1. **PURPOSE**
To describe the process for the collection and maintenance of research regulatory documents and other essential documents.

2. **SCOPE**
This applies to all personnel who are responsible for the collection and maintenance of research regulatory documents including the Principal Investigator (PI) and when delegated by the Principal Investigator, Sub-investigators, Research Coordinator(s), Research Regulatory Specialist or other designated members of the research staff. This SOP does not supersede regulatory document maintenance required by sponsors in sponsored clinical trials.

This SOP does not address maintenance of participant research records.

3. **RESPONSIBLE INDIVIDUALS**
The responsible personnel include the PI and when delegated by the PI, Study Coordinator, Research Regulatory Specialist or other members of the research staff.

The Principal Investigator and designated member of the study team are responsible for ensuring compliance with this procedure. The PI or designated member of the study team is responsible for the collection, review and maintenance of regulatory documents as required to the appropriate regulatory authorities.

4. **DEFINITIONS**
Please reference the Glossary of Terms for Standard Operating Procedures for complete definitions of terms found in this SOP on the Research SOP internet page.

5. **POLICY STATEMENT**
University Hospitals (UH) requires Investigators to maintain records of their human subjects’ research activities. Regulatory documents will be maintained and up to date for all research studies conducted at UH.

6. **PROCEDURES**

   6.1. **Collection and Maintenance**

   Collect and maintain in a secure location the following required documentation (also referred to as the ‘regulatory binder’):
## Title: Maintenance of Research Regulatory Documents

<table>
<thead>
<tr>
<th>SOP NUMBER: SS-301</th>
</tr>
</thead>
</table>

1. **Original protocol and amended versions.** All versions should be numbered and dated.

2. **Signed and dated CV’s and other relevant documents evidencing qualifications of investigators and sub-investigators.** CVs should be signed and dated. It is recommended that CVs be updated every two years to verify that the information is accurate and current.

3. **Screening logs:** Capture all potential subjects who have been contacted, screened, or pre-screened for the study.

4. **Enrollment log:** Captures all subjects who have signed an IRB approved consent form or, with IRB approval, have given verbal consent or had informed consent waived.

5. **All IRB correspondence including submissions, approvals, and written correspondence**

6. **Staff Signature/Delegation of Responsibility Log:** Documents the signature and initials of all staff that collects and record study data, and lists the study-related procedures each has been delegated by the Principal Investigator.

7. **Monitoring Log:** Documents any study-related activity performed to monitor study progress or the accuracy and completeness of study records.

8. **Adverse Event log:** Documents all adverse events that may be reported to the IRB, sponsor, and/or regulatory groups, indicating their seriousness, expectedness, and relationship to the study.

9. **Original copies of all IRB approved versions of Informed Consent documents (original through current)**

10. **Investigatory Brochure/ Device Manual / Package Insert (most recent version)**

11. **Laboratory certification (e.g., CLIA, CAP) and normal laboratory/reference values, the lab director’s CV.** These materials document the competency of all lab facilities being used in the study and support the reliability of test results.

12. **Drug or device accountability records including dispensing log, shipping and receiving records (if applicable).** Note: May be maintained by Investigational Drug Services.

13. **Blank set of Case Report Forms / data collection sheets / IRB-approved questionnaires;**

14. **FDA required forms (1571 and / or 1572, Financial Disclosure FDA 3455, investigator agreement) and correspondence (if applicable)**

15. **NIH / Sponsor correspondence**

16. **NIH grant applications (if applicable)**

17. **Data and Safety Monitoring Board Reports (if applicable)**

18. **IRB or IEC Committee Composition/ Roster**

In addition the following should also be maintained:

- Training records
- Samples tracking
- Randomization/blinding plans
- Final study report

Developed by the UH Clinical Research Center SOP Committee
6.2. Electronic Records

It is acceptable to collect and store regulatory documents electronically.

6.2.1. Documents that are collected or stored electronically should have a note to file indicating that the documents are being maintained electronically and specifically stating where the electronic file is kept.
6.2.2. In all cases, electronic documents should be kept in a secure location and also password protected when appropriate.
6.2.3. Identifiable documents and documents containing subject IDs should not be kept in the same electronic location unless they are separately password protected.

