St George's University of London

St George's University Hospitals NHS
NHS Foundation Trust

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Approved by:	Mark Cranmer	**Date:**	19/04/2017
Signature of Authorisor			

Standard Operating Procedure (SOP)
Archiving of Clinical Trials conducted at St George's

SOP Chronology

SOP Version Number:	Reason for Change:	Author:
V1	Original Version	Ira Jakupovic
V2	Review of Original Version	Ira Jakupovic
V3	Renumbering and reformat in new SOP template. Instruction for preparation of files and associated documentation in relation to All Clinical trials conducted at St George's for archiving aimed at Investigators	Debs Rolfe
V4	Named Archivist added. Role of CRGM manager in decision following failed attempts for Sponsor contact. Details added with regards to retention periods. Addition of checklists for Investigators where SG Sponsor. Sponsor files must be archived separately from site files. .clearly defining responsibilities of Archivist and clinical team	Debs Rolfe
V5.0	Minimum retention period updated in line with SGUL library policy. Archivist JREO delegate added. Addition of Summary Close out Report	Debs Rolfe

1. Background

The European Clinical Trials Directive (EUCTD) 2001/20/EC was transposed into UK Regulations by the Medicines for Human Use (Clinical Trials) Regulations 2004 (SI 2004/1031) on the 1st May 2004. UK regulations will be the term used to cover the UK legislation and the EUCTD in this document. The UK regulations set out the standard for archiving clinical trials essential documentation from Clinical Trials of Investigational Products (CTIMPs). Archiving requires systematic storing of a large volume of trial related documentation at a safe and protected repository that meets professional archiving standards and adheres to the data protection act 1998. 'Iron Mountain' is the current St George's approved repository.

For the purposes of this SOP, the regulations and standards will be applied to the archiving of trial related documentation for both CTIMPs and non-CTIMPs conducted at St George's. This will include all research conducted at St George's..

The minimum period of retention for studies is currently 10 years from the End of Trial declaration (longer if Sponsor requires). The protocol or Clinical Trials Agreement will define the length of time that trial related records will be retained. A list of recommended retention periods in accordance with study type can be found in Appendix One

2. Joint Research and Enterprise Office (JREO) Policy

All JREO SOPs will be produced and approved in accordance with the JREO SOP on SOPs and must be used in conjunction with local NHS Trust and St George's policies and procedures.

The JREO acts as the representative of both St George's University of London (SGUL) and St George's University Hospitals NHS Foundation Trust. St George's will be the official name used on all SOPs to represent both institutions acting as Sponsor.

3. Scope

The purpose of this SOP is to instruct the Investigator or support departments and any nominated members of the research team on how to prepare a study file and associated documentation for archiving. I.e. The Trial Master File (TMF), The Investigator Site Files (ISF) which would include Case Report Forms (CRFs), protocol SOPs and training records. This may also include the archiving of electronic data where electronic files exist which may also include

email correspondence where the email has not already been printed off and filed in the Trial files

This SOP does not cover specifics with regards to requests and contact made with Iron Mountain. A working practice document is used in the JREO by the named Research Archivist or authorised JREO delegate. Medical Records are the agreed St George's University Hospitals NHS Foundation Trust contact

4. Definitions

4.1 Trial Master File (TMF)

The TMF (Trial Master File) is a file which contains all the documents that demonstrates that the trial has been conducted in accordance with regulatory requirements and ICH GCP. The TMF is set up at the start of a study and is archived at the end of the study for a set period of time which should be defined in the protocol, the Clinical Trials Agreement or the Delegation of duties for Sponsorship Agreement. The TMF may take the form of different media e.g. paper or / and electronic. The TMF will contain essential documents which enable both the conduct and quality of the trial to be evaluated.

4.2 Investigator Site File (ISF)

An ISF is an Investigator Site File. This file is provided to the site (along with a Pharmacy Site File, if applicable) at the Site Initiation Visit. It contains all the information site staff will need to carry out the clinical trial at the site. The ISF forms part of the TMF, and is archived at the end of the study; however, unless otherwise agreed with the Sponsor, the Investigator is responsible for archiving the ISF in a different location to the TMF. For studies that are Sponsored by St George's the TMF and ISF should be clearly identifiable and will be archived separately.

