

## Division of AIDS (DAIDS) Site Clinical Operations and Research Essentials (SCORE) Manual Appendix:

### Essential Documents Recordkeeping

This appendix provides a detailed list of essential documents. The purpose and/or description of these documents is/are given with a recommended location where they should be filed during the conduct of a clinical trial.

Document(s)	Purpose/Description	Suggested File Location
<p><b>Assent from a Minor</b></p>	<p>A child's affirmative agreement to participate in research. All versions of assents submitted to and approved by the site's Institutional Review Board (IRB)/Ethics Committee (EC) and all original, signed assents in the participant's research record must be kept in Clinical Research Site (CRS) files.</p> <p>The <a href="#">Informed Consent of Participants</a> section of the SCORE Manual provides additional information regarding assent.</p>	<ul style="list-style-type: none"> <li>• Investigator site file (ISF)</li> <li>• Participant research record</li> </ul>
<p><b>Case Report Form (CRF)</b></p>	<p>Form designed to capture all protocol required information that must be reported to DAIDS on each clinical trial participant.</p> <ul style="list-style-type: none"> <li>• CRFs can be paper or electronic CRF (eCRF) format.</li> <li>• CRSs must maintain an audit trail by documenting all changes, additions, or corrections to CRFs after they record initial data.</li> <li>• CRFs must be signed and dated if required by CRS standard operating procedures (SOPs) or if used as source documentation.</li> </ul> <p>After study completion or site closure, CRSs will keep copies of completed paper or electronic CRFs (i.e., compact disc of the eCRF). DAIDS will keep original CRFs.</p>	<ul style="list-style-type: none"> <li>• ISF</li> <li>• Participant research record</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<b>Communications</b>	<p>Relevant correspondence (excluding site monitoring reports) that documents any agreements or significant discussions regarding clinical trial administration and/or conduct, protocol deviations, adverse event (AE) reporting, etc. Examples include:</p> <ul style="list-style-type: none"> <li>• Letters</li> <li>• Meeting notes</li> <li>• Notes of telephone calls</li> <li>• Emails</li> <li>• Communications to and from DAIDS and/or the protocol team</li> </ul>	<ul style="list-style-type: none"> <li>• ISF</li> <li>• Pharmacy file</li> </ul>
<b>Curriculum Vitae (CV)</b>	<p>CRS must store CVs and/or other relevant documents, such as valid professional licenses, credentials evidencing qualifications, and eligibility to conduct the trial and/or provide medical supervision of participants.</p> <p>Refer to the SCORE Manual's <a href="#">Clinical Research Site Personnel Qualifications, Training and Responsibilities</a> section and the <a href="#">DAIDS Protocol Registration Manual</a> for additional information.</p>	<ul style="list-style-type: none"> <li>• Central file</li> <li>• ISF</li> </ul>
<b>DAIDS Protocol Registration Approval</b>	<p>All applicable email notifications from the Protocol Registration Office indicating registration approval, including:</p> <ul style="list-style-type: none"> <li>• Initial protocol</li> <li>• Protocol amendments</li> <li>• Informed consent forms (ICFs)</li> </ul> <p>Refer to the DAIDS Protocol Registration Manual and <a href="#">Protocol Registration Policy</a> for additional information.</p>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<p><b>Delegation of Duties Log</b></p>	<p>Log used to document the following:</p> <ul style="list-style-type: none"> <li>• Duties/tasks delegated by the Principal Investigator (PI)/Investigator of Record (IoR) to CRS staff for study conduct.</li> <li>• Signatures of individuals who will use initials in place of full signatures to sign CRFs and source documents.</li> <li>• Date duties were delegated.</li> </ul> <p>Refer to the SCORE Manual’s “Clinical Research Site Personnel Qualifications, Trainings and Responsibilities” section for additional information.</p>	<ul style="list-style-type: none"> <li>• ISF</li> <li>• Central file</li> </ul>
<p><b>Documentation of Study Product(s) Destruction</b></p>	<p>Records that DAIDS, their designee, and/or the CRS destroyed unused study product(s).</p>	<ul style="list-style-type: none"> <li>• Pharmacy file</li> </ul>
<p><b>Documentation of Equipment Calibration and/or Maintenance</b></p>	<p>Documentation of the calibration and/or maintenance of equipment used throughout the clinical trial</p>	<ul style="list-style-type: none"> <li>• Central file</li> <li>• Pharmacy file</li> <li>• Laboratory file</li> </ul>
