SOURCE DATA

Research & Development

Standard Operating Procedure for the Management of Source Data in West Hertfordshire Hospitals NHS Trust Sponsored Clinical Trials

SOP Number : SOP-28-06	**Effective Date:** October 2021
Version Number: v06	**Review Date:** 2 - 3 years

1.0 BACKGROUND

This document sets out the procedures to be followed by all West Hertfordshire Hospitals Trust (WHHT) staff who record data for the purpose of research.

It aims to provide clear guidance on how data collected in the course of research should be documented and how records should be stored to ensure compliance with the Trust's policies.

2.0 PURPOSE

To provide guidance for managing source data and to ensure correct and consistent recording of all clinical trial data for WHHT sponsored trials.

3.0 APPLICABLE TO

All relevant Trust employees involved with CTIMP clinical research sponsored by WHHT including, but not limited to, Unit Heads, Chief Investigators (CI), Principal Investigators (PI), Consultants, Co-investigators, Research Fellows, Clinical Trial Pharmacists, Research Managers, Statisticians, Research Nurses, Trial Coordinators, the Research & Development Steering Group (RDSG) & Data Managers.

4.0 RESPONSIBILITIES

Within the UK Clinical Trial Regulations it is a GCP requirement that the Sponsor must ensure appropriately qualified individuals are responsible for the handling and verification of data. Responsibilities regarding source data should be delegated accordingly by the CI.

During the protocol development stage the R&D Department and the RDSG will ensure that protocols define source data appropriately.

Clinicians/Research Nurses/Delegated Individuals (DI) are responsible for accurate recording of source data. Where responsibilities are shared or delegated to other members of the Research Team, this should be clearly outlined on the trial delegation log.

5.0 PROCEDURE

5.1 Source Data Collection

5.1.1 **Source Data Entry**
Source data must be clear and legible, and should be entered by trained and delegated personnel. It is important that all source data is appropriately managed and kept separately to trial documentation, such as Case Report Forms (CRFs), to prevent the breach of subject confidentiality. If data entered into CRFs is derived from source documents, this should be consistent with the source data and any discrepancies or missing information should be clearly explained.

5.1.2 **Source Data Verification (SDV)**
The process referred to as Source Data Verification (SDV) is an evaluation of the data recorded in the data collection tool against the source documents. SDV involves reviewing data entered as part of the research data, e.g. on a CRF, against data recorded in the primary source notes e.g. medical records. To ensure accuracy and reliability of data collected, source data is routinely used in SDV as part of monitoring.

5.1.3 **Protocol Requirements**
The protocol or monitoring plan for a research study should define source data, for example, certain CRFs or patient questionnaires. Appropriate quality control checks with regards to the specific types of source data should be in place to minimise error. The protocol should also specify that the investigator/institution will permit trial-related monitoring, audits, IEC review and regulatory inspections, providing direct access to source data/documents (see SOP-14).

5.2 Source Data Management

5.2.1 Source documents are considered 'essential documents'. All source data collected for a subject during a clinical trial must be archived in conjunction with the Investigator Site File (ISF) as evidence and all new relevant information should be documented as it becomes available. This permits evaluation of study conduct and quality of the data produced. It also serves to demonstrate the compliance of the CI, Sponsor, and Trial Monitor with the standards of Good Clinical Practice (GCP) and the applicable regulatory requirements.

5.2.2 **Source document location identification list (Appendix 2)**
To ensure adequate source document management and compliance with the UK Clinical Trial regulations, GCP and the study protocol, a source data identification location sheet should be completed and discussed as part of the trial initiation. The R&D Office will verify completion and maintenance of the source document location identification sheet as part of the initiation visit completion checks (see SOP-18).

5.3 Data Protection

During the process of data collection and management it is important that all source data and study related material are kept in a safe location in line with the Data Protection Act 1998. Maintaining subject confidentiality is imperative and research records should contain subject trial identifiers rather than patient names and/or hospital numbers.

Records being used during the study period such as paper CRFs should be contained in a secure location accessible only by authorised individuals. Furthermore, CRFs should not contain elements of source data which use patient identifiable information (see SOP-15). Where specific source data sheets have been designed for use in the trial, the CI/DI should ensure that these are retained separately from the CRF.

5.4 Archiving (See SOP-17)

5.4.1 **Retention times for essential documents**
All essential documents in relation to the clinical trial must be archived according to the UK Clinical Trial Regulations. In addition, the protocol should state the need for record retention and the investigator should inform the investigators/institutions at other sites in writing when the trial records are no longer needed (see SOP-14).

For trials that are not intended to support Marketing Authorisation Applications (or variations) to the Competent Authority, the Sponsor and the CI shall ensure that the documents contained, or which have been contained, in the Trial Master File (TMF) are retained for 5 years after the conclusion of the trial. In addition, the Sponsor and the CI shall ensure that the paper medical records of trial participants are retained for at least 5 years after the conclusion of the trial.

For trials intended to support Marketing Authorisation Applications (or variations) to the Competent Authority, the Marketing Authorisation Holders must arrange for essential clinical trial documents (including CRFs) other than participant's medical files, to be kept by the owners of the data:

- for at least 15 years after completion or discontinuation of the trial,
- or for at least 2 years after the granting of the last marketing authorisation in the European Community and when there are no pending or contemplated marketing applications in the European Community,
- or for at least 2 years after formal discontinuation of clinical development of the investigational product.

In addition, the protocol should state the need for record retention and the investigator should inform the investigators/institutions at other sites in writing when the trial records are no longer needed.

