University of Hertfordshire

MANAGEMENT OF SOURCE DATA

Clinical Trials Support Network (CTSN)

Standard Operating Procedure for the Management of Source Data in University of Hertfordshire and CTSN adopted Clinical Studies

SOP Number: gSOP-28-02	**Effective Date:** 28th July 2022
Version Number: 2.0	**Review Date:** 3 years (or as required)

1. BACKGROUND

This is a University of Hertfordshire (UH) standard operating procedure (SOP).

Where there are potential conflicts between different collaborating organisations' SOPs, project level working instructions should be developed, to determine precedence.

2. PURPOSE

To provide guidance for managing source data and to ensure correct and consistent recording of all Clinical Trial data for UH sponsored and CTSN adopted clinical studies.

3. APPLICABLE TO

This applies to all staff involved in clinical research that is UH sponsored/co-sponsored and/or adopted by the UH CTSN, including but not limited to: Chief Investigators, Principal Investigators, Research Fellows, Consultants, Statisticians, Clinical Trial Pharmacists, Research Managers, Research Nurses, Clinical Trial Practitioners, Allied Health Professionals, Trial Managers/Co-ordinators, Clinical Studies Officers, Data Managers and Research Assistants.

4. RESPONSIBILITIES

Within the UK Clinical Trial Regulations it is a Good Clinical Practice (GCP) requirement that the Sponsor must ensure appropriately qualified individuals are responsible for the handling and verification of data. Responsibilities regarding source data should be delegated accordingly by the Chief Investigator (CI).

During the Protocol development stage the CTSN will ensure that protocols define source data appropriately.

Clinicians/Research Nurses/Delegated individuals are responsible for accurate recording of source data. Where responsibilities are shared or delegated to other members of the research team, this should be clearly outlined on the trial delegation of duties log.

5. PROCEDURE

Documentation of source data is necessary for the reconstruction, evaluation, and validation of clinical findings, observations and other activities during a clinical trial.

In multi-centre Sponsored CTIMPs, it is important for the documentation of source data to be standardised across all sites to ensure consistency of the trial data.

5.1 Source documents include original documents, data and records such as hospital records, clinical and office charts, questionnaires, laboratory notes, memoranda, participants' diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate copies, microfiches, photographic negatives, microfilm or magnetic media, x-rays, participant files, and records kept at the pharmacy, at the laboratories and at medico-technical departments involved in the clinical trial. CRFs may be used as source documents only if specified in protocol.

5.2 Source Data Collection

5.2.1 Source Data Entry
Source data must be clear and legible and should be entered by trained and delegated personnel. It is important that all source data is appropriately managed and kept separately to trial documentation such as subject Case Report Forms (CRFs) to prevent the breach of participant confidentiality. If data entered into CRFs is derived from source documents, this should be consistent with the source data and any discrepancies or missing information should be clearly explained.

5.2.2 Source Data Verification (SDV)
The process referred to as Source Data Verification (SDV) is an evaluation of the data recorded in the data collection tool against the source documents. SDV involves reviewing data entered as part of the research data e.g. on a CRF against data recorded in the primary source notes e.g. medical records. To ensure accuracy and reliability of data collected, source data is routinely used in SDV as part of monitoring.

5.2.3 Protocol Requirements
The protocol or monitoring plan for a research study should define source notes, for example, certain research records such as CRFs or participant questionnaires may be considered as source data, and appropriate quality control checks with regards to the specific types of source data should be in place to minimise error. The protocol should also specify that the investigator/institution will permit trial-related monitoring, audits, IRB/IEC review and regulatory inspections, providing direct access to source data/documents (gSOP-14).

5.3 Source Data Management
Source documents are considered 'essential documents'. All Source data collected for a participant during a clinical trial must be archived in conjunction with the investigator site files as evidence that all new relevant information is documented as it becomes available. This permits evaluation of study conduct and quality of the data produced. It also serves to

demonstrate the compliance of the Chief investigator (CI), sponsor, and trial monitor with the standards of Good Clinical Practice (GCP) and the applicable regulatory requirements.

