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| **SOP006 Study Master File for LJMU Sponsored Clinical Research** | | |
| **Responsibility for Policy:** | *Robin Leatherbarow* |
| **Relevant to:** | *All students and staff conducting clinical research* |
| **Approved by:** |  |
| **Responsibility for Document Review:** | *Dave Harriss* |
| **Date introduced:** |  |
| **Date(s) modified:** |  |
| **Next Review Date:** |  |
| **RELEVANT DOCUMENTS** | |
|  | |
| **RELATED POLICIES & DOCUMENTS** | |

This SOP needs to be a useful resource for investigators –please contact [sponsor@ljmu.ac.uk](mailto:sponsor@ljmu.ac.uk) with any suggestions for improvements.

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# Introduction

This document significantly replicates the procedures produced by the University of Liverpool, with changes made to encompass LJMU requirements. This is to facilitate research governance procedures in collaboration with the Liverpool Health Partners.

How a clinical research study has been set-up, managed, conducted and reported should be able to be reconstructed, at any time point during the study or archiving period, from the documentation filed for that study. The file where the study documentation is maintained and retained is referred to as the Study Master File (SMF). Maintenance of the SMF is essential for Good Clinical Practice (GCP) compliance.

# Scope of Procedure

The purpose of this SOP is to describe the essential documentation that should be maintained within a SMF for LJMU sponsored clinical research. For the purpose of this SOP, any reference to clinical research does not include studies defined as Clinical Trials of an Investigational Medicinal Product (CTIMP). Once established, LJMU sponsorship of a CTIMP will follow procedures for CTIMPs published by the Liverpool Health Partners or by LJMU REG.

# Procedure

## Who

This SOP applies to all Chief Investigators (CIs), Study/Trial Co-ordinators or study team members who are involved in the set-up, conduct and management of clinical research sponsored by LJMU.

## When

A SMF should be established as soon as possible after funding is confirmed and before the first participant is recruited, and should be maintained and updated throughout the study.

## How

## Essential Documents and SMF Initiation and Maintenance

The International Conference on Harmonisation of Good Clinical Practice (ICH GCP) describes Essential Documents as:

“Essential Documents are those documents which individually and collectively permit evaluation of the conduct of a clinical trial and the quality of the data produced. These documents serve to demonstrate the compliance of the investigator, sponsor, and monitor with the standards of Good Clinical Practice and with all the applicable regulatory requirements.”

A list of essential documents required for a SMF can be found in Appendix A. Not all of the documents will be applicable but the list should be the initial point of reference when creating a SMF for LJMU sponsored clinical research.

## Essential documents should be complete, legible, accurate and unambiguous.

Research Ethics Committees (RECs) and other regulatory bodies expect that documents submitted to them be version controlled. It is good practice to ensure the accountability, traceability, and consistency of documents. Document and version control allow you to track changes to documents for study conduct, review, and oversight and provide clarity as to which is the most recent document. All controlled documents need to be dated and versioned. See example below:

Study protocol, participant information sheet and consent form

All essential documents must have a unique title / reference, version / revision number and date to distinguish one version from another. Information on verso control is included in the LJMU Standard Operating Procedure – Version Control.

## Storage

As some of the documents within a SMF will be originals and/or contain confidential data, it is important that they are retained within a secure place, with restricted access. It is recognised as best practice to store documents in LJMU within a locked cupboard within a locked room. Documents should be maintained in a legible condition, with prompt retrieval possible. It is desirable to store all sections of the SMF in the same location, however on the occasion that this is not possible the SMF contents/index must adequately identify where sections are held to ensure prompt retrieval.

The SMF should be clearly referenced on the spine (easily and uniquely identifiable) together with the number of files that constitute the SMF (for example file one of five would be File No:1/5).

