

**SOP-06: Essential Document Management and Retention**

# Objective

To ensure that the Principal Investigator (PI) and all research team members assisting in the conduct of clinical research are informed about their obligations and responsibilities as they pertain to Good Clinical Practices (GCP), the investigational plan, applicable regulations, guidances, and institutional policies. This Standard Operating Procedure (SOP) applies to the written procedures followed by all members of a clinical research team involved in the conduct of human subjects’ research at The Ohio State University Wexner Medical Center (OSUWMC), hereafter called the investigational site. These detailed instructions promote compliance in conducting clinical research.

**SOP-06** describes the process for creating and maintaining study regulatory files, subject records, and record retention which are periodically reviewed by the sponsor and may be requested by the FDA or other regulatory authorities. Attachment templates include:

**A: Essential Document Checklist, B: Regulatory Documents Checklist, C: IRB Submission Checklist, D: Study Termination Checklist**

# Responsibility

The College of Medicine Center for Clinical Research Management (COM-CCRM) develops, implements, and maintains SOPs. The need to write a new or revise an existing SOP is based upon changes to federal regulations, guidelines, institutional policies, or procedures. These documents will be provided to departments and research teams conducting human subjects’ research. Departments or research teams may develop additional research SOPs or a Research Procedure Addendum (RPA) to expand on an existing SOP, however this need should be limited.

The PI is ultimately accountable for all clinical research activities and is responsible for the appropriate delegation of tasks to individuals with adequate training and education to perform such tasks. It is the responsibility of all members of the clinical research team involved in supervising, managing, or conducting study-related activities to follow the SOPs. The clinical research team may include but is not limited to the following members:

**Research Team Members**

|  |  |
| --- | --- |
| Principal Investigator (PI) | Clinical Research Coordinator (CRC) |
| Sub-Investigator or Co-I (Sub-I or Co-I) | Clinical Research Assistant (CRA) |
| Clinical Research Manager (CRM) | Other Research Staff as appropriate |
| Clinical Research Specialist (CRS) | Administrative and Support Staff |

# Definitions

Please refer to the SOP Glossary document for detailed definitions of commonly used clinical research terminology.

# Procedures

# Prior to Clinical Research Implementation

# 

The PI or delegated research team members will create and maintain study regulatory files for each clinical research study that will contain required, original, and revised essential documents *(See Attachment A: Essential Document Checklist* and *Attachment B: Regulatory Documents Checklist).*

All study-related essential regulatory and subject case history documents will be kept confidential and stored in a secure and limited access location, meeting institutional privacy and security policy expectations. Upon request of the monitor, auditor, IRB, sponsor or regulatory authority, the PI and delegated research team members will make all essential documents available for review.

The PI or delegated research team members will provide the IRB with a complete IRB application, a current copy of the protocol, investigator brochure, investigator manual, consent/assent forms, HIPAA authorization form, Investigational New Drug Application (IND) or Investigational Device Exemption (IDE) FDA information, data collection forms, recruitment materials and any additional required documentation for review *(See Attachment C: IRB Submission Checklist)*.

The PI is responsible for determining if their study is an Applicable Clinical Trial (ACT) based on criteria for ClinicalTrials.gov (e.g., study design, funding source or publication requirements). If the study is determined to be an ACT, the PI is also responsible for both registration and maintenance of the posted record.

The investigational site will receive written and dated approval from the IRB and other regulatory bodies, if required, for the protocol, Informed Consent Form, HIPAA authorization, subject recruitment procedures (e.g., advertisements), and any other information to be provided to subjects prior to implementing any study activities.

# During the Conduct of the Research Study

# 

The PI or delegated research team members will create and maintain study specific subject files for each consented clinical research subject. These files will contain required original essential documents such as source documents used for case report form data elements, original signed Informed Consent Forms (ICF) and HIPAA authorization forms, protocol deviations, adverse events (AE), Case Report Forms (CRF) and Serious Adverse Event (SAE) reports *(See Attachment A: Essential Document Checklist)*.

During the conduct of the study the PI and delegated research team members will provide to the IRB all documents subject to review, such as:

* Amendments to the protocol, Informed Consent Form, Investigator’s Brochure, or other approved materials
* Addition/removal of Sub-Investigators and key personnel
* Continuing Review documents
* Subject safety information
* IND safety reports, protocol deviations, Data Safety Monitoring Committee (DSMC) reports (if required)
* Adverse Events and Serious Adverse Events

The PI or delegated research team member will submit written summaries of the study’s status to the IRB of record as part of the renewal process, which will occur at least annually. Under specific conditions, IRB-approved research may undergo annual continuing review via expedited or administrative review. In some cases, a brief annual status report can be submitted for administrative review.

