



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

☐ 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