<p><b>Expedited Adverse Events (EAEs)/Serious Adverse Events (SAEs) and Safety Reports</b></p>	<p>If an EAE/SAE occurs, CRSs must maintain:</p> <ul style="list-style-type: none"> <li>• Documentation of EAEs/SAEs</li> <li>• Notification by the PI/IoR to DAIDS of EAEs/SAEs, related safety reports, and other safety information</li> <li>• Notification of safety information by DAIDS to the PI/IoR</li> <li>• Notification by DAIDS to regulatory authorities and by the PI/IoR to the IRB/EC of: <ul style="list-style-type: none"> <li>▪ Unexpected serious adverse study product reactions</li> <li>▪ Other safety information</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• ISF</li> <li>• Participant research record</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<p><b>Federal Wide Assurance (FWA)</b></p>	<p>Health and Human Services (HHS) assurance document (issued by the Office for Human Research Protections [OHRP]) that must be obtained and maintained by institutions conducting human subject research, according to 45 Code of Federal Regulations (CFR) Part 46.103(a).</p> <ul style="list-style-type: none"> <li>• The PI/IoR must ensure that its institution has a current assurance in effect while conducting research on human participants in HHS funded studies.</li> <li>• All sites where clinical trial activities will take place, including the clinical trials unit (CTU) and affiliated CRSs that meet the OHRP requirements, must have an assurance.</li> <li>• The PI/IoR or institution must renew its assurance before the expiration date.</li> </ul>	<ul style="list-style-type: none"> <li>• Central file</li> </ul> <p>Note: A copy of the actual assurance document must be on file with the institution and/or IRB/EC.</p>
<p><b>Final/Closeout Monitoring Report or Closeout Checklist (when applicable)</b></p>	<p>A report completed by a monitor or a checklist completed by CRS staff that documents that all required site closeout activities are complete and essential documents are filed appropriately. This includes:</p> <ul style="list-style-type: none"> <li>• Final numbers/status of participants such as screened, enrolled, early terminated</li> <li>• Location of research records</li> <li>• Disposition of specimens</li> <li>• Disposition of study product</li> <li>• IRB/EC notification of closure</li> </ul> <p>Applies only to CRSs being closed (i.e., no longer enrolling new participants or following any participants on a study.)</p>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<p><b>Final Study Report</b></p>	<p>A final report submitted by the PI/loR to the IRB/EC (and applicable regulatory authorities) that documents study completion. This report should include:</p> <ul style="list-style-type: none"> <li>• Final numbers/status of participants such as screened, enrolled, early terminated</li> <li>• Location of research records</li> <li>• Disposition of specimens</li> <li>• Disposition of study product</li> <li>• Other information as required by the institution or local IRB/EC (e.g., deviations, SAEs, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>
<p><b>Financial Disclosure Forms</b></p>	<p>Documentation that demonstrates compliance with a U.S. Food and Drug Administration (FDA) regulation (21 CFR part 54) requirement to:</p> <ul style="list-style-type: none"> <li>• Certify the absence of certain financial interests (e.g., any compensation made to the PI/loR or staff of the covered clinical trial in which the value of compensation could be affected by clinical trial outcome).</li> <li>• Certify the absence of arrangements that could affect the reliability of data submitted to the FDA (e.g., a proprietary interest in the study product, including a patent, trademark, copyright, or licensing agreement); or</li> <li>• Disclose financial interests and arrangements and identify steps taken to minimize the potential for bias (e.g., any equity interest, such as stock options in any sponsor of the covered clinical trial).</li> </ul> <p>For all DAIDS clinical trials where DAIDS is the investigational new drug (IND) holder, the PI/loR must ensure that CRS staff listed on the Form FDA 1572 complete a financial disclosure form/statement.</p> <p>Consult the local institution, IRB/EC, and/or CRS SOPs for any additional requirements. Refer to the Protocol Registration Manual and the <a href="#">Financial Disclosure Guidance</a> for additional information.</p>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<p><b>Form FDA 1572 or DAIDS IoR Form</b></p>	<p>A Form FDA 1572 (IND studies)/DAIDS Investigator of Record Form (non-IND studies) identifies who is ultimately responsible for the study, and the document serves as the contract between the PI/IoR, the FDA, and Sponsor.</p> <p>PI/IoR must update this form when CRS staff and/or other data on the form changes. Updated forms must be signed and dated by the PI/IoR.</p> <p>CRSs must file original forms at the CRS and submit a copy to the Protocol Registration Office.</p> <p>Instructions for completing these forms are supplied in the Protocol Registration Manual and Protocol Registration Policy.</p>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>
