Section 2: Documentation Requirements

2. Introduction

Study staff are responsible for proper collection, management, storage, quality control and quality assurance of all study-related documentation. This section contains information on the essential documents that each study site must maintain throughout MTN-045. It also contains information related to establishing adequate and accurate participant research records for the study.

2.1 Essential Documents

The DAIDS policy on Requirements for Essential Documents at Clinical Research Sites Conducting DAIDS Funded and/or Sponsored Clinical Trials and E6 Good Clinical Practice: Consolidated Guidance specify the essential documents that study sites must maintain. Although all required documentation must be available for inspection at any time, all documents need not be stored together in one location. Further information and recommendations related to essential document filing are as follows:

- Essential documents may be stored in files, binders, and/or electronically. The files/binders listed in essential documents filing structure may be further subdivided, consolidated, and/or re-organized.

  NOTE: Sites that chose to file documents electronically must ensure computer systems are 21 CFR Part 11 compliant and are required to have documentation on file certifying that their systems meet such requirements. Refer to the MTN Manual of Operational Procedures, Section 9, for further details on the requirements that must be met when using electronic systems/software.

- It is recommended that a contents sheet be maintained and inserted as the first page(s) of each file/binder. Within each file/binder, it is recommended that documents be filed in ascending date order (most recent documents in front).

- It is assumed that MTN-045 participant research records will be stored separately from the other essential documents. Section 2.3 below provides information on the required contents of these records.

- The MTN-045 Participant Link Log and Screening and Enrollment Log must be maintained in hard-copy. It is assumed that these logs will be stored in the study clinic or data management area throughout the screening and accrual process and not necessarily with the other essential documents.

- All significant communications between the study sponsor and/or management team and study sites should be printed and filed with other essential documents.
  - All site responses to any priority emails (thereby indicating they were read and responded to)
  - All study management team and/or sponsor communications that document agreements or significant decisions involving study administration or conduct, protocol deviations, eligibility and informed consent, safety and/or study endpoints
  - Protocol Team call slides
  - Final training reports, including sign-in sheets
  - Final study activation notification memo and activation checklist
  - Emails from the study management team that specify to print and file

Note: When required documents are modified or updated, the original and all modified or updated versions must be retained in the files. Communications that are PTID-specific should be printed and filed in the participant binder. Communications that are overarching (i.e. are not PTID-specific) can be printed and filed with regulatory documentation.

2.2 Participant Research Records

Study sites must maintain adequate and accurate participant research records containing all information pertinent to MTN-045 for each study participant. See protocol sections 11.2 and 13.6 for further information regarding all participant information that should be stored securely with access limited to authorized study staff. Please note that all records that contain names or other personal identifiers, such as locator forms and informed consent forms, will be stored separately from study records identified by PTID.

As MTN-045 will enroll couples, sites have the option to organize participant documentation such that study records for both members of a couple are stored within a single binder or file.

The International Conference on Harmonisation Consolidated Guidance for Good Clinical Practice defines the terms *source data* and *source documentation* as follows:

The term **source data** refers to all information in original records and certified copies of original records related to clinical findings, observations, or other activities in a clinical study necessary for the reconstruction and evaluation of the trial (including all screening, enrollment and randomization activities). Source data are contained in source documents (e.g., original records or certified copies).

The term **source document** refers to original documents, data, and records (e.g., hospital records, clinical and office charts, laboratory notes, memoranda, participants' diaries and/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, participant files, and records kept at the pharmacy, at the laboratories, and at medico-technical departments involved in the study).

Source documents are commonly referred to as the documents – paper-based or electronic – upon which source data are first recorded. All study sites must comply with the standards of source documentation specified in the DAIDS policy on Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials. The DAIDS policy specifies both requirements and recommendations. Study sites must comply with all requirements and are encouraged, but not required, to comply with all recommendations.

