Clinical Research Shared Service Standard Operating Procedure

SOP 115-ADM Retention of Regulatory Files and Subject Records

Approval signature: ______________________
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Approval date: 1.14.09

Original approval date: 12/02/03
Revision date: 03/15/05, 12/17/08
Next review date: 12/2011

Purpose:
Federal regulations require documentation of all study-related activities. The regulatory files and subject records, which are periodically reviewed by the study sponsor and, on request by the FDA, serve as the site's record of compliance with good clinical practice (GCP).

This standard operating procedure (SOP) describes the steps for retaining all regulatory and clinical study-related documents and records.

References:
• 21 CFR 312.60 General responsibilities of investigators
• 21 CFR 312.62 Investigator record keeping and record retention
• 21 CFR 312.68 Inspection of investigator's records and reports
• Administrative Policy AD-4 "Retention of Reports, Records and Policies" University Medical Center Corporation Patient Care Services
• University of Arizona Records Management and Archives Program http://web.arizona.edu/~records/retention/hmt
• Boxing & Labeling Records http://web.arizona.edu/~records/boxlabel.htm
• Retention Schedules http://w3.arizona.edu/~records/common_retention_schedules.pdf
• All SOPs are applicable to this SOP.

Authors:
Revised by SOPRC.
Target Audience or Responsibilities:
This SOP applies to those members of the clinical research team involved in conducting clinical trials at this research site.

Tools:
- Regulatory Files Checklist (Attachment 1)
- University of Arizona archiving instructions (Attachments 2 & 3)
- Records Management & Archives Data Entry Form: http://web.arizona.edu/~records/dataentry2.pdf (Attachment 4)

Definition of Terms:
- Confidentiality: Prevention of disclosure, to other than authorized individuals, of a sponsor's proprietary information or of a subject's identity.
- Concluded study: A study is considered concluded and ready for archive at the time that all enrolled subjects have completed therapy and any protocol required follow-up, the IRB has received notification of conclusion and final study progress report, all queries have been responded to and the study sponsor has completed any audits required by the protocol and a closeout visit has been conducted.
- Direct access: Permission to examine, analyze, verify, and reproduce any records and reports that are important to the evaluation of a clinical trial. Any party (e.g., domestic and foreign regulatory authorities, sponsors, monitors and auditors) with direct access should take all reasonable precautions within the constraints of the applicable regulatory requirement(s) to maintain the confidentiality of subjects' identities and sponsor's proprietary information.
- Documentation: All records, in any form (including, but not limited to, written, electronic, magnetic, and optical records; and scans, X-rays, and electrocardiograms) that describe or record the methods, conduct, and/or results of a trial, the factors affecting a trial, and the actions taken.
- Essential documents: Documents that individually and collectively permit evaluation of the conduct of a study and the quality of the data produced.
- Inspection: The act by a regulatory authority(ies) of conducting an official review of documents, facilities, records, and any other resources that are deemed by the authority(ies) to be related to the clinical trial and that may be located at the site of the trial, at the sponsor's and/or contract research organizations (CROs) facilities, or at other establishments deemed appropriate by the regulatory authority(ies).
- OnCore: Database used to store protocol and patient data at the Arizona Cancer Center.
- Quality Assurance (QA): All those planned and systematic actions that are established to ensure that the trial is performed and the data are generated, documented (recorded), and reported in compliance with GCP and the applicable regulatory requirement(s).
- Records Management and Archives Program (RMA): The University of Arizona dedicated service for long-term storage of records.
- Source documents: Original documents, data, and records including, but not limited to, hospital records, clinical and office charts, laboratory notes, memoranda, subject's diaries.
or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate and complete, microfiches, photographs negatives, microfilm or magnetic media, X-rays, subject files and records kept at the pharmacy, at the laboratories, and at medical-technical departments involved in the clinical trial.

**Safety Issues:**
The availability of SOPs in a standard format enhances the safe delivery of clinical research practice and ensures compliance with appropriate guidelines.