6.0 RELATED DOCUMENTS

- SOP-14 - Writing Research Protocols
- SOP-15 - CRF & Data Management (Sponsored)
- SOP-17 - Archiving
- SOP-18- Initiation

7.0 APPENDICES

Appendix 1 - Definitions
Appendix 2 - Source Document Location Identification List

8.0 VERSION HISTORY

Revision Chronology:		
Version Number	**Effective Date**	**Reason for Change**
SOP-28-06	**October 2021**	1. Change from general Standard Operating Procedures

		(gSOP) to SOP 2. Removal of the '10.0 Agreement' from the template - all agreement signatures will be collated on a new 'SOP Signature Sheet Document' 3. Other minor amendments and clarification of terms following review
gSOP-28-05	**October 2017**	Minor amendments following review
gSOP-28-04	**01/10/2015**	Minor amendments following review
gSOP-28-03	**22/05/2014**	Minor amendments following review
gSOP-28-02		SOP modified for implementation at ENHT/WHHT
gSOP-28-01 (MVCC)		SOP modified for implementation at MVCC

9.0 AUTHORSHIP & APPROVAL

Author

Signature  **Date** 28/10/2021

R & D Steering Group Approval

Signature  **Date** 28/10/2021

Appendix 1: Definitions

Case Report Form (CRF)
A printed, optical, or electronic document designed to record all of the protocol required information to be reported to the sponsor on each trial subject.

Chief Investigator (CI)
The investigator with overall responsibility for the research. In a multi-site study, the CI has co-ordinating responsibility for research at all sites. All applications for ethical review should be submitted by the CI. For Trust sponsored trials, the CI had been delegated the pharmacovigilance responsibility for identification, recording and reporting of safety events, including submission of Development Safety Update Reports (DSURs) to the MHRA and REC.

Clinical Trial
A clinical study in which participants are assigned to receive one or more interventions (or no intervention) so that researchers can evaluate the effects of the interventions on biomedical or health-related outcomes. The assignments are determined by the study protocol. Participants may receive diagnostic, therapeutic, or other types of interventions. A Study Type.

Clinical Trial of Investigational Medicinal Product (CTIMP)
A clinical trial that is within the scope of the UK Medicines for Human Use (Clinical Trials) Regulations 2004. An investigation in human subjects, other than a non-interventional trial, intended: a) to discover or verify the clinical, pharmacological and/or other pharmacodynamic effects of one or more medicinal products, b) to identify any adverse reactions, or c) to study absorption, distribution, metabolism and excretion, with the object of ascertaining the safety and/or efficacy of those products.

Delegated Individual (DI)
An individual delegated by a person of responsibility to carry out their task(s).

Good Clinical Practice (GCP)
Good Clinical Practice is a set of internationally recognised ethical and scientific quality requirements which must be observed for designing, conducting, recording and reporting clinical trials that involve the participation of human subjects.

Investigator Site File (ISF)
The Investigator Site File contains all essential documents held by Principal Investigator(s) conducting a trial which individually and collectively permit the evaluation of the conduct of a trial and the quality of the data produced.

Monitoring
The act of overseeing the progress of a clinical trial, and of ensuring that it is conducted and recorded in accordance with the protocol, Standard Operating Guidelines (SOP's), Good Clinical Practice (GCP) and the applicable regulatory requirement(s).

Monitoring Plan
The agreed process for monitoring a CTIMP sponsored by WHHT as specified in the study monitoring plan determined by the risk based monitoring strategy.

Participant Information Sheet (PIS)
A document explaining all relevant study information to assist the potential subject in understanding the expectations and requirements of participation in a clinical trial.

Principal Investigator (PI)

The investigator responsible for the research site. There should be one PI for each research site. In the case of a single-site study, the chief investigator and the PI will normally be the same person.

Quality Control (QC)
The operational techniques and activities undertaken within the quality assurance system to verify that the requirements for quality of the trial-related activities have been fulfilled.

Site File
Site Files are held by the PI at sites and contain copies of the essential documents, local approvals, signed consent forms and completed data forms.

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 data may be in hard copy or electronic format.

Source Documents
Original documents, data, and records (e.g., hospital records, clinical and office charts, laboratory notes, memoranda, subjects' diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate copies, 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 clinical trial).

The Regulations
Medicines for Human Use (Clinical Trial) Regulations 2004 transposed the EU Clinical Trials Directive into UK legislation, as Statutory Instrument 2004 no 1031. This became effective on the 1st May 2004. An amendment to implement Directive 2005/28/EC was made to the Regulations as Statutory Instrument 2006 no 1928.

Trial Master File
The Trial Master File contains all essential documents held by the sponsor/Chief Investigator which individually and collectively permits the evaluation of the conduct of a trial and the quality of the data produced.

Appendix 2: Source Document Location Identification List

Source document location identification sheet			Site Name/No (if applicable)
Study Title:			
EudraCT Number:		**R&D No:**	
Chief/Principal Investigator:			

Data Item ***(Please add any trial-specific data items – e.g., subject questionnaires/diaries – as needed.)***	**Source Document & Location**	**Items marked MUST be documented in patient records**	**Please indicate items considered source for retention in CRF as stated in protocol**
Evidence of study participation (i.e., dated statement referring to above protocol confirming consent taken to participate in study, documentation of consent process and enrolment).		✓	
PIS & ICF forms		✓	
Eligibility criteria (i.e., evidence subject meets all criteria)		✓	
Demographic data		✓	
Study visit dates		✓	
Subject screening/enrolment number			
Past medical history		✓	
Vital signs / physical examination		✓	
AEs and SAEs		✓	
Concomitant medications		✓	
Laboratory reports		✓	
Study subjects' diaries or evaluation checklists		✓	
Study drug start / stop dates		✓	
Drug compliance			
Drug dispensing			
Withdrawal dates & reason		✓	

I Chief Investigator/Principal Investigator will ensure that the source data is documented as listed above

Signature _____ Date _____