University of Hertfordshire

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ARCHIVING ESSENTIAL DOCUMENTS

Clinical Trials Support Network (CTSN)

Standard Operating Procedure for Archiving of Clinical Trial Data and Essential Documentation in clinical research studies

SOP Number: gSOP-17-01	**Effective Date:** 05 June 2018
Version Number: 1.0	**Review Date:** 3 years (or as required)

1. BACKGROUND

This is a University of Hertfordshire standard operating procedure. The University of Hertfordshire (UH) acknowledges West Hertfordshire Hospitals NHS Trust (WHHT) Research & Development (R&D) which has allowed UH to use the SOPs developed by WHHT where possible, modified for local implementation.

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

2. PURPOSE

This document describes procedures for the archiving of essential clinical trial documentation. It covers Clinical Trials of an Investigational Medicinal Product (CTIMPs) sponsored/co-sponsored and hosted by UH and sponsored non-interventional trials. For externally sponsored multi-centre trials, archiving requirements should be outlined in the contract.

Medical notes will be archived in accordance with standard care guidance and are not covered by this SOP.

The University, as Sponsor, is required to have a named archivist to comply with the legal requirements.

3. APPLICABLE TO

This SOP applies to all staff involved with clinical research sponsored/co-sponsored or hosted by UH including, but not limited to, Chief Investigators (CI), Principal Investigators (PI), Co-investigators, Research Fellows, Statisticians, Trial Manager, the Clinical Trial Support Network Management Group (CTSNMG) & Data Managers.

4. RESPONSIBILITIES

4.1 Named Archivists

The named archivist for University of Hertfordshire is the UH Records Manager.

All essential documents relating to the clinical study must be archived in accordance with this SOP and the requirements of the UK regulations. The Sponsor has responsibility for archiving the trial documentation.

4.2 Retention times of essential documents

For trials that are not intended to support Marketing Authorisation applications (or variations) to the Competent Authority, the Sponsor and the CI shall ensure that the documents contained, or which have been contained, in the Trial Master File (TMF) are retained for 5 years after the conclusion of the trial. In addition, the Sponsor and the CI shall ensure that the medical files 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 (CRFs)) 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
- or for at least 2 years after formal discontinuation of clinical development of the investigational product
- When a trial involves minors (under 18 years of age) essential documents must be retained until the youngest participant reaches the age of 22 or for 5 years after the end of the trial, whichever the longer

4.2.1 For non-CTIMP research, the archive time period is usually stipulated by the sponsor and/or local SOPs/policies.

4.3 For CTIMPs sponsored by the University

The responsibility for archiving is held with the CI or delegated individual (DI) and agreed with the University Records Manager and clearly documented.

4.4 For Hosted CTIMP trials conducted at UH

The Sponsor's requirements for retention of materials, their retention periods and location should be defined by the Sponsor prior to trial start and formally documented in the contract. The PI/DI is responsible for archiving research documentation locally. The Sponsor should inform the investigator site in writing when trial materials are no longer required to be retained.

The relevant documentation from CTIMPs must be archived for at least 5 years after conclusion of the trial under the Regulations and during this period must be: -

a) readily available to the licensing authority on request; and
b) complete and legible

4.5 Sponsored non-interventional trials

Relevant documentation should be archived in accordance with the information submitted for ethical approval.

5. PROCEDURE

5.1 General

Clinical trial related documentation can only be archived once the trial has been officially completed and the End of Trial Documentation (declaration and final reports) submitted to

- the REC
- the Competent Authority (CA) and EudraCT
- the Sponsor

All essential documents will be archived either on the University's Electronic Document and Records Management System (EDRMS) or in the University's main storage facility which is an offsite storage facility, currently managed by an external company called Box-It, with whom the University has a service level agreement. The company meets all essential standards to store, manage and destroy where required, confidential information safely and securely.

Prior to archiving documents, please refer to study protocol and related contracts/agreements to ensure that the documents are archived in accordance with Sponsor requirements.

5.2 Preparation for Archiving

When an investigational research department requests archiving, the following procedure applies.

5.2.1 The responsibility for archiving of essential documents rests with the CI/DI.

5.2.2 Ahead of archiving, a Clinical Trial Monitor/DI will organise a close out visit and make sure the study database has been locked for the study to be archived. Where documents require archiving before the study database is locked, eg in cases where a large study has been running over many years, essential documentation on earlier study participants who have completed that trial may be archived off site to deal with space issues then recalled as required to gain access (See section 5.8).

5.2.3 Arrange for the named archivist to assess archiving requirements.

5.3 Documents to be archived

All essential documents retained within the TMF and/or Investigational Site File (ISF) should be archived alongside the CRFs and the Pharmacy Clinical Study Files. Any essential trial documentation that has been kept somewhere other than the TMF or the ISF during the study should be returned to the CI/DI after the study is finished so that all documents can be archived together. Where there are different arrangements, these should be clearly documented.
A list of documents to be archived can be found in ICH GCP E6 Section 8. This list is not exhaustive and is for guidance purposes only.