**Process Steps:**
1) When a study is concluded, review the contents of regulatory files and subject records for completeness by comparing with the regulatory files checklist (Attachment 1).
2) Regulatory files and subject records are archived following procedures as directed by the Records Management and Archives Program (RMA) found under Boxing and Labeling Records in Attachment 3. The CRSS Record Series Code is 009.
3) Document inventory of storage boxes by entering the action into CRIS and identifying the box in the comment section.
4) Request pick-up from RMA, phone number 889-5666. Provide building number, room and contact name. RMA stores records in a secure location for the required period of time (Attachment 2).

**Note:** At the conclusion of each clinical trial and 90-120 days after it has been concluded by IRB and after the study sponsor's close-out visit, all related documentation will be prepared for off-site storage. Notification of the storage location will be supplied to the study sponsor at the close-out visit.
Regulatory File Documents

INVESTIGATOR’S BROCHURE
File the most recent version of the Investigator’s Brochure along with all previous versions submitted to the IRB during the conduct of the study.

PROTOCOL AND PROTOCOL AMENDMENTS
File a copy of the complete final protocol and all amendments/revisions for this study. If required by the sponsor, ensure that the protocol title page has been signed and dated by the Principal Investigator.

CASE REPORT FORMS
A set of printed, optical, or electronic document designed to record all of the protocol required information to be reported to the sponsor on each trial subject.

FORM FDA 1572
A copy of the signed original Form FDA 1572 Statement of Investigator and any changes to the Form FDA 1572.

INVESTIGATOR CVs AND MEDICAL LICENSES
Copies of the CVs and medical licenses for all personnel listed on the Form FDA 1572 and any updated versions acquired during the conduct of the study.

IRB CORRESPONDENCE
Retain copies of all correspondence between the investigator and the IRB regarding this protocol. Examples of documents to retain are comments from the IRB on the consent form or the protocol, the IRB approval letter(s), advertisements for the study approved by the IRB, yearly renewals of approval, site updates to the IRB, serious adverse event reports, notification to the IRB of IND safety reports, and a letter notifying the IRB of the completion of the study.

IRB-APPROVED INFORMED CONSENT FORM
The original approved IRB consent form(s) should be filed in this section and any amended or renewed consent forms.

LABORATORY CERTIFICATION
A copy of all laboratory certificates for the labs listed on the Form FDA 1572 that shows the expiration date.
RANGE OF NORMAL VALUES for the REFERENCE LABORATORY
A copy of the range of normal laboratory values from each laboratory used for this study will be stored. Retain the previous listing and ensure that the revised listing incorporates the effective date of change.

SAE REPORTS and IND SAFETY REPORTS
A copy of all serious adverse event reports must be kept in the regulatory binder with the IRB notification submitted by the PI. Copies of all IND safety reports sent by the sponsor and forwarded to the IRB by the PI also are retained.

DRUG ACCOUNTABILITY
These items are kept by the Investigational Pharmacist and may be collected at the end of the study to be included in the archival documents:
  - Sponsor investigational drug shipping inventory
  - Drug dispensing log
  - Return shipment documentation

MONITORING LOG
The signed and dated log sheet noting the sponsor personnel and the purpose of each visit.

INCLUSION/EXCLUSION LOG
The Research Specialist retains the log until the study concludes. A list of the subjects who were enrolled as well as a list of those who did not meet the entry criteria must be retained.

DELEGATION OF AUTHORITY/SIGNATURE LOG
Retain a list of the signatures of all study-site personnel who entered, edited or deleted study data in the source documents and case report forms.

FINAL STUDY REPORT
A copy of the final clinical study report provided by the sponsor should be sent with the records to the off-site storage location.

SPONSOR CORRESPONDENCE
All correspondence between the investigator and sponsor that is relevant to the conduct of the study is retained.
Attachment 2

Excerpted from the University of Arizona Sponsored Projects Services Handbook for Principal Investigators http://www.sps.arizona.edu/handbook/technicalresponsibilities.htm

TECHNICAL RESPONSIBILITIES

Data Ownership
The policy of the funding agency, as stated in the award document, governs ownership of data. It is the responsibility of the principal investigator to read the conditions of his/her grant or contract. In cases where the funding agency has no stated policy concerning data ownership or in the case of non-sponsored research conducted at a University of Arizona laboratory, The University of Arizona retains ownership of the data.