Under the UK Policy Framework for Health and Social Care Research (v3.2 10th October 2017) there is no requirement for a Sponsoring organisation to retain paper Sponsor Files for Non-CTIMP studies. The creation of an electronic SMF is therefore possible. When considering an electronic SMF attention must be paid to the following areas;

* + - * Electronic files must be held on a system that provides regular back-up to reduce the risk of loss;
      * Access to electronic files must be suitably restricted to essential personnel only and must also be protected from unauthorised changes to maintain authenticity;
      * Auditor access must be available;
      * An appropriate folder system should be implemented and records/documents should be filed, named, versioned and dated appropriately;
      * Electronic files must be periodically accessed to ensure continued accessibility and if necessary processes must be employed to transfer records from near obsolete media to newer media as technology advances. Such transfers should be validated and documented to ensure the full audit trail is maintained, and it can be confirmed that there has been no loss, change or corruption.

For hybrid paper and electronic systems it must be clearly indicated within the paper part of the SMF which documents are being maintained and retained electronically, together with details of how and where to access the relevant documents. Auditor access must be available for any documents which are stored electronically, including in paper format if requested.

# Roles and Responsibilities

The function of maintenance of the SMF will be formally delegated to the CI via the Sponsorship Approval Letter. The CI may then, with appropriate documentation and records, further delegate this to an appropriate member of their study team.

LJMU REG will hold an electronic Sponsor File for the study; this will not constitute a SMF responsibility for which is delegated to the CI via the Sponsorship Approval Letter.

LJMU REG may undertake the audit of LJMU Sponsored studies SMFs as part of an annual audit plan.

# Abbreviations

**CI** Chief Investigator

**CTIMP** Clinical Trial of Investigational Medicinal Product

**GCP** Good Clinical Practice

**ICH GCP** International Conference on Harmonisation Good Clinical Practice

**LJMU** Liverpool John Moores University

**MHRA** Medicines and Healthcare products Regulatory Agency

**REC** Research Ethics Committee

**SMF** Study Master File

**SOP** Standard Operating Procedure

**REG** Research Ethics and Governance

# Associated Documents and References

To be completed

# Monitoring and Audit

Compliance with this SOP will be audited periodically as part of the LJMU REG audit plan.

# Change History

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| --- | --- | --- | --- |
| Version No. | Effective date | Significant changes | Previous version No. |
| 1.0 | See page 1 | This is the first version of this SOP | n/a |