5.4 The Archiving Process

The designated person in the clinical units prepares the study documents for archiving as follows, as per the archiving process map (See section 5.8) and in line with the University records storage procedures. An archiving checklist could be used to ensure all essential documents are archived.

1. Pack the TMF, ISF, if applicable, the CRFs and Pharmacy Study Files in the standard archiving boxes with lids.
2. Complete the Records Deposit Form, retaining a completed copy within the archiving box. (See appendix 2).
3. A copy of the Records Deposit Form should be sent to the records manager, following instructions set out in the University's records storage procedures. A copy should also be sent to the CTSN.
4. A unique barcode will be provided for each box and an index created on the University Document Management System (DMS) for tracking and retrieval purposes.
5. When archiving is complete and the boxes are ready to be collected liaise with the UH records manager to arrange delivery to the UH offsite storage facility. The UH records manager will ensure that the archiving database, which is the Document Management system, is updated.
6. Retain copy of signed Archiving Details Form in the CTSN.

5.5 Retrieval of Archived Boxes

Materials that have been archived may, on occasion, need to be retrieved, e.g. for regulatory inspection. The CI, DI or CTSN should request the correct box or boxes through the Document Management system. The system will keep an audit of all requests and locations. The required boxes will be identified by the UH records manager who will check the requester identity and request the boxes from the offsite storage company. Once returned to the University they will be delivered to the requestor. The Document Management system will keep an audit trail of all requests, requesters and delivery locations

5.6 Return of archived boxes to storage

Once the requester has finished with all information in the box they will need to put in a request for collection through the Document Management system. Boxes should not be returned incomplete unless the information is to be permanently removed or destroyed in which case the Records Manager needs to be made aware. The Records Manager will arrange for collection and return to storage.

5.7 Destruction of archived study documents

Archived documentation can only be destroyed once written permission has been obtained from the following, in accordance with the study protocol requirements and Sponsor SOPs.

- Sponsor or Contract Research Organisation (CRO)
- Investigator or Host Institution

The Records Manager should be told via an email that the information can be destroyed. The destruction date will be noted in the Document Management System and the Records Manager will get the permission of the CI, DI or CTSN before confidentially destroying the information.

6. RELATED DOCUMENTS

- UH gSOP14-01 Writing Research Protocols
- UH gSOP21-01 Trial Closure
- UPR IM11 Records Management and the archiving and retention of prime documents and business records

7. APPENDICES

- Appendix 1 – Definitions
- Appendix 2 – Archiving Process Map
- Appendix 3 – Example Records Deposit Form

8. AUTHORSHIP & APPROVAL

Author

Signature **Date**

Pro-Vice Chancellor (Research & Enterprise) Approval

Signature **Date**

9. VERSION HISTORY/REVISIONS

Version Number	Effective Date	Reason for Change

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-17-01) and accept to follow University policies implementing it.

Recipient

Signature: ……Date: ……..

Name & Position: ……

Please retain copy of the signed form for your reference in your training file

Appendix 1 - Definitions

Archive
The material storage area, including its operation, necessary for the secure retention and maintenance of material.

Archive Details Form
Document which must be completed for each clinical study archived. The form contains study details, investigators details, box contents and the destruction date. A copy should be in each box archived, one sent to the CTSN and a copy, signed as receipted by the named archivist, with the research team.

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).

Essential Documents
Essential documents are those documents which individually and collectively permit evaluation of the conduct of the trial and the quality of the data produced. Essential documents include the Trial Master File (TMF), source documents, Case Report Forms (CRFs) and the pharmacy documentation relating to the trial which should have all accountability and destruction records for the study drugs.

Investigational Medicinal Products (IMP)
A pharmaceutical form of an active substance or placebo being tested, or used as a reference in a clinical trial. This includes a medicinal product which has a marketing authorisation but is, for the purposes of the trial -

- used or assembled (formulated or packaged) in a way different from the form of the product authorised under the authorisation,
- used for an indication not included in the summary of product characteristics under the authorisation for that product, or
- used to gain further information about the form of that product as authorised under the authorisation

Named Archivist
Person responsible for ensuring archiving requirements are met as required in the regulations.

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

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 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).