Access to and Retention of Scientific Research Protocols and Data
Both the scholar and the University have responsibilities and, hence, rights concerning access to, use of, and maintenance of original research data. Consistent with the precepts of academic freedom and intellectual integrity, the scholar has the primary authority to make judgments involving the use and dissemination of the data. Any disputes regarding access to data should be settled at the lowest possible level, if circumstances permit. Otherwise, each dispute should go before the appropriate University reconciliation committee.

Each scholar is ultimately responsible for the maintenance and proper retention of research records. These records should include sufficient detail to permit examination for the purposes of replicating the research, responding to questions that may result from unintentional error or misinterpretation, establishing their authenticity, and confirming the validity of the conclusions.

Each scholar should maintain a laboratory manual that describes all major procedures. Correspondence with institutional review committees and records of the use of controlled substances and radioactive materials should be maintained as part of the research record in accordance with governmental, regulatory, and University policies.

A system of data organization should be adopted and should be communicated to all members of a research group and to the appropriate administrative person. The appropriate administrative person should be determined by the subunit.

Where feasible, all original primary data are to be retained by the scholar or by his or her designee. Accepted practices for retaining data vary among disciplines and depend on the perishability, nature, and logistics of retaining each type of data. Each investigator should treat data properly to ensure authenticity, reproducibility, and validity and to meet the requirements of relevant grants and other agreements concerning the retention of data. Primary data should be reserved for a reasonable duration to ensure that any questions raised by the researcher, colleagues, or readers of any published results can be answered. It
is recommended that, where feasible, data be retained for seven years; in circumstances where there is no Federal or other requirements, such as those referred to in the Appendix, subunits of the University may wish to establish standards and procedures for retention and destruction of data. In unusual cases (e.g., data used for a patent application filed by the University), it may be necessary for original data to be kept at the University. Potentially patentable data should be signed and dated by the researcher at the time they are entered into notebooks or maintained by other methods of retention in the event the results are questioned.

In the event the scholar leaves the University, an Agreement on Disposition of Research Data may be negotiated by the scholar and the department chair or dean to allow the scholar's data, notebooks, and other data retention materials (other than clinical research records) to be transferred to the new institution. Consistent with the same precepts, and to fulfill its obligations to funding sources and others, the University will ensure in such agreements access to the transferred data for purposes of review. In unusual cases (e.g., data used for a patent application filed by the University) it may be necessary for original data to be kept at the University. In such cases a separate written agreement shall be signed which preserves the scholar's right to access and copy (where practical) such data. In cases of multi-institutional studies, the institution of the primary study director is ultimately responsible for guaranteeing appropriate access to, use of, and retention of original data.
APPENDIX

RECORD RETENTION: GRANTS AND OTHER TYPE OF AGREEMENTS

General Regulation:

OMB Circular A-110 (Uniform Administrative Requirements for Grants and Agreements of Higher Education, Hospitals and Other Non-Profit Organizations).

This regulation applies to all federally funded grants and other types of agreements. Records must be retained for at least three (3) years from the date of the submission of the final expenditure report.

Specific Agencies (for example):
- Health and Human Services: 45 CFR**74(D): Records must be retained for at least three (3) years from the date of the submission of the final expenditure report.
- US Department of Education: 34 CFR**74(A): Records must be retained for at least three (3) years from the date of the submission of the final expenditure report.

Records and Reports: Clinical Trial Agreements
- Food and Drug Administration: 21 CFR 312.62: In general, records must be retained for at least two (2) years following the date a marketing application is approved for the drug for the indication for which it is being investigated; or, until two (2) years after the investigation is discontinued and FDA is notified.
- Food and Drug Administration: 21 CFR**56.115: Regarding IRB records: Records required by this regulation shall be retained for at least (3) years after completion of research.
Attachment 3

Records Management & Archives Program (RMA) http://web.arizona.edu/~records/

As a state entity, the University of Arizona is required to create and retain certain records as more generally described below. These standards apply regardless of whether the record is created or maintained on paper or electronic format. Simply changing the medium does not change our obligation to create or store records.

