

Essential Documents Recordkeeping Requirements

Document	Requirement / Purpose	Suggested File Location	Reference
Assent Form	<p>Assent of children and permission of parents or legal guardians as determined by the IRB/IEC is required as per the provisions of 45CFR46.</p> <ul style="list-style-type: none"> • State law where the research is taking place defines the age of a minor and requirements for emancipation. • Local IRB/IEC determine the age for obtaining assent. • The requirement for assent of children and/or permission of their parents or legal guardians may be waived by the IRB/IEC as long as the criteria for waiving consent in the regulations (45CFR46) are met. • Keep on file all versions submitted and approved by site's IRB/IEC. 	<ul style="list-style-type: none"> • Central file • Protocol file • Subject's research record 	<ul style="list-style-type: none"> • 45CFR46, Subpart D • 21CFR50 • 21CFR56 • FDA Information Sheets, Guidance for IRBs and Investigators 1998 Update, FAQ Nos. 47 and 48; and Page 5
Assurance Number	<p>The Institution is responsible for obtaining and maintaining a current Health & Human Services (HHS) Assurance through the Office for Human Research Protections (OHRP).</p> <ul style="list-style-type: none"> • The principal investigator (PI) is responsible for ensuring that a current Assurance is in effect while conducting research on human subjects in HHS funded studies. • All performance sites: <ul style="list-style-type: none"> ➢ Main site ➢ All affiliated sites that meet the OHRP requirements for having an Assurance. • Must be renewed prior to expiration. • Keep on file the Assurance number and expiration date. 	<ul style="list-style-type: none"> • Central file <p>Note: A copy of the actual Assurance document must be on file with the Institution and/or IRB/IEC.</p>	<ul style="list-style-type: none"> • 45CFR46 • OHRP Procedures for Registering IRBs and Filing Federal wide Assurances of Protection for Human Subjects (FWA)
Case Report Forms	<ol style="list-style-type: none"> 1. Dated, completed case report forms (CRFs): <ul style="list-style-type: none"> • To document that the investigator or authorized member of the investigator's staff confirms the observations recorded. • To document all changes/ additions or corrections made to CRFs after initial data were recorded. • Signed if required by Site SOPs or if used as source documentation. 2. Originals retained by sponsor after study completion and/or site closure. 3. Site retains copy. Refer to the DAIDS Source Documentation SOP for CRFs used as source documentation. 	<ul style="list-style-type: none"> • Protocol file • Subject's research record • Data file 	<ul style="list-style-type: none"> • 21CFR312 • FDA Guidance: E6 Good Clinical Practice (GCP), Sections 1.11, 4.9, 5.5, 5.23, 8.3.14, 8.3.15 • DAIDS SOP: Storage of CRFs and Pharmacy Records • DAIDS CRF Destruction List • DAIDS SOP: Source Documentation

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Communications	<ol style="list-style-type: none"> All relevant communications, other than site visits, to document any agreements or significant discussions regarding trial administration, protocol violations, trial conduct, adverse event (AE) reporting, etc. For example: <ul style="list-style-type: none"> Letters Meeting notes Notes of telephone calls Email messages Includes communications to and from the Sponsor and/or the protocol team. Communications about a specific subject must be filed with source documents in the subject's research record. Save electronic media, originals, and/or certified copies. 	<ul style="list-style-type: none"> Protocol file 	<ul style="list-style-type: none"> FDA Guidance: E6 GCP, Sections 4.4, 4.9, 8.3.11
Curriculum Vitae (CV)	<ol style="list-style-type: none"> The site must have on file CVs and/or other relevant documents evidencing qualifications and eligibility to conduct the trial and/or provide medical supervision of subjects. Includes the following key personnel: <ul style="list-style-type: none"> Principal investigator (i.e., individual responsible for the grant/contract at the site). Investigator responsible for day-to-day activities of the site. For IND studies: <ul style="list-style-type: none"> Investigator of Record (IOR) All other investigators/subinvestigators and any other clinicians listed on a Form FDA 1572, Box # 6. For non-IND studies, all other investigators/subinvestigators and any other clinicians listed on an authorized prescribers list. Study coordinator Pharmacist of record Update to reflect significant changes: <ul style="list-style-type: none"> Affiliation Education Responsibilities Refer to the DAIDS Protocol Registration Policy and Procedure Manual for additional requirements (e.g., CV content). 	<ul style="list-style-type: none"> Central file Protocol file 	<ul style="list-style-type: none"> 21CFR312 FDA Guidance: E6 GCP, Sections 4.1, 4.3, 5.6, 8.2.10, 8.3.5 DAIDS Protocol Registration Policy and Procedure Manual
DAIDS Protocol Registration Approval	<ol style="list-style-type: none"> Email notification from the Protocol Registration Office (PRO) indicating approval for: <ul style="list-style-type: none"> Initial protocol version Amendments Refer to the DAIDS Protocol Registration Policy and Procedure Manual for additional information 	<ul style="list-style-type: none"> Protocol File 	<ul style="list-style-type: none"> DAIDS Protocol Registration Policy and Procedure Manual
Final / Close-Out Monitoring Report	<ol style="list-style-type: none"> A close-out report by the monitor to document that all activities required for site close-out are completed and essential documents are in the appropriate files. Includes the following: <ul style="list-style-type: none"> Disposition of subjects Location of research records Disposition of specimens 	<ul style="list-style-type: none"> Central file 	<ul style="list-style-type: none"> 21CFR312 FDA Guidance: E6 GCP, Sections 4.13, 8.4.5

