Welcome to April 2020 Research Professionals Network Workshop

Fundamental Level Workshop

- Our first all remote attendance via zoom – PLEASE be patient with us!
- Zoom Set Up Tips for this Workshop:
  - ✓ Click on “Participants” on the bottom menu bar of your screen please use raise hand 

 in this box for questions and we will unmute you.
  - ✓ Click on “Chat” if you have a question or issue and use the chat function and we will moderate questions for our presenters or try and address your issue.


Zoom Meeting ID:
Speaker View
Josh Witty
Elizabeth Swan
Lynna Hu
John Mensik
Jeff Bechtel
Rob Rinsky
Mitchel Mayes
Angeline Huynh
Tamara Pitts
Zhenghang Gu
Shari Clare
Winston Twu
James Desmond- Denve...
Rozette Pasahol
Huey Le - Zoom CSM
Jenny Eggimann
Subriah Esharc
Heather Jarrett
Justin Henry
Matt Caballero
George Bassil
Kerushan Bisetty
John Poje
Brian McIntyre
Farah Faraclas
1/2
1/2
Mute
Stop Video
Invite
Manage Participants
28
Polling
Share Screen
Chat
Record
Breakout Rooms
More
End Meeting
Participants (2)
Brian Costa (Host, me)
John Jumbo (Guest)
Invite
Mute All
Unmute All
More
Chat
From Me to John Jumbo: (Privately)
Hey, John! How are you? We'll get started once everyone has arrived.
From John Jumbo to Me: (Privately)
I'm well, thanks! Sounds good!
To: John Jumbo (Privately)
Type message here...

Regulatory Documentation & File Management

Non-FDA regulated and FDA regulated

Welcome!

Presenters:

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Agenda

Why documentation?

Activity #1 (essential documents)

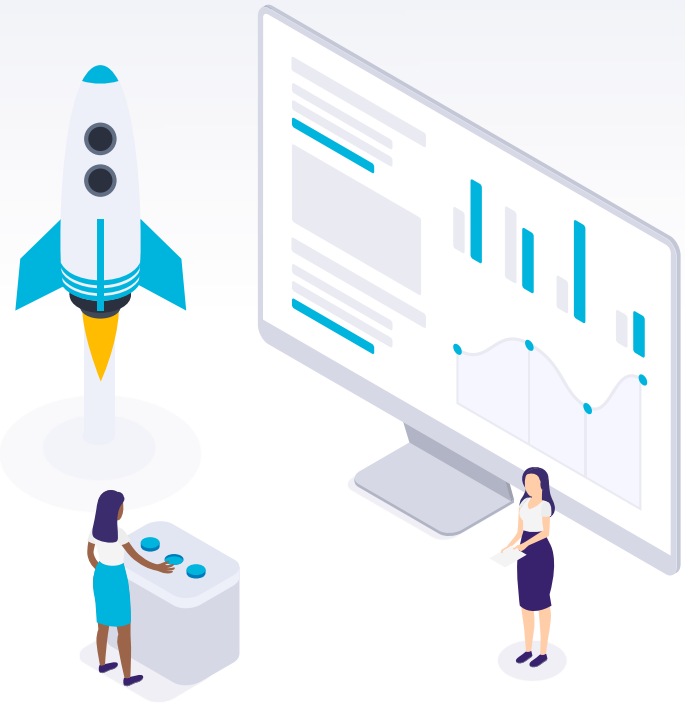
Whose requirements are we following?
Researcher responsibilities
Records to maintain for audits
8 Questions (1-5)

Activity #2 (matching)

8 Questions continued (6-8)

Activity #3 (find the discrepancies)

Other types of projects
In conclusion



Objectives

1. To explain why regulatory documents are a requirement.

2. To understand the essential documents required to satisfy regulatory agencies (in both FDA & non-FDA regulated) while still supporting the various types of trials we perform.

3. To provide the audience with resources assisting with regulatory compliance & file maintenance and to demonstrate critical thinking skills regarding documentation.

Why Perform Research?

To discover new treatments and cures. In addition, to either prove or disprove a practice currently accepted in the medical community.

Why Have Regulatory Documents?

Regulatory bodies not only want to see the data but they want to ensure the collection and analysis of the data was performed:

- Ethically
- By knowledgeable staff
- With the approval of an Ethics Board (IRB)

The data from the research can be supported by regulatory documentation.

What are Good Clinical Practice (GCP) Guidelines

GCP is an international ethical and scientific quality standard for the design, conduct, performance, monitoring, auditing, recording, analyses and reporting of **clinical** trials. It also serves to protect the safety, rights, integrity and confidentiality of trial subjects.