<p><b>Information Given to Clinical Trial Participant</b></p>	<p>Documents that demonstrate a CRS has provided participants with sufficient information regarding the clinical trial and supports their ability to give fully informed consent. An IRB approval is required for any written, study-related information provided to a participant. Documents in this category include:</p> <ul style="list-style-type: none"> <li>• ICF and all applicable translations</li> <li>• Advertisement(s) for participant recruitment (if used)</li> <li>• Educational materials (protocol specific)</li> <li>• Participant diaries</li> </ul>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<b>Informed Consent Form (ICF)</b>	<p>Provides a detailed description of the study to a potential participant, and the signed and dated document provides evidence that informed consent was obtained in accordance with applicable regulations, International Council on Harmonisation Good Clinical Practice (ICH E6), and the protocol.</p> <ul style="list-style-type: none"> <li>• All approved versions of the ICF must be kept in CRS files.</li> <li>• Participant’s signed/dated consent forms (original documents) may be kept in CRS files or participant’s research record.</li> <li>• When applicable, signed and dated certificates of translation must be filed (along with the original English and foreign language versions of the consent form) to verify the accuracy of the translation.</li> </ul> <p><b>Note:</b> Consents obtained for screening purposes must be retained even if the participant was not subsequently enrolled in the study.</p> <p>Refer to the “Informed Consent of Participants” section of the SCORE Manual for additional consent requirements.</p>	<ul style="list-style-type: none"> <li>• ISF</li> <li>• Participant research record</li> </ul>
<b>Insurance Certificate (where required)</b>	<p>Documentation that demonstrates that a CRS is insured to compensate participant(s) in the event of a clinical trial related injury. These certificates must be renewed prior to their expiration date.</p>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>
<b>Investigator’s Brochures (IBs)/Package Inserts</b>	<p>A comprehensive document, provided to PIs/IoRs and other CRS staff, that summarizes relevant clinical and nonclinical data on a study product. An IB or package insert must be on file for each study product administered within a clinical trial.</p> <p>Addenda to IBs (e.g., all IND safety reports related to the study product) that documents that the PI/IoR and CRS staff were informed of all relevant updates to study product-related information in a timely manner.</p>	<ul style="list-style-type: none"> <li>• ISF</li> <li>• Pharmacy file</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<b>Institutional Biosafety Committee (IBC) Review/ Approval</b>	<p>Documents required of any institution conducting National Institutes of Health-funded research that involves recombinant DNA, including:</p> <ul style="list-style-type: none"> <li>• Copies of all materials submitted to the IBC with submission date</li> <li>• IBC approval of the protocol</li> <li>• IBC decisions regarding containment level, contingency plans for handling accidental spills, and personnel contamination resulting from recombinant DNA research</li> </ul>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<p><b>IRB/EC Composition, Approvals, and Correspondence</b></p>	<p>Copies of all materials submitted to the IRB/EC, or any local committees as required by the IRB/EC, including:</p> <ul style="list-style-type: none"> <li>• Clinical research center committee</li> <li>• Radiation safety committee</li> <li>• Maternal fetal committee</li> <li>• Other hospital committees (per local site IRB/EC requirements)</li> </ul> <p>Dated proof of submission and IRB/EC approval of the following documents for both initial submissions and revisions:</p> <ul style="list-style-type: none"> <li>• Recruitment advertisements</li> <li>• ICFs (including all language versions)</li> <li>• Any other information provided to participants to document the consent process</li> <li>• Initial protocol, protocol amendments, and/or letters of amendment</li> <li>• Clarification memos (if required by local IRB/EC)</li> <li>• IND safety reports, safety memos, and