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	<ul style="list-style-type: none"> • Disposition of study drug • IRB/IEC notification <p>2. Applies only to sites being closed (i.e., no longer enrolling new subjects or following any subjects on-study).</p>		
Final Study Report	<p>Final report by the investigator to the IRB/IEC, and where applicable, to the regulatory authorities to document completion of the trial. Include the following information:</p> <ul style="list-style-type: none"> • Disposition of subjects • Location of research records • Disposition of specimens • Disposition of study drug • Other information as required by the institution or local IRB/IEC (e.g., number of patients screened, number enrolled, serious adverse experiences, etc.). 	<ul style="list-style-type: none"> • Central file • Protocol file 	<ul style="list-style-type: none"> • 21CFR312 • FDA Guidance: E6 GCP, Sections 4.13, 8.4.7
Financial Disclosure	<ol style="list-style-type: none"> 1. To document financial aspects of the trial and the financial agreement between the investigator / institution and the sponsor for the trial. 2. Certification or Disclosure <ul style="list-style-type: none"> • Certify that there is no financial interest, or • Disclose specific financial interests. • Must complete Forms FDA 3454 or 3455, or equivalent forms. 3. Applies to investigators and subinvestigators 4. Applies to individuals who fit any of the following criteria: <ul style="list-style-type: none"> • Sign the Form FDA 1572 (Investigator of Record) • Identified as an investigator in initial submissions or protocol amendments under an IND. • Identified as an investigator in the NDA. • For studies not conducted under an IND, the individuals whom the sponsor considers to be investigators and subinvestigators. • Individuals who actually conduct and take responsibility for an investigation. • Individuals who have the ability and opportunity to significantly impact the data <i>as determined by the site</i>. • Spouses and dependent children of individuals indicated above. 5. Local institution, IRB/IEC and/or Site SOPs may have additional requirements. 	<ul style="list-style-type: none"> • Central file • Protocol file 	<ul style="list-style-type: none"> • 21CFR54 • 42CFR50, Subpart F • 21CFR312 • FDA Guidance: E6 GCP, Section 8.2.4 • FDA Guidance: Financial Disclosure by Clinical Investigators • NIH Notice OD-00-040
Form FDA 1572 or DAIDS IOR AGREEMENT	<ol style="list-style-type: none"> 1. Form FDA 1572 is required for each initial protocol registration submission of a new protocol with an IND. 2. The Investigator listed in box 1 of the 1572 is the individual who must sign and date the form. This individual is referred to as the Investigator of Record (IOR). 3. Only laboratories not specified in the protocol need to be listed in Section 4. 4. Section 6 must list any individual: <ul style="list-style-type: none"> • Responsible for the medical management of subjects. • Authorized to prescribe study medication. • This may include, but is not limited to, the following: <ul style="list-style-type: none"> ➢ MDs 	<ul style="list-style-type: none"> • Central file • Protocol file 	<ul style="list-style-type: none"> • 21CFR312 • FDA Guidance: E6 GCP, Sections 4.1, 4.3 • DAIDS Protocol Registration Policy and Procedure Manual

