Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Federal Department of Home Affairs DHA
Federal Office of Public Health FOPH

Federal Department of the Environment,
Transport, Energy and Communications DETEC
Federal Office for the Environment FOEN

swissmedic
Swiss Agency for Therapeutic Products

Swiss Interpretation of the GLP Principles

State: December 15, 2023

The Swiss GLP compliance monitoring authorities at Federal Office of Public Health (FOPH), Federal Office for the Environment (FOEN) and Swiss Agency for Therapeutic Products (Swissmedic) provide interpretations of the GLP Principles when considered necessary. This is supported by art. 4 OGLP. These interpretations should be considered in context with the following documents (see Gute Laborpraxis (GLP) (admin.ch):

- Swiss Ordinance on Good Laboratory Practice (OGLP)
- OECD Series on Principles of Good Laboratory Practice (GLP) and Compliance Monitoring
- Swiss Working Group of Information Technology (AGIT, Arbeitsgruppe Informationstechnologie) Guidelines on computerized systems
- Swiss Compliance Monitoring Programme

A similar approach is taken by other bodies.The following documents may be helpful to GLP stakeholders:

- OECD Frequently asked questions (FAQ)
  http://www.oecd.org/env/ehs/testing/glp-frequently-asked-questions.htm
- EU GLP Working Group: Questions and Answers
  http://ec.europa.eu/growth/sectors/chemicals/good-laboratory-practice/index_en.htm

For further information:

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Notification authority for chemicals (NAChem)
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List of abbreviations

AGIT	Working Group of Information Technology (AGIT, Arbeitsgruppe Informationstechnologie)
CMA	Compliance Monitoring Authorities (in Switzerland: Swissmedic, FOPH and FOEN)
CV	Curriculum vitæ
FOEN	Federal Office for the Environment
FOPH	Federal Office of Public Health
GLP	Good Laboratory Practice
IT	Information Technology
NAChem	Notification Authority for Chemicals
OECD	Organisation for Economic Co-operation and Development
OGLP	Ordinance of 18 May 2005 on Good Laboratory Practice (SR Number 813.112.1)
QA	Quality Assurance
SOP	Standard Operating Procedure
TFM	Test Facility Management

<table>
<tr><td colspan="3">0 General
(OGLP and GLP Compliance Monitoring Programme)</td></tr>
<tr><td>0.1</td><td>What is the Swiss GLP CMAs' definition of short-term studies with respect to duration?</td><td>The Swiss GLP CMA consider "one working week" as a reasonable limit for duration of a short-term study. Thus, an Ames test is considered a short-term study, a 28-day subacute toxicity or a residue study not.</td></tr>
<tr><td>0.2</td><td>Can test sites also be included in the GLP Compliance Monitoring Programme?</td><td>There is no separate category “test sites” in the Swiss GLP Compliance Monitoring Programme. If test sites comply to the requirements for test facilities as outlined in art.5 OGLP and in the GLP Monitoring Programme, they are included as test facilities in the programme and regularly inspected.</td></tr>
<tr><td colspan="3">1 Test Facility Organisation and Personnel</td></tr>
<tr><td>1.1</td><td>Is it possible for a TFM to fulfill the function of a study director?</td><td>This should be avoided whenever possible. In the case that a TFM acts as a study director, the deputy TFM must take over the role of TFM for the concerned studies. This procedure has to be adequately described in an SOP.</td></tr>
<tr><td>1.2</td><td>How often should personal documents be updated?</td><td>Job description and training records of the employees should be up to date. These documents should be checked once per year and updated where required.</td></tr>
<tr><td>1.3</td><td>If a sponsor decides to split one study in several studies, not applying the multisite study concept – how should this be handled?</td><td>In general, it is not recommended to split a study in several stand-alone studies. However, if the sponsor requires such a separation and initiates studies at another test facility, it should be stated in the study plan of the original study that these examinations are not part of the original study and are performed as a stand-alone study to be reported separately.</td></tr>
<tr><td>1.4</td><td>Which information must/should the master schedule contain?</td><td>The information a master schedule should contain are not specified in detail in the OGLP. The Swiss GLP CMA have therefore compiled the minimal information (see below). For both short- and long-term studies, the same requirements are applicable. It should, among others, serve as a planning tool, which requests a continuous alignment; however no retrospective alignment is necessary.
We recommend to mark multi-site studies on the master schedule of the test facility.