2.3 Required Source Documentation

For MTN-045, participant research records should consist of the following source documents:

- Visit notes
- Documentation that the participant provided written informed consent to screen for and participate in the study prior to the conduct of any study procedures
- Documentation that the participant met the study's eligibility criteria
- A record of all contacts, and attempted contacts, with the participant
- A record of all procedures performed by study staff during the study (e.g., on visit checklists and/or other site-specific procedural flow sheets or visit notes)
- A record of any referrals made (including for social harms or unexpected safety events reported that were not recorded elsewhere), per Good Clinical Practice (GCP) and DAIDS source documentation guidelines
- Case Report Forms (CRFs) and other forms provided by RTI International or MTN LOC
    - The Behavioral and Demographic Questionnaire (BDQ) and Discrete Choice Experiment Survey (DCE) are “electronic” CRFs. The Couples Observation Tool, Ideal Product Activity (IPA), Protocol Deviations (PD) and Social Harms (SH) forms are “paper” CRFs.
- Documentation of any deviations from SOPs or procedures outlined in the protocol or this SSP Manual that are not recorded on other source documents. See Section 2.6 below for more information on reporting protocol deviations.
- IDI Guides. Data collected on and any notes taken on IDI discussion guides or separate pieces of paper during qualitative data collection are source documents and must be kept in the participant file.
- Final English and translated transcripts, audio files, CDs, and Debrief Reports. Details on the storage of these is provided in Section 6 (Data Collection and Management) of this SSP Manual.

2.3.1 Visit Notes

Study staff must document every contact with a study participant in a signed and dated visit note or contact log specifying the following information:

- Visit date at which a contact takes place or at which a particular procedure takes place
- Purpose of the visit and location of the contact if other than the research clinic
- General status of the participant at the time of the visit

Visit notes should also be used to document the following:

- The informed consent process (if an Informed Consent Coversheet is not used)
- Procedures performed that are not recorded on other source documents (e.g. visit reminder phone calls, emails etc.)
- Counseling sessions and/or other in-depth discussions with participants (e.g., related to social harms, if not documented on other worksheets)

- Other pertinent data about the participant that are not recorded on other source documents and/or any clarifications or information needed to supplement data recorded on a CRF
- Reason(s) why protocol-specified procedures were not performed
- Explanation of why procedures in addition to those listed on a checklist were performed
- Contact attempts to follow up on participants who missed a scheduled study visit

2.3.2 Visit Checklists

Visit checklists are convenient tools that may serve as source documentation if designed and completed appropriately. These checklists alone may not suffice for documenting all procedures but can be used to indicate that certain procedures were completed. Visit notes may be required to supplement this for any of the reasons mentioned above. Visit checklist templates are available on the MTN-045 website under Study Implementation Materials.

Instructions for completing visit checklists in accordance with these requirements are as follows:

- Document the participant identification number (PTID) and visit date on the top section of each checklist page.

- Complete staff initials next to procedures completed.

- If all procedures listed on a checklist are performed on the date entered in the top section of the form, the date need not be entered beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item.

- If applicable, for items on the checklist that contain checkboxes, one set of initials is sufficient, even if multiple boxes are checked.

- Entering multiple sets of initials for one procedure should be avoided as much as possible. If this happens on a regular basis, the site should consider splitting the task into multiple items on the checklist so each procedure receives only one set of initials.

- If a procedure listed on the checklist is not performed, enter “ND” for “not done” or “NA” for “not applicable” beside the item and record the reason why on the checklist or in visit notes; initial and date this entry.

The sequence of procedures presented on the visit checklist templates is a suggested ordering. In consultation with RTI International, sites may modify the checklists to maximize the efficiency of site-specific study operations. Visit checklists, and visit flow, should be monitored and updated as needed to ensure that study visits are completed as quickly as possible, with minimal delays for participants and study staff. Sites may alter the sequence of procedures to suit local staffing and logistical requirements, with the following exception:

- Written informed consent must be obtained before any study procedures are performed. Study visit procedures are listed in protocol section 7.

Note that the time of each study procedure does not need to be documented to demonstrate the order of visit procedures if this can be accomplished through other approaches. Acceptable alternatives include using a statement in the chart note or on visit checklists which verifies that the correct order was executed, or by documenting that procedures were conducted ‘per site SOPs’ which specify order. Deviations from SOPs should be explained in visit notes.