The University of Arizona's Records Management & Archives department (RMA) and Records Center provides a state-mandated records retention and disposition program under the authority of The State of Arizona Department of Library, Archives and Public Records and Arizona Revised Statutes (A.R.S. § 41-1346). This statute requires the University to maintain the systematic control of the creation, distribution, utilization, retention, storage, retrieval, protection, preservation, and final disposition of recorded information. The department's mission is to:

- Protect the interests of students, the University and its employees and the State.
- Reduce the University's risk and liability in litigation through compliance with applicable policy and law.
- Provide an efficient and effective records management program free of charge to all university departments.
- Expand availability of expensive, on-campus office space by the transfer of inactive records to the records center for storage.
- Provide cost-avoidance to university units through the provision of centrally staffed records management.

What is a record?
As defined in the (A.R.S. § 41-1350) records are: all books, papers, maps, photographs, electronic mail (e-mail) or other documentary materials, regardless of physical form or characteristics ... made or received by any governmental agency in the pursuance of law or in connection with the transaction of public business and preserved or appropriate for preservation by the agency or its legitimate successor as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities of the government, or because the informational and historical value of the data contained therein.

- Records as defined above, which include electronic records, are the property of the State of Arizona. They are in no sense personal property nor are they the property of a specific agency or political subdivision (A.R.S. § 41-1347).
- As stated previously, do not assume that records include only paper materials. In the statutory definition above, the phrase "regardless of physical form or characteristics" establishes that records include (e-mail), any type of electronic file or data, machine-readable output, still photographs, motion pictures, audio recordings, charts, maps,
drawings, plans, video recordings, and micrographics, or any digitization magnetic tape or other electronic storage of any of these things.

- An example of a paper record is the original of a multi-page form (e.g., Check Request). This along with related attachments is the official record for the maximum retention period. Departments generating or controlling original records or designated "record copies" (multiple copies of the same document may each have record status, same as the original, if they serve a separate administrative purpose and are controlled under different filing systems).

- All records must be retained in a readable format, so you must assure that electronic records are retained in a manner that the document remains readable regardless of changes in technology or equipment obsolescence. Printing out the documents and saving to a file system, maintaining the old equipment and software applications, or migrating the records to new technology, may meet this requirement. You must also assure that electronic documents meet relevant audit or tracking requirements. If you have any questions regarding the status of records in your department, please contact the University's Records Management and Archives (Service).

The storage of inactive paper records is centralized through RMA. RMA does not have an "electronic" data warehouse at this time so the storage and preservation of electronic records (e.g., business related e-mail) is the responsibility of each user in the department involved in the relevant function or transaction being documented. However, with proper documentation/metadata, RMA will accept electronic records on media for storage (e.g., disk, tape, etc.). The ability to read and retrieve information from these stored media rests with the owning department. If you are involved in designing or purchasing new electronic systems that create or store electronic records, please consult with RMA or the Attorneys Office.

All departments or sub units considering the purchase of a microform or imaging system shall obtain approval from the Director of the Department of Library, Archives and Public Records from the state of Arizona prior to the production or reproduction to such systems. This authority is stated in A.R.S. § 41-1348 and those who violate this section is guilty of a class 2 misdemeanor. Units operating without such approval are encouraged to apply for approval by requesting the Request for Microform/imaging Utilization form, RMC-1 R7/90 from RMA.

**What is not considered a record for retention purposes (Non-record):**
A.R.S. § 41-1350 also defines specific materials that are not records for retention scheduling purposes (e.g., library and museum materials made or acquired and preserved solely for reference or exhibit purposes, extra convenience copies of original documents and publications preserved for the convenience of reference). In addition there may be other materials that are not records such as preliminary drafts not circulated for comment, some types of working papers, notes, personal e-mails created during incidental use and similar items that would normally be disposed of when superseded or no longer needed. When in doubt about the status or classification of a record, check with the staff at RMA.
staff. Usage of "Instant Messenger" (IM) to conduct official business is at this time is not recommended for various reasons.

Using the example above of the check request, the designated department copy or convenience copies of the form are not considered a record copy unless specifically designated as such and scheduled for retention with the state. Therefore these convenience copies do not need to be retained for the period as assigned to the original record or other official records copies. Note that these additional copies may be considered "public records" and subject to production in response to public records requests when still available.

Departmental convenience copies/non-records should be kept within the department no longer than necessary for reference and never exceed the retention period of the original. Department staff can destroy non-records without notifying RMA, unless the documents already or are expected to be subject to a public records request. In that case the non-record material may not be destroyed. This may include backup and "scratch" tapes.

