# Regulatory Binder

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Information in this Presentation
Is Up-to-Date as of 8.18.17

## What is a Regulatory Binder?

- Paperwork required to keep updated on studies where patients are being consented or animals used for research.
- Can be contained within paper or electronic format.
- Examples: IRB documentation, training of staff, etc…….

## Why Bother?

- IRB requirement. If audited—need this information to be organized and accessible.
- Excellent way to organize study, reports, procedures, consents etc.

## Binder: Table of Contents

- See handout
- NOTE: Sections will vary according to type of research, type of subject, and study design. (e.g. FDA studies versus behavioral, descriptive studies)

# 1. IRB Protocols & Amendments

- IRB Protocols and Changes to IRB Protocols
- Protocol Deviations Log

## IRB Protocols and Changes to IRB Protocols: Log (key personnel, instruments, amendments)

| | | | | | | |
|---|---|---|---|---|---|---|
| **Protocol ID/Number:** | | | **10-11-08** | | **Codes for types of change:**<br>**Key personnel: KP**<br>**Instruments: IN**<br>**Amendments: AM**<br>**Informed Consent Versions: ICV** | |
| **Protocol Title (Abbreviated):** | | | **Mapping Complexity of CCI** | | | |
| **Principal Investigator:** | | | **BJD** | | | |
| **Version No.** | **Type of Change** | **Date of submission to IRB** | **Date of IRB approval** | **Date of Expiration** | **Detailed Description of Change** | **Investigator's Signature and Date** |
| **1.1** | Original IRB submission | 10/1/2011 | 11/11/2011 | 11/9/2012 | No changes/original submission | Barbara J. Daly, PhD, RN, FAAN |
| **1.2** | KP, AM | 1/5/12 | 2/17/2012 | 11/9/2012 | Addition of Amy Petrenic, Barb Bovington-Molter | Barbara J. Daly, PhD, RN, FAAN |

# Protocol Deviations Log

STUDY NAME

Site Number: _____ Visit Date: __ __/__ __ __/ 2 0 __ __
d d m m m y y y y

Pt_ID: _____

Did this participant have any protocol deviations? ☐ Yes ☐ No

| Description of Protocol Deviation: | Deviation Category* | Deviation Code** | Date Deviation Occurred: (dd/mmm/yyyy) | Date IRB Notified (if applicable): | Principal Investigator's Signature | Date Signed (dd/mmm/yyyy) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

# 2. CVs, Licensure: Personnel

- CV (needs to be signed) & updated every 2 years
- Delegation of Responsibility, CREC, COI, UH Credentials Log
- Training Log

# Delegation of Responsibility, CREC, COI, UH Credentials Log

| Print Name | Signature | Title | Responsibilities* | CREC exp date | Start Date | COI form completed Yes/No | Is there a COI Yes/no | UH Credentials | Cred exp date | PI Initials (Protocol Training Completed) |
|---|---|---|---|---|---|---|---|---|---|---|
| Barbara Daly | Barbara J. Daly, PhD, RN, FAAN | PI | 1, 6, 7 | 9/1/16 | 11/11/11 | yes | no | yes | never | Barbara J. Daly, PhD, RN, FAAN |
| Sara Douglas | sarahouglas | Co-I | 2, 6, 7 | 9/1/16 | 11/11/11 | yes | no | yes | 4/15 | Barbara J. Daly, PhD, RN, FAAN |

Responsibilities* (list all that apply)

1) PI
2) Co-Investigator
3) Clinical Research Coordination
4) Research Assistant
5) Laboratory Analysis
6) Regulatory Activities (IRB)
7) Administration
8) Patient Consent
9) Data Entry

# Training log

| Please Print NAME: Mary Leuchtag | Obtain Informed Consent | Data Collection | Apache | Charlson | Rounding | EMR | Data Entry | Data Cleaning | Regulatory Document Maintenance | Adminstrative | IRR Apache | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | x | x | x | x | x | x | x | | x | x | x | | | | | |

| STUDY ROLE: RA | SIGNATURE: Mary Leuchtag | DATES OF STUDY INVOLVEMENT: 11/11/11-present |
|---|---|---|

# 3. Screening & Enrollment

- Note where to find screening & enrollment data: "Refer to screening & enrollment logs for study participation information (found on encrypted laptop)"
- Study Eligibility: Inclusion/Exclusion
- Study Completion form

