**PURPOSE**

The purpose of this standard operating procedure (SOP) is to define source documentation requirements and procedures for MTN-033.

**SCOPE**

This procedure applies to all MTN-033 study staff at *[Insert site name]* that conduct study visits and/or complete source documents and case report forms.

**RESPONSIBILITIES**

MTN-033 staff members who complete study visits and/or complete MTN-033 study documentation are responsible for understanding and following this SOP.

MTN-033 *[Insert responsible staff]* is responsible for training study staff to collect and manage MTN-033 study data in accordance with this SOP, and for day-to-day oversight of staff involved in data collection and management.

MTN-033 QA/QC Manager is responsible for overseeing quality control (QC) and quality assurance (QA) procedures related to this SOP.

MTN-033 Site Leader/Investigator of Record has ultimate responsibility for ensuring that all applicable study staff follows this SOP.

PROCEDURES

Source documentation for MTN-033 will be completed in accordance with the DAIDS Standard Operating Procedure (SOP) for Source Documentation. This policy can be accessed at:

<https://www.niaid.nih.gov/research/daids-clinical-site-implementation-operations>

*[Note to sites: if applicable, include here the text “Source documentation for MTN-033 also will be completed in accordance with the [list applicable national, local, or facility-specific documentation regulations and guidelines] (see Attachment x).”]*

Table A provided in Appendix 1 lists all the MTN-033 study procedures and associated source documents. Table B provided in Appendix 1 designates the MTN-033 Case Report Forms (CRFs) that will and will not be used as source documents, respectively.

Questions related to adherence to the DAIDS SOP for Source Documentation, the specifications of Appendix 1, and/or other aspects of this SOP will be directed to [*Insert responsible staff*]. Queries that cannot be resolved locally will be directed to the MTN LOC (FHI 360) Clinical Research Manager(s) and the SCHARP Clinical Data Manager(s).

Definitions:

Source data: All information in original records and certified copies of original records of clinical findings, observations, or other activities in a clinical trial necessary for the reconstruction and evaluation of the trial. Source data are contained in source documents (original records or certified copies). [Source: ICH Consolidated Guidance for Good Clinical Practice (ICH-E6)]

Source documents: Original documents, data and records (e.g., hospital records, clinical and office charts, laboratory notes, memoranda, participants’ diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies of transcriptions certified after verification as being accurate and complete, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept at the pharmacy, at the laboratories, and at medico-technical departments involved in the trial). [Source: ICH Consolidated Guidance for Good Clinical Practice (ICH-E6)]

Source documents are commonly referred to as the documents —paper-based or electronic — upon which source data are first recorded.

Certified copies: See page 11 of the DAIDS SOP for Source Documentation

**ABBREVIATIONS AND ACRONYMS**

DAIDS Division of AIDS

ICH International Conference on Harmonization

MTN Microbicide Trials Network

SCHARP Statistical Center for HIV/AIDS Research & Prevention

SOP Standard Operating Procedure

**APPENDICES**

Appendix 1 Part A, Listing of MTN-033 Procedures and Source Documents

Part B, MTN-033 CRFs and Source Documents

**REFERENCES**

ICH Consolidated Guidance for Good Clinical Practice (ICH-E6)

DAIDS SOP for Source Documentation (Version 2.0; 20 Dec 06)

FDA Guidance for Industry, Electronic Source Data in Clinical Investigations (Sep, 2013)

**REVISION HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Effective Date** | **Supersedes** | **Review Date** | Change |
| 1.0 | DD MMMYYY | N/A (initial version) | DD MMMYYY | Initial Release |

APPROVAL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Author, Author’s Title |  |  | Date: |
|  |  |  |  |  |
|  | Approver’s Name, Approver’s Title |  |  | Date: |

**Appendix 1; Part A**

**MTN-033 Source Documentation of Study Procedures**

\*\*Note that items in **bold** are required source documents for listed study procedure/evaluation.\*\*