International Council for Harmonisation (ICH) GCP Guidelines

- The collection of regulatory documents are noted in ICH GCP Section 8: Essential Documents for the Conduct of a Clinical Trial.
- A trial master file (TMF) should be established at the beginning of any research study and maintained throughout the study. This will aid with study management and is often used by monitors and FDA officials. All documents should be placed in the TMF at the site and with the sponsor (main investigator) or CRO.
- All human subjects research should adhere to ICH GCPs regardless of the type of clinical study.

Good Clinical Practice Statement

Regulatory documents (essential documents) are considered as “those documents which individually and collectively permit evaluation of the conduct of the trial and the quality of the data produced. These documents serve to demonstrate the complaince of the investigator, sponsor, and monitor with the standards of Good Clinical Practice and with all applicable regulatory requirements.”

-ICH GCP guidance section 8

Keep in mind that if it is not documented it never happened.

ICH GCP Type of Documents

- Investigator's Brochure (IB)
- FDA Form 1572
- Delegation of Responsibilities Log – Delegation of Authority Log
- Protocol and Amendments
- Subject-facing Materials – Informed Consent, Written Information, Recruitment Advertisement
- Financial Disclosure Form (FDF or COI)
- Master Clinical Trial Agreement (MCTA)
- IRB Approval
- IRB Roster and Federal Wide Assurance (FWA)
- IRB Correspondences

ICH GCP Type of Documents, continued

- Curriculum Vitae (CV) or Resume
- Medical Licensure
- Training Records
- Laboratory Certification or Accreditation
- Laboratory Normal Values
- Monitor Visit Reports
- Sponsor Correspondence
- Miscellaneous Documentation
- Source Documents (information for the CRF)

Activity #1

Scenario A

You are a Research Coordinator for a Phase III Drug Study. Using the ICH GCP Guidelines for the regulatory documents to be collected for the study. Which documents would need to be collected on the "Required Document List"?

Activity #1

Scenario B

You are a Research Coordinator for a Social Behavioral Study using surveys. Using the ICH GCP Guidelines for the regulatory documents to be collected for the study. Which documents would need to be collected on the “Required Document List”?

Activity #1

Put an “x” in the column to indicate which are essential documents for each scenario

Required Documents:	Scenario A	Scenario B
IRB approval(s)		
IRB submissions (except Investigator’s Brochure)		
Subject facing materials		
Personnel training(s)		
CVs & licensure for investigators		
Subject screening/enrollment logs		
SAE’s & AE’s		
Deviations & non-compliance (major & minor)		
Delegation Log		
Study start-up (recruitment report, site info. form)		
Signed Financial Disclosure		
IRB approved Informed Consent Form(s)		
Protocol(s), Protocol Agreement (signature page)		
Case Report Forms/ Data Collection		
Lab certifications/ qualifications for procedures & tests		
Investigator’s Brochure/ package insert		
Form 1572/ Industry		
Inventory Records (Pharmacy, SOP disposal & des.)		
Source Data Location Sheet (site specific or industry)		
Monitoring reports		
Pertinent Communications		
Medwatch Safety Report / sponsor safety notifications		
W-9 if subject reimbursement		
Lab normal ranges & updates		

Activity #1

How did you do?

Required Documents:	Scenario A	Scenario B
IRB approval(s)	X	X
IRB submissions (except Investigator's Brochure)	X	X
Subject facing materials	X	X
Personnel training(s)	X	X
CVs & licensure for investigators	X	X
Subject screening/enrollment logs	X	*
SAE's & AE's	X	
Deviations & non-compliance (major & minor)	X	X
Delegation Log	X	X
Study start-up (recruitment report, site info. form)	X	X
Signed Financial Disclosure	X	*
IRB approved Informed Consent Form(s)	X	X
Protocol(s), Protocol Agreement (signature page)	X	X – Protocol
Case Report Forms/ Data Collection	X	X
Lab certifications/ qualifications for procedures & tests	X	
Investigator's Brochure/ package insert	X	
Form 1572 (Industry)	X	
Inventory Records (Pharmacy, SOP disposal & des.)	X	
Source Data Location Sheet (site specific or industry)	X	X
Monitoring reports	X	*
Pertinent Communications	X	X
Medwatch Safety Report / sponsor safety notifications	X	
W-9 if subject reimbursement	X	X
Lab normal ranges & updates	X	
*if applicable		

Different Names Used

- Regulatory Documents
- Essential Documents
- Regulatory Binder
- Investigator Binder
- Study Binder
- Regulatory Files
- Investigator Study Files
- Trial Master File (TMF)

Whose Requirements Are Being Followed

FDA Requirements

Regulations 21 CFR

50.23, 50.24, 50.25, 50.27, 56.120, 50.124

Ensure the PI and Study Staff are qualified to perform assigned duties.

The protocol is followed which include reporting of revisions, adverse events, and deviations.

Sponsor Requirements

Follow the FDA guidelines and requirements.

Train PI and Study Staff regarding protocol specific details for collections of data. Training would continue with any revisions to the protocol and changes in staff.