# Study Eligibility

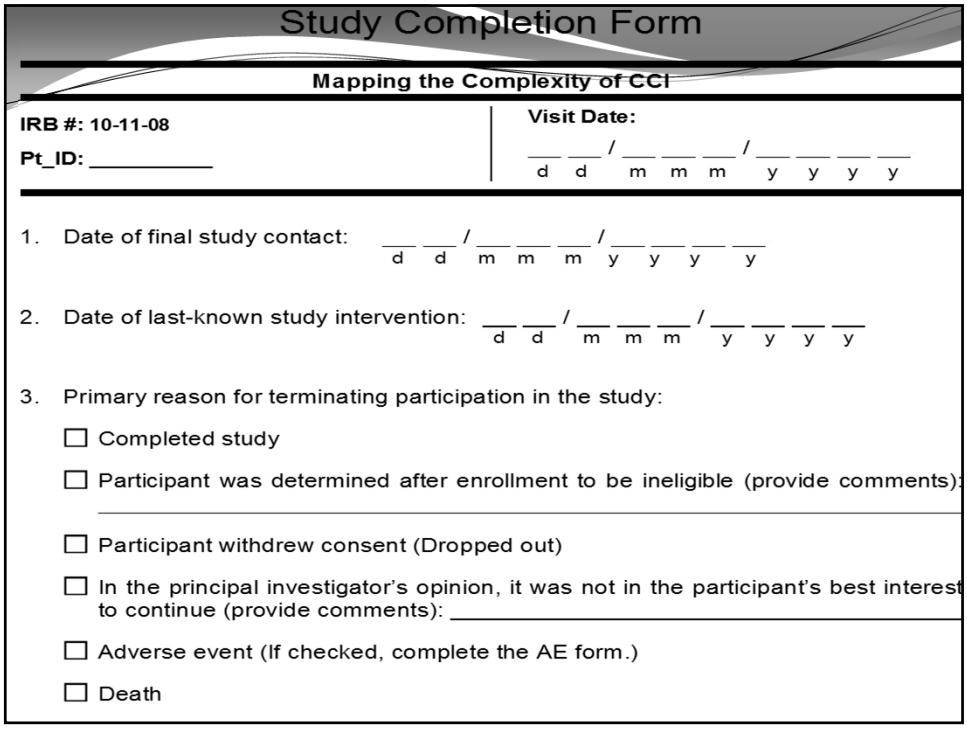
## Inclusion/Exclusion Criteria

**STUDY NAME: Mapping Complexity of CCI**

**Inclusion Criteria for Patient**

***Participant must:***

| | | | |
|---|---|---|---|
| 1. | ICU >= 3 days | ☐ Yes | ☐ No |
| 2. | Not expected to be transferred out of ICU w/in 48 hours | ☐ Yes | ☐ No |
| 3. | Lack of cognitive capacity | ☐ Yes | ☐ No |
| 4. | Have an identified family surrogate | ☐ Yes | ☐ No |



Study Completion Form

Mapping the Complexity of CCI

IRB #: 10-11-08

Pt_ID: _____

Visit Date: __ __ / __ __ __ / __ __ __ __ (d d m m m y y y y)

1. Date of final study contact: __ __ / __ __ __ / __ __ __ __ (d d m m m y y y y)

2. Date of last-known study intervention: __ __ / __ __ __ / __ __ __ __ (d d m m m y y y y)

3. Primary reason for terminating participation in the study:

- ☐ Completed study
- ☐ Participant was determined after enrollment to be ineligible (provide comments): _____
- ☐ Participant withdrew consent (Dropped out)
- ☐ In the principal investigator's opinion, it was not in the participant's best interest to continue (provide comments): _____
- ☐ Adverse event (If checked, complete the AE form.)
- ☐ Death

## 4. IRB Correspondence

- IRB approval notifications (initial and on-going)
- Continuing Reviews

## 5. Informed Consent Documents

- Keep updated consent documents in binder

## 6. Investigatory, IRB Brochures

- IRB approved study brochures/Information sheets

## 7. Laboratory Certification

- Certification forms
- Normal lab values for each lab

## 8. Drug & Device Accountability

- Refer to FDA documentation requirements

## 9. Blank Set of Study Instruments

- PDF or word document for all study instruments

# 10. FDA Required Forms

- Refer to FDA documentation requirements

# 11. NIH or Sponsor Correspondence

- Notice of award
- Progress reports
- Final report

# 12. DSMB, Adverse Events

- DSMB

Data and Safety Monitoring.