4.3 Named Research Archivist

Debs Rolfe the Regulatory Assurance Manager (RAM) of the JREO is the named Research Archivist for St George's

5 Responsibilities

5.1 Sponsor

The Sponsor will initiate a close out visit normally performed by the Study Monitor or Clinical Research Associate who will ensure that the file contents are complete.

The monitor will provide permission for the Investigator team to proceed to archive.

5.2 Chief Investigator (CI)/Principal Investigator (PI)

The CI or PI at St George's is responsible for ensuring the study files are prepared for archiving- this would apply in the case of either trials Sponsored by St George's or, to those studies (or trials) that are Sponsored by a third party and that are hosted by St George's.

For multicentre trials that are Sponsored by St George's , the PI at the respective sites will be responsible for the preparation and the subsequent archiving of the ISF in accordance with the requirements of St George's, the institution and any local requirements.

The archiving arrangements and any specified requirements should be detailed within the protocol and/or any site agreements between Sponsor and host site(s).

5.3 The named Research Archivist

Upon receipt of a Clinical Trial or study prepared for archiving, the research Archivist (or delegate) will complete the Iron Mountain paperwork, affix the corresponding bar-codes to each of the boxes and arrange the collection/uplift of the archive boxes via Medical Records (Off-Site team).

6 Procedure

6.1 Preparation for archive -Investigator

a) The Investigator must ensure that a close out visit has been performed by or on behalf of the Sponsor and subsequent receipt of 'permission to archive ' is received.

b) A Close out Summary Report must be completed JREODOC0109 (Appendix 3) MUST be completed and sent to Researchgovernance@sgul.ac.uk

c) Research Governance team member upon receipt must check form for completeness – raise qqqueries for missing information and complete Governance database fields. Scan and upload the completed document onto ReDA on ‚documents' tab

d) For studies Sponsored by St George's await to file the 'end of study declaration ' submission copy sent to the MHRA and REC in the TMF.

e) The lever arch files must be examined and any plastic wallets should be removed. It is preferred if lever arch files are dismantled wherever possible to save space.

f) Photocopy any documents that are only present as 'carbon copies ' or 'NCI paper ' as these fade over time and will be 'lost forever '

g) Ensure that all documents are secure and not loose. If required, use document ties to ensure documentation is kept together.

h) Remove any metal fastenings wherever possible e.g. staples, paperclips.

i) The Investigator should instruct collaborating support departments e.g. Pharmacy, Laboratories to prepare the study files as detailed above. The investigator team may find the use of a site file checklist useful.

j) The Investigator upon receiving confirmation from the collaborating support departments that their respective study files have been prepared for archive should arrange collection and may be required to sign a transfer/receipt document to record collection.

k) Collection of Iron Mountain Archive boxes will be via the JREO.

l) The Investigator should not overfill any boxes past the fill line. They must be able to withstand manual handling and moving.

m) Place the prepared study files into the boxes. Complete a label detailing the study Identifier: Protocol Title/Accronym, Principal Investigator, JREO Study reference number and then the content description e.g, Investigator Site File, Pharmacy Site File, CRF 001-005, etc and if known the proposed date of destruction. It may be useful for the investigator to retain their own record of the box contents.

n) Do not mix research studies in the same archive box.

o) Drop off the archived study to the JREO ensuring that no fire exit or escape route are blocked. *Electronic files* – guidance may be sought from the Sponsor but there are 2 options : 1) a restricted access shared drive where electronic files are moved into an area specifically marked as 'ARCHIVE' which is password protected. Details of the location and password must be provided to Debs Rolfe (named Research Archivist or

p) 2) electronic data is transferred onto suitable media storage hardware e.g. Compact Disc clearly labelled with Study reference codes and contents. Documents saved onto the discs should be saved in PDF V8 format which could also be placed in the archive boxes (at the top) sent for off-site storage/retention or 3) the electronic files are all printed off and listed in the contents listings and archived as the rest of the ISF/TMF

q) For studies that have previously been stored as archived within your department you may have an obligation to inform the Sponsor of any change in archiving arrangements and/or location.

