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FACILITY NAME & ADDRESS

Facility Name	Facility Type	Facility Address
National Hospital Organization Mito Medical Center		280 Sakuranosato Ibarakimachi, Higashiibaraki, Ibaraki, Japan, 311-3117

FACILITY CONTACTS

Primary FPM?	Name	Email Address	Roles
Yes	Tachihara, Mie	tachihara.mie.hb@mail.hosp.go.jp	Facility Profile Manager; Delegation Manager
No	Watanabe, Keiko	watanabe.keiko.qn@mail.hosp.go.jp	Facility Profile Manager; Delegation Manager

THERAPEUTIC AREAS & PATIENT POPULATION

Therapeutic Area(s)	
Therapeutic Area	**Sub Therapeutic Area**
Musculoskeletal Diseases	
Respiratory Tract Diseases	
Mental disorders	
Otorhinolaryngologic Diseases	
Wounds and Injuries	
Cardiovascular Diseases	
Digestive System Diseases	
Hemic and Lymphatic Diseases	
Male Urogenital Diseases	
Nervous System Diseases	

Other Areas of Expertise
Oncolgy Eye Diseases

Study Phase Capabilities
Phase I; Phase II; Phase III; Phase IV

Other Facility Details	
Do you have Affiliated Research Sites or Satellite Sites/Clinics? A Satellite Site is a secondary location where the investigator sees clinical trial subjects, usually this is the same investigator who sees subjects at the primary site location.	No
What study types does your Facility have experience with?	Industry; Investigator Initiated
Is your Facility affiliated with a government agency or part of a government funded health service?	Yes

Patient Population	
Patient Population Demographics	Adults - Ages 18-64; Geriatrics - Greater than or equal to 65

Patient Population Comments
Japanese over90%

IRB/ERB/ETHICS COMMITTEE

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General Questions	
What is the average time (in days) to start a study once you have received the regulatory package?	30-60
Does your Facility perform IRB/ERB/Ethics Committee submissions?	Yes
Does your Facility have a Facility or group to perform IRB/ERB/Ethics Committee submissions?	Yes
Department Contact Name	Clinical Research Office
Department Contact Phone Number	029-240-7711
Department Contact Email Address	200-chikenkanri@mail.hosp.go.jp
Is your Facility able to initiate study activities prior to IRB/ERB/Ethics Committee protocol approval?	No
What types of IRB/ERB/Ethics Committee does your Facility use?	Central Acting as Local; Local
Does your institution and/or local regulation mandate the distribution of safety reports [e.g., Development SafetyUpdate Report (DSUR), suspected unexpected serious adverse reaction (SUSAR)] to a local Review only IRB/ERB/Ethics Committee?	Yes
Are there any other steps that the Sponsor should be aware of for your IRB/ERB/Ethics Committee review and submission?	No

LOCAL IRB/ERB/ETHICS COMMITTEE

Local IRB/ERB/Ethics Committee: Mito Medical Center Institutional Review Board	
IRB/ERB/Ethics Committee Name	Mito Medical Center Institutional Review Board
Address	280 Sakuranisato, National Hospital Organization Mito Medical Center, Higashiibarakigun , Ibaraki, Japan, 311-3193

Registration#	Registering Body
No Records	

What is the meeting frequency of the IRB/ERB/Ethics Committee?	Monthly
How long before IRB/ERB/Ethics review is the Submission Packet required?	2 weeks
Does the IRB/ERB/Ethics Committee require payment prior to release of final approval documents?	No
Does the IRB/ERB/Ethics Committee require contract/budget approval prior to release of final approval documents?	No

LOCAL IRB/ERB/ETHICS COMMITTEE ATTACHMENTS

Document Type	Document Name	Document Description
No Records		

OTHER REVIEW BOARDS

Does your Facility have Other Review Boards that need to approve the study prior to IRB/ ERB/Ethics Committee submission? For example, scientific, radiation safety committees, or others.	No