IRB Requirements

The IRB requirements are to ensure that the study is being performed as approved by the IRB which is outline in the protocol. In addition, the Department of Health and Human Services (DHHS) Part 45 CFR 46, sub-parts A, B, C, D and E.

Researcher Responsibilities

The Principal Investigator (PI) is fully responsible for the conduct of all aspects of his/her IRB approved project.

- Obtaining IRB approval prior to involving any human subjects including their data or tissue in research studies
- Insuring only qualified personnel conduct the study according to IRB approval
- All personnel has training
- No changes implemented until IRB approval has been received
- All research related documents which includes the paperwork submitted to and approved by the IRB should be retained between 3-10 years after the study is completed/closed (UF), at UVM/ UVM Medical Center research records are required to be retained 7-10 years, at BU/ BMC 7 years.
- Close the project with the IRB

Research Documents To Maintain For Audits

- In order to make sense of what you will need, it's helpful to understand what the auditor would be looking for:
- In general:
  - Conduct of the study
  - Protocol compliance
  - Source documentation
  - Data capture & reporting process
  - Data querying & correction process
  - Use & management of an EDC system, eCRFs, etc.

ALCOA-C

An insightful checklist implemented in medical practices to help ensure confidentiality, credibility, accuracy, and validation

- *Attributable:* it should be clear who's created a medical record and when. Medical records, changes, additional documentation should be attributable to researchers.
- *Legible:* good source documentation practices are key. Data and medical records should be easily read.
- *Contemporaneous:* trials are prone to delays & longitudinal observations, which makes it important that all results and changes be made in real time.

ALCOA-C

- *Original:* in order to guarantee accuracy & confidentiality, original documentation is required.
- *Accurate:* records should be honest & accurate. Different pieces of equipment, research, and staff need to show consistency.
- *Complete:* researchers & investigators should aim for accurate & complete source documentation

https://conductscience.com/portfolio/alcoa-c/

Perform Regulatory Work To Answer The Following 8 Questions:

1. What role has been assigined to personnel on the study? Are the tasks clearly defined?
    - Delegation Log: Not a one and done, a living document, update accordingly.
    - Has someone changed roles? List an end date on the current line and then start a new line with the role and date started.
    - How do you show study activities were overseen by the investigator? Your documentation should provide evidence of the PI and study teams involvement in the research activities.
    - When applicable, make sure to document where study activities are taking place, “I met with Sally at UVMMC, ACC 5 Surgery Outpatient clinic to perform visit 6 activities…”

2. Are personnel trained for their specific role on the study?

- Protocol training log (to capture original and subsequent amendments)
- Training certifications (HS Protections, GCP, IATA, etc.)
- CVs, Resumes, Licenses
- Specific sponsor training documentation (for example, device handling & use)

3. Has the IRB (and any other applicable committees) approval been received?

- Is the most recently approved protocol and/or ICF being used?
- How do you keep track of this?
- Tools & ideas to make regulatory life easier:
  - Committee submission and approval regulatory tracker
  - Patient binder ICF record
  - Bonus: when appropriate, having a record of when each subject signed the ICFs will show version signed & when, important when protocol amendments are approved and subjects are re-consented prior to any new study activities.

4. Is protocol compliance being followed? Are deviations being documented & reported appropriately?

- When possible, take advantage of being able to document the protocol is being followed. For example, consider using a subject eligibility template.
- This allows you to document location of supporting source(s)
- Keep a running deviation log. Electronic or paper, perhaps keep in proximity of IRB items since it's associated w/IRB reporting.
- Find your own system to indicate what has & has not been IRB reported so it's clear what reporting is outstanding (will vary due to reporting guidelines).
- Follow your institution's specific reporting guidelines regarding timing. For example at UVM, if subject safety is affected, report within 24 hours of finding out, otherwise at the time of Continuing Review
- Whether it's reportable or not, does your documentation indicate this?

Research Subject Eligibility Form

The University of Vermont
LARNER COLLEGE OF MEDICINE

Study Name:	
IRB Protocol #:	
Protocol Version # and/or Date:	
Principal Investigator:	

SUBJECT # _____

INCLUSION CRITERIA *Must be "yes"*	Yes	No	Location of supporting source documentation	Notes
1.				
2.				
3.				
4.				
5.				
EXCLUSION CRITERIA *Must be "no"*	**Yes**	**No**	**Location of supporting source documentation**	**Notes**
1.				
2.				
3.				
4.				
5.				

This subject is:

☐ Eligible for participation ☐ Ineligible for participation

Signature:	Date:
Printed Name:	

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THE University of Vermont MEDICAL CENTER

Note to File

Date: 10 Jan 2020

Chrms: 18-0396

Protocol: STUDY

PI: Name, MD

Subject: **Subject 18-0123-01 Non-reportable / RNI (Report New Information)**

This memo is to document that Subject # 18-0123-01 was admitted to UVMMC ER on 1/10/20 for a mechanical fall onto right hip. She had surgery on 1/11/20 for right intertrochanteric femur fracture and was discharged 4/26/19 to the Health & Rehabilitation Center.

