**Purpose**

The purpose of this Standard Operating Procedure (SOP) is to provide guidance for oversight and accountability of vaginal rings distributed, removed and collected during the ASPIRE trial in accordance with US Food and Drug Administration (FDA) and International Conference on Harmonization Good Clinical Practice (ICH/GCP) Standards.

**Scope**

The policy applies to all vaginal rings that are provided to participants and collected from participants (either during clinic visits or off-site collection) during the ASPIRE trial. This includes used rings for disposal/destruction, used rings for transfer to the laboratory for storage, unused rings for transfer to the pharmacy for quarantine and documentation of all of the above.

**Definitions**

Quarantined study product: Drug that has been assigned per protocol to a study participant, however never used according to its intended investigational purpose.

Study product: Any drug, biologic, vaccine, radiopharmaceutical, item or device that are either provided for the study or identified in the protocol as being a study product.

Study product accountability log: Required documentation for study product tracking. Part of the Drug Accountability Records that help ensure that all study product is accounted for in the clinical trial. This documentation is required by the U.S. Food and Drug Administration (FDA)

Used product: Refers to any study product (vaginal ring) that has been used the way it was intended (i.e., inserted into the vagina).

**Responsibilities**

The responsibilities of accountability and tracking of study product will begin in the clinic at the time the study product is dispensed to clinic staff by the site pharmacy (see ASPIRE Pharmacy Chain of Custody SOP) and will end when the clinic ships used study product (used rings) to the study-specified laboratory for testing, when study product (used rings) are sent outside of the clinic for destruction, and/or when unused product is returned by the participant and provided back to the pharmacy for quarantine.

MTN-020 Investigator of Record (IoR) has ultimate responsibility for ensuring that the team members involved in collecting vaginal rings from participants are knowledgeable and follow the guidelines outlined in this SOP.

*[MTN-020 staff members delegated by the Investigator of Record]* who deliver/provide vaginal rings to and collect vaginal rings from participants are responsible for understanding and following this SOP.

*[MTN-020 Study Coordinator or Retention Coordinator or other designee]* is responsible for training study staff on the procedures and processes of documenting ring delivery and collection, in accordance with this SOP, and for day-to-day oversight of such.

It is the responsibility of the *[site to insert individual responsible]* at the site to perform a QA/QC on this process and ensure that the Accountability Log is accurately completed and consistent with other source documentation.

**Introduction**

Traditionally, all study products are dispensed and returned to the site pharmacy in a process that is separate and independent of study activities performed in the site clinic. Because of the unique design of the ASPIRE trial, accommodation must be made to allow for distribution, removal and collection of study product (both unused and used) at the site clinic.

To achieve the goals of the protocol and maintain compliance with regulatory requirements, a standardized process of tracking and accountability will be adopted and followed by all ASPIRE sites. The tracking and accountability process is designed to preserve and document the chain of custody of the vaginal ring at the site clinic. This includes tracking the date it is distributed to the study participant, the date of return of the ring to the clinic, and the date of either shipment to an outside laboratory for further testing or destruction. The requirements of the product collection process, as they apply to the site clinic, are described in this SOP.

When collected from participants, vaginal rings will be in one of three categories:

Used rings for destruction: These rings must be placed in a designated container and disposed of in accordance with the CFR and ICH guidelines for good Clinical Practice and in accordance with guidelines established by the local regulatory authority. *[Site to reference any local regulatory guidelines here, if different from what is outlined in this template.]* They are considered biohazardous waste and must be placed in a suitable container and subsequently destroyed.

Used rings for storage: Vaginal rings will be collected at study months 3, 6, 12, 18 and 24 as well as seroconversion visits. These rings will be stored in the laboratory for future testing.

Unused rings for quarantine: All vaginal rings that have not been used in the way it was intended (i.e., inserted into the vagina), should be collected from the participant and transferred to the pharmacy for quarantine (per the pharmacy SOP).

**Procedures**

1. Collecting used rings for destruction
   1. Participants are expected to have the ring removed from the vagina at each follow-up visit and/or return any used rings that were removed prior to the visit.
   2. When the ring is removed during the pelvic exam it may be placed in [*site to insert* *a container deemed suitable to place the used VR, such as the white return bag which is given to participants]* and this will then be placed in the designated biohazard waste container in the exam room.
   3. In the event that a participant has removed the ring and brings it to the clinic visit in a container or in the return white bag, this should then be placed in the designated biohazard waste container in the exam room.
   4. *[Per documentation requirements, site to insert method of identifying the biohazard containers so that destruction of a specific ring can be identified.]*
   5. *[Site to insert the method of destruction and the responsible waste removal representative.]*
   6. The destruction of the biohazard container must be documented by the party responsible for the destruction.
      1. Written verification of the destruction must be provided to the site and placed in the essential files. [*Site to include the name of report provided by the waste removal representative, site staff who is responsible for receiving this report, and site staff responsible for ensuring the report is filed*.]
2. Collecting used rings for transfer to the laboratory
   1. Procedures will be followed per current SSP Sections 9.3.2. and 13.8.8
   2. *[All collection procedures will be conducted in the clinic or offsite; site to specify any/which processing procedures that will be conducted in the clinic vs. the lab as outlined in the SSP.]*
3. Collecting unused rings for transfer to the pharmacy
   1. Unused rings include those that are determined to not have ever been inserted into the vagina. This includes those whereby the package has been opened, but the ring never inserted.
   2. *[Site to specify timeline/process for getting the VR to the pharmacy]*
4. Documentation of ring provision and collection
   1. [*Site to outline procedures and responsibilities from the time the study product leaves the pharmacy, until it is delivered to the participant. Procedures for verifying participant identity prior to ring provision should be included]*
   2. The Study Product Accountability Log must be completed, per the log instructions (see Attachment 1), when the ring is provided to and collected from the participant.
   3. [*Site to indicate when the log will be completed and by whom]*
   4. The cover sheet of the Clinic Study Product Accountability Log should be completed to document the destruction of the specific biohazard waste container. This will be the final documentation required for documenting the accountability of the used ring that is not destined for further testing in the laboratory.
5. QA/QC Procedures
   1. [*Site to outline the QA/QC procedures- when this will be conducted, how frequently and by whom]*