<table>
<tr><td>Information</td></tr>
<tr><td>Study identification</td></tr>
<tr><td>Phase identification[a]</td></tr>
<tr><td>Study Director</td></tr>
<tr><td>Principal Investigator</td></tr>
<tr><td>Test Item</td></tr>
<tr><td>Type of study</td></tr>
<tr><td>Study / Phase[a] initiation date</td></tr>
<tr><td>Study / Phase[a] completion date</td></tr>
<tr><td>Date of archiving[b]</td></tr>
<tr><td>GLP / non-GLP (yes/no)[a, c]</td></tr>
</table>

[a]) for multi-site studies: these information should be specified on the master schedule of the test site. With multi-site studies attention should be paid that a master schedule is maintained at the test facility as well as at all concerned test sites.</td></tr>
</table>

		The phase initiation date should be defined by the test site according to the type of study but it should not be before the study plan has been signed. [b]) This refers to study documentation, if not defined otherwise by the test facility. [c]) The authorities recommend to include all studies to estimate the total workload of the test facility (OGLP Appendix 1, section 1.8). However, if only a low percentage (*e.g.*, 5%) of GLP vs. non-GLP studies is performed, a master schedule only for GLP studies (or in case of multi-site studies: study phases) and validation studies performed according to GLP should be established. For terminated studies, it's advisable to put an entry "terminated " on the master schedule. In case a study is re-opened, this should be listed adequately in the master schedule.
1.5	*Do you allow deputy study directors to be appointed, and if so, what are his/her rights and responsibilities?* *What should be done in the absence of the study director?*	The GLP Principles do not refer to a "deputy study director". It was agreed on OECD level that there can only be one study director responsible for a study, and that his/her core tasks cannot be delegated to a deputy. Procedures for study director replacement are in the responsibility of the TFM and should be addressed in the facility's SOPs (see OECD Document No. 8). In case of a planned absence of a study director, a new study director can be nominated for a defined period. In this case, the study plan (or study plan amendment) needs to be signed by the initial and the new study director and the TFM. The statement of GLP compliance of the final study report is only signed by the initial study director who also takes responsibility for the activities during his or her absence. Alternatively, the study director can be replaced via amendment to study plan in accordance with OECD Document No. 8. TFM and the newly assigned study director document the replacement of the former study director by signing an amendment to the study plan. Analogous procedures are applicable for multi-site studies in case of the absence of the nominated principal investigator.
1.6	*In case a principal investigator sends the phase documentation to the study director, do the Swiss CMA require records or verified copies thereof during an inspection?*	Raw data generated at a test site in Switzerland must be accessible to the Swiss GLP CMA during inspections or study audits as originals or verified copies.
1.7	*When laboratories or equipment of a GLP test facility are also used by non-GLP personnel, what is necessary to demonstrate that compliance of the test facility is not compromised? Is it sufficient to have documentation (e.g., job description, CV) and a training record to demonstrate relevant training (GLP awareness and use of GLP equipment)?*	When laboratories or equipment of a GLP test facility are also used by personnel from a non-GLP compliant laboratory, their training records should provide evidence that they have the knowledge of the applicable requirements of GLP. Furthermore, any measurement (GLP and non-GLP) on a GLP apparatus should be documented with date/time and visa. The operation and documentation should be performed according to the SOP used for GLP work. Any problem or maintenance operation with the apparatus should be recorded. Obviously, the results of the measurements by non-GLP personnel may not be used for GLP studies.

1.8	*Must the personnel conducting administrative work or cleaning servives be members of the GLP test facility?*	Concerned personnel do not mandatorily have to be members of the GLP test facility, however an adequate and continuous GLP training is required. In addition, the personnel should be trained in the SOPs that are relevant to their activities. Job descriptions as well as training records should be available at the test facility. In case of collaboration with external companies, a documented agreement should be available that describes the tasks and responsibilities including documentation.
1.9	*Can study directors, QA, laboratory personnel or TFM act as archivist?*	Study directors may not act as archivists due to their involvement in the conduct of studies. TFM and QA personnel may take this role. However, if a QA person acts as archivist, inspection of the archive has to be performed by another QA person or by an external QA. Laboratory personnel can act as archivists even if they are involved in the conduct of studies. However, in the role of archivist they directly report to the TFM.
2	**Quality Assurance Programme**	
-	-	-
3	**Facilities**	
3.1	*Should GLP premises be labeled as such on site?*	A sufficient separation or appropriate label to distinguish between GLP and non-GLP premises should be ensured to eliminate the risk of mistaken identity or cross-contamination. Labelling the rooms can support the separation but is not mandatory. The type and use of individual rooms within the GLP test facility should be documented in the site building plans.
4	**Apparatus, Materials, and Reagents**	
-	-	-
5	**Test Systems**	
-	-	-
6	**Test and Reference Items**	
6.1	*Should a sample from a commercially available reference item be archived?*	Yes, a sample from such a reference item should also be retained.
6.2	*What has to be done in case the sponsor does not specify an expiry date for a test or reference item?*	The test or reference item can be analyzed on site, or rules for setting the expiry date for certain classes of substances can be defined in an SOP. If no expiry date is available, this must be stated, justified in the final report and excluded from the GLP Compliance Statement.
7	**Standard Operating Procedures**	
7.1	*What are the GLP requirements regarding multilingual SOPs?*	A test facility can have multilingual SOPs if the following requirements are fulfilled: 1. The original language for the SOP is defined. 2. TFM must assure that the content of the SOP in the other language(s) is comparable to the original. 3. TFM must approve all SOP versions written in different languages. 4. In any translated SOP reference should be made to the original.