Local Lab

Is your Facility using a Local Lab?	Yes

Local Lab: Department of Clinical Laboratory	
Lab Name	Department of Clinical Laboratory
Lab Contact First Name	
Lab Contact Last Name	
Address	280 Sakuranosato Ibaraki-machi, National Hospital Organization Mito Medical Center, Higashiibarakigun, Ibaraki, Japan, 311-3193
Phone Number	029-240-7711
Fax Number	
Email Address	
Local Lab Accreditation	Others
Other Local Lab Accreditation	JMA
Additional Questions	
Does your Facility have a SOP/written procedure for documenting bio-specimen (Sample) processing steps/chain of custody?	
What is the system or tool that the site currently has or utilizes to document Bio-specimen (Sample) Processing Steps/ Chain of Custody?	
Please indicate tissue collection and processing capabilities at your site?	
Does your Facility has established processes to oversee staff compliance with study-specific lab manual instructions for bio-specimen processing?	
What are your Facility's capabilities for tissue collection and/or processing (embedding)?	
Are LOINC codes available for the Local Lab? (If Yes, you can upload the relevant LOINC list as an attachment in Lab Documentation)	

Attachments

Document Type	Document Name	Document Description
Lab Certification or Accreditation	2022年度　茨城県臨床検査技師会精度管理調査報告書_24-Jan-2024_01-45-40_GMT.pdf	
Lab Certification or Accreditation	2022年度　茨城県臨床検査技師精度管理調査参加証_24-Jan-2024_01-45-56_GMT.pdf	
Lab Certification or Accreditation	2023年度-参加証-日臨技精度管理調査JAMT_20230824_19-Jan-2024_00-42-54_GMT.pdf	
Lab Certification or Accreditation	2023年度-施設別報告書-日臨技精度管理調査 JAMT_20220824_19-Jan-2024_00-43-21_GMT.pdf	
Lab Certification or Accreditation	令和4年度　日本医師会精度管理調査　評価評点一覧表_24-Jan-2024_01-46-07_GMT.pdf	
Lab Certification or Accreditation	令和4年度　日本医師会精度管理調査参加証_20230217_24-Jan-2024_01-46-18_GMT.pdf	

CONSENT & TRAINING

Consent	
Does your Facility have a written SOP/Policy/Procedure for: Informed Consent?	No
Does your Facility have a written SOP/Policy/Procedure for: Minor Assent for Pediatric Populations?	Yes
Does your Facility have a written SOP/Policy/Procedure for: Other Vulnerable Populations?	No
Will your Facility require language translations for consents?	Yes
Select the required languages	
If located in the US, has your Facility used or are you able to use the informed consent short form?	Not Applicable

Training	
Does your Facility have a training program for the research staff?	Yes
Does the course content include GCP?	Yes
Does your Facility use an external program to conduct research training?	Yes
Please provide program course name.	eAPRIN
Do you have a process or program in place to retrain research staff when a protocol is amended?	Yes
Does the study staff that prepares or transports dangerous goods have training that meets the IATA International Air Transport Association (US) or other countries hazardous training requirements for shipping dangerous goods?	Yes

FACILITY & EQUIPMENT

Facility Capabilities	
Can your Facility support patient visits on weekends?	No
Can your Facility support in-patient admissions for research studies?	Yes
Does your study staff have sufficient English knowledge to understand communications in English?	No
Does your Facility have access to translators and translation support for trial conduct (e.g. consent, trial specific instruction)?	No
Does the Facility have storage space for Study-Related materials (e.g. Lab Kits, Patient Materials, etc.)?	Yes
Is the lab kit storage space able to support early phase studies which may require an increased number of kits?	Yes
Does your Facility have the ability to collect and store PK/PD specimens?	Yes
Does your Facility have the ability to collect PK/PD samples beyond normal business hours?	Yes
Does your Facility typically allow the collection of Pharmacogenomic (PGX) samples for research purposes?	Yes
Equipment	
Identify the Diagnostic Equipment available at or near the Facility to support Research studies?	Computerized Tomography Scan; Magnetic Resonance Imaging; X-Radiation; Magnetic Resonance Angiography; Mammography; Nuclear Medicine (e.g.Bone scan,Thyroid scan,Thallium cardiac stress test); Electrocardiogram
General Equipment	
Does your Facility have an SOP or process that ensures routine calibration and maintenancof general equipment? Examples of general equipment include: scale, pulse oximeter, stadiometer, sphymomanomer, etc.?	Yes
Does your Facility have the necessary equipment to treat medical emergencies (ie. code cart)?	Yes
Identify the equipment available at the Facility to support Research studies?	Refrigerated Centrifuge; Centrifuge; Refrigerator (2 to 8 Degrees C); Freezer (-20 to -30 Degrees C); Freezer (-70 to -80 Degrees C)
Equipment Capabilities: Refrigerator (2 to 8 Degrees C)	
Do you have the ability to generate a temperature monitoring log for this equipment?	Yes
Does this equipment provide Min/Max Temperature Monitoring?	Yes
How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.	Hourly
Does this equipment have back-up power?	Yes
Does this equipment have a temperature alarm?	Yes
Do you have an SOP which supports calibration of this equipment?	Yes
Equipment Capabilities: Freezer (-20 to -30 Degrees C)	
Do you have the ability to generate a temperature monitoring log for this equipment?	Yes
Does this equipment provide Min/Max Temperature Monitoring?	Yes
How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.	Hourly
Does this equipment have back-up power?	Yes
Does this equipment have a temperature alarm?	Yes
Do you have an SOP which supports calibration of this equipment?	Yes

