STUDY DOCUMENTS

DOCUMENT NO.:	**CR007 v7.0**
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1 INTRODUCTION

1.1 The Academic & Clinical Central Office for Research & Development (ACCORD) is a joint office comprising clinical research management staff from NHS Lothian (NHSL) and the University of Edinburgh (UoE).

1.2 Study documents demonstrate the compliance of the Investigators, Sponsor and the Clinical Trials Monitor with all applicable regulatory requirements and the principles of Good Clinical Practice (GCP), assist with the successful management of a study, and confirm the validity of the conduct of a study and integrity of data collected.

1.3 Documentation can be grouped into two sections. Before the clinical phase of a study commences and during the conduct of a study. At the study set up stage the Investigator, in consultation with the Sponsor, will design the study protocol and study documents. During the conduct of the study, study documents will facilitate the collection of study data and demonstrate compliance.

2 PURPOSE

2.1 To describe the procedure for preparing study documents in accordance with ICH-GCP E6 (R2) principles and applicable regulatory requirements. This SOP also describes the procedures for completing documentation during the conduct of the study.

3 SCOPE

3.1 This SOP applies to Investigators designing and participating in studies sponsored by NHSL and/or UoE. This SOP also applies to ACCORD staff assisting researchers with the development of study-related documentation and monitoring completion of study documents.

4 RESPONSIBILITIES

4.1 It is the responsibility of the Chief Investigator (CI), or designee, to produce study documentation in line with applicable regulatory requirements and GCP.

4.2 The Principal Investigator (PI) is responsible for providing the research team with adequate protocol training, training in the use of all study documentation, and ensuring all study documents are complete on site.

4.3 The ACCORD Sponsorship Reviewer (NHSL and/or UoE) is responsible for advising on the development of study documentation before providing Sponsor Approval ahead of any regulatory and/or ethics submission.

4.4 The Clinical Trials Monitor is responsible for monitoring the Site for completeness of study documentation.

5 PROCEDURE

5.1 Study Set Up

Protocol

5.1.1 The nature and conduct of a study will be described in a clear and detailed protocol. Protocols will be written in accordance with the principles of GCP and will describe the objective(s), design, methodology, statistical considerations and organisation of a study. Protocols must be carefully designed to safeguard the health and safety of the participants, as well as answer specific research questions.

5.1.2 Investigators leading Clinical Trials of Investigational Medicinal Products (CTIMPs) must create a study protocol based on the CTIMP protocol template provided (CR007-T01).

5.1.3 It is recommended that Investigators leading non-CTIMP studies utilise the relevant non-CTIMP protocol template (CR007-T02, CR007-T19 and CR007-T20) to create a study protocol however, it is not mandatory.

5.1.4 Three non-CTIMP templates have been provided:

- one suited to studies limited to analysis of datasets (CR007-T19);
- another suited to studies limited to qualitative methods of research (CR007-T20) and;
- a template for non-CTIMP studies that do not match the previous two descriptions (CR007-T02).

5.1.5 All protocols must be version controlled with the version number and date on the title page and all subsequent pages as per SOP QA008 (Document Version Control).

5.1.6 Investigators planning to undertake a Clinical Investigation of a Medical Device (CIMD) should design their clinical investigation plan/protocol in accordance with ISO 14155. If an Investigator does not have access to ISO 14155, the Investigator should contact ACCORD to discuss access (resgov@accord.scot).

5.1.7 For CTIMP and regulated CIMD studies, the protocol, and amendments will be signed by the Sponsor Representative(s) and the CI to denote agreement to conduct the study according to the protocol. Furthermore, if there is (a) study statistician(s), the lead statistician, or designee, will sign the protocol to verify that the statistical plan and statistical rationale for the study are correct.

Similarly the protocol, and amendments will be signed by PIs at Investigator Sites. A fully signed protocol should be retained in the TMF and/or Sponsor File.

5.1.8 For non-CTIMP studies involving the use of a clinical investigational agent it is recommended that the protocol, and amendments be signed by the CI, Sponsor Representative and lead statistician, or designee, where a statistician has been appointed. Furthermore, it is recommended that the protocol, and amendments, be signed by the PI at each Investigator Site.

Participant Information and Consent

5.1.9 Informed consent from study participants will be captured in an informed consent form (CF).

5.1.10 Details of the nature of the study will be described to potential participants, in lay language, via a Participant Information Sheet (PIS).

5.1.11 To fulfil transparency requirements under relevant data protection legislation, details of how participants personal data will be processed and what their rights are under the law will be described in a PIS.

5.1.12 If the participant agrees, their GP will be informed of their participation in the study by the Investigator, in the form of a letter.

5.1.13 The Investigator must create a PIS, a consent form and a GP letter (if applicable) based on the templates provided (CR007-T03-T06).

5.1.14 All documents must be version controlled with the version number and date on all pages as per SOP QA008 (Document Version Control).

5.1.15 The Health Research Authority (HRA) website provides guidance on the specific topics that must be included in a PIS and CF. The HRA guidance is aligned to ICH-GCP and provides further useful information on the following;

- Adults with incapacity in Scotland, Wales and Northern Ireland and England;
- Children and young people;
- Emergency research;
- Those who are deceased;
- Tissue Samples;
- Research databases and tissue banks;
- Genetic research;
- Ionising radiation.

5.1.16 All completed protocols, consent forms, PISs and GP letters, once authorised by the Sponsor as per SOP GS003 (Sponsorship Approval), must be submitted

to the applicable Research Ethics Committee (REC), to the competent authority (e.g. the MHRA), if required, and to NHS R&D for the participating NHS Sites.