6.2 Transfer from Investigatior team to the Research Archivist

a) The JREO archivist delegate will ensure sufficient Iron Mountain Archive boxes (size 1.4) and lids are kept in the JREO

b) The JREO archivist delegate upon receipt of the prepared archive boxes from the Investigator, will arrange for the JREO governance file to be added to one of the boxes (where space permits) and appropriately update the contents sticker on the outside of that box.

c) The boxes will be numbered and indicate the total quanity of boxes for that study (e.g. 1 of 7) clearly on the outer label of each box.

d) The JREO archivist delegate will complete one 'transmittal sheet' per study obtained from Medical Records with the study details including the JREO study reference number, box contents and date of destruction. A barcode will be attached to both the box and the transmittal sheet.

e) 'The barcode number' for each box will be added to the ReDA database under that trial entry to facilitate retrieval if required.

f) The JREO archivist delegate will scan the transmittal sheet and save the scan copy to the electronic study file.

g) The study specific transmittal sheet will be uploaded into the ReDA database under the study specific entry in the 'documents' section

6.3 Transfer from Research Archivist to Iron Mountain

a) The JREO archivist delegate will arrange collection by Iron Mountain via Medical Records

b) Original transmittal sheets will accompany archive boxes to Medical Records

c) Copies of transmittal sheets will be retained in a lever arch file labelled iron Mountain. Transmittal sheets will be filed in sections denominated by expected year of destruction.

6.4 Retrieval of Archive boxes from Iron Mountain

a) Request for retrieval will not be accepted directly from the Sponsor as should be made via the Investigator team. Requests will be made to the JREO archivist delegate. Details of documentation required/reason for retrieval should be made to allow the JREO archivist delegate to determine through scrutiny of available records/transmittal sheets exactly which box(es) are required for retrieval.

b) The JREO archivist delegate will add details of request and box identification to retrieval spreadsheet maintained on the JREO shared drive

c) The JREO archivist delegate to request box retrieval in writing to Medical Records –off site team.

d) Upon receipt of requested box(es) from Medical Records- The JREO archivist delegate to inform investigator team to facilitate collection.

e) The JREO archivist delegate to add date of collection to 'retrieval spreadsheet'

f) Medical Records will not supply copies of original transmittal sheets – The JREO archivist delegate to compare contents of boxes upon receipt back from the Investigator with the recorded contents to ensure listing still remains largely accurate. If amendments to the transmittal sheet is required- confirm noted change with the Investigator. Make any amendments if required and ensure copy of the amended document in addition to the original transmittal sheet is saved both on ReDA and the physical lever arch file.

g) The JREO archivist delegate will add date of return from Investigator team to the retrieval spreadsheet and transport the boxes back to Medical Records for uplift to Iron Mountain

6.5 Destruction of Archive records

a) All efforts must be made to receive permission from the Sponsor that Destruction of a particular study can take place.

b) In the event that the Sponsor cannot be contacted however following 3 documented failed attempts the Head of Research Governance and Delivery Manager must be consulted to confirm destruction can take place.

c) Prior to destruction consideration must be given as to whether any documents may be required for any ongoing legal proceedings

d) A request for destruction can be communicated via the Medical Records-off site team in writing. Retain copies of requests in the lever arch "Iron Mountain" file

e) The JREO archivist delegate will retain the certificate of Destruction both in an electronic file on the shared drive within the Investigator- Archive folder and physically within the lever arch "Iron Mountain" file. A note of receipt and location of destruction certificate will be recorded on ReDA database

7 References

a) The Medicines for Human Use (Clinical Trials)Regulations 2004 (SI2004/1031) and as amended

b) EU Clinical Trials Directive 2001/20/EC

c) www.myresearchproject.org.uk

d) European Document Retention Guide 2013 – Iron Mountain

8 Appendices

Appendix 1: Minimum suggested retention periods

Appendix 2 Suggested ISF Review tool/checklist (JREODOC0035)

Appendix 3: Close out Summary (JREODOC0109)