		5. In case the original SOP will be revised, also all existing SOP versions written in other languages have to be revised at the same time and must be labeled with the same revision number as the original SOP.
7.2	*What are the Swiss CMAs' expectations regarding the version control of attachments to SOPs such as forms?*	It is expected that the impact of changes on the attachment of an SOP is adequately considered and documented during the revision of an SOP. In case there is no impact, the test facility may continue to use earlier versions of an attachment as long as the documentation allows sufficient traceablility.
7.3	*Who must assess the impact of facility SOP deviations? Who must be informed? (e.g., the master schedule sheet is not appropriately maintained as per internal SOP).*	Facility SOP deviations not associated with a specific study should be provided to TFM who performs or delegates the impact assessment.
8 Performance of the Study		
8.1	*When is the experimental starting and completion date of a study?*	According to Annex 1 OGLP the experimental start/completion of a study is the date on which the first/last study specific data are collected. Since this is a rather general definition, an SOP describing the conduct of a study can list specific activities to determine the experimental starting date for a specific type of study. In cell culture studies, the day of seeding the cells for the first experiment can be considered as experimental starting date if the prior activities (*e.g.*, preparation of culture medium, thawing of cells) are covered by general facility SOPs.
8.2	*How should the experimental starting and completion date of a study be reflected in the study plan and in the report?*	The study plan must include the proposed experimental starting and completion dates (*e.g.*, the experimental starting date of the study is on DD.MM.YYYY; the completion date on DD.MM.YYYY). It is acceptable to indicate the planned time frames, *e.g.*, "Week xx". If a date is significantly postponed (*e.g.*, by one month or more), an amendment to the study plan should be written. Raw data and study report should contain the actual dates.
8.3	*What is the procedure in case a GLP study is definitively terminated?*	A written confirmation of the study's termination must be generated as a study plan amendment. The reason for the termination must be given therein. The study plan, amendment and all study documentation/materials should be archived and the master schedule adapted. The Swiss GLP CMA do no expect that a report is prepared for a study that has been terminated early.
8.4	*What has to be considered when in addition to the OECD GLP Principles, additional GLP guidelines are mentioned in the study plan?* *The sponsor wants to include other GLP regulations than the Swiss OGLP and OECD guidelines in the study plan (e.g., JMAFF, EU, FIFRA).* *Is there a change in the duties of the test facility?*	Swiss GLP CMA only inspect the compliance of a study to the OGLP. Therefore, it is in the responsibility of the test facility to ensure compliance with other guidelines cited. If the study plan states other guidelines, it is the responsibility of the test facility to verify compatibility of the guidelines with the OECD GLP Principles. With the US EPA the following phrase has been agreed: "Conducted in accordance with OECD Principles of GLP, which is compatible with EPA GLP (40 CFR Part 160 and 40 CFR Part 792)". No legal issues are expected in Switzerland as these guidances are not part of the Swiss legal framework on GLP. Legal