**Records Destruction:**
All records made or received by public employees of the University of Arizona that fit the legal definition of records noted above are the property of the state; therefore their disposition must be approved by the State prior to their destruction. Destruction of public records without lawful authority is a class 4-felony (A.R.S. § 38-421). The Director, of RMA, acting with approval of the Records Management Division of the State of Arizona Department of Library, Archives and Public Records, has the sole responsibility (under the provisions of the state approved records retention and dispositions schedules) to authorize the destruction of University of Arizona records and to report such destruction to the state.

No University records, either stored at the records center or active at departments, that are involved in or are expected to be involved in public records requests, grievances, litigation or other legal processes shall be transferred, destroyed or overwritten until they have been released for transfer, destruction or reuse by the relevant authority that is the source of the prohibition/restriction. This includes relevant non-record material such as convenience copies or relevant documents and backup system media.

The Records Management and Archives (RMA) department requires that customers must follow the below storage procedures before our staff can transfer your records into the Records Center.
Boxing & Labeling Records:
- Use only records storage boxes supplied or approved by RMA. Call 889-5666 to request the number of boxes and barcode labels you will need and they will be delivered to your office free of charge.
- When packing records, do not combine records with non-records. A non-record is (Common retention schedules). Non-records will not be accepted for storage in the Record Center.
- Allow about two to three inches of open space in the box to allow for easy retrievals and refiles. DO NOT OVERFILL! The extra space also provides for safe handling of the box.
- Do not hang Penda-Flex folders on the edges of the box as they are not designed for this purpose. Place letter/legal size Penda-Flex folders lengthwise in the box.
- Do not tape down the box lid to the box or staple box handle cutouts to the box.
- All records in one box must be of the same record type/name or record series and the creation date by fiscal year or the date range of the records as in the case of research studies. Ensure that records are placed in the box so that they face the barcode label.

Filling out the Data Entry Form:
A pair of identical barcode labels will be provided to you for each box of records to be stored. Affix one barcode label to a box about 1" below cutout handle opening at the center of the end of box. Place the matching barcode label on the data entry form (data entry form) provided and fill in the information pertaining to the box contents (see below).

- **Record Series Code:** If you are a new customer you will need to call us for this information, otherwise you will find this record series code on the customer index report we have provided to you. The code is located in parenthesis next to the record name. Call us for the record series code when you have a new type of record to store or need assistance.
- **Review/Destroy Date:** Format i.e., 07/01/2001. This date is dependent upon the type of record. The retention period, stated in years, is added to the latest date of record in a box to become the review/destroy date. See the University of Arizona's Common Retention Schedule, on-line at (See above).
- **Date Range:** Format i.e., from 07/01/95 to 09/01/95 or fiscal year = 07/01/00 - 06/30/01. Our general policy is that one box will contain only one full/partial fiscal or calendar year of records. Multiple years of records in a single box will be accepted on a case-by-case basis. Indicate the earliest date of a record to the latest date in the box. The latest date of the record(s) will be used to establish the review/destroy date.
- **Alpha/Numeric Range:** Use this space if your records are filed alphabetically, numerical or alphanumeric. Format i.e., Abens to Woods, or A00000112 to B0000569 (use at least 6 characters with alpha names and a maximum of 10 characters) any characters or numbers greater than 10 will be truncated.
- **Other Information:** Enter supplemental information about the records that will allow for efficient and effective searches & retrievals. For example, use the name of the research study or researcher names, protocols, program names, project names etc.
There is a maximum of 40 characters to describe your records. Exceeding 40 characters will be edited by RMA.

When you are finished with boxing and labeling your records, please select a temporary storage location that is convenient and adequate for us to make a quick and efficient pickup. Thank you for following these instructions and call us at 889-5666 to schedule a pickup.
Attachment 4 Records Management & Archives Data Entry Form

Box Information Area

1. Place one bar code label on box
2. Place other matching bar code label here.

Record Series Code: 
Review/Destroy Date: 
Date Range: From: 
To: 
Alpha/Numeric Range: From: 
To: 
Description:

1. Place one bar code label on box
2. Place other matching bar code label here.

Record Series Code: 
Review/Destroy Date: 
Date Range: From: 
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Final Version 3/15/05 Rev A