5.3.1 Source document location identification list (Please see appendix 1)

To ensure adequate source document management and compliance with the UK Clinical Trial regulations, GCP and the study protocol, a source data identification location sheet should be completed and discussed as part of the trial initiation during which the CI/ Principal Investigator (PI) (multi centre studies). The CTSN will verify completion and maintenance of the source document location identification sheet as part of the initiation visit completion checks (gSOP-018).

5.4 Data Protection

During the process of data collection and management it is important that all source data and study related material are kept in a safe location in line with the Data Protection Act (2018). Maintaining participant confidentiality is imperative and research records should contain participant trial identifiers such as codes rather than participant names and/or hospital numbers.

Records being used during the study period such as paper CRFs should be contained in a secure location accessible only by authorised individuals. Furthermore, CRFs should not contain elements of source data which use participant identifiable information unless it is specified in the protocol that CRFs are source documents and that patient names can be collected. Where specific source data sheets have been designed for use in the trial, the CI (or delegated individual) should ensure that these are retained separately from the CRF.

5.5 Archiving (Reference: gSOP-17)

5.5.1 Retention times for essential documents

All essential documents in relation to the clinical trial must be archived according to the UK Clinical Trial regulations. In addition, the protocol should state the need for record retention and the investigator should inform the investigators/institutions at other sites in writing when the trial records are no longer needed (see gSOP-17).

For trials that are not intended to support Marketing Authorisation applications (or variations) to the Competent Authority, the Sponsor and the Chief Investigator shall ensure that the documents contained, or which have been contained, in the Trial Master File are retained for 5 years after the conclusion of the trial. In addition, the Sponsor and the CI shall ensure that the medical records of trial participants are retained for at least 5 years after the conclusion of the trial.

For trials intended to support Marketing Authorisation applications (or variations) to the Competent Authority, the Marketing Authorisation Holders must arrange for essential clinical trial documents (including case report forms) other than participant's medical files, to be kept by the owners of the data:

- for at least 15 years after completion or discontinuation of the trial,
- or for at least 2 years after the granting of the last Marketing Authorisation in the European Community and when there are no pending or contemplated marketing applications in the European Community,

- or for at least 2 years after formal discontinuation of clinical development of the investigational product.

In addition, the protocol should state the need for record retention and the investigator should inform the investigators/institutions at other sites in writing when the trial records are no longer needed.

6. REFERENCES

- gSOP-14 Writing Research Protocols
- gSOP-15 Designing a Case Report Form
- gSOP-40 Data Management
- gSOP-17 Archiving
- gSOP-18 Site Initiation
- gSOP- 26 Data Protection and Confidentiality

7.0 APPENDICES

- Appendix 1 - Definitions
- Appendix 2 - Source Document Location Identification List

8. AUTHORSHIP & APPROVAL

Author

Signature  **Date 16 June 2022**

Pro-Vice Chancellor (Research & Enterprise) Approval

Signature  **Date 16 June 2022**
Professor J M Senior

9. VERSION HISTORY/REVISIONS

Version Number	Effective Date	Reason for Change
02	28th July 2022	Review

10. AGREEMENT

Please detach and retain within <u>your training files</u>

I have read and understood the contents and requirements of this SOP (ref SOP-28-02) and accept to follow University policies implementing it.

Recipient Signature: ……Date: ……. Name & Position: ……

Appendix 1: Definitions

Case Report Form (CRF)
A printed, optical, or electronic document designed to record all of the protocol required information to be reported to the Sponsor on each trial subject.

Chief Investigator (CI)
A registered Physician, Dentist, Pharmacist or Nurse who has overall responsibility for the conduct of the trial.

Clinical Trial
A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or control) to evaluate the effects of those interventions on health outcomes.

Clinical Trial of Investigational Medicinal Product (CTIMP)
A study that looks at the safety or efficacy of a medicine/food stuff/placebo in humans as defined by the Medicines for Human Use Regulations (2004).

Delegated Individual (DI)
An individual delegated by a person of responsibility to carry out their task(s).

Good Clinical Practice (GCP)
As defined in the Regulations.

