1. **PURPOSE**

This Standard Operating Procedure (SOP) has been developed to provide guidance in auditing Human Patch Studies submitted to EPA regulated by the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA).

2. **SCOPE**

This SOP should be used when auditing studies that tries to determine what type of reaction (induced contact dermal sensitization) of a test substance when applied to the human skin.

3. **OUTLINE OF PROCEDURES**

General

Conduct of the Audit

4. **REFERENCES**


4.3 Title 7, United States Code, Federal Insecticide, Fungicide and Rodenticide Act as amended.


4.5 Determining Compliance of Audited Studies with GLP Standards Requirements, LDIB SOP-C-02.

4.6 Evidence Requirements for Documenting GLP Standards and Study Audit Deficiencies, LDIB SOP-S-02.
5. **SPECIFIC PROCEDURES**

5.1 **General**

This procedure outlines the significant details that should be reviewed during an audit of a Human Patch Test Study.

If the EPA’s Office of Pesticide Programs (OPP) accepts a study submitted for registration and LDIB schedules that study and facility for an inspection, the Inspector should review the compliance statement in the final report prior to the study audit to determine:

If the compliance statement states that the study was conducted in accordance with the GLP regulations, then a complete GLP inspection should take place.

If the compliance statement states that the study was not conducted in accordance with the GLP regulations, then a Books and Records inspection should be conducted under 40 CFR 169.2 (k), (Reference 4.2).

If the compliance statement states that the study was conducted in compliance with the Good Clinical Practices (GCP) regulations, a Books and Records inspection should be conducted.

**NOTE:** The GCP regulations fall under the Food and Drug Administration’s (FDA) area of responsibility.

5.2 **CONDUCT OF THE AUDIT**

If the inspection is to be conducted under the Books and Records regulations the Inspector should also conduct an “in the spirit” of GLP inspection to the facility and study. The purpose of the audit is to ensure that the final report is supported by raw data.

In addition to normal auditing procedures, the following items should be reviewed if they are available:

- The test substance characterization, receipt, storage, security, distribution, accountability, and disposition.
- Archives, storage, security, indexing, and retrieval of data.
- Correspondence and Telephone Logs.
- Medical History and Adverse Reaction Forms.
- Confidential Product (test substance) Disclosure forms.
- Industrial Review Board (IRB) Approvals and Correspondence.
- Equipment (balance, pH meter, etc.) Logs and Records.
- Training records, (qualifications, calculations, test substance preparation, dosing, grading of conditions/reactions, etc.).
- SOPs and/or methods.
- Study records (dosing, grading, site map of application, sponsor code, etc.).
• Final Report - verify EPA copy against the facility copy and that the final report is an accurate reflection of the work performed.

*NOTE: The Informed Consent Form is a very important document for the review. This document usually describes in general what the test subject (patient) will be subjected to. [According to FIFRA Section 12(a)(2)(P), Unlawful Acts (Reference 4.3), “to use any pesticide in tests on human beings unless such human beings (i) are fully informed of the nature and purposes of the test and of any physical and mental health consequences which are reasonably foreseeable therefrom, and (ii) freely volunteer to participate in the test”.

This document may identify the brand name or chemical name or code of the test substance to be used, but most give a very generic description like “cosmetic or topical lotion or cream”. EPA’s main concern in this type of study is when the test substance like a sun screen is combined with a pesticide, then applied to the human skin.

When verifying the final report and its results and conclusions against the study data, the inspector should check to make sure all of the results and conclusions are presented. Most human patch studies are conducted using several or more test substances from several different sponsors on the same patient, at the same time. There may be anywhere from four to fourteen different test substances placed on the patients back or arm areas. The facility will only report the results for a given sponsor and their test substance(s).

Another area of concern is because of placing several different test substances in close together on the patient, there is a chance of contamination (cross-reactivity) of one test substance with another. This is sometimes referred to as “angry back syndrome”.

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