	Would legal issues be expected?	issues could however arise in the country for which the respective guidance was issued.
8.5	*Please define „Pathology raw data". If pathology raw data includes the interpretations of the study pathologist that are found in the Pathology report, when does this „pathology raw data" become final?*	Raw data are defined in the OGLP as all original test facility records and documentation, or verified copies thereof, which are the result of the original observations and activities in a study. Pathology raw data should be handled in the same way as other raw data. The pathologist's interim notes, which are subject to frequent changes as the pathologist refines the diagnosis, are not raw data because they are not necessary for the reconstruction and evaluation of the final report. The final report can be reconstructed based on the pathology syndrome as described in the pathologist's report. In addition, histopathological blocks, tissues, and slides are to be retained as specimens. The pathology results in the final report could also be reconstructed by a pathologist based on these specimens. These considerations are based on the definition of raw data in the US CFR Title 21, Part 58 – Good Laboratory Practice for Nonclinical Laboratory Studies. Accordingly, only the signed and dated final report of the pathologist comprises raw data with respect to the histopathological evaluation of tissue specimens.
9 Reporting of Study Results		
9.1	*What are the Swiss CMAs' expectations regarding the storage of study documentation prior to study finalisation?*	Procedures should be in place to ensure data integrity from study start to disposal of records and material. Studies that have been completed experimentally should be stored in lockable cabinets for short-term storage by study directors while generating the report. GLP documentation for GLP draft reports waiting for the sponsor's comments should be transferred to the archive after 6 months irrespective of the status.
9.2	*What is the correct sequence of signatures on the final report?*	The study director carries the overall responsibility and confirms with his signature on the GLP compliance statement in the report that a signed QA statement is available in the report. It is recommended that finalisation of a study report by the study director should not take longer than 5 business days after the QA statement has been signed. The same principles apply to the signatures of principal investigator and QA in the phase report.
9.3	*Which information pertaining to computerized systems used in the study have to be reported in the study report?*	In the study report all of the computerized systems (*e.g*., measuring devices or analysis software) used during the study have to be listed. The version of the software relevant for the study has to be indicated as well.
9.4	*As per GLP Principles, "the storage location of the study plan, samples of test and reference items, specimens, raw data and the final report are to be specified in the final report". Historically, the "location" was*	a) The description of the location should be sufficient to alllow access to study specific documents or samples. It is *e.g.,* acceptable to indicate that the data is stored in the GLP archive of the test facility which conducted the study, since the name and address of the test facility are indicated in the final report. In the case of storage at a contracted archive, name and address of the contracted archive is expected.

	interpreted to be a physical location. *a) To what level of detail should this location be referenced?* *b) For electronic final reports and/or electronic raw data stored in a cloud or via an external storage provider, what physical location should be provided?* *c) Do amendments to the report have to be written each time a location changes?*	b) In the case of e-archiving at the test facility, see answer to question 9.4a. In case of external storage of electronic documents, also the name and address of the e-archive service provider should be available. c) Yes, an amendment to the final report needs to be written to identify the new location. If a high number of reports is affected please see interpretation 10.2.
10 Storage and Retention of Records and Materials		
10.1	*How is the Swiss CMAs' interpretation of the following requirement in OECD Doc. No. 15: The Study Director is responsible for ensuring that during or immediately after completion (including termination) of a study, all study related records and materials are transferred to the archive(s).*	The Swiss CMA request the test facilities to define the timeframe for archiving of study-related records after completion of a study in an SOP. The acceptability of this timeframe is subject to inspection but should normally not exceed 2 weeks, in exceptional cases up to 4 weeks.
10.2	*How is the procedure in case numerous study reports are moved to a different archive location during the 10-year archiving period?*	In this case, the test facility representatives should approach the notification authority and competent CMA. In agreement with these two parties, the transfer and location of the new archive can be described in a single document signed by the TFM. This document can replace individual amendments to report. The original should be kept in the new archive, a copy of the document is to be sent to the notification authority.
10.3	*Some sponsors request to archive the documentation of finalised studies at their site. Do the Swiss GLP CMA accept this approach and how should this be handled during inspections?*	This approach is acceptable under the following conditions: • The transfer between the archives needs to be documented. As the archive location of all original documents is stated in the final report of the study, any changes during the archival period require an amendment to the report. (see also Interpretation 10.2) • Storage at the sponsor should be in archives that meet the requirements of the Principles of GLP. • The retention period should comply with the national regulation. • For a GLP CMA inspection, the sponsor should either return all documentation to the test facility or a verified copy of all records should be available.
10.4	*Does an amendment to report extend the archiving period?*	An extension of the archiving period due to an amendment to report depends on its impact on the study. An addition or correction without impact on the study outcome does not require an archiving period of 10 years. However, if additional work was conducted or the study was otherwise impacted, the study documentation should be archived for 10 years starting from the date of the finalisation of the amendment to report.

10.5	*What is the expected time span for archiving of facility records (e.g., maintenance records, staff training documents, records of environmental monitoring)?*	Facility documents need to be archived on a regular basis as defined by test facility SOP. However, depending on the quantity of documentation (*e.g.*, maintenance work for equipment) archiving should be done on a yearly basis or every two to three years.
11 Information Technology		
11.1	*Do the Swiss GLP CMA recognize other guidance regarding computerized systems such as GAMP (Good Automated Manufacturing Practice)?*	The Swiss GLP CMA consider the use of other quality systems such as GAMP acceptable as long as they are compatible with the GLP Principles. For GLP activities all requirements according to the GLP Principles need to be fulfilled.