safety alerts</li> <li>• IBs</li> <li>• Protocol-specific education materials, such as instructions on how to administer the study product(s) and/or how to use an electronic diary</li> <li>• Documentation of participant compensation</li> <li>• Any other documents receiving IRB/EC approval or their favorable opinion</li> <li>• IRB/EC continuing/interim reviews</li> <li>• IRB/EC composition letter and non-voting letters when CRS staff is an IRB/EC member</li> <li>• Any other pertinent communications with IRB/EC or documentation required by the IRB/EC, such as deviations and SAEs</li> </ul>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<p><b>Laboratory Documents (Laboratory Reference Ranges, Certifications, Accreditations)</b></p>	<p>Documentation that demonstrates the ability of local or central laboratories to perform protocol-required tests, support the reliability of results for medical/laboratory/standardized procedures/tests, and confirm normal values/ranges for tests throughout the clinical trial period. The following must be on file:</p> <p><u>Laboratories located in the U.S.</u></p> <ul style="list-style-type: none"> <li>• Clinical Laboratory Improvement Amendment (CLIA) Certification of Compliance</li> <li>• CLIA Certification of Accreditation AND the agency certificate (e.g., College of American Pathologists Certification of Accreditation)</li> </ul> <p><u>Laboratories located outside the U.S.</u></p> <ul style="list-style-type: none"> <li>• Laboratory manager’s CV</li> <li>• Results of established quality control and/or external quality assessment (e.g., DAIDS Virology Quality Assurance program)</li> <li>• Other certifications/validations, as per local requirements</li> </ul> <p>The preceding information does NOT apply to laboratories that test protocol specimens but do NOT report participant-specific results to diagnose, treat, or assess participant health. For additional information, refer to the SCORE Manual’s <a href="#">Laboratory Requirements</a> section.</p>	<ul style="list-style-type: none"> <li>• Central file</li> <li>• ISF</li> <li>• Laboratory file</li> </ul>
<p><b>Participant Identification Code List</b></p>	<p>A secure, confidential listing that allows:</p> <ul style="list-style-type: none"> <li>• The investigator/institution to reveal participant identity, if needed.</li> <li>• The PI/IoR/institution to identify all participants enrolled in the trial if follow-up is required.</li> </ul>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<b>Pharmacy Accountability Records</b>	<p>Study product documentation that demonstrates the product was administered according to the protocol and provides the accountability of study product(s) received at the CRS, dispensed to participants, returned by the participants, returned to Clinical Research Products Management Center (CRPMC) by Pharmacy staff, destroyed, as required.</p> <p>CRSs must keep accountability records for all study products provided as part of the clinical trial.</p> <p>Refer to the <i>Pharmacy Guidelines and Instructions for DAIDS Clinical Trials Networks</i> for more information.</p>	<ul style="list-style-type: none"> <li>• Pharmacy file</li> </ul>
<b>Record of Retained Body Fluids and/or Tissue Samples</b>	Documents that record the location and identity of any specimens, blood, other body fluids, or tissue retained for long-term storage at the CRS.	<ul style="list-style-type: none"> <li>• ISF</li> <li>• Central file</li> </ul>
<b>Regulatory Entities/Authorities Authorization/ Approval/ Notification of Protocol (where required)</b>	Documents that demonstrate that the CRS obtained appropriate regulatory authorizations/approvals/notifications prior to initiating the clinical trial and subsequently, such as for protocol amendments and others, as required.	<ul style="list-style-type: none"> <li>• ISF</li> </ul>
<b>Screening and Enrollment/ Randomization Logs</b>	<p>CRS logs that document:</p> <ul style="list-style-type: none"> <li>• Participants considered for screening</li> <li>• Chronological enrollment of participants by trial</li> <li>• Logs may be separate or combined and include: <ul style="list-style-type: none"> <li>▪ Initials of all participants screened for each study, as applicable</li> <li>▪ PID/PtID number, if received by a participant</li> <li>▪ Date screened</li> <li>▪ Date randomized</li> <li>▪ Reason participant was not randomized (when applicable)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<b>Site Monitoring Reports</b>	<p>Monitoring contractor reports that document:</p> <ul style="list-style-type: none"> <li>• Site monitoring visits</li> <li>• Monitor findings</li> <li>• Review of clinical trial procedures with the PI/IoR and site staff</li> </ul>	<ul style="list-style-type: none"> <li>• Central file</li> <li>• ISF</li> </ul>