Because this is a descriptive study with no intervention, we will not convene a formal Data Safety and Monitoring Board. However, we will use several measures to assure data integrity and to manage any reports of concerning clinical issues.

If we obtain data that reveal clinical concerns the PI will share these data with the appropriate hospital personnel. The local IRB requires serious adverse events that have any possible relation to the study be reported immediately to the IRB. Less significant events and events that have no relation to the study

- Adverse Events

| Pt Identifier | Age | Treatment Date | SAE | SAE Date | Related to Intervention | Description of Actions and Outcomes (e.g., hospitalization, withdrawn from study) |
|---|---|---|---|---|---|---|
| Subj001 | | | | | | |
| Subj002 | | | | | | |
| Subj003 | | | | | | |
| | | | | | | |

# 13. Monitoring Visit Log

Monitoring Log:

*IRB protocol #* *PI Name:* *Study Title:*

| NAME of MONITOR (PRINT) | DATE of VISIT | PURPOSE FOR VISIT | FILES REVIEWED | SIGNATURE of MONITOR | SIGNATURE of COORDINATOR |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

# Tips from our experience

- Mark calendar for IRB and NIH progress report renewal dates
- Track CREC expiration dates 4x per year
- Must keep paper copies of all consents
- Back up data using password protected documents, save to flash drive and keep in locked office. ?Iron key? Or Box.Com

- For CVs-date signature not the actual date that CV was created
- Have line for ID number on every page of every tool
- Have RA sign and date every tool on the date of consent

## Online Resources: Regulatory Binder

- UH IRB: http://www.uhhospitals.org/clinical-research/research-compliance-and-education/clinical-research-tools
- FDA: Good Clinical Practice http://www.fda.gov/downloads/Drugs/Guidances/ucm073122.pdfNIH
- NIH: https://nccih.nih.gov/grants/toolbox

**Regulatory Binder Template**
**Table of Contents**
**(Douglas, Lipson)**

1. IRB Protocols & Amendments
   a) Addenda
   b) Original IRB Submission & Approval
   c) FORM-IRB protocols, Changes to IRB, Log (key personnel, instruments, amendments, informed consent versions)
   d) FORM – Protocol Deviation Log

2. CVs, Licensure, Signatures, Delegation of Responsibility Log, Training Log
   a) CVs (updated, signed, dated every 2 years)
   b) Professional licenses
   c) Signatures (electronic)
   d) FORM-Delegation of responsibility log (role on grant, CREC, COI, UH Credentials)
   e) FORM-Training log

3. Screening & Enrollment Logs, Inclusion-Exclusion, Enrollment Form, Study Completion Form
   a) Screening & Enrollment logs: document that states these logs are on encrypted laptop
   b) FORM-Inclusion/Exclusion (completed for each screened patient)
   c) FORM-Enrollment, Randomization, Refusal, Consent Documentation (completed for each approached subject for consent)
   d) FORM-Study Completion (completed for every enrolled subject)

4. IRB Correspondence, CR
   a) All IRB correspondence
   b) Continuing Reviews and Approvals

5. Informed Consent Documents (Note: put current protocol number next to each subject ID)

6. Investigatory, Device Manual, IRB Approved Study Brochures

7. Laboratory Certification (include normal values for each lab)

8. Drug or Device Accountability Records

9. Blank Set of Study Instruments

10. FDA Required Forms

11. NIH or Sponsor Correspondence, Annual Progress Reports, Final Report
    a) NIH Correspondence (notice of award)
    b) NIH Progress Reports
    c) NIH Final Report

12. DSMB Plan, Adverse Events
    a) DSMB
        1. DSMB Plan
        2. DSMB Monitor FORM – Sample

    b) Adverse Events
        1. FORM - Adverse Events
        2. FORM – Serious Adverse Events