5.1.17 The CI, or designee, will ensure that the latest, approved versions of study documents are provided to all PIs, together with any relevant explanatory information.

5.1.18 PIs will ensure that local Investigator Site study team members are fully informed of the study protocol and are working with the latest versions of study documents.

5.2 Study Conduct

5.2.1 The Investigator, or designee, will update the local Site study documentation and maintain this throughout the duration of the trial as per SOP CR001 (Establishing and Maintaining Trial Files; Investigator Site Files, Trial Master Files and Sponsor Files).

5.2.2 For studies subject to monitoring, the Investigator Site File (ISF) will be monitored for completeness by the Clinical Trials Monitor as per SOP CM002 (Monitoring of Active Studies) where indicated necessary by the study monitoring plan.

5.2.3 A signature and delegation log (CR007-T12) must list appropriately qualified persons to whom the PI has delegated study-related duties. This must be initiated and maintained by the PI.

5.2.4 The PI will maintain a list of subjects who entered pre-study screening using the Subject Pre-Screening Log (CR007-T13) unless otherwise agreed with the Senior Clinical Trials Monitor, or designee.

5.2.5 The PI will maintain a list of subjects who consented to take part in the study and subjects who enrolled in the study. Entries will be made in a chronological fashion using the subject status log (CR007-T14).

5.2.6 The PI will ensure that members of the Investigator Site research team are qualified to undertake their delegated tasks, fully informed of the study protocol and study specific procedures and have completed GCP training in accordance with the ACCORD GCP and SOP Training Policy (POL001). Study specific training will be recorded in the study specific training record (CR007-T17), unless otherwise agreed with the Sponsor Representative.

5.2.7 The CI will ensure that study documents are amended to reflect any new study procedures and will submit proposed changes to the Sponsor for continued sponsorship approval and sign-off prior to submission to REC, R&D or the competent authority as per SOP GS003 (Sponsorship Approval) and SOP GS011 (Sponsor Approval of Amendments), where applicable.

5.2.8 The CI will ensure that any new or amended documents are not implemented or used until approval has been received from the Sponsor(s) and that all of

the required approvals have been received e.g. REC, competent authority, local NHS R&D.

5.2.9 The CI will ensure that superseded study documentation is retained in the TMF/ISF

6 REFERENCES AND RELATED DOCUMENTS

- CR007-T01 CTIMP Protocol Template
- CR007-T02 Non-CTIMP Protocol Template
- CR007-T03 PIS & CF Template
- CR007-T04 PIS & CF AWI Template
- CR007-T05 PIS & CF Recovered Capacity Template
- CR007-T06 GP Letter
- CR007-T12 Site Signature and Delegation Log template
- CR007-T13 Subject Pre-Screening Log template
- CR007-T14 Consent and Subject Status Log template
- CR007-T17 Study Specific Training Record Template
- CR007-T19 Data Only Protocol Template
- CR007-T20 Qualitative Protocol Template
- GS003 Sponsorship Approval
- GS011 Sponsor Approval of Amendments
- QA008 Document Version Control
- CM002 Monitoring Active Studies
- CR001 Establishing and Maintaining Trial Files; Investigator Site Files, Trial Master Files and Sponsor Files
- POL001 GCP and SOP Training
- HRA Guidance: Consent and Participant Information
- ICH-GCP E6 (R2) Guidelines
- ISO 14155 Clinical Investigation of Medical Devices for Human Subjects

7 DOCUMENT HISTORY

Version Number	Effective Date	Reason for Change
1.0	22/Mar/2011	New procedure
2.0	14/Sep/2011	Update template and ICH references
3.0	22/Aug/2013	Expansion to include other documents
3.1	24/Apr/2014	Clarification of protocol signature requirements
4.0	21 MAR 2017	Updated to new SOP template v4.0. New SOP title. Addition of responsibilities section (4). Addition of new non-CTIMP protocol (CR007-T02). Template consent documents and GP letters renamed (CR007-T03-T06). CR007-T09 Adverse Log moved to CR005. CR007-T10 Data Monitoring Committee Charter moved to CR015. CR007-T15 Monitoring Visit Log moved to CM002. CR007-T16 Paper Case Report Form moved to CR013.

5.0	19 DEC 2018	Reference to the General Data Protection Regulation. Addition of Data Protection Information Sheet (CR007-T18). Minor updates made to CR007-T01, CR007-T02, CR007-T03, CR007-T04, CR007-T05. Minor administrative changes.
6.0	06 JAN 2021	CR007-T11 updated and moved to SOP GS013. CR007-T18 discontinued as detail now included in CR007-T03/04/05. Minor administrative changes throughout.
7.0	17 JUN 2022	Addition of protocol templates CR007-T19 and CR007-T20. Sections 5.1.3 and 5.1.4 to reflect their additions. Email address updated in section 5.1.6. Changes made throughout CR007-T01 (now v7.0), including a prompt for consideration of COVID-19 vaccine interactions, a Data Management Plan sub-section, additional risk adaption prompts, and removal of reporting SAEs/SARs/SUSARs and deviations/violations by fax.

8 APPROVALS

Sign	Date
Marise Bucukoglu (May 31, 2022 13:47 GMT+1) AUTHOR: Marise Bucukoglu, Head of Research Governance, UoE, ACCORD	May 31, 2022
Heather Charles Heather Charles (May 31, 2022 13:29 GMT+1) APPROVED: Heather Charles, Head of Research Governance, NHSL, ACCORD	May 31, 2022
Gavin Robertson (May 31, 2022 13:28 GMT+1) AUTHORISED: Gavin Robertson, QA Coordinator, NHSL, ACCORD	May 31, 2022

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Final Audit Report 2022-05-31

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