements were followed. -No gaps in SAE documentation or safety reporting were identified during the follow-up inspection. All safety monitoring procedures were confirmed in place.

Part 3	**Inspection outcome**
Based on the reviewed documentation, inspected facilities, and observations identified duringThe follow-up GCP inspection conducted at Al-Manial Specialized University Hospital on 10 April 2022 confirmed that the Principal Investigator was in control to ensure that the clinical trial (Protocol SPHINX22122020) was conducted in compliance with GCP as prescribed in the ICH Guide to GCP. The majority of corrective actions from the previous inspection (20/02/2022) were verified implemented All identified deficiencies were communicated to the site. Corrective and Preventive Actions were implemented as follows: The site was recommended to continue ensuring all outstanding items are fully resolved, particularly: lab-related SOPs submitted to EDA; VBG/ABG deviation amendment finalised; all protocol deviations reported; spillage procedures maintained and staff trained; and delegation log kept accurate and consistent with actual access permissions.	

Part 4	**List of national Laws and GCP Guidelines referenced in the inspection report**
1. Law of Regulating Clinical Medical Research no.214/2020. 2. Prime Minister's Decree No. 927 of 2022 On Promulgating the Executive Regulation of Law on Regulating Clinical Medical Research Promulgated by Law No. 214 of 2020 3. EDA Chairman Decree No.111 for 2022. 4. Guideline for Good Regulatory Oversight of Clinical Trials by Egyptian Drug Authority "EDREX.GL.Bioinn.006". 5. Guideline for Good Clinical Practice ICH E6R3. 6. Declaration of Helsinki **7.** WHO Handbook for Good Clinical Research Practice (GCP) -Guidance for Implementation	

Abbreviation	
AE	Adverse Event
ALCOA	Attributable, Legible, Contemporaneous, Original, Accurate

CAPA	Corrective and Preventive Action
CRF	Case Report Form
CRC	Clinical research Center
CT	Clinical Trial
EDA	Egyptian Drug Authority
GCP	Good Clinical Practice
IB	Investigator Brochure
ICF	Informed Consent Form
ICH	International conference of Harmonization
IMP	Investigational Medicinal Product
IRB/IEC	Institutional Review Board / Ethics Committee
MOH	Ministry of Health
PI:	Principal Investigator
PIR	Public Inspection Report
SAE	Serious Adverse Event
SOP	Standard Operating Procedure
WHO	World Health Organization

العنـــــــــــوان: 51 شارع وزارة الزراعة، العجوزة - الجيزة
البـريـد الإلـكـتـرونـي: المكتب الفني / bio.tech@edaegypt.gov.eg، المكتب الإداري /bio.admin@edaegypt.gov.eg
التـــلـيـــفـــــون: 0237484988
موقع الهيئة: www.edaegypt.gov.eg