Appendix 1

Suggested Retention Periods

Type of Study	Retention Period	When should files be destroyed
SGUL/SGHT Sponsored CTIMP	15 years	15 years following EOT declaration
Non-commercial Sponsored CTIMP	10 years (unless longer period suggested by Sponsor)	Sponsor will confirm when destruction can occur
Commercial Sponsored CTIMP	10 years (unless longer period suggested by Sponsor)	Sponsor will confirm when destruction can occur
SGUL/SGHT Sponsored device investigation	15 years	15 years following EOT declaration
Externally Sponsored device Investigation	10 years (unless longer period suggested by Sponsor)	Sponsor will confirm when destruction can occur
SGUL/SGHT Sponsored surgical intervention study	15 years	15 years following EOT declaration
Externally Sponsored surgical intervention study	10 years (unless longer period suggested by Sponsor)	Sponsor will confirm when destruction can occur
Non-interventional study	10 years	Sponsor will confirm when destruction can occur
ATMP studies Sponsored by SGHT/SGUL or commercial company	30 years following expiration of product	Sponsor will confirm when destruction can occur

Appendix 2

Investigator Site File (ISF) Review

Short Title:		**IRAS ID:**	
EudraCT number:		**R&D number:**	
Chief Investigator (CI):		**Principal Investigator (PI):**	
Sponsor Contacts:			
ISF Review Date		**ISF Reviewer**	

	Table of content:	**Yes**	**N/A**	**Comments Include Doc version/date**
1.	**Protocol**			
1.1	Final Approved Protocol (signed and dated)			
1.2	Superseded Version(s) of the Protocol			
1.3	Protocol Amendment(s) (tracked changes)			
2.	**Subject/Patient Information**			
2.1	Final Approved **Patient/Subject Information Sheet** (PIS)/(SIS)			
2.2	Final Approved **Informed Consent Form** (ICF)			
2.3	Signed Informed Consent Forms			
2.4	24 hour Participant contact cards			
2.5	Final Approved **GP Letter, Parent's letter and patient invitation**			
2.6	Superseded PIS,CF and GP letter			
2.7	Patient Materials (Diaries/Questionnaires etc)			
2.8	Advertisements for Recruitment			
3.	**Study Logs & Records – completed and blank forms**			
3.1	Delegation of Responsibilities and Staff Signature Log			
3.2	Patient Screening Log			
3.3	Patient ID Log			
3.4	Enrolment, Withdrawal and Completion Log			
3.5	GP Letter Log			
3.6	Log of Protocol Deviations/Violations/Serious Breaches			
3.7	Log of Telephone Calls (if applicable)			

3.8	Protocol Training log			
3.9	Log of protocol related team meetings			
3.10	Minutes of protocol related team meetings			
3.11	Sponsor SOP training log			
4.	**Contact Details**			
4.1	Sponsor Contact Details			
4.2	Study site Personnel Contact Details			
4.3	CV & GCP Certificates for each person on delegation log (3.1)			
4.4	Honorary Contract for non-NHS Staff			
4.5	Research Passport			
5.	**Data Management and Statistical Analysis**			
5.1	Final version of trial CRF(s) (with Instructions for completion if applicable)			
5.2	Randomisation Procedure (if applicable)			
5.3	Signed, dated and completed CRFs (or a File Note with location)			
5.4	Data queries (and/or documentation on CRF correction) Copy- Original to TMF			
5.5	Interim Data Analysis (if applicable)			
6	**Study Amendments**			
Log/Summary of Amendment(s) &approval dates		YES		

Amendment number	MHRA approval Y-date/ - N/A	Ethics approval Y - date '/ N/A	HRA approval date	Date Approved for use	

7	**Site Specific Approval Documents**			
7.1	Statement of Activities (signed and dated)			