2.3.3 Case Report Forms (CRFs)

Case Report Forms (CRFs) for MTN-045 are designed for use with the RTI International data management system described in Section 6 (Data Collection and Management) of this manual. RTI International will provide the master versions of these forms to the sites, and printing will be coordinated locally. RTI International will also provide several additional study-specific forms (non-CRFs) to the sites. See Table 2-1 for a listing of all study forms, which can be found on the MTN-045 website. Additional source documents (e.g., visit notes, site-specific checklists, worksheets, debrief reports) will be identified in sites' Data Management SOPs.

2.3.4 Document Organization and Participant Confidentiality

Study staff must make every effort to store all study records securely and confidentially. Participant file records must be stored in the same manner for all participants, in areas with access limited to authorized study staff only. Study staff are responsible for purchasing file folders, binders, storage cabinets, and any other equipment or supplies needed to properly store all records.

Study-related documentation collected during the screening process should be stored in file folders/binders for each potential participant. All screening documentation – for potential participants who eventually enroll in the study as well as for those who do not enroll or "screen out" – must be maintained throughout the study. For participants who enroll in the study, screening documentation should be transferred to a separate file folder/binder that will serve as the participant's study notebook for the duration of their participation in the study.

All documents contained in participant files must bear a participant identifier, which generally will consist of either the participant identification number (PTID) or the participant name. Refer to Table 2-1 below for guidance on which identifier to include on each study document. The PTID should be used whenever possible to maximize participant confidentiality. As a best practice, it is recommended that records bearing names or other personal identifiers, such as locator forms and informed consent forms, be stored separately from records identified by PTID. Any documents transferred or transmitted to a non-study site location must be identified by PTID only. Care should also be taken to only refer to participants by PTID in email communications when people outside of the CRS are included. Regardless whether the identifier on a particular document consists of the participant name or PTID, the original identifier may not be obliterated or altered in any way, even if another identifier is added. When necessary to maintain confidentiality, identifiers may be obliterated on copies of original source documents. For example, if medical records obtained from a non-study health care provider bear the participant's name, the original documents bearing the name must be stored unaltered with other study documents bearing the name. However, a copy of the original documents could be made, the PTID could be entered onto the copies, and then the participant name could be obliterated from the copies. Copies handled in this way could then be stored in participant study notebooks and/or transferred or transmitted to non-study site locations.

All on-site databases must be secured with password-protected access systems. Any lists, appointment books, or other documents that link PTIDs to other participant identifiers should be stored securely (locked cabinet/drawer if hard copy; password protected if electronic) and in a location separate from records identified by participant name only and separate from records identified by PTID only. When in use, documents that link PTIDs to other participant identifiers should not be left unattended or otherwise accessible to study participants, other study clinic patients, or any other unauthorized persons.

Table 2-1: Identifier Requirements for MTN-045 Study Documents

Document Name	Mode	Name only	PTID only	Name and PTID
Locator Form	Paper	X		
Participant Link Log	Paper			X
Screening and Enrollment Log	Paper		X	
Informed Consent Forms	Paper	X		
IC Comprehension Checklist, IC Coversheet	Paper	X[1]	X[1]	
Case Report Forms (PSF, CO tool, IPA, PD, SH)	Paper		X	
Behavioral and Demographic Questionnaire	Electronic (tablet)		X	
Discrete Choice Experiment Survey	Electronic (tablet)		X	
Visit Checklists, Eligibility Checklists, Eligibility Confirmation Form	Paper		X	
Permission to Contact Form/ Log[2]	Paper	X[1]	X[1]	
Discussion Guides and Notes	Paper		X	
Interview Transcripts	Electronic		X	
Audio-recording	CD		X	
IDI Debriefing Reports	Electronic		X	

[1] As stated above, study documents should contain participant name or PTID, but not both. Documents tracked by name should be stored separately from those tracked by PTID.
[2] PTC Forms/Logs are not required for MTN-045. However, follow guidance above if these will be used.