Serious Adverse Event determination:

Local Adverse Event (AE) – both must apply and be checked in order to be reportable:

□ **Unexpected** – Any adverse event occurring in one or more subjects participating in a research protocol, the nature, severity, or frequency of **which is not consistent** with either:

° the known foreseeable risk of adverse events associated with the protocol procedures described in the (a) IRB-approved protocol, any drug or device brochure, and the IRB-approved informed consent, and (b) other relevant sources of information, such as product labeling and packaging inserts; or

° the expected natural progression of any underlying disease, disorder, or condition of the subject(s) experiencing the adverse event and the subject's predisposing risk factor profile for the adverse event.

□ **Related or possibly related** to the subject's participation in the research – An adverse event is considered to be related if there is a reasonable possibility that the event may have been caused by the protocol or study interventions. A related event has a strong temporal relationship to the drug, device or intervention, and an alternative etiology is unlikely. Adverse events that are determined to be solely caused by (2) or (3) below would be considered unrelated in participation. If it cannot be determined whether an event is related, it should be reported as "possibly related."

The vast majority of adverse events occurring in the context of research are expected in light of (1) the known toxicities and side effects of the research procedures; (2) the expected natural progression of subjects' underlying diseases; and (3) subjects' predisposing risk factors. Thus, most individual adverse events do not meet this criterion for an unanticipated problem and do not need to be reported.

I confirm the above SAE does not meet local reporting guidelines as its felt this event is due to the subjects predisposing risk factor profile (and therefore is deemed expected) and not due to the study treatment of absence of surgery and/or radiation (and therefore not deemed related or possibly related to participation in the research).

_____ _____

Name, MD Date

Major Protocol Deviations

Major Protocol Deviations negatively impact the rights and welfare of the subject, subject safety, and/or the integrity of research data.

Examples include:

- Failure to implement all protocol procedures resulting in increased risk or decreased benefit to the subject.
- Implementing extra protocol procedures without IRB approval
- Non-IRB approved research staff engaged in the research
- Over enrollment of the IRB approved number of study subjects

Minor Protocol Deviations

Minor Protocol Deviations do not have the potential to negatively impact the rights and welfare of the subject, subject safety, and/or the integrity of research data.

Examples include:

- Study procedure conducted out of timeframe
- Not all lab work ordered on a given visit
- Copy of consent form not given to subject

Non-FDA Regulated Projects

- Type of projects
- Documentation required

Non-FDA Regulated Projects Include

- Data Collection – registries for certain diseases, registries for devices, Medicaid, Medicare, or IRB approved data bank
  - NOTE: Data Collection projects now include prospective data due to the new common rule change
- Medical Record Review – chart review, EHR, EMR
- Social Behavioral Projects – surveys, observational, combination of both surveys and observational

Best Practices for These Projects

- Clear Inclusion/Exclusion Criteria
- Variables and data collection forms are the same as first collected at the clinic or in a different study.
  - Questionnaires – different type of pain questionnaires
  - Verbal or numeric rate scales – measurement should be the same
- Train and monitor the data abstractors
  - Use a SOP
- Confidentiality and ethical considerations

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3853868/

Research Records To Maintain

Maintain the following paperwork for 3 -10 years or longer depending on the type of PHI collected and/or the contract obligations:

- Any paperwork submitted (hard copy or electronic copy) to the IRB
- Approval of the paperwork by the IRB
- Date noting the removal of the 18 HIPAA identifiers per the IRB approved method
- Adverse events (serious & unexpected)
- Deviations
- Non-compliance issues

Activity #2 – Matching the Essential Document

In your handouts please refer to Activity #2.

Match the essential document category with the most appropriate definition.

Activity 2: Match the essential document category with the most appropriate definition.

Essential Document	Category/Purpose
1. Protocol	_____Process of gathering & measuring information
2. IRB (regulatory committee)	_____Information required to market test object
3. Other reporting agencies	_____Trainings, delegations, certifications, etc.
4. Sponsor	_____Certificates, reference ranges, trainings, etc.
5. Consent & HIPAA	_____In the form of verbal, written, visual, etc.
6. Key Personnel	_____Logs indicating received, dispensed, storage
7. Product information	_____Admin. body to protect rights & welfare of HS
8. Laboratory documentation	_____Introduces & supports the activity/trial
9. Drug/device accountability	_____Essential people to carry out the work
10. Data collection	_____Plan you must not deviate from
11. Study logs	_____FDA, NIH, DOD/OHRP, etc.
12. Communications	_____Study agreement for participants

5. Where can the data for your study be found?

- Is a picture really worth a thousand words? Not really.
- Are you using a mixture of electronic and paper?
- Consider using a Source Data Location sheet
- Or an electronic systems checklist (sponsor provided or your local form)
- Know the difference between a source document and a case report form:
  - Source document: where the data is first recorded (EMR, patient questionnaire, etc.)
  - Case report form: where you're entering the data (InForm, Rave, RedCap, LimeSurvey, etc.)