The PI or delegated research study team member will also promptly provide written reports to the sponsor and IRB where required by the applicable regulatory requirements, on any changes significantly affecting the conduct of the study and/or increasing the risk to subjects. This may include any changes to:

* Protocol
* Informed Consent Form
* Safety of the investigational product (including IND safety reports)

The PI or delegated research team members will ensure that the study regulatory files are organized, complete and accurate. Any additional documentation created or received over the course of the study will be filed appropriately. All original documents will be maintained and revised documents will be added to the study regulatory file *(See Attachment B: Regulatory Documents Checklist).*

The investigator should maintain adequate and accurate source documents and trial records that include all pertinent observations on each of the site’s trial subjects. Source data should meet ALCOA + CCEA criteria:

* Attributable
* Legible
* Contemporaneous
* Original
* Accurate
* Complete
* Consistent
* Enduring
* Available

Changes to source documentation should be traceable, should not obscure the original entry, and should be explained if necessary (e.g., via an audit trail). When corrections on paper are necessary, the original entry should be struck through by a single line and indicate the date, reason for correction, and the initials as found on the Delegation of Authority Log of the individual making the correction.

Corrections to closed encounters in the Electronic Medical Record (EMR) can be made by creating an addendum to the original encounter. The audit trial in the EMR will record the date and time of the correction, as well as the author.

Only Medical Information Management (MIM) can certify the medical record at OSUWMC.

# Termination (Closure) of the Study

To prepare for a study termination/close-out visit with the sponsor, the PI or delegated research team member will:

* Review all study regulatory files for accuracy and completeness.
* Resolve all outstanding sponsor queries.
* Reconcile all investigational study product accountability and shipment records.
* Evaluate requirements for data storage and prepare for a potential sponsor quality assurance review or FDA inspection *(See Attachment D: Study Termination Checklist)*.
* Update ClinicalTrials.gov status and report results (if applicable).

The PI or delegated research team member will notify the IRB of record, the Office of Responsible Research Practices (ORRP), the Research Billing Office (RBO), and the Office of Sponsored Programs (OSP) when the study has been closed. The notification to the IRB, at a minimum, will include the number of subjects enrolled, notice that all Serious Adverse Events have been reported (if required), subject withdrawals from study, and deaths on study, if any have occurred. The sponsor will also receive a copy of this report from the site. The investigational site will ensure the return or destruction of all study-related materials.

If the study is terminated prematurely or suspended for any reason, the PI or delegated research team member will promptly inform the study subjects, ensure appropriate therapy and follow-up for the subjects receiving intervention/treatment, and inform the regulatory authorities including the IRB of record and the FDA (if applicable).

If the PI terminates or suspends a study without prior agreement from the sponsor, the investigator will inform the sponsor and the IRB of record and provide a detailed written explanation of the circumstances surrounding the termination or suspension.

If the sponsor terminates or suspends a study, the PI will promptly inform the IRB of record and provide the IRB with a detailed written explanation of the termination or suspension.

If the IRB terminates or suspends its approval of a study, the PI will promptly notify the sponsor and provide the sponsor with a detailed written explanation of the termination or suspension.

Upon closure of the study the PI will provide the sponsor with all required reports, the IRB of record with a summary of the study outcome, and fulfill reporting requirements to any other regulatory authority, if applicable.

# Essential Document Retention

The OSU ORRP policy states all research-related records need to be maintained for at least 3 years after the research has ended unless longer as required by other entities (sponsor, contractual requirement, patent requirements, publication, FDA, etc.). However, the primary research data, as outlined in the research data policy, must be retained at Ohio State for a minimum of 5 years after final project close-out with the Office of Sponsored Programs.

For an FDA regulated study:

*Drugs/Biologics*: An investigator shall retain records for a period of 2 years following the date a marketing application is approved for the drug indication being investigated; or, if no application is to be filed or if the application is not approved for such indication, until 2 years after the investigation is discontinued and FDA is notified.

*Device*: An investigator or sponsor shall maintain the records for a period of 2 years after the latter of the following two dates:

1. The date on which the investigation is terminated or completed, or
2. The date that the records are no longer required for purposes of supporting a premarket approval application or a notice of completion of a product development protocol.