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Equipment Capabilities: Refrigerator (-70 to -80 Degrees C)	
Do you have the ability to generate a temperature monitoring log for this equipment?	Yes
Does this equipment provide Min/Max Temperature Monitoring?	Yes
How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.	Hourly
Does this equipment have back-up power?	Yes
Does this equipment have a temperature alarm?	Yes
Do you have an SOP which supports calibration of this equipment?	Yes
Computer Capabilities	
Does your Facility have computers which are dedicated to research studies?	Yes
What type of computer operating system(s) does your institution use to support studies?	Windows (Windows XP, Windows 7, Windows 8, etc.)
What type of internet access does your Facility have?	Cable or DSL
Does your Facility limit or prohibit access and use of external web-based tools or sites for clinical research? (e.g. web portals to submit documents to sponsors or CROs)	Yes
Does the Facility have access to local IT support?	Yes
Does your Facility prohibit the use of an external USB device (e.g. to download and send data from a temperature monitoring device)?	Yes
Business Continuity Plan	
Does your Facility have Business Continuity Plan (BCP) to protect essential business operations which describes how those processes will be performed during a crisis at your Facility?	Yes

Attach Your BCP or SOP

Document Type	Document Name	Document Description
No Records		

INVESTIGATIONAL PRODUCT & CONTROLLED SUBSTANCES

Investigational Product Shipping Details

IP Recipient Name	Address	Email Address	Phone Number	Fax Number
Clinical Research Office	280 Sakuranosato, National Hospital Organization Mito Medical Center, Higashiibarakigun, Ibaraki, Japan, 311-3193	200-chikenkanri@mail.hosp.go.jp	029-240-7711	029-240-7839

Investigational Product Storage Location

IP Storage Location Name	Address	Email Address	Phone Number	Fax Number
Departmentof Pharmacy	280 Sakuranosato, National Hospital Organization Mito Medical Center, Higashiibarakigun, Ibaraki, Japan, 311-3193	200-chikenkanri@mail.hosp.go.jp	029-240-7711	029-240-3193

Investigational Product Storage Equipment	
Identify the Investigational Product Storage Equipment at your Facility	Refrigerator (2 to 8 Degrees C)