6. Can accountability be followed? Keep & maintain all records in one place:

- Investigational product
- Study devices
- Lab kits
- Ordering slips
- Inventory records
- Shipping documents
- Destruction memos (to include exp. dates, lot numbers, means of destruction)

7. Is there any Financial Interest?

- Disclosure of financial interest between Sponsor & Investigator's listed on 1572
- Often includes spouse & dependent children
- Form completion:
  - Prior to study start
  - During trial
  - At study closure
  - 1 year after study completion

Financial Disclosure Form

In the 2 February 1998 Federal Register [63 FR 5233], FDA published its final rule (regulation) on Financial Disclosure by Clinical Investigators. In the final rule, FDA states that "A Clinical Investigator shall disclose to the sponsor sufficient accurate financial information to allow the applicant to submit complete and accurate certification or disclosure statements. The Investigator shall promptly update this information if any relevant changes occur during the course of the investigation and for 1 year following completion of the study". Investigator, as defined in this regulation, includes Clinical Investigator, spouses and dependent children, in any country participating in the study. Clinical Investigators for the purpose of this form are all site personal which are listed on the FDA1572 form (if collected for this study).

Please complete all the information below and retain a copy of this form in your records.

1. Protocol Number/Title: YOUR STUDY / A Prospective Randomized Study
2. Full Name (print):
3. Full Address of Institution/Study Site:
4. Mark **YES** or **NO** to indicate whether you, your spouse, or your dependent children hold financial interests as described below.

YES	NO	
☐	☐	Any financial arrangement entered into between you and the sponsor of the study, whereby the compensation to you for conducting the study could be influenced by the outcome of the study. If so, please attach details to this form.
☐	☐	Any significant payments of other sorts made on or after February 2, 1999, from the sponsor of the covered study, such as a grant to fund ongoing research, compensation in the form of equipment, retainer for ongoing consultation, or honoraria;
☐	☐	Any proprietary interest in the product tested in the study, including, but not limited to, property, patents, trademarks, copyrights, or licensing agreements. If so, please attach details to this form.
☐	☐	Any significant equity interest, as defined in 21 CFR 54.2(b), held by the clinical investigator in the sponsor of the covered study. If so, please attach details to this form.

I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete. Furthermore, if my financial interest and arrangements, or those of my spouse and/or dependent children, change during the course of the study or for one year following completion of the study (This is defined as one year after the last visit by the last patient at the study site, as defined by the protocol) I will notify Chiltern/Sponsor.

Signature of Clinical Investigator:

Date (dd/mmm/yyyy):

8. Have communications been saved?

- Important & relevant
- Study start-up (site qualification visit, site initiation visit, etc.)
- Monitor to Clinical Investigator/site, visits & follow-up letters
- Sponsor communications (DSMB meeting dates, interim analyses results)
- IRB & review committee communications (submissions & approvals), notes requiring changes/updates
- Safety: SAE & AE assessment. Know your sponsor and/or local reporting guidelines to determine when & what to report.
- Regulatory Groups, e.g. FDA

Activity #3 – How Many Discrepancies Can You Find?

In your handouts please refer to Activity #3.

You are an FDA auditor at a research site and have the Delegation of Authority log, committee submission & approval tracker log, and the last page of an ICF in front of you. Please review these documents carefully and list any discrepancies you can find.

Other Types of Projects Using Regulatory Documentation

- Lead or Main Site
- FDA use of observational projects
  - Real World Data and Real Work Evidence – combination of data collection and medical record review

Lead or Main Sites Regulatory Requirements

- **FDA guidance** for lead or main investigators requires GCP compliance for studies conducted under an investigational new drug application or investigational device exemption.
- **NIH guidance is to use GCP** which describes the responsibilities of investigators, sponsors, monitors and IRBs in the conduct of clinical trials. Compliance with GCP provides assurance that the rights, safety and well-being of human subjects are protected, that clinical trials are conducted in accordance with approved plans with integrity, and that data derived from clinical trials are reliable.