**Attachments**

Attachment 1: Clinic Study Product Accountability Log Completion Instructions

**References**

MTN-020 SSP Manual Section 9

Clinic Study Product Accountability Cover Page

Clinic Study Product Accountability Log

**History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Effective Date** | **Supersedes** | **Review Date** | Change |
| *1.0* | *Xx Mon Year* | NA | *Xx Mon Year* | Initial Release |

Approval

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|  | Reviewer, Reviewer’s Title |  |  | Date |

**Attachment 1:** Clinic Study Product Accountability Log: Maintenance and Completion Instructions

* 1. **Maintenance of the Log**
     1. A blank copy of the log should be maintained centrally at the clinic site so that photocopies may be made when additional blank log pages are needed
     2. The log should be maintained centrally at the clinic so that site staff can make entries onto it as necessary throughout the work day
     3. Site staff at the clinic should complete the ***Name of Site,*** ***DAIDS Site***
     4. ***Number***, ***Site Investigator***, and ***Phone Number*** portions found in the header of each page of the log before participant information is entered onto the log
     5. The log should be treated as confidential
  2. **Completion of the Log When a Ring is Provided in the Clinic**
     1. At each visit when a ring(s) is provided to a study participant, the site staff should complete one row found under the ***PROVIDED*** heading of the log.
     2. Record information pertaining to the provision of the ring to the participant including the ***Date Ring(s) Provided to Participant***, ***PTID***, ***# Rings Provided***, and ***Visit Month/Code***.
     3. Site staff completing the log should also record their initials in the ***Clinic Staff Initials*** column.
     4. If pertinent, site staff should record any additional relevant comments about the provision of the ring(s) in the ***Comments*** column of the log.
  3. **Completion of the Log When a Ring is Returned to the Clinic**
     1. At each visit when a ring(s) is returned to the clinic from a study participant, the site staff should complete the row found under the ***RETURNED*** heading of the log *that corresponds to the visit when the ring(s) was provided to the study participant.* In most circumstances, this will correspond to the column on the log that contains the date of the participant’s last visit and PTID.
     2. Record the information pertaining to the return of the ring(s) including the ***Date Ring(s) Returned***, ***Visit/Month Code***, ***# of Unused Rings Returned and Sent to Pharmacy*** (unused rings that will be quarantined in the Pharmacy), ***# of Used Rings Returned***, ***# of Used Rings Stored for Lab***, ***# of Used Rings Placed in Destruction Container***, and ***Destruction Container Code.***
     3. Site staff completing the log should also record their initials in the ***Clinic Staff*** Initials column.
     4. When a used ring is sent to the laboratory for testing, site staff should complete the ***Date Rings sent to Lab*** column found under the ***RETURNED*** heading of the log *that corresponds to the visit when the ring(s) was returned to the clinic and stored for future shipment to the laboratory.*
     5. If pertinent, site staff should record any additional relevant comments about the return of the ring(s) in the ***Comments*** column of the log.
  4. **Instructions for Maintenance of the Clinic Study Product Accountability Log Cover Page**
     1. A blank copy of the Log Cover Page should be maintained centrally at the clinic site so that photocopies may be made when additional blank
     2. Log Accountability Cover Pages are needed
     3. The Log Accountability Cover Page should be maintained centrally at the clinic along with the Clinic Study Product Accountability Log so that site staff can make entries onto it as necessary throughout the work day
     4. Site staff at the clinic should complete the ***Name of Site,*** ***DAIDS Site***
     5. ***Number***, ***Site Investigator***, and ***Phone Number*** portions found in the header of each page of the Log Accountability Cover Page before information is entered onto the log.
  5. **Completion of the Log Accountability Cover Page When a Destruction Container is Destroyed**
     1. When a Destruction Container is removed from the clinic for destruction of its contents (used vaginal rings), site staff should complete one row on the Log Accountability Cover Page.
     2. Record information pertaining to the destruction of the container including the ***Destruction Container Code*** and ***Date of Destruction***.
     3. If pertinent, site staff should record any additional relevant comments about the destruction of the container in the ***Comments*** column of the log.
     4. Site staff completing the log should also record their initials in the ***Staff Initials*** column.