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	<ul style="list-style-type: none"> ➤ Pharmacists ➤ Nurse Practitioner ➤ Physician's Assistant ➤ Study Coordinator <ul style="list-style-type: none"> • If there are no individuals that need to be listed, then record "NONE". <ol style="list-style-type: none"> 5. Update as study personnel and/or other data on the form changes. Updated forms must be signed and dated by the IOR. 6. The original version and any updated forms must be submitted to RCC for submission to the FDA. 7. A copy of the forms must be kept on file at the site. <p>Or</p> <ol style="list-style-type: none"> 8. DAIDS IOR Form is required for each initial protocol registration submission of a new protocol without an IND. This forms seeks similar information. See instructions for form completion at DAIDS Protocol Registration Policy and Procedure Manual 		
Information Given to Trial Subject	<ol style="list-style-type: none"> 1. To document that subjects will be given appropriate written information (content and wording) to support their ability to give fully informed consent. 2. To document that recruitment measures are appropriate and not coercive. 3. Include the following: <ul style="list-style-type: none"> • Informed consent form • All applicable translations • Advertisement for subject recruitment (if used) • Education materials (protocol specific) • Any other written information 	<ul style="list-style-type: none"> • Central file • Protocol file 	<ul style="list-style-type: none"> • 45CFR46 • 21CFR50 • 21CFR56 • FDA Guidance: E6 GCP, Sections 4.8, 8.2.3
Informed Consent Form	<ol style="list-style-type: none"> 1. Written informed consent form to document that consent is: <ul style="list-style-type: none"> • Obtained in accordance with regulations, GCP, and protocol. • Dated prior to participation of each subject in trial. • Provided for direct access to records. 2. Non-English speaking subjects must be consented in a language they can understand. <ul style="list-style-type: none"> • Save all written translations. 3. Consents obtained for screening purposes must be retained even if the subject was not enrolled in the protocol. 4. To document revisions of these trial-related documents that take effect during trial, save all versions submitted and approved by site's IRB/IEC: <ul style="list-style-type: none"> • Informed consent form. • Any other written information provided to subjects. 5. Continual reviews are at the directive of the site's IRB/IEC. 6. Changes in consent forms due to protocol amendments and important safety information are at the directive of the site's IRB/IEC and/or DAIDS. 	<ul style="list-style-type: none"> • Central file • Protocol file • Subject's research record 	<ul style="list-style-type: none"> • 45CFR46 • 21CFR50 • 21CFR56 • 21CFR312 • FDA Guidance: E6 GCP, Sections 1.28, 4.8, 8.3.12, 8.2.3, 8.3.2 • OHRP Informed Consent Guidance Information
Investigator's Brochures (IBs)	<ol style="list-style-type: none"> 1. To document that relevant and current scientific information about the investigational drug/agent has been provided to 	<ul style="list-style-type: none"> • Central file 	<ul style="list-style-type: none"> • 21CFR312

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	<p>the investigator.</p> <ol style="list-style-type: none"> 2. Include updates to document that investigator is informed in a timely manner of relevant information as it becomes available. 3. Keep on file a copy for EACH of the study drugs/agents used within the protocol. 4. Include the following: <ul style="list-style-type: none"> • Only the most recent version. <ul style="list-style-type: none"> ➢ All obsolete versions must be removed. ➢ Obsolete IBs must be shredded since they may contain proprietary information. ➢ Shared upon removal from file, or, upon trial completion. • Addendum to IBs (e.g., all IND safety reports related to the drug/agent). 	<ul style="list-style-type: none"> • Protocol file 	<ul style="list-style-type: none"> • FDA Guidance: E6 GCP, Sections 1.36, 5.12, 7, 8.2.1, 8.3.1
<p>Institutional Biosafety Committee</p>	<p>Required if institutions conducting NIH funded research that involves any recombinant DNA</p> <ol style="list-style-type: none"> 1. Copies of all materials submitted to the IBC 2. Dated proof of submission and IBC approval of protocol submitted to IBC. 3. Relevant IBC decisions regarding containment level, contingency plans for handling accidental spills and personnel contamination resulting from recombinant DNA research. 	<ul style="list-style-type: none"> • Protocol file 	<ul style="list-style-type: none"> • NIH Guidelines for Research Involving Recombinant DNA Molecules
<p>IRB/IEC Approvals And Correspondence</p>	<ol style="list-style-type: none"> 1. Copies of all materials submitted to the IRB/IEC, including any local committees as required by the IRB/IEC, for example but not limited to: <ul style="list-style-type: none"> • Clinical Research Center Committee • Radiation Safety Committee • Maternal Fetal Committee • Other Hospital Committees per local site IRB/IEC requirements 2. Dated proof of submission and IRB/IEC approval of the following for both initial submissions and revisions (if any). Revised documents must be labeled (e.g., date and/or version number) to differentiate them from previous versions. <ul style="list-style-type: none"> • Advertisements – to document that recruitment measures are appropriate and not coercive. • Continuing/interim review of trial in accordance with 45 CFR 46.109(e) and local institution/IRB/IEC policy. • Informed consent form • Protocol • Protocol Amendments and/or Letters of Amendment • Protocol-specific education materials • Subject compensation • Any other documents receiving IRB/IEC approval or their favorable opinion. • Any other written information to be provided to subjects, to document that subjects will be given appropriate written information (content and wording) to support their ability to give fully informed consent. 	<ul style="list-style-type: none"> • Central file • Protocol file 	<ul style="list-style-type: none"> • 45CFR46 • 21CFR50 • 21CFR56 • 21CFR312 • FDA Guidance: E6 GCP, Sections 3, 4.4, 4.5, 4.10, 5.11, 5.17.3, 8.2.3, 8.2.7, 8.3.2, 8.3.3, 8.3.19 • OHRP IRB Guidebook