Lead/Main Sites Collection for Regulatory Documentation

Lead or Main sites for a study take on the role of a sponsor or CRO

- Are satellite sites approved to perform the research and under which protocol
- Verify training for both protocol and GCP of the satellite sites
- Verify the satellite sites are using approved Informed Consents
- Adverse events, Deviations, and Non-Compliance issues
- Regulatory Binder for satellite sites
- Routine Quality Assurance of the satellite sites should be performed

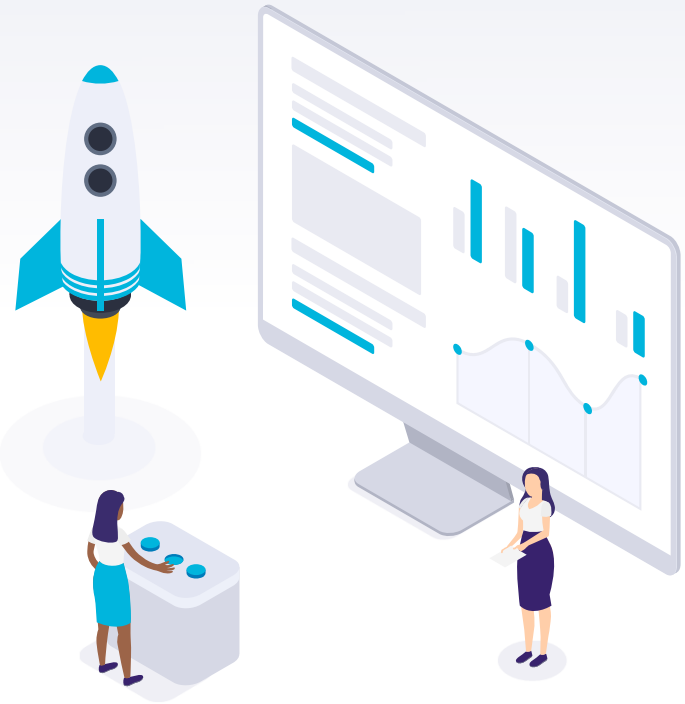
NOTE: The regulatory documents which the Lead site is collecting for the main study files should be reflected at the local sites in a local regulatory binder in the event of a local audit.

Communication for Changes

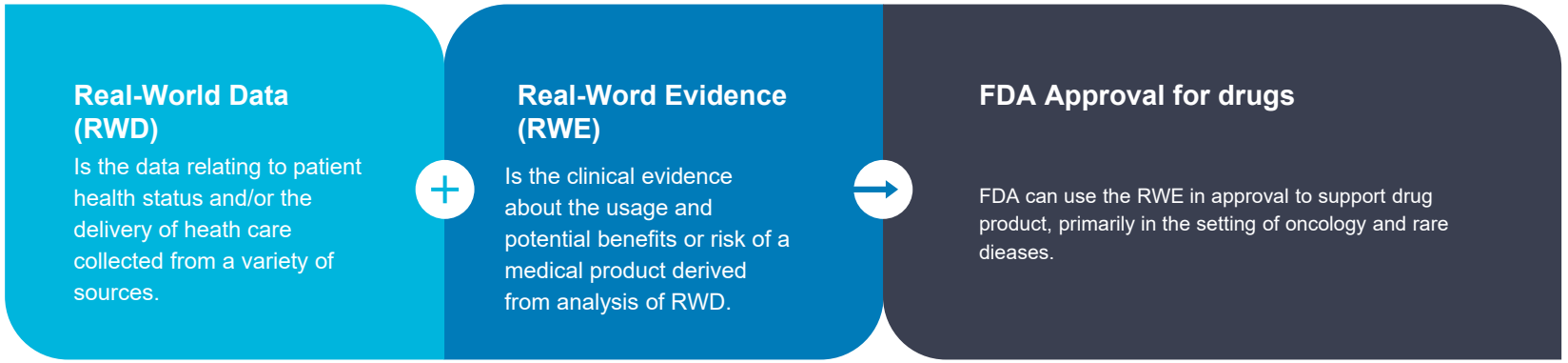
- How will the Lead or Main sites communicate and collect the following
  - Changes in Protocol – all changes should come from the main site
  - Changes in Personnel
  - Signed Informed Consents
  - Data Collection Queries
  - Annual Renewals
- Suggestion: SOP for reporting changes

NOTE: There will be a separate workshop discussion on the Lead or Main sites responsibilities for documentation in the future.

FDA Required Documentation for RWD/RWE



FDA Use of Observational Projects



FDA Considerations for RWD/RWE

The strength of RWE data depends on the projects methodology and reliability of the data. There should be a pre-specified hypotheses as opposed to hypothesis-generating studies.

FDA Regulatory Requirements for RWD/RWE

The FDA will address inspections, recordkeeping, and record retention requirements for RWD/RWE studies. In addition, they will identify data standards and any gaps in the data.

In Conclusion

- Essential Documents are a requirement for all types of studies to individually & collectively permit evaluation of the conduct of the trial and the quality of the data produced.
- Specific Essential Documents we've discussed satisfy regulatory agencies in both non-FDA and FDA regulated trials
- There's an abundance of templates and resources available to assist with study regulatory compliance and file maintenance

THANKS!