# Applicable Regulations, Guidances and Policies

|  |  |
| --- | --- |
| **Regulation/ Guidance/Policy** | **Title** |
| **21 CFR 11** | [Electronic Records; Electronic Signatures](https://www.ecfr.gov/cgi-bin/text-idx?SID=0b1da3973ce28fc637f5daa51ee7f969&mc=true&node=pt21.1.11&rgn=div5) |
| **21 CFR 50** | [Protection of Human Subjects](https://www.ecfr.gov/cgi-bin/text-idx?SID=993b803c9dacef4713c16b69c8f29aee&mc=true&node=pt21.1.50&rgn=div5) |
| **21 CFR 54** | [Financial Disclosure by Clinical Investigators](https://www.ecfr.gov/cgi-bin/text-idx?SID=41d74631353bab5b066ed6fd318cb0f1&mc=true&tpl=/ecfrbrowse/Title21/21cfr54_main_02.tpl) |
| **21 CFR 56** | [Institutional Review Boards](https://www.ecfr.gov/cgi-bin/text-idx?SID=993b803c9dacef4713c16b69c8f29aee&mc=true&node=pt21.1.56&rgn=div5) |
| **21 CFR 312** | [Investigational New Drug Application](https://www.ecfr.gov/cgi-bin/text-idx?SID=993b803c9dacef4713c16b69c8f29aee&mc=true&node=pt21.5.312&rgn=div5) |
| **21 CFR 812** | [Investigational Device Exemptions](https://www.ecfr.gov/cgi-bin/text-idx?SID=993b803c9dacef4713c16b69c8f29aee&mc=true&node=pt21.8.812&rgn=div5) |
| **45 CFR 46** | [Protection of Human Subjects](https://www.ecfr.gov/cgi-bin/text-idx?SID=23c0794f623fe7ca344e9151df7d131b&mc=true&tpl=/ecfrbrowse/Title45/45cfr46_main_02.tpl) |
| **45 CFR 160** | [HIPAA Privacy Rule](https://www.ecfr.gov/cgi-bin/text-idx?SID=993b803c9dacef4713c16b69c8f29aee&mc=true&node=pt45.1.160&rgn=div5) |
| **45 CFR 164 Subparts A and E** | [HIPAA Privacy Rule](https://www.ecfr.gov/cgi-bin/text-idx?SID=993b803c9dacef4713c16b69c8f29aee&mc=true&node=pt45.1.164&rgn=div5) |
| 42 CFR 50 Subpart F | [Responsibility of Promoting Objectivity in](https://www.ecfr.gov/cgi-bin/text-idx?SID=9d78375ee32dfc96ea2f6fceb2a4bae7&mc=true&node=pt42.1.50&rgn=div5#sp42.1.50.f) [Research (Research COI)](https://www.ecfr.gov/cgi-bin/text-idx?SID=9d78375ee32dfc96ea2f6fceb2a4bae7&mc=true&node=pt42.1.50&rgn=div5#sp42.1.50.f) |
| **45 CFR 94** | [Responsible Prospective Contractors](https://www.ecfr.gov/cgi-bin/text-idx?SID=acf2f6f78c68310e18d836e1d0767e35&mc=true&node=pt45.1.94&rgn=div5) |
| **ICH GCP E6(R2)** | [Guideline for Good Clinical Practice E6 Integrated Addendum](https://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R2__Step_4_2016_1109.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Additional Requirements for Clinical Research:](http://orrp.osu.edu/files/2012/02/Additional-Requirements-for-Clinical-Research-ICH-GCP.pdf) [ICH GCP](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/) |
| **OSU Office of Responsible Research Practices HRPP** | [Documentation of the Informed Consent Process](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/) |
| **OSU Office of Responsible Research Practices HRPP** | [Event Reportin](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[g](http://orrp.osu.edu/files/2011/10/Event-Reporting.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Exempt Researc](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[h](http://orrp.osu.edu/files/2011/10/Exempt-Research.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Expedited Review Procedure](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[s](http://orrp.osu.edu/files/2012/02/Expedited-Review-Procedures.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Informed Consent Process and the Elements of](http://orrp.osu.edu/files/2011/10/Informed-Consent-Process.pdf) [Informed Consent](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/) |
| **OSU Office of Responsible Research Practices HRPP** | [IRB Actions and Communication](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[s](http://orrp.osu.edu/files/2012/02/IRB-Actions-and-Communications.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [IRB Submission and Pre-Revie](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[w](http://orrp.osu.edu/files/2012/02/IRB-Submission-and-Pre-Review.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Organizational Financial Conflicts of Interes](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[t](http://orrp.osu.edu/files/2012/02/Organizational-Financial-Conflict-of-Interest.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Privacy and Confidentialit](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[y](http://orrp.osu.edu/files/2012/02/Privacy-and-Confidentiality.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Recruitment Methods, Recruitment Materials and Participant Compensation](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/) |