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	<ul style="list-style-type: none"> • Any other pertinent communications with IRB/IEC or documentation required by the IRB/IEC. • Clarification memos <i>if required by local IRB/IEC</i>. <p>3. Dated proof of IRB/IEC submission of the following for both initial submissions and revisions (if any). Revised documents must be labeled (e.g., date and/or version number) to differentiate them from previous versions.</p> <ul style="list-style-type: none"> • IND Safety Reports, Safety Memos, and Safety Alerts • Investigator's Brochures <p>4. Proof of IRB/IEC receipt is necessary only if required by the local IRB/IEC.</p>		
Laboratory	<p>1. To document competence of local or central laboratories to perform protocol required tests and support reliability of results of medical/laboratory/standardized procedures/tests, one of the following must be on file:</p> <p><u>Laboratories located in the United States</u></p> <ul style="list-style-type: none"> • CLIA Certification of Compliance • CLIA Certification of Accreditation AND the agency certificate (e.g., CAP Certification of Accreditation) <p><u>Laboratories located outside the United States</u></p> <ul style="list-style-type: none"> • Results of established quality control and/or external quality assessment (e.g., DAIDS VQA program) • Other validation <p>2. To document current competency, updated files when:</p> <ul style="list-style-type: none"> • Existing certification/accreditation/validation expires. • A new laboratory is added or replaces an existing laboratory. <p>3. Document normal values/ranges for medical/laboratory/standardized procedures/tests included in the protocol.</p> <ul style="list-style-type: none"> • Update when they are revised during the trial. • Does not apply to tests that do not have established normal values/ranges. <p>4. The preceding (1-3) do NOT apply to laboratories that test protocol specimens but do NOT report any subject-specific results for the diagnosis, treatment or assessment of the health of subjects.</p>	<ul style="list-style-type: none"> • Central file • Normal values/reference ranges may be filed in subject records (e.g., on lab report) 	<ul style="list-style-type: none"> • 21CFR58 • 21CFR312 • 42CFR493.3 • FDA Guidance: E6 GCP, Sections 4.2, 8.2.11, 8.2.12 8.3.6, 8.3.7
Monitoring Log	Dated signature of monitor for each study visit.	<ul style="list-style-type: none"> • Central file 	<ul style="list-style-type: none"> • 21CFR312 • FDA Guidance: Monitoring • FDA Guidance: E6 GCP, Section 5.18
Monitoring Reports	Copies of all site visit reports (hard copy or electronic) to document both the site visits and findings of the monitor.	<ul style="list-style-type: none"> • Central file 	<ul style="list-style-type: none"> • 21CFR312 • FDA Guidance: E6 GCP, Sections 1.39, 5.18, 8.3.10
Pharmacy Accountability Records	Accountability records must be kept for all study drugs/agents provided as part of the protocol.	<ul style="list-style-type: none"> • Pharmacy file 	<ul style="list-style-type: none"> • 21CFR312 • FDA Guidance: E6 GCP,