Any questions?

Resources for the University of Florida

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3853868/
- https://www.nia.nih.gov/research/clinical-research-study-investigators-toolbox#forms
- www.fda.gov
- http://irb.ufl.edu/irb01/researcher-information/researcherresponsibilities.html
- http://irb.ufl.edu/index/irb-policies-guidelines-and-guidances.html
- http://irb.ufl.edu/irb01/forms/documentation-tools.html
- http://irb.ufl.edu/irb01/forms/qaqi-tools.html
- https://ctsi-clinicalresearch-intranet-sop.sites.medinfo.ufl.edu/wordpress/wp-login.php?redirect_to=https%3A%2F%2Fctsi-clinicalresearch-intranet-sop.sites.medinfo.ufl.edu%2F

UFHealth Shands children's Hospital UF UNIVERSITY of FLORIDA The Foundation for The Gator Nation

Resources for the UVM / UVM Medical Center

- Office of Clinical Trials Research:
  http://commons.med.uvm.edu/dean/comclntril/default.aspx

- Regulatory Documents & Resources:
  https://commons.med.uvm.edu/dean/comclntril/SitePages/Regulatory%20Documents%20and%20Resources.aspx

THE University of Vermont MEDICAL CENTER

The University of Vermont LARNER COLLEGE OF MEDICINE

Resources for Boston University Medical Campus

FAQs on Regulatory Documentation for Clinical Research:

http://www.bumc.bu.edu/crro/files/2019/06/Regulatory-binder-FAQs-6-26-2019.pdf

Regulatory Binder tabs:

http://www.bumc.bu.edu/crro/files/2019/07/Regulatory-binder-tab-with-TOC-and-cover-pg-7-2-2019.pdf

Customizable templates for use within the Regulatory Binder tabs:

http://www.bumc.bu.edu/crro/tools/

General assistance, Contact the CRRO!

http://www.bumc.bu.edu/crro/

Section 8, within ICH GCP guidance:

https://ichgcp.net/8-essential-documents-for-the-conduct-of-a-clinical-trial/

Clinical Research Professionals Workshop Series: Regulatory Documents & File Management

Activity 1: Put an "x" in the column to indicate which are essential documents for each scenario

Required Documents:	Scenario A	Scenario B
IRB approval(s)	X	X
IRB submissions (except Investigator's Brochure)	X	X
Subject facing materials	X	X
Personnel training(s)	X	X
CVs & licensure for investigators	X	X
Subject screening/enrollment logs	X	*
SAE's & AE's	X	
Deviations & non-compliance (major & minor)	X	X
Delegation Log	X	X
Study start-up (recruitment report, site info. form)	X	X
Signed Financial Disclosure	X	*
IRB approved Informed Consent Form(s)	X	X
Protocol(s), Protocol Agreement (signature page)	X	X – Protocol
Case Report Forms/ Data Collection	X	X
Lab certifications/ qualifications for procedures & tests	X	
Investigator's Brochure/ package insert	X	
Form 1572 (Industry)	X	
Inventory Records (Pharmacy, SOP disposal & des.)	X	
Source Data Location Sheet (site specific or industry)	X	X
Monitoring reports	X	*
Pertinent Communications	X	X
Medwatch Safety Report / sponsor safety notifications	X	
W-9 if subject reimbursement	X	X
Lab normal ranges & updates	X	

*if applicable

Activity 1: Put an "x" in the column to indicate which are essential documents for each scenario

Scenario A

You are a Research Coordinator for a Phase III Drug Study. Using the ICH GCP Guidelines for the regulatory documents to be collected for the study. Which documents would need to be collected on the "Required Document List"?

Scenario B

You are a Research Coordinator for a Social Behavioral Study using surveys. Using the ICH GCP Guidelines for the regulatory documents to be collected for the study. Which documents would need to be collected on the "Required Document List"?

ICH GCP 8.1 Essential Documents definition:

Essential documents are those documents which individually and collectively permit evaluation of the conduct of a trial and the quality of the data produced. These documents serve to demonstrate the compliance of the investigator, sponsor and monitor with the standards of GCP and with all applicable regulatory requirements.

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Activity 2: Match the essential document category with the most appropriate definition.