Equipment Capabilities: Refrigerator (2 to 8 Degrees C)	
Do you have the ability to generate a temperature monitoring log for this equipment?	Yes
Does this equipment provide Min/Max Temperature Monitoring?	Yes
How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.	Hourly
Does this equipment have back-up power?	Yes
Does this equipment have a temperature alarm?	Yes
Do you have an SOP which supports calibration of this equipment?	Yes
Investigational Product Storage And Handling	
Is the Investigational Product Storage Room secured with controlled access?	Yes
Do you have the ability to generate a temperature monitoring log for this Investigational Product Storage Room?	Yes
Does the Investigational Product Storage Room provide Min/Max temperature monitoring?	Yes
Does the Investigational Product Storage Room have back-up power?	Yes
Does the Investigational Product Storage Room have a temperature alarm?	Yes
Do you have an SOP which supports calibration of this equipment?	Yes
Does your Facility have the ability to manage on-site or off-site destruction of Investigational Product?	Yes
Does your Facility have a written SOP/Policy/Procedure for destruction of Investigational Product?	Not Applicable
Do you provide your Satellite Site(s) with a dedicated inventory of Investigational Product?	Not Applicable
Does your Facility have a written SOP/Policy/Procedure to ensure that Investigational Product is appropriately maintained during transportation to Satellite Site(s)?	Not Applicable
Describe additional Investigational Product Storage And Handling Capabilities	
Preparation and Administration Of Investigational Product	
Identify the Investigational Product preparation capabilities at your Facility	Vertical laminar flow hood (chemo/hazardous drugs)
Is your Facility capable of administering infusions?	Yes
Is your Facility adequately staffed to support studies with both blinded and un-blinded Investigational Product?	Yes
Controlled Substances	
Does the Facility have the required licenses or registrations to receive, store, dispense and return controlled substances as required by local law?	Yes
Is the storage area for controlled substances securely constructed with restricted access in accordance with local law?	Yes
Does the Facility have the ability to handle radio-labelled Investigational Product?	No
Does your Facility have the ability to manage on-site or off-site destruction of controlled substances when appropriate?	Yes

Attachments

Document Type	Document Name	Document Description
No Records		

SOURCE DOCUMENTATION & REMOTE MONITORING

Source Documents	
What type of source documents will be used?	Paper; Electronic
Does your Facility have secure storage for patient records?	Yes
Does your Facility have patient record archiving on-site?	Yes

What type of investigator site file/regulatory binder used (select all that apply)	
Please list any access limitations/ requirements for eISF/eReg	
Electronic Medical Records (EMR) / Electronic Health Records (EHR)	
Do you have Electronic Health Records (EHR)/ Electronic Medical Records (EMR)?	Yes
What EMR/EHR system do you use?	In-house system
For Facilities with satellite sites, where is the monitor required to access source documents?	
Please list any access limitations/requirements for the Electronic Medical Records.	
Do you work with a vendor that can electronically exchange data for clinical research from the EHR/EMR?	
Are monitors able to access EHR/EMR while off site?	
Does your Facility require Sponsor representative to sign any local form (paper or electronic) for access, or any other purpose?	

Monitoring	
Check all equipment that will be available to Monitors:	Fax; Copy Machines
What Electronic Data Capture (EDC) systems has your staff used for clinical trials?	Oracle Inform; Medidata Rave; Others
Describe Other EDC Systems	DATATRAK DDWorks
Does your site/institution and/or local regulations allow remote source data verification of study participant data to support remote monitoring?	

Attachments

Document Type	Document Name	Document Description
No Records		

ADDITIONAL LOCATIONS

Additional Locations

Add any addresses you wish to be available in the Study Site Profile. These addresses will be available for selection in the following sections of the Study Site Profile -Additional Study Locations - These addresses can be added to your FDA Form 1572, if applicable.

Location Name	Contact Name	Address	Phone Number	Fax Number	E-mail Address
No Records					

ADDITIONAL INFORMATION & ATTACHMENTS

Additional Information

Please provide additional information not captured in other sections of the Facility Profile that you feel is important for Sponsors to know about your site. Please reference the section name if applicable.

Facility Attachments

Document Type	Document Name	Document Description
No Records		

ORGANIZATION AFFILIATIONS

Organization Affiliations			
The Organization (s) that requested Affiliation with your Facility are listed below with Affiliation Status			
Organization Name and Address	**Organization Affiliation Type**	**Organization Affiliation Status**	**Status Date**
No Records			

ASSOCIATED SITE USERS

Associated Site Users

☐ Once checked, this checkbox will enable the Approval/Rejection workflow for this Facility. Any site user requesting to associate with this Facility would require to send the affiliation requests and only once Approved, this Facility will be shown on User's Profile.

Site User Association Requests				
Name	**E-mail Address**	**Request Affiliation Date**	**Affiliation Status change Date**	**Affiliation Status**
No Records				

Associated/Confirmed Site Users				
Name	**E-mail Address**	**Request Affiliation Date**	**Affiliation Status change Date**	**Affiliation Status**
No Records				