13. Monitoring Visit Log
    a) FORM-Monitoring log

| Department | What to maintain | How | How long |
|---|---|---|---|
| DHHS (Department of Health and Human Services) | • Records of IRB approved activities<br>• IRB Submission and Approvals<br>• Signed Informed Consent Documents and any documentation of such activity | • May be preserved in hardcopy, electronic or other media<br>• Must be accessible for inspection and copying<br>• Retention of multiple copies of each record is not required | • Three (3) years after completion of research (45 CFR 46.115(b)) |
| FDA (Food and Drug Administration<br><br>21 CFR312.62, 21 CFR812.40, and 21 CFR511.1 | • Records of IRB approved activities, disposition of drug, case histories including medical records and CRF<br><br>• IRB Submission and Approvals<br><br>• Signed Informed Consent documents and any documentation of such activity | • Must be accessible for inspection<br><br>• Accurate, legible, contemporaneous, original, attributable | • Two (2) years following the date a marketing application is approved for the drug for the indication for which it is being investigated<br>OR<br>• If no application is to be filed OR if the application is not approved for such indication two (2) years after the investigation Is discontinues and FDA is notified<br><br>**Device**<br>• Two (2) years from the date on which the investigation is terminated or completed<br>OR<br>• the date that the records are no longer required for purposes of supporting a premarket approval application or a notice of completion of a product development protocol |
| NIH (National Institutes of Health) Grant awards | • Financial and programmatic records<br>• Supporting documents and statistical records<br>• All other records required by terms of a grant | • Silent (Default to institutional requirements) | • Three (3) years from the date the annual Financial Status Report (Grant close out)<br>• If any litigation, claim, financial management review, or audit is started before the expiration of the 3-year period, records must be retained until all litigation, etc. is resolved and final action taken (See 45 CFR 74.53 and 92.42 for exceptions) |

| | | | |
|---|---|---|---|
| ICH GCP<br><br>GCP E6<br>4.9.5,<br>5.5.11 and<br>5.5.12 | • Trial documents as specified in Essential Documents for the Conduct of a Clinical Trial and as required by applicable regulatory requirement (s). | • Recorded, handled, and stored in a way that allows accurate reporting, interpretation, and verification | • Should take measures to prevent accidental or premature destruction of these documents<br>• 2 years after last approval of marketing application and until there are no pending or contemplated marketing applications<br>OR<br>• At least 2 years have elapsed since the formal discontinuation of clinical development of investigational product<br>• Retained longer if required by applicable regulatory requirements or by agreement with sponsor |
| CWRU SBER IRB | • IRB Submission and Approvals<br>• Records relating to research<br>• Signed Informed Consent documents and any documentation of such activity | • Secure in lockable filing cabinets, password protected disk, etc.<br>• Encouraged to make research data anonymous (all identifiers, including master lists) destroyed as soon as possible.<br>  ○ Balance mandate with requirements of sponsors, regulatory bodies (OHRP and FDA) and University policies to maintain original data<br>• Research data normally retained in the unit where produced<br>• Should include reasonable and prudent practice for off site back-up of electronic and hard-copy data | **(Whichever occurs last, with original data retained)**<br>How long (whichever occurs last, with original data retained)<br>• For the purposes of research integrity, it is suggested that investigators retain study records for six years<br>• At least three (3) years after the final publication of the data<br>• Final publication of the data in accordance institutional policy<br>Any of the following circumstances may justify longer periods of retention:<br>1. As long as may be necessary to protect any intellectual property or COI<br>2. Degree is awarded or work is clearly abandoned by student |

| | | | |
|---|---|---|---|
| UHCMC IRB | • Records associated with a human subject's research project<br>• Adequate and accurate case histories recording all observations and other data pertinent to investigation (Case histories: CRF, medical records, progress notes of physician and nurses' notes)<br>• Original signed Informed Consent -Documents and documentation of such activity | • In a secure, protected, confidential manner<br>• Per protocol | • Minimum of three (3) years following the end of the study<br>• Requirements vary depending on the funding source AND if conducted under FDA regulations<br>  ○ Records for FDA regulated articles (drugs, devices, biologics, assays, etc.) must be kept as required by FDA regulations based on role of PI (sponsor or investigator)<br>• Projects not funded by Federal agency OR do not involve -FDA regulated articles, must be kept according to the Case Policy on Data Retention. |
| UH | • All records are maintained and retained in accordance with federal and Ohio laws and regulations | • Electronic must be backed-up<br>• On site or offsite with approved vender | Records Retention Schedules<br>(some records are destroyed as early as 1 year)<br><br>**Medical Research Records**<br>Research papers, published — Permanent<br>Human experimentation records — 30 years<br>IRB Documentation — 3 years<br>Research reports — 10 years<br><br>*if documents are scanned in to an EHR; destroy originals within 30 days unless a legal hold exists on these documents |