2.4 Record Retention Requirements

Study records must be maintained onsite for the entire period of study implementation. Thereafter, guidance for record storage will be provided by FHI 360 in consultation with DAIDS and the MTN Executive Committee. No study records may be moved to an off-site location, discarded or destroyed without prior written authorization from the protocol team. Refer to the MTN Manual of Operational Procedures (MOP; Section 18) for further requirements pertaining to record storage.

The IoR/designee will maintain all study documentation for a minimum of three years after submission of the site's final Financial Status Report to DAIDS, unless otherwise specified by DAIDS or the MTN LOC. However, documents may be stored for a longer period if required by applicable regulatory requirements or by an agreement with the sponsor.

2.5 Translation Procedures

Per MTN MOP Section 11, all study materials that are read verbatim or provided to the participant must be translated into local languages, back-translated, and reviewed by members of the study management and/or behavioral team as appropriate. Participant materials may include the informed consent forms and comprehension assessments, interview guides, questionnaires and other study materials developed for participant use. Site teams are responsible for establishing a Translation SOP that should, at minimum, contain the following elements:

- Description of the translation and back-translation process and the quality control of it
- Who is responsible for conducting each step of this process (and whether it is done by on-site staff or through a contracted group)

All staff involved in the translation and back-translation process should ensure that language fluency is documented on their CV on file at the research site and that this responsibility is assigned per the site Delegation of Duties Log. A standard *Certificate of Translation* should be issued for translations completed, indicating the specific documents that were translated (with version number/date as appropriate) as well as the individual conducting the translation. It is recommended that, as part of translation procedures, staff members who will be responsible for utilizing the translated study materials review and/or pilot use of the tool to confirm translations are understandable in the context they will be used.

2.6 Protocol Deviations

DAIDS requires that all protocol deviations be documented in participant records, along with efforts made to correct the deviations, and efforts made to prevent similar deviations in the future. The MTN MOP should be referenced for complete guidance on protocol deviations.

For MTN-045 the Protocol Deviation (PD) CRF will be used to document each protocol deviation identified. Corrective and preventive action (CAPA) plans are required components of protocol deviation documentation. Note that the corrective and preventive action plans documented on the PD CRF are not required to be completed in order to report the deviation. The PD CRF should be completed even if the action plans are pending or in progress.

If there is any question as to whether a deviation has occurred, or how it should be documented, the MTN Regulatory Department (mtnregulatory@mtnstopshiv.org) and MTN-045 Management Team (mtn045mgmt@mtnstopshiv.org) should be contacted. Once the potential protocol deviation has been confirmed, the site will be contacted with this confirmation and the 7-day reporting requirement will begin. Once the CRF is submitted, RTI International will follow up with the site if any clarifications or additional information on the CRF are needed. The study management team will follow up with the site regarding any next steps, as needed.

Note that some protocol deviations may also be considered critical events. Refer to the DAIDS Critical Event Policy and Critical Event Manual for detailed guidance on the definition of and process of reporting critical events. The site OCSO Program Officer (PO) should be contacted with any questions related to critical events, including reporting requirements and procedures, CAPAs, and critical events tracking questions. Site consultation with OCSO may be facilitated using the MTN Critical Event Reporting Form, available in the 'Resources' section of the MTN web page; however, use of this form is not mandatory. Sites that choose to use this document should email the completed form to their OCSO PO, who will work with other DAIDS staff to review available details about the event and determine if a critical event has occurred. If a critical event is confirmed, the OCSO PO will work with the site to develop, review and carry out any CAPAs associated with the reported critical event.

Sites are recommended to report to their IRBs/ECs any PDs that pose a potential safety risk to a participant(s) and those that could affect the integrity of the study according to the local IRBs'/ECs' standard operating procedures and guidelines. It is also recommended that a complete list of all PDs occurring at the site, including PDs not meeting immediate reporting standards noted above, be submitted to the local IRBs/ECs in accordance with their reporting policies. If a local IRB/EC does not have a specific reporting policy, MTN recommends that this be done at the time of IRB renewal submission, annually or semi-annually, per local requirements. These listings will be provided to the sites on request.