| **OSU Office of Responsible Research Practices HRPP** | [Research Involving Human Subject](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[s](http://orrp.osu.edu/files/2012/02/Research-Involving-Human-Subjects.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Research Involving Investigational Drug](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[s](http://orrp.osu.edu/files/2012/02/Research-Involving-Investigational-Drugs.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Research Involving Medical Device](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[s](http://orrp.osu.edu/files/2012/02/Research-Involving-Medical-Devices.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Responsibilities of Principal Investigators, Co](http://orrp.osu.edu/files/2012/02/PI-Responsibilities.pdf)-[Investigators, and Key Personnel](http://orrp.osu.edu/files/2012/02/PI-Responsibilities.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Review of Research by Convened IR](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[B](http://orrp.osu.edu/files/2012/02/Review-of-Research-by-the-Convened-IRB.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Short Form Informed Consen](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/)[t](http://orrp.osu.edu/files/2011/10/Short-Form-Informed-Consent.pdf) |
| **OSU Office of Responsible Research Practices HRPP** | [Suspension and Termination of IRB Approved](http://orrp.osu.edu/files/2012/02/Suspension-and-Termination-of-IRB-Approved-Research.pdf) [Research](http://orrp.osu.edu/irb/osuirbpolicies/hrpppolicies/) |
| **OSU Office of Research** | [Institutional Biosafety Polic](http://orc.osu.edu/files/Institutional-Biosafety.pdf)[y](http://orc.osu.edu/files/2011/01/SMC-Approved-IBC-Policy-4-2-122.pdf) |
| **OSU Office of Research** | [Research Data Policy](https://research.osu.edu/sites/default/files/2022-02/Policy-FINAL-Research-Data-20220204.pdf) |
| **OSU Office of Research Compliance** | [Conflict of Interest](http://orc.osu.edu/regulations-policies/coi/) |
| **OSU Office of Research Compliance** | [Human Gene Transfer](http://orc.osu.edu/regulations-policies/hgt/) |
| **OSU Office of the Chief Information Officer** | [Institutional Data Policy](https://ocio.osu.edu/policy/policies/idp) |
| **OSUWMC** | [Use of Patient Information by Hospitals and Medical Staff](https://policytech.osumc.edu/dotNet/documents/?docid=67782) |
| **OSUWMC** | [Patient Information & HIPAA Requirements](https://policytech.osumc.edu/dotNet/documents/?docid=73344) |
| **OSUWMC** | [Photography of Patient](https://osumc.policytech.com/dotNet/documents/?docid=82811)[s](https://policytech.osumc.edu/dotNet/documents/?docid=73350) |
| **OSUWMC** | [Information Security Polic](https://onesource.osumc.edu/departments/it/informationsecurity/_layouts/15/WopiFrame2.aspx?sourcedoc=/departments/it/informationsecurity/Documents/Policies/OSUWMC%20Information%20Security%20Policy.pdf&action=default)[y](https://policytech.osumc.edu/dotNet/documents/?docid=68695) |
| **OSUWMC Investigational Drug Service** | [IDS Policies and Procedure](https://osumc.policytech.com/dotNet/documents/?docid=89139)[s](http://www-pharmacy.osumc.edu/intranet/policy/ids_sop.pdf) |
| **FDA Guidance for Industry** | [Investigator Responsibilities- Protecting the](https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm187772.pdf)  [Rights, Safety, and Welfare of Study Subjects, October 2009](https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm187772.pdf) |
| **FDA Guidance for Industry** | [IRB Continuing Review after Clinical](https://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM294558.pdf)  [Investigation Approval, February 2012](https://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM294558.pdf) |
| **FDA Guidance for Industry** | [A Guide to Informed Consent- Information Sheet](https://www.fda.gov/RegulatoryInformation/Guidances/ucm126431.htm) |
| **FDA Guidance for Industry** | [Adverse Event Reporting to IRBs- Improving Human Subject Protection](https://www.fda.gov/media/72267/download) |
| **FDA Guidance for Industry** | [Oversight Clinical Investigations Risk-Based Approach Monitorin](https://www.fda.gov/regulatory-information/search-fda-guidance-documents/oversight-clinical-investigations-risk-based-approach-monitoring)[g](http://www.fda.gov/downloads/Drugs/.../Guidances/UCM269919.pdf) |
| **FDA Guidance for Industry** | [Frequently Asked Questions- Statement of Investigator (Form FDA 1572), May 201](https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-afda-gen/documents/document/ucm214282.pdf)[0](http://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM214282.pdf) |
| **FDA Guidance for Industry** | [Electronic Source Data in Clinical Investigations](https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm328691.pdf) |

Issued: 20-FEB-2012

Revised: 16-DEC-2013, 16-APR-2015, 30-JUN-2017, 10-SEP-2019, 12-SEP-2022