



Australian Government

Department of Health and Aged Care  
Therapeutic Goods Administration

TGA USE ONLY

This form, when completed, will be classified as '**For official use only**'.

For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at <<https://www.tga.gov.au/treatment-information-provided-tga>>.

# Clinical Trial Safety Reporting Form (SSI/USM)

How to complete this form:

- This form is for reporting Significant Safety Issues/Urgent Safety Measure (SSI/USM) for medicines, biologicals and devices
- This form is to be completed by sponsors and [submitted to the TGA](#) within the timeframe outlined in the [Australian clinical trial handbook](#)
- Complete all fields

For further guidance on requirements of submission of a safety issue, including Suspected Unexpected Serious Adverse Reactions (SUSAR) and/or Unanticipated Serious Adverse Device Effects (USADE), please see the [Australian clinical trial handbook](#).



Investigational product (IP) represents Investigational Medicinal Products (IMP) and Investigational Medical Devices (IMD)

## Report type

Tick all that apply

Initial report

Follow-up report. The initial report was submitted on [Click or tap to enter a date](#).

Significant safety issue (SSI) defined as a *safety issue that could adversely affect the safety of participants or materially impact on the continued ethical acceptability or conduct of the trial*.

(Note: SSIs that involve a local SUSAR and/or USADE are subject to further reporting requirements, please see [Australian clinical trial handbook | Therapeutic Goods Administration \(TGA\)](#).)

Urgent safety measure (USM) defined as a *measure required to be taken in order to eliminate an immediate hazard to a participant's health or safety*.

## International context

Has this safety issue been identified internationally? Yes  No

If yes, please provide further information

## Australian context

List all Australian clinical trials impacted by this report. Please add extra rows as required.

Reference	Protocol Number	Clinical trial notification (CTN)/Clinical trial approval (CTA) Number	Investigational Product (IP)	Medicine, biological or medical device	Australian Sponsor as per CTN/CTA	Number of Australian participants enrolled (S – screened, R – randomised)	Is the IP registered/ listed on the Australian Register of Therapeutic Goods (ARTG)

## Reporter

- The Australian Sponsor (as per CTN/CTA)
- Other party. Confirm reporter's name, contact details and relationship to the Australian sponsor.

## Communication

- The Principal Investigator(s) has(ve) been notified of the safety issue
- The approving HREC(s) has(ve) been notified of this safety issue

## Reporting timelines

### Time and Date – Date and time of sponsor's first awareness of the safety issue

Date: Click or tap to enter a date.	Time:	Not Known <input type="checkbox"/>
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### Date the decision was made to implement reported SSI/USM

Date: Click or tap to enter a date.	Time:	Not Known <input type="checkbox"/>	N/A <input type="checkbox"/>
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### TGA submission due date

Click or tap to enter a date.

*Significant safety issues that meet the definition of an urgent safety measure should be notified **within 72 hours**, and all other significant safety issues should be notified **within 15 calendar days** of the sponsor instigating or being made aware of the issue.*

Have you submitted this report within required timeframes? Yes  No

No. justification for a delayed submission:

## Source

- Sponsor Data Safety Monitoring Committee/Board - Pharmacovigilance
- Sponsor - Investigator
- Overseas Regulator: enter regulator's name and country
- Another source: describe the source of the report

## Report details

### ***Brief description***

*Include for all initial reports:*

- *supporting evidence*
- *scope - does it apply to one IMP only*
- *further action planned*
- *Independent Data Monitoring Committee – were any actions taken/recommended?*

No  Yes (specify below)

*For USM provide the following information:*

- *Reason for the USM*
- *Measures taken*
- *Further actions planned*

*For SSI “temporary halt of trial” provide the following information:*

- *Reasons for the halt*
- *Scope of the halt*
- *Measures taken*
- *Further actions planned*
- *Notification of the trial restarting (when applicable), include evidence that it is safe to restart*

*For SSI “early termination of trial” provide the following information:*

- *Reasons for early termination*
- *Measures taken*
- *Further actions planned*

For all other SSIs provide the following information:

- Details of the SSI
- Further actions planned

For follow-up reports provide the following information:

- What has changed since the initial / previous follow-up report.

### **Sponsor assessment outcome and action plan**

Include:

- risk and impact assessment
- actions completed
- actions planned
- planned follow-up reports, if applicable
- Is this report final for the reported SSI/USM?

### **Actions taken by other regulators**

Include:

- Has an overseas regulator halted the trial? If so, will the sponsor be halting the trial in Australia?
- links to any relevant regulator safety assessments or published meeting outcomes
- If a clinical trial has been halted, please advise if/when it is planned to resume

## **Outcome of issue assessment**

(Tick all that apply)

Sponsor intends to update the Company Core Datasheet, Australian Product Information, and/or Consumer Medicine Information

**Specify the changes**

Sponsor is considering other actions

**Describe the actions**

## **Attachments**

(Tick all that apply)

Safety Memorandum  
 Dear Investigator Letter  
 Safety issue assessment report

- HREC notification/decision or requests relating to this report
- Decision to halt the study
- Other documents – specified below

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## Report submission

I confirm that:

- All relevant fields are completed
- QC was conducted to verify that all reported data points are accurate
- TGA will be notified of the recommencement of the trial if halted

Name		
Position		
Signature	Date	
Email	Phone	

Please submit the form and all attachments to [clinical.trials@health.gov.au](mailto:clinical.trials@health.gov.au)