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			Sections 4.6, 5.13, 5.14, 8.2.15, 8.3.8, 8.3.23, 8.4.1
Protocol	To document investigator and sponsor agreement to the protocol, amendments and CRFs; and, to document revisions of trial-related documents that take effect during trial: <ul style="list-style-type: none"> Initial version that the site was registered to by RCC Amendments and Letters of Amendment Subsequent versions Clarification memos Case report forms 	<ul style="list-style-type: none"> Protocol file 	<ul style="list-style-type: none"> 21CFR312 FDA Guidance: E6 GCP, Sections 1.44, 1.45, 4.5, 5.23, 6, 8.2.2, 8.3.2
Protocol Training	Documentation that trial procedures were reviewed with the investigator and investigator's trial staff: <ul style="list-style-type: none"> Summary of start-up calls Training meetings 	<ul style="list-style-type: none"> Protocol file 	<ul style="list-style-type: none"> 21CFR312 FDA Guidance: E6 GCP, Sections 4.5, 5.23, 8.2.20
Record of Retained Body Fluids and/or Tissue Samples	If any blood specimens, other body fluids and/or tissue samples are retained for long-term storage at the site/institution, document location and identification of the retained samples. (e.g., A laboratory data management or tracking system.)	<ul style="list-style-type: none"> Central file Protocol file Laboratory file 	<ul style="list-style-type: none"> FDA Guidance: E6 GCP, Section 8.3.25 OHRP Guidance: Issues to Consider in the Research Use of Stored Data or Tissues
Screening and Enrollment / Randomization Logs	<ol style="list-style-type: none"> To document identification of subjects who entered pretrial screening. To document chronological enrollment of subjects by trial number Screening and enrollment/randomization logs may be separate or combined. Include the following information: <ul style="list-style-type: none"> Initials of all patients screened for each study PID if patient receives one Date screened Date randomized <ul style="list-style-type: none"> ➤ If not randomized, indicate reason 	<ul style="list-style-type: none"> Central file Protocol file 	<ul style="list-style-type: none"> 21CFR312 FDA Guidance: E6 GCP, Sections 8.3.20, 8.3.22
Subject Identification Code List	<ol style="list-style-type: none"> To document that the investigator keeps a confidential list of names of all subjects allocated to trial numbers upon enrolling in the trial. Allows investigator/institution to permit identification of all subjects enrolled in the trial in case follow-up is required. List needs to be kept in a confidential manner. 	<ul style="list-style-type: none"> Central file Protocol file 	<ul style="list-style-type: none"> FDA Guidance: E6 GCP, Sections 1.58, 8.3.21, 8.4.3
Expedited Adverse Event (EAE)/Serious	<ol style="list-style-type: none"> Notification by originating investigator to sponsor of serious/expedited adverse events, related reports, and other safety information. 	<ul style="list-style-type: none"> Central file Protocol file 	<ul style="list-style-type: none"> 45CFR46 21CFR50 21CFR56

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Adverse Events (SAE) and Safety Reports	2. Notification by sponsor to investigators of safety information. 3. Where applicable, notification by sponsor or investigator to regulatory authorities and IRB/IEC: <ul style="list-style-type: none"> • Unexpected serious adverse drug reactions • Other safety information 		<ul style="list-style-type: none"> • 21CFR312 • FDA Guidance: E6 GCP, Sections 1.1, 1.2, 1.50, 1.60, 4.11, 5.16, 5.17, 8.3.16, 8.3.17, 8.3.18 • DAIDS SAE Reporting Manual • Manual for Expedited Reporting of Adverse Events to DAIDS
Signature Key/Log	1. To document the signatures of individuals using initials in place of a full signature to sign CRFs and source documents. 2. To document the signatures and initials of all persons authorized to make entries and/or corrections on CRFs. Include all site staff working on a study, such as: <ul style="list-style-type: none"> • Clinicians • Physicians • Pharmacists • Data personnel • Any other individuals authorized to make entries and/or corrections on CRFs. 3. Key/log must include: <ul style="list-style-type: none"> • Initials • Printed Signature • Legal Signature, including first and last name • Credentials (if appropriate) 	<ul style="list-style-type: none"> • Central file • Protocol file 	<ul style="list-style-type: none"> • FDA Guidance: E6 GCP, Section 8.3.24
Signed Agreements	To document agreements between involved parties, if any. For example: <ul style="list-style-type: none"> • Investigator/institution and sponsor (e.g., grant) • Investigator/institution and affiliated sites (e.g., contracts) • Investigator/institution and authorities (where required) 	<ul style="list-style-type: none"> • Central file • Business office file 	<ul style="list-style-type: none"> • 21CFR312 • FDA Guidance: E6 GCP, Sections 4.9.6, 5.6, 8.2.6
Source Documents	1. To document the existence of the subject and substantiate integrity of trial data collected. 2. To include original documents related to the trial, medical treatment, history of subject, and subject's condition while on-study or in follow-up. 3. Electronic media, original documents or certified copies. 4. Refer to the DAIDS Source Documentation SOP for additional requirements.	<ul style="list-style-type: none"> • As per requirement of local institution. 	<ul style="list-style-type: none"> • 21CFR11 • 21CFR312 • FDA Guidance: E6 GCP, Sections 1.51, 1.52, 5.20, 8.3.13 • DAIDS Policy: Source Documentation

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Unblinding	A copy of the SOP for unblinding must be on file at the site.	<ul style="list-style-type: none">• Central file• Protocol file	<ul style="list-style-type: none">• 21CFR312 FDA Guidance: E6 GCP, Sections 1.10, 4.7, 8.2.17, 8.4.6