# Appendix A

|  |  |  |
| --- | --- | --- |
| **Study Site File TABLE OF CONTENTS** | **Filed?**  **(Y/N)** | **N/A** |
| 1. Site File Index |  |  |
| 1. Contact list |  |  |
| 1. **Externally Approved Documents** |  |  |
| 1. Protocol, signed and dated by CI |  |  |
| 1. Participant Information Sheet[s] |  |  |
| 1. Informed Consent Form[s] |  |  |
| 1. Any letter / information for participant’s GP or consultant (if applicable) |  |  |
| 1. Recruitment literature / advertisement (if applicable) |  |  |
| 1. Other written information provided to participants |  |  |
| 1. Protocol Registration (if applicable) |  |  |
| 1. Peer review |  |  |
| 1. **Internal Study Documents** |  |  |
| 1. Sample Case Report forms (intervention studies only), questionnaires and diaries (if applicable) |  |  |
| 1. Working instructions / guidance notes |  |  |
| 1. Training material (if applicable) |  |  |
| 1. **Sponsorship** |  |  |
| 1. Sponsor approval and permission to proceed letters |  |  |
| 1. Division of responsibilities |  |  |
| 1. **Contracts & Agreements/Finance/Indemnity** |  |  |
| 1. Signed informed consent forms (to be kept where the project is being conducted from – e.g. in Principal Investigator’s office) |  |  |
| 1. Signed agreements between involved parties |  |  |
| 1. Insurance statement |  |  |
| 1. Grant Application and award letter(s) (if applicable) |  |  |
| 1. Funding Approval Letter / Arrangements / Funder’s grant conditions 2. or Reference to conditions(if applicable) |  |  |
| 1. Pharmacy Agreement (if applicable) |  |  |
| 1. Material Transfer Agreement (if applicable) |  |  |
| 1. Funding Agreement(s) (if applicable) |  |  |
| 1. Laboratory Service Agreement (if applicable) |  |  |
| 1. PI / CI Agreement |  |  |
| 1. Clinical Study Site Agreement (CTSA) for participating sites(if applicable) |  |  |
| 1. Agreement for supply of equipment (if applicable) |  |  |
| 1. other Agreements (if applicable) |  |  |
| 1. Correspondence |  |  |
| 1. **4.0 Research Ethics Committee (REC)** |  |  |
| 1. REC application form |  |  |
| 1. REC Approval Letter |  |  |
| 1. REC correspondence |  |  |
| 1. **Health Research Authority (HRA)** |  |  |
| 1. HRA application |  |  |
| 1. HRA approval letter |  |  |
| 1. HRA correspondence |  |  |
| 1. **NHS Trust R&D Capability and Capacity** |  |  |
| 1. Approval letter(s) or equivalent |  |  |
| 1. Correspondence |  |  |
| 1. **Regulatory** |  |  |
| 1. For Device studies, Medicines Healthcare products Regulatory Agency (MHRA) letter or Email confirmation that study is not a device trial under the Medicines for Human use (Clinical Trial) Regulations. The Device Brochure/CE marking certificate |  |  |
| 1. For Mechanistic studies, Medicines Healthcare products Regulatory 2. Agency (MHRA) letter or Email confirmation that study is not a Mechanistic 3. trial under the Medicines for Human use (Clinical Trial) Regulations |  |  |
| 1. For studies of non EC marked devices, MHRA Notice of Acceptance Letter |  |  |
| 1. Human Fertilisation and Embryology Authority (HEFA) (Human 2. embryology and fertility studies) (if applicable) |  |  |
| 1. ARSAC / IRMER certificate / approval letter (if applicable) |  |  |
| 1. Regulatory correspondence |  |  |
| 1. **Amendments** |  |  |
| 1. Amendment 1 including amendment submission, covering letters and approval letters. Approved version of new document to be filed in section 1. |  |  |
| 1. Amendment 2 (repeat as required 9.3, 9.4 etc.) |  |  |
| 1. **Study Personnel** |  |  |
| 1. Contact details (including emergency contact) |  |  |
| 1. Honorary Contracts / Research Passport / Letter of Access for non- 2. NHS staff |  |  |
| 1. Delegation of Authority and Signature Log |  |  |
| 1. Signed and dated Curriculum Vitae |  |  |
| 1. Evidence of training including protocol and GCP |  |  |
| 1. **Safety Reporting** |  |  |
| 1. Copy of completed adverse event report form (should an adverse event occur) |  |  |
| 1. Incident reports |  |  |
| 1. Complaints |  |  |
| 1. Protocol Breaches and actions |  |  |
| 1. Safety information sent to PIs, if a multi-centre study |  |  |
| 1. Procedure for randomisation and unblinding/code break (if applicable) |  |  |
| 1. Correspondence |  |  |
| 1. **Reports** |  |  |
| 1. Annual and end of study reports |  |  |
| 1. **Audit** |  |  |
| 1. Audit Reports |  |  |
| 1. Audit correspondence |  |  |
| 1. **Laboratory & Equipment Related Documents – If applicable** |  |  |
| 1. List of Study specific Labs used with contact details*(if applicable)* |  |  |
| 1. Record of retained body fluids/tissue/samples(if applicable) |  |  |
| 1. List of Study specific equipment used(if applicable) |  |  |
| 1. Copies for calibration records for technical equipment(if applicable) |  |  |
| 1. Lab technical procedure/test certification of accreditation(if applicable) |  |  |
| 1. Normal Lab reference ranges for any tests or medical procedures in the protocol(if applicable) |  |  |
| 1. **Dissemination** |  |  |
| 1. Record of how the research findings have been disseminated |  |  |
| 1. **General Correspondence** |  |  |
| 1. Correspondence |  |  |
| 1. Record of all significant telephone conversations and emails relating to the study |  |  |
| 1. **Archiving** |  |  |
| 1. Archiving arrangements and logs |  |  |
| 1. **Miscellaneous** |  |  |
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