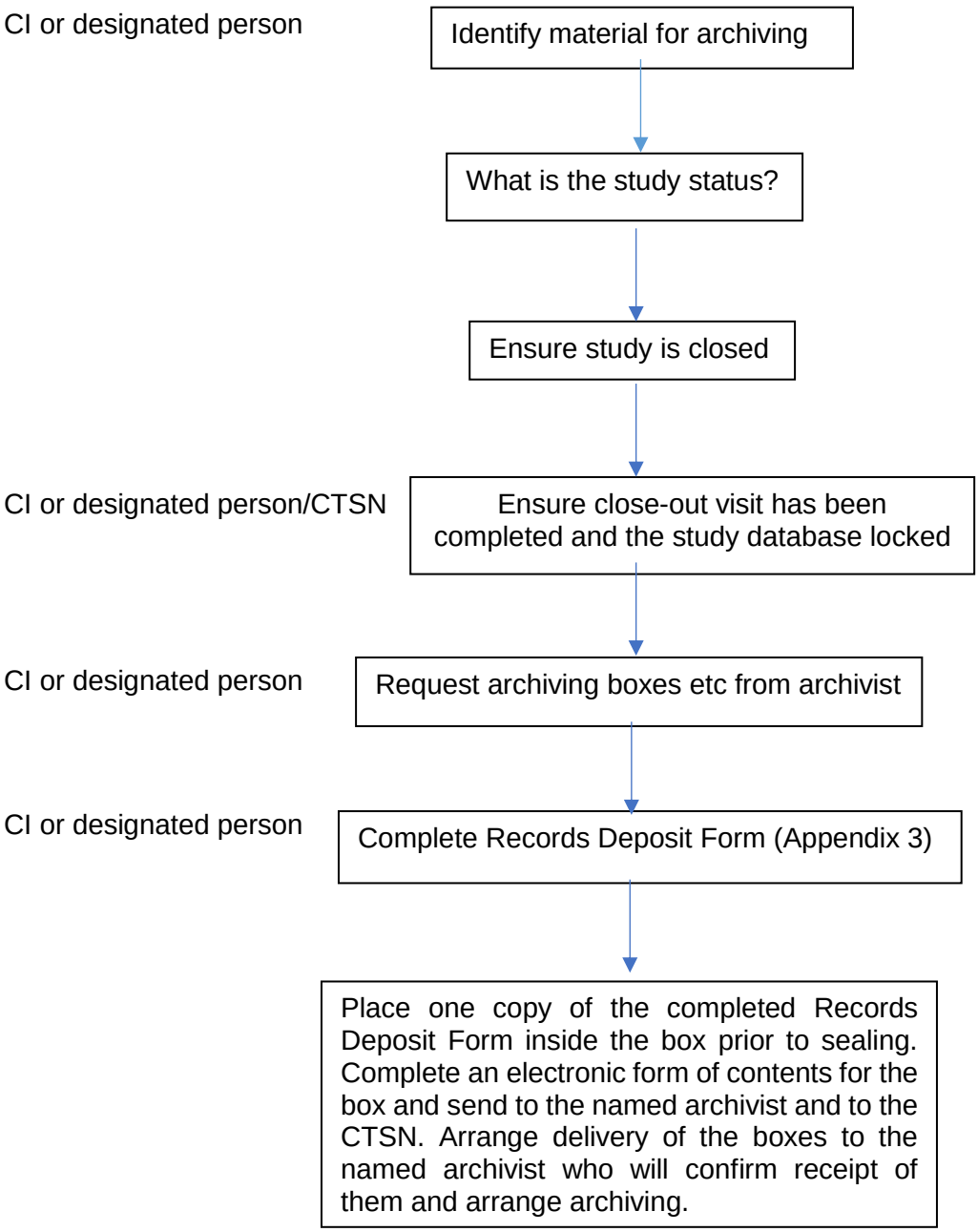
The Medicines & Healthcare products Regulatory Agency (MHRA)
UK competent authority responsible for regulation of clinical trials.

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: Archiving Process Map



Appendix 3 Example Record Deposits Form

An excel version of this form is available to download from staff net, which should be used to facilitate completion. This form should then be submitted to Abi Tomlinson: (a.tomlinson@herts.ac.uk).

I would like to deposit the following boxes:

Name:
Department/ SBU:
Location:
Contact No.

Dept Box No	Record Type	Title/Contents	Description	Date From	Date To	Destruction Date	Department/ Faculty/ School

PRINCIPAL INVESTIGATOR:	**PROTOCOL NO:** **IRAS NO:**
DATE OF ARCHIVING:	**BOX NO: (OF)**
BOX CONTENTS: **Archive until:** **(Do not destroy without Investigator authorisation)**	
SIGNATURE ……..……..……. **(CI, designated person or CTSN representative)** **NAME (PRINT): ……..…….**	

Please place one copy of this form in the box prior to sealing and send a copy to the CTSN. Retain a copy of this form once receipt is acknowledged.

Acknowledgement of receipt of sealed archive box:-

Signed:……..

Name:……

Date: …../……../…….