Investigator Site File (ISF)
The file(s) held at each site taking part in the trial which hold the essential trial document set necessary for local approval and trial conduct at site.

Monitoring
A Quality Control (QC) activity which involves a system of ongoing real time checks to detect discrepancies and faults in order to correct them and prevent the failure from recurring so that the specified output is produced consistently, in this context compliance with the UK Regulations, Sponsor SOPs, approved protocol and GCP.

Monitoring Plan
The agreed process for monitoring a CTIMP sponsored by WHHT as specified in the study monitoring plan determined by the risk based monitoring strategy.

Participant Information Sheet (PIS)
A document that explains all relevant study information to assist the trial participant in understanding the expectations and requirements of participation in a clinical trial.

Principal Investigator (PI)
A registered Physician, Dentist, Pharmacist or Nurse who has responsibility for the conduct of the trial at a host site.

Quality Control (QC)
The operational techniques and activities undertaken within the quality assurance system to verify that the requirements for quality of the trial-related activities have been fulfilled.

Site File
Site Files are held by the PI at sites and contain copies of the essential documents,

local approvals, signed consent forms and completed data forms.

Source data
All the information contained in original records and certified copies of original records of clinical findings, observations, or other activities in a clinical trial necessary for the reconstruction and evaluation of the trial. Source data are contained in source documents (original records or certified copies) and are specific to each study.
In multi-centre sponsored CTIMPs, it is important for the documentation of source data to be standardised across all sites to ensure consistency of the trial data.

Source Documents
Source documents are original documents, data, and records (e.g. hospital records, clinical and office charts, laboratory notes, memoranda, subject's diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate copies, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept in pharmacy, at the laboratories and at the medico-technical departments involved in the clinical trial).

Source Documents
Source documents are original documents, data, and records (e.g. hospital records, clinical and office charts, laboratory notes, memoranda, subject's diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate copies, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept in pharmacy, at the laboratories and at the medico-technical departments involved in the clinical trial).

The Regulations
Medicines for Human Use (Clinical Trial) Regulations 2004 transposed the EU Clinical Trials Directive into UK legislation, as Statutory Instrument 2004 no 1031. This became effective on the 1st May 2004. An amendment to implement Directive 2005/28/EC was made to the Regulations as Statutory Instrument 2006 no 1928.

Trial Master File
The Trial Master File (TMF) will be held at the principal site by the Sponsor, Chief Investigator or at the co-ordinating centre. The TMF should contain all essential documents defined as documents which individually and collectively permit evaluation of the conduct of a trial and the quality of the data produced. A TMF should be set up at the beginning of a trial and maintained up-to-date throughout the trial until trial conclusion.

For trials currently running, it is recommended that Section 8 of the ICH-GCP Guideline is followed as guidance in order to meet statutory requirements. However, some of the documents listed may not be available or applicable in many non-commercial trials. The appropriate documentation will vary according to the trial and sponsor requirements.

Appendix 2: Source Document Location Identification List

Source document location identification sheet			Site Name/No (if applicable)
Study Title:			
EudraCT Number:		**IRAS No:**	
Chief/Principal Investigator:			

Data Item ***(Please add any trial-specific data items – e.g., participant questionnaires/diaries – as needed.)***	**Source Document & Location**	**Items marked MUST be documented in participant notes**	**Please indicate items considered source for retention in CRF as stated in protocol**
Evidence of study participation (i.e., dated statement referring to above protocol confirming consent taken to participate in study, documentation of consent process and enrolment).		✓	
PIS & ICF forms		✓	
Eligibility criteria (i.e., evidence subject meets all criteria)		✓	
Demographic data		✓	
Study visit dates		✓	
Subject screening/enrolment number			
Past medical history		✓	
Vital signs / physical examination		✓	
AEs and SAEs		✓	
Concomitant medications		✓	
Laboratory reports		✓	
Study participants' diaries or evaluation checklists		✓	
Study drug start / stop dates		✓	
Drug compliance			
Drug dispensing			
Withdrawal dates & reason		✓	

Chief Investigator/Principal Investigator will ensure that the source data is documented as listed above

Signature_____ Date _____