Essential Document	Category/Purpose
1. Protocol	_____Process of gathering & measuring information
2. IRB (regulatory committee)	_____Information required to market test object
3. Other reporting agencies	_____Trainings, delegations, certifications, etc.
4. Sponsor	_____Certificates, reference ranges, trainings, etc.
5. Consent & HIPAA	_____In the form of verbal, written, visual, etc.
6. Key Personnel	_____Logs indicating received, dispensed, storage
7. Product information	_____Admin. body to protect rights & welfare of HS
8. Laboratory documentation	_____Introduces & supports the activity/trial
9. Drug/device accountability	_____Essential people to carry out the work
10. Data collection	_____Plan you must not deviate from
11. Study logs	_____FDA, NIH, DOD/OHRP, etc.
12. Communications	_____Study agreement for participants

Answer Key:

Essential Document	Category/Purpose
1. Protocol	__10__Process of gathering & measuring information
2. IRB (regulatory committee)	__7___Information required to market test object
3. Other reporting agencies	__11__Trainings, delegations, certifications, etc.
4. Sponsor	__8__Certificates, reference ranges, trainings, etc.
5. Consent & HIPAA	__12__In the form of verbal, written, visual, etc.
6. Key Personnel	__9___Logs indicating received, dispensed, storage
7. Product information	__2__ Admin. body to protect rights & welfare of HS
8. Laboratory documentation	__4___Introduces & supports the activity/trial
9. Drug/device accountability	__6___Essential people to carry out the work
10. Data collection	__1___Plan you must not deviate from
11. Study logs	__3___FDA, NIH, DOD/OHRP, etc.
12. Communications	__5___Study agreement for participants

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Activity 3: How many discrepancies can you find?

You are an FDA auditor at a research site and have the *Delegation of Authority Log, committee submission & approval tracker log, and the last page of an ICF* in front of you. Please review these documents carefully and list any discrepancies you can find.

As you review the documents please keep the **ALCOA-C principles** in mind (attributable, legible, contemporaneous, original, accurate, & complete) as well as the **FDA, sponsor & IRB requirements** being followed.

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The University of Vermont
LARNER COLLEGE OF MEDICINE

Delegation of Authority Log

IRB Number: 00012345 **Principal Investigator:** Joe Smith, MD
Study Title: **The Lung Study**

The purpose of this form is to serve as the 'Delegation of Authority Log' and assure that the individuals performing study related tasks/procedures are appropriately trained and authorized by the Investigator to perform the task/procedure. This form should be completed prior to the initiation of any study-related tasks/procedures. The original form should be maintained at your site in the study regulatory/study binder. This form should be updated during the course of the study as needed.

Printed Name	Title	Responsibilities*	Signature	Initials	Start Date	PI Initials/Date	Stop Date
Joe Smith, MD	PI	1, 2, 3, 4	Joe Smith MD	JS	03 Mar 2020	JS 3|5|20	
Peter Lee, MD	Sub-I	1, 2, 3, 4	Peter Lee, MD	PL	03 Mar 2020	JS 3|5|20	
Blake Cutler	CRC	1, 2, 3, 5, 6, 7, 8	"Dr" B	BC	09 Mar 2020	JS 3|5|20	05 Mar 2020
Nancy Adams	CRC	1, 3, 5, 6, 8	A	NA	23 Mar 2020	JS 3|5|20	

***Use code numbers provided below.**

Principal Investigator: Peter Lee, MD — Peter Lee, MD — 3\|5\|20
(Sign at study closure) **Printed Name** **Signature** **Date**

Responsibilities: (examples below, tailor to your specific protocol)		
1 – Informed Consent Discussion	5 – Study Drug Accountability	
2 – Informed Consent Signature	6 – Study Drug Dispensing	
3 – Eligibility Confirmation	7 – Case Report Form Completion	
4 – Physical Exam	8 – Regulatory Documents	

Statement of Consent

You have been given and have read or have had read to you a summary of this research study. Should you have any further questions about the research, you may contact the person conducting the study at the address and telephone number given below. Your participation is voluntary and you may refuse to participate or withdraw at any time without penalty or prejudice to your present and/or future care.

You agree to participate in this study and you understand that you will receive a signed copy of this form.

Cheryl Participant — 3/2/2020
Signature of Subject — Date

This form is valid only if the Committees on Human Research's current stamp of approval is shown below.

Cheryl Participant
Name of Subject Printed

A — 3/5/2020
Signature of Principal Investigator or Designee — Date

Nancy Adams
Name of Principal Investigator or Designee Printed

Name of Principal Investigator:	Joe Smith, MD
Address:	The Clinic, 123 Main Street, Burlington VT
Telephone Number:	802-656-9928

Activity 4

Committee Submission & Approval Tracking

Study identifier	**00012345**
Study #	**Novartis-547**
Title	**The Lung Study**
PI	**Joe Smith, MD**

Sub. Date	Committee/Dept.	Description	Content (documents, versions, etc.)	Approval date
2/5/20	IRB	Initial submission	-Protocol v1, 31Dec2019 -ICF main v1, 31Dec2019 -Quality of Life Questionnaire v1, 31Dec2019	3/3/20
2/5/20	PRMC	Initial submission	Above	
2/5/20	TDT	Initial submission	Above	3/5/20
2/5/20	CRC	Initial submission	Above	2/14/20
2/5/20	Compliance	Initial submission	Billing plan	3/6/20