7.2	Site confirmatory statement			
7.3	Patient Identification Centre (PIC) Approval (if applicable)			
8	**Medicines and Healthcare Regulatory Agency (MHRA)**			
8.1	Notice of Acceptance Letter			
8.2	Serious Breach notification(s) and related correspondence			
8.3	Declaration of the End of Trial (DET) & MHRA acknowledgement			
8.4	Clinical Study Report			
9	**HRA/ Research Ethics Committee**			
9.1	HRA initial assessment Letter			
9.2	Schedule of events			
9.3	REC Composition and Validation Letter			
9.4	REC Favorable opinion Letter			
9.5	Annual Progress Report(s) (APR) and acknowledgements	YES		
Year :				
Year:				
Year:				
Year:				
Year:				
9.6	HRA Approval			
9.7	End of Trial Notification			
9.8	HRA/REC acknowledgement			
10	**Pharmacovigilance (PVG)**			
10.1	JREOSOP0006 Instructions for reporting SAEs/SUSARs			
10.2	Adverse Events (AE) Logs (completed as agreed in the study protocol)			
10.3	SAE report(s) and follow-up information			
10.4	SUSAR report(s)			
10.5	Urgent Safety Measures (if applicable)			
10.6	24hr contact cards example(for blinded trials)			
10.7	Notification of safety information from Sponsor			
10.8	Development Safety Update Report (DSUR) and acknowledgements	YES		
Year :				
Year:				
Year:				
Year:				

Year:						
11.	**Monitoring**					
11.1	Monitoring Visit Log					
11.2	Monitoring Plan					
11.3	Source Document Memo					
11.4	Initiation Meeting Report and supporting documents					
11.5	Sponsor Open to recruitment letter					
11.6	Monitoring Reports per visit					
Monitoring Visit Number	Report	Queries raised	Resolved			
11.7	Close-out study report					
12.	**Investigational Medicinal Product(s) (IMPs)**					
12.1	Investigator Brochure (IB)					
12.2	Investigational Medicinal Product Dossier (IMPD) or SIMPD					
12.3	Summary of Product Characteristics (SPC)					
12.4	Superseded versions of IMP information as above					
12.5	Instructions for handling IMP (if applicable)					
12.6	Clinical Trial pharmacy approved IMP Prescription template					
12.7	IMP Dispensing Procedure					
12.8	Code breaking SOP (if applicable)					
12.9	Code break requests					
12.10	Code break envelope inventory (if applicable)					
12.11	Sponsor's IMP Order Form (if applicable)					
12.12	IMP Shipping Records					

12.13	QP release certificate (if applicable & requested by site)			
12.14	Certificate of Analysis (if requested by site)			
12.15	IMP Accountability Logs			
12.16	IMP Destruction Log (if applicable)			
12.17	Temperature logs (or periodic compliance statements)			
12.18	Temperature deviation log			
12.19	Re-labeling SOP and related paperwork (if applicable)			
13	**Central Laboratory**			
13.1	List of Local Laboratories (if applicable)			
13.2	Laboratory Accreditation Certificate(s)			
13.3	Normal Reference Ranges and update(s)			
13.4	Sample Shipment Record(s)			
13.5	Record of retained of body fluids			
13.6	SOPs / Instruction manuals for trial specific procedures			
14.	**Agreements/Finance/Sponsorship**			
14.1	Sponsorship Letter/DDSA Agreements			
14.2	Insurance/Indemnity Statement			
14.3	Clinical Trials Site Agreement (CSTA)/ Statement of activities			
14.4	IMP Supply Agreements			
14.5	Funding Agreement			
14.6	Pharmacy/Technical Agreement (if applicable)			
14.7	CRO Agreement (if applicable)			
14.8	Signed Agreements between involved parties			
14.9	Other Agreements			
15.	**Correspondence**			
15.1	Trial Correspondence			
16.	**Study Specific Procedures**			
16.1	Study Specific SOPs (including Sponsor SOPs)			
16.2	Study Specific Instruction Manuals			
17.	**Archiving Arrangements**			
17.1	Archiving Procedure JREOSOP0016 (If not applicable please file local SOP procedure)			
17.2	Archiving Personnel Details			

Appendix 3

Short Study Title:		**Study type e.g. CTIMP? Device**	
Sponsor:		**Rec Reference:**	
IRAS ID		**EudraCT**	
Name of Site/Centre:		**JREO R&D number:**	
Chief Investigator (CI):		**Principal Investigator (PI):**	

SUMMARY CLOSE OUT STUDY INFORMATION

Activity	Date (dd/mmm/yyyy)
Recruitment start	
First Patient First Visit	
End of Recruitment	
Last Patient Last Visit	
Suspension	
Temporary Halt	
Early Termination	
Number of Sites/ Country	Quantity
Pharmacovigilance	
SAEs	
SUSARs	