| **Evaluation /Procedure** | **Suggested Source Document(s)** |
| --- | --- |
| ADMINISTRATIVE AND REGULATORY | |
| Obtain Informed consent(s) | **Signed and Dated Informed Consent form** Informed Consent Coversheet (or chart note) |
| Assess informed consent comprehension | Informed Consent Comprehension Assessment tool |
| Confirm participant willingness to participate in study | Chart Notes or other site-specific tool |
| Assign a unique Participant Identification (PTID) number | **MTN-033 PTID-Name Linkage Log (PTID assigned within Medidata Rave)** |
| Assign a unique CASI Identification (ID) number | **MTN-033 CASI ID-PTID List** |
| Collect/review/update locator information | Site locator documents (collect/update) Visit checklist (review) |
| Obtain demographic information | **Demographics CRF** |
| Assess and/or confirm eligibility | **Screening Behavioral Eligibility Worksheet**  **Enrollment Behavioral Eligibility Worksheet**  Inclusion/Exclusion Criteria CRF  **Eligibility Checklist** (signatures) |
| Randomization | **Randomization CRF** |
| Reimbursement | Visit checklist, site-specific reimbursement log, and/or chart note |
| Schedule next visit | Visit checklist (and/or chart notes) |
| BEHAVIORAL | |
| HIV pre- and post- test counseling | Chart note and/or site-specific counseling worksheet |
| HIV/STI risk reduction counseling | Chart note and/or site-specific counseling worksheet |
| Protocol counseling | Chart note and/or site-specific counseling worksheet |
| Behavioral assessment (CASI/IDI interview) | **CASI Baseline and Follow-up Questionnaires**  CASI completion documented on: CASI Tracking CRF  IDI completion documented on: CASI Tracking CRF  Visit Checklist |
| Social harms assessment | Visit checklist (assessment)  Chart note (source for actual event) |
| CLINICAL | |
| Medical history, including pre-existing/baseline conditions | Baseline Medical History Log CRF (all baseline conditions including clinical evaluations and participant reported medical history will be summarized here)  Adverse Event Log CRF (all follow-up conditions including abnormal findings from clinical evaluations will be documented here)  Chart notes and/or Baseline Medical History Questions Form/Guide |
| Concomitant medications | Concomitant Medications Log CRF |
| Physical examination (full or targeted) | Physical Exam CRF  Vital Signs CRF |
| Rectal examinations | Anorectal Exam CRF, Genital Exam Checklist |
| Genital examination | Genital Exam CRF, Genital Exam Checklist |
| Provide available test results | Chart note and/or visit checklist |
| Record/update AEs | Adverse Event Log CRF |
| Treat or prescribe treatment for UTI/RTI/STIs or refer | Chart notes, prescription and/or referral documentation |
| LABORATORY | |
| Specimen Collection Times | LDMS Tracking Sheet or other site specific form |
| *Pharyngeal Sample* | |
| NAAT for GC/CT | Lab result report (or other required site specific form) |
| *Urine Samples* | |
| Dipstick UA | Site specific testing logs |
| Urine culture | Lab result report (or other required site specific form) |
| NAAT for GC/CT | Lab result report (or other required site specific form) |
| *Blood Sample* | |
| CBC with differential and platelets | Lab result report (or other required site specific form) |
| Chemistries (Creatinine, AST, ALT) | Lab result report (or other required site specific form) |
| Plasma archive | LDMS Tracking Sheet |
| Plasma PK | LDMS Tracking Sheet |
| Syphilis serology | Lab result report (or other required site specific form) |
| HIV-1/2 serology | Lab result report (or other required site specific form)  Site testing log/results report (rapids, Geenius confirmatory testing) |
| HBsAg | Lab result report (or other required site specific form) |
| Anti-HCV | Lab result report (or other required site specific form) |
| PT/INR | Lab result report (or other required site specific form) |
| *Anorectal Samples* | |
| HSV 1/2 detection | Lab result report (or other required site specific form) |
| Rectal fluid for PK | LDMS Tracking Sheet (or other required site specific form) |
| Rectal tissue for PK | LDMS Tracking Sheet (or other required site specific form) |
| Rectal tissue for ex vivo challenge | LDMS Tracking Sheet (or other required site specific form) |
| Rectal tissue for histology, transcriptomics and proteomics | LDMS Tracking Sheet (or other required site specific form) |
| Rectal fluid for microbiome | LDMS Tracking Sheet (or other required site specific form) |
| Rectal enema effluent for PD/PK | LDMS Tracking Sheet (or other required site specific form) |
| NAAT for GC/CT | Lab result report (or other required site specific form) |
| STUDY PRODUCT | |
| Dispensation of study product | **Study Prescriptions and Study Gel Request Slips**  Site-specific Pharmacy Study Product Accountability Record (source for dispensations from pharmacy)  **Pharmacy Dispensation CRF (pharmacy staff only)** |
| Study Product Use Instructions | Chart note, Visit Checklist |
| Provision of study-specified lubricant | Visit checklist or chart notes |
| Study Gel Usage Measurement (Coital Simulation Device Regimen Only) | **Record for Measuring Coital Simulation Device Dose** |
| Provision of coital simulation device | Visit checklist or chart notes |
| Observe dose application (Applicator Regimen Only) | **Dose Administration CRF** (for applicator visits only and NOT for Coital Simulation Device visits) or visit checklist |
| Offer study-provided condoms | Site-specific counseling worksheets, visit checklist, or chart notes |
| OTHER | |
| Protocol Deviations | Protocol Deviation Log CRF |
| A record of all contacts, and attempted contacts, with the participant | Missed Visit CRF  Site-specific contact/outreach/retention logs and/or chart notes |
| A record of all procedures performed by study staff during the study | Visit checklists, chart notes, and/or other site-specific flow sheets |
| Staff-initiated Study Discontinuations | Product Discontinuation CRF |
| A record of participant’s exit from the study | Study Discontinuation CRF  Chart notes |