6.3. Storage of Records

The following steps should be taken when the study is complete:

6.3.1. Review the documents of regulatory binders (both hard copy and electronic, if applicable) for completeness.
6.3.2. It is recommended that all electronic information is saved to an encrypted thumb drive or other secure electronic media for long term storage.
6.3.3. Prior to archiving files, scan all documents so they are accessible electronically if needed.
6.3.4. Archive regulatory binders and storage media by labeling storage boxes for completeness
6.3.5. Document inventory of storage boxes.
6.3.6. Store in a secure location for the specified amount of time according to institutional policies and federal regulations
6.3.7. Ensure regulatory binders are kept confidential and are stored in a secure, limited-access location.

6.4 Items NOT to be Included in the regulatory binder

The following information should not be included in the ‘regulatory binder’:

- Financial documentation (agreements and budgets)
- Identifiable patient information
- Signed informed consent forms
6.5 Access by Monitors or Auditors

Prior to appointments scheduled by monitors, review the content of the regulatory files for completeness. Ensure that files are organized and complete following a monitor appointment.

7. REFERENCES

In general, the items are required by the FDA or recommended by ICH GCP (International Conference on Harmonisation Good Clinical Practice) guidelines based on the following regulations and guidelines:

FDA Requirements
- 21 CFR Part 50—Protection of Human Subjects and Informed Consent
- 21 CFR Part 54—Financial Disclosure by Clinical Investigators
- 21 CFR Part 56—Institutional Review Boards
- 21 CFR Part 312—Investigational New Drug Application
- 21 CFR Part 314—Applications for FDA Approval to Market a New Drug
- 21 CFR Part 812—Investigational Device Exemptions
- 21 CFR Part 814—Pre-market Approval of Medical Devices
- 21 CFR Part 11—Electronic Records; Electronic Signatures

8. FORMS OR ATTACHMENTS

- [Adverse Event Reporting Flowchart (PDF)]
  - [Internal Adverse Event Summary log (Excel .xls)]
  - [External Adverse Event Summary log (Excel .xls)]
- [Clinical Trials Regulatory Files Checklist (Word .doc)]
- [Delegation of Authority Log/Staff Signature Log (Word .doc)]
- [Device Accountability Log (Word .doc)]
- [Drug Accountability Log (Word .doc)]
- [Monitoring Log (Word .doc)]
- [Screening/Enrollment Log (Word .doc)]

APPROVALS

Developed by the UH Clinical Research Center SOP Committee
<table>
<thead>
<tr>
<th>STANDARD OPERATING PROCEDURE (SOP) FOR CLINICAL RESEARCH</th>
<th>Last Revised: 8/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Maintenance of Research Regulatory Documents</td>
<td>Prior Version: 12/2014, 4/2012</td>
</tr>
<tr>
<td>SOP NUMBER: SS-301</td>
<td>Page 5 of 5</td>
</tr>
</tbody>
</table>

Approved by Dr. Grace McComsey, Associate Chief Scientific Officer, University Hospitals Health System, Director, UH Clinical Research Center – August 4, 2017

Developed by the UH Clinical Research Center SOP Committee
In general, the items are required or recommended based on the following regulations and guidelines:

<table>
<thead>
<tr>
<th>Items</th>
<th>Regulation or Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Original protocol and amended versions. All versions should be numbered and dated.</td>
<td>ICH GCP Part 8.2.2, 8.3.11, and 8.3.2</td>
</tr>
<tr>
<td>2. Signed and dated CV’s and other relevant documents evidencing qualifications of investigators and sub-investigators. CVs should be signed and dated. It is recommended that CVs be updated every two years to verify that the information is accurate and current.</td>
<td>ICH GCP Part 2.8, 4.1.1, 8.2.10, and 8.3.5; 21 CFR 312.53,</td>
</tr>
<tr>
<td>3. Screening logs: Capture all potential subjects who have been contacted, screened, or pre-screened for the study.</td>
<td>Part 8.3.20</td>
</tr>
<tr>
<td>4. Enrollment log: Captures all subjects who have signed an IRB approved consent form or, with IRB approval, have given verbal consent or had informed consent waived.</td>
<td>CIH GCP Part 8.3.22</td>
</tr>
<tr>
<td>5. All IRB correspondence including submissions, approvals, and written correspondence</td>
<td>ICH GCP Part 8.2.11, Part 8.2.7 8.3.1, 8.3.2, 8.3.3, Part 8.3.19</td>
</tr>
<tr>
<td>6. Staff Signature/Delegation of Responsibility Log: Documents the signature and initials of all staff that collects and record study data, and lists the study-related procedures each has been delegated by the Principal Investigator.</td>
<td>ICH GCP Part 5.7, &amp; Part 4.1.5, Part 8.3.24</td>
</tr>
<tr>
<td>7. Monitoring Log: Documents any study-related activity performed to monitor study progress or the accuracy and completeness of study records.</td>
<td>8.2.19-20, 8.3.10, 8.4.5</td>
</tr>
<tr>
<td>8. Adverse Event log: Documents all adverse events that may be reported to the IRB, sponsor, and/or regulatory groups, indicating their seriousness, expectedness, and relationship to the study.</td>
<td>ICH GCP4.11, 4.11.3, 8.3.16-18</td>
</tr>
<tr>
<td>9. Original copies of all IRB approved versions of Informed Consent documents (original through current)</td>
<td>ICH GCP 8.2.3, 8.3.2, 8.3.12 45 CFR 46, 21 CFR 50, 21 CFR 56</td>
</tr>
<tr>
<td>10. Investigatory Brochure/ Device Manual / Package Insert (most recent version)</td>
<td>ICH GCP Part 8.2.1, 8.3.1</td>
</tr>
<tr>
<td>11. Laboratory certification (e.g., CLIA, CAP) and normal laboratory/reference values, the lab director’s CV. These materials document the competency of all lab facilities being used in the study and support the reliability of test results.</td>
<td>ICH GCP Part 8.2.11, 8.2.12, 8.3.6-7, 8.3.25</td>
</tr>
<tr>
<td>12. Drug or device accountability records including dispensing log, shipping and receiving records (if applicable). Note: May be maintained by Investigational Drug Services.</td>
<td>21 CFR Part 312  21 CFR Part 812  ICH GCP Part 8.3.14, 8.3.15, and 4.9.3</td>
</tr>
<tr>
<td>13. Blank set of Case Report Forms / data collection sheets / IRB-approved questionnaires;</td>
<td>21 CFR 312  ICH GCP Part 8.3.14, 8.3.15, and 4.9.3</td>
</tr>
<tr>
<td>14. FDA required forms (1571 and / or 1572, Financial Disclosure FDA 3455, investigator agreement) and correspondence (if applicable)</td>
<td>21 CFR 312.23 and 312.53, 21 CFR 54, ICH GCP Part 4.1</td>
</tr>
<tr>
<td>15. NIH / Sponsor correspondence</td>
<td>ICH GCP 8.3.11</td>
</tr>
<tr>
<td>16. NIH grant applications (if applicable)</td>
<td>ICH GCP 8.3.10, 5.19.3</td>
</tr>
<tr>
<td>17. Data and Safety Monitoring Board Reports (if applicable)</td>
<td>ICH GCP 8.3.10, 5.19.3</td>
</tr>
<tr>
<td>18. IRB or IEC Committee Composition/ Roster</td>
<td>ICH GCP 8.3.10, 5.19.3</td>
</tr>
</tbody>
</table>
In addition the following should also be maintained:

- Training records
- Samples tracking
- Randomization/blinding plans
- Final study report

FDA Requirements

- 21 CFR Part 50 — Protection of Human Subjects and Informed Consent
- 21 CFR Part 54 — Financial Disclosure by Clinical Investigators
- 21 CFR Part 56 — Institutional Review Boards
- 21 CFR Part 312 — Investigational New Drug Application
- 21 CFR Part 314 — Applications for FDA Approval to Market a New Drug
- 21 CFR Part 812 — Investigational Device Exemptions
- 21 CFR Part 814 — Pre-market Approval of Medical Devices
- 21 CFR Part 11 — Electronic Records; Electronic Signatures