<b>Shipping and Storage Records for Study Product(s) and Clinical Trial-related Materials</b>	<p>Documents that record shipment dates, batch numbers, and study product(s)/clinical trial-related material shipment methods. These records facilitate study product batch tracking, shipping conditions review, and study product accountability.</p> <p>Temperature monitoring records document whether study product integrity, stability, and effectiveness were preserved throughout the clinical trial.</p> <p>Refer to the <i>Pharmacy Guidelines and Instructions for DAIDS Clinical Trials Networks</i> for more information.</p>	<ul style="list-style-type: none"> <li>• Pharmacy file</li> </ul>
<b>Shipping and Storage Records for Biospecimens</b>	<p>Documents that record shipping dates and details of biospecimens shipped to Central Laboratories, Research Laboratories or Biorepositories.</p> <p>Temperature monitoring records document whether biospecimens' integrity, and stability were preserved throughout the storage period.</p> <p>For additional guidance refer to <i>DAIDS Good Clinical Laboratory Practices</i> requirements.</p>	<ul style="list-style-type: none"> <li>• ISF</li> <li>• Laboratory file</li> </ul>
<b>Site Visit Log</b>	<p>Log that documents each CRS visit by DAIDS representatives, such as a monitor/auditor. Must be signed and dated by DAIDS representatives and acknowledged (signed and dated) by a CRS staff member.</p>	<ul style="list-style-type: none"> <li>• Central file</li> <li>• ISF</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<b>Signed Protocol, Amendments, and Clarification Memos (when applicable)</b>	<p>Records that document a clinical trial’s objective(s), design, methodology, statistical considerations, and organization. The protocol and amendments also provide a clinical trial’s background and rationale.</p> <p>The protocol signature page documents the PI’s /IoR’s commitment to conducting the clinical trial in compliance with the protocol and amendments.</p>	<ul style="list-style-type: none"> <li>• ISF</li> </ul>
<b>Training Records</b>	<p>Documentation of any required training completed by CRS staff:</p> <ul style="list-style-type: none"> <li>• Human Subject Protection</li> <li>• ICH E6</li> <li>• Protocol and amendments</li> <li>• Manual of Operations/Procedures</li> <li>• eCRF</li> </ul> <p>Refer to the SCORE Manual’s “Clinical Research Site Personnel Qualifications, Trainings and Responsibilities” section for additional information.</p>	<ul style="list-style-type: none"> <li>• Central file</li> <li>• ISF</li> </ul>
<b>Initiation Monitoring Report</b>	<p>To document that clinical trial procedures were reviewed with the PI/IoR and their clinical trial staff.</p> <p>This may be combined with a pre-trial monitoring report and documented as a training when a site initiation visit does not apply.</p>	<ul style="list-style-type: none"> <li>• Central file</li> <li>• ISF</li> </ul>
<b>Signed Agreements</b>	<p>Records that document relationships between any of the following involved parties:</p> <ul style="list-style-type: none"> <li>• PI/IoR/institution and DAIDS (e.g., grant)</li> <li>• PI/IoR/institution and affiliated CRSs (e.g., contracts)</li> <li>• PI/IoR/institution and authorities (where required)</li> <li>• PI/IoR and third-party vendors (e.g., long-term storage facility, emergency services/ambulance)</li> </ul>	<ul style="list-style-type: none"> <li>• Central file</li> </ul>

Document(s)	Purpose/Description	Suggested File Location
<p><b>Source Documents</b></p>	<p>Electronic media, original documents, or certified copies that document the existence of the participant and substantiate collected clinical trial data integrity. This includes documents related to the clinical trial, medical treatment, participant history, and participant's condition while on-study or in follow-up.</p> <p>Refer to the SCORE Manual's <a href="#">Source Documentation</a> section for additional requirements.</p>	<ul style="list-style-type: none"> <li>• As required by local institution</li> </ul>
<p><b>Unblinding Procedures for Blinded Clinical Trials</b></p>	<p>Required, established CRS SOP to document how a blinded study product's identity can be revealed without breaking the blind for the remaining participants' treatments, in the event of an emergency.</p> <p><b>Note:</b> If DAIDS Clinical Trials Network has an unblinding policy/procedure in place, the CRS still needs to have a local SOP. The SOP can refer to the Network policy/procedure.</p>	<ul style="list-style-type: none"> <li>• Central file</li> <li>• ISF</li> </ul>