**Appendix 1; Part B**

**MTN-033 CRFs and Source Documents**

|  |  |  |
| --- | --- | --- |
| **CRF Name** | **Is eCRF Source?** | **Comments**  *(Unless otherwise noted in the Comments column, the CRF is source for all form items.)* |
| Additional Study Procedures | Yes | Form is administrative only. |
| Adverse Event Summary Y/N | Yes | Form is administrative only. |
| Adverse Event Log | Mixed | Form is source for participant reported AEs. Non-CRF documents are source for Laboratory and Clinical AEs. |
| Anorectal Exam | Yes | Form may be source for all items. |
| Anorectal Specimen Storage | Mixed | Form may be source for “If not stored, specify reason.” LDMS Specimen Tracking Sheet or [site specific] form may be source for other items. |
| Baseline Medical History Log Summary Y/N | Yes | Form is administrative only. |
| Baseline Medical History Log | Yes | Baseline Medical History Questions form may supplement as source. |
| CASI Summary Y/N | Yes |  |
| CASI Tracking | Yes |  |
| Concomitant Medications Log Summary Y/N | Yes | Form is administrative only. |
| Concomitant Medications Log | Yes |  |
| Demographics | Yes | Form is source for all items as participant responses are entered directly into the form. |
| Dose Administration | Mixed | Form may be source for date/time of gel application and questions related to bowel movements and observation of gel leakage. Record for Measuring Coital Simulation Device Dose is source for estimated amount of gel inserted. |
| Enrollment | Mixed | Form is source for PK/PD sequence/time assignments (assigned from Medidata Balance) and may be source for item “Is this a replacement participant?”. Consent form is source for consent form date and long-term storage. Participant Replacement Assessment CRF may be source for PTID of participant being replaced. |
| Follow-up Visit Summary Y/N | Yes | Form is administrative only. |
| Follow-up Visit Summary | Mixed | Form is source for Visit date. All other items should be completed based on source data recorded on source documents. |
| Genital Exam | Yes | Form may be source for all items. |
| Hematology | Mixed | Form may be source for all non-lab value items (e.g. severity grade, etc.). Local lab source document (report) is source for lab values. |
| HIV Tests Results | No | Local lab source document (report or testing log) is source . |
| HIV Confirmatory Test Results | Mixed | Form may be source for final HIV status. Local lab source document (report or testing log) is source for other items. |
| Inclusion/Exclusion Criteria | No | Screening Behavioral Eligibility Worksheet, Enrollment Behavioral Eligibility Worksheet, Eligibility checklist and/or Screening and Enrollment Log is source for all items. |
| Interim Visit Summary | Yes | Form is administrative only. |
| Local Laboratory Results | No | Local lab report is source for all items. |
| Missed Visit | Yes |  |
| Participant Replacement Assessment | Yes |  |
| Pharmacy Dispensation | No | Pharmacy dispensing records and randomization information from Medidata Balance are source. |
| Physical Exam | Yes |  |
| Product Discontinuation | Yes | Form may be source for reason for study product use discontinuation |
| Protocol Deviations Summary Y/N | Yes | Form is administrative only. |
| Protocol Deviation Log | Yes | Form is source for all items. Supplemental information may also be recorded in the chart notes. |
| Randomization | Mixed | Form is source for “Is the participant ready to be randomized?” Medidata Balance is source for “Randomization Date and Time”. |
| Screening Date of Visit | Yes |  |
| Specimen Storage | No | Form may be source for “If not stored, specify reason”. LDMS Specimen Tracking Sheet or [site specific] form may be source for other items. |
| STI Test Results | No | Local lab report is source for all items. |
| Study Discontinuation | Yes |  |
| Timed Anorectal Specimen Storage | Mixed | Form may be source for “If not stored, specify reason”. LDMS Specimen Tracking Sheet or local lab form may be source for other items. |
| Vital Signs | Yes |  |

*\*In cases where it is specified that initial form completion will be done using an eCRF, but the eCRF cannot be accessed due to temporary internet outage, off-site visits or other unforeseen circumstances, paper CRF completion is acceptable as a temporary solution until eCRF access can be restored. Data from these paper CRFs should be entered into Medidata Rave once database access is restored.*

| Appendix 1, Part C:MTN-033 Site-Specific Forms Used as Source Documents | | |
| --- | --- | --- |
| Form Name | **Is Form Source?** | Comments |
| Baseline Medical History Questions | No | Form may be used as a guide as data is recorded directly on Baseline Medical History Log CRF. |
| Eligibility Checklist | Mixed | Form is source for signature items. All items are based on source data recorded on other documents. |
| Behavioral Eligibility Worksheets | Yes | Form is source for all items as participant responses are entered directly into the form. |
| LDMS Specimen Tracking Sheet | Mixed | LDMS Tracking Sheet may serve as source to document which specimens were collected, at what time, and on what date. The sheet is also source for specimen weights. |
| Local Site Specific Testing Logs (HIV, Urinalysis, etc.) | Yes | Form is source for all these test results |
| Site Specific Visit and Genital Exam Checklists | Yes | Forms are source for the completed procedures |
| Counseling Checklists (HIV Pre/Post Test and Risk Reduction Counseling worksheet) | Yes | Worksheets and/or chart notes may serveas source for protocol specified counseling |
| Clinic Instructions and Record for Measuring Coital Simulation Device Dose | Yes | Form is source for estimated amount of gel inserted. |