Regulatory Binder Checklist for FDA-Regulated

Sponsor/Sponsor-Investigator Studies

DIRECTIONS:

- 1. The purpose of a regulatory binder is to assure that all essential elements are maintained in an organized fashion throughout the lifecycle of a study. These documents are essential to quality conduct of the study.
- 2. As a sponsor of an IND/IDE you must keep a regulatory binder. If you are also the investigator you will need to keep those essential documents also. If you are not the investigator you will need to assure as part of your monitoring program that the investigator does maintain an investigators regulatory binder.
- 3. The following checklist will outline the essential documents to be maintained by both the sponsor and the investigator.
- 4. This checklist can also be utilized for investigator intiated non FDA regulated research by following only the investigator required documents.
- 5. The Regulatory Binder should be monitored throughout the study and is subject to Audit.
- 6. Use a separate 3-ring binder for the regulatory documents for each study. Use labeled dividers to organize documents by topic and file documents in chronological order.
- 7. As appropriate for the study, some documents may be stored electronically. Please include an explanation in the binder indicating where electronic documents can be located.
- 8. The storage location needs to be secure, whether study documents are stored in a binder or electronically.

Regulatory Binder Checklist for FDA-Regulated Sponsor/Sponsor-Investigator Studies

| Study title | | |
|---|-------|---|
| PI name | | |
| IRB number | _ | |
| IND/IDE Number: | | |
| Checklist completed by | | _ |
| PI initials indicating that checklist is complete | Date: | |

Regulatory Binder Checklist

- ✓ Use a separate 3-ring binder(s) for each IND/IDE. If you have multiple studies under an IND/IDE then also keep a separate binder for each study..
- ✓ Use labeled dividers to organize documents by topic and file documents in chronological order.

| A. FDA Documents | | | one |
|--|--|-----|------|
| Tab Label | Documents to include in binder | Yes | N/A* |
| 1. Form 1571 (IND only) | Maintain all versions | | |
| 2. IND or IDE Application | Copy of full application | | |
| 3. FDA Annual Reports | Copy of all reports sent to the FDA | | |
| 4. FDA Correspondence | Include communication with FDA, such as letters, facsimiles, telephone discussions, emails, etc. | | |
| 5. FDA Form 1572 (drug study only) | Include all versions | | |
| 6. All amendments to the IND/IDE | This includes, submissions for changes to protocol, new protocols, new investigators. | | |
| 7. Statement of Investigator or Investigator Agreement (device study only) | Note: This is a brief agreement provided by the sponsor. It is <u>not</u> the Sponsored Research Agreement negotiated by Legal Contracts Administration. | | |
| 8. FDA Final Report | In alredo all gaments and galated accuracy and an ac- | | |
| 9. FDA Safety Reports | Include all reports and related correspondence, FDA Forms 3500 and 3500A | | |
| 10. Form 3674 | Certification of Clinicaltrials.gov registration. Keep all versions | | |
| 11. Investigational Product Information (device study only) | Summary document describing the investigational product under study. | | |

| 12. Transfer of Obligations | If any sponsor or investigator responsibilities are transferred to another organization (ex CRO) this formal agreement and any related correspondence must be maintained. | |
|---|---|--|
| 13. Laboratory Documents | Normal ranges CAP certification CLIA certification | |
| 14. Financial Disclosure(s) | Certification of Financial Interest and as applicable Disclosure of Financial Interest by investigator Form 3454 and as applicable Form 3455 | |
| 15. Sample Case Report Form (CRF) | Include a blank CRF if available | |
| 16. Data Safety Monitoring Board (DSMB) | Include membership, charter, copy of reports and correspondence, if applicable | |
| 17. Study-specific SOPs | Include SOPs from sponsor and those developed by the study team/work unit. | |

| B. IRB Documentation | | ✓ Check one | |
|----------------------|---|-------------|------|
| Tab Label | Documents to include in binder | Yes | N/A* |
| IRB Correspondence | Include copies of the following: | | |
| | 1. IRB submission forms | | |
| | 2. All documents submitted to the IRB | | |
| | (e.g. initial protocol submission with | | |
| | attachments, continuing reviews, protocol | | |
| | amendments, unanticipated problems | | |
| | involving risks to subjects or others | | |
| | reporting, etc.) | | |
| | 3. All IRB approval minutes/letters | | |
| | 4. IRB membership/roster (include roster | | |
| | from initial approval of study and annual | | |
| | updates). | | |

| C. Study Tracking Logs | | ✓ Che | ck one |
|----------------------------|--|-------|--------|
| Tab Label | Documents to include in binder | Yes | N/A* |
| 1. Subject Logs | Depending on your study, this could include: Master subject log: Include name, study number, date enrolled and completed, medical record number, contact information Screening log (include screened failures and reason for failure) OnCore usage for participant management is adequate | | |
| 2. Adverse Event Reporting | Include all reports (or logs) of adverse events and serious adverse events *Note: It is recommended that you keep all reports in one | | |

| Note: Unanticipated problems involving risks to subjects or others reporting are filed under the IRB Correspondence tab. | binder <u>OR</u> that you keep all reports in the individual subject files. Be consistent and describe the method used for your study. | |
|---|---|--|
| Investigational Product Accountability | 1. Drugs: Include logs showing receipt of drug (lot #, expiration date), dispense date and quantity, return/disposal, temperature log (if applicable). | |
| Note: If this information is kept on file with the Pharmacy or another department, then include an explanation stating where the information is located. | 2. Devices: Include logs showing date the device was received, date device was implanted or given to participant, and date of disposition. | |
| 4. Monitoring Log* | This includes any documents related to monitoring of the study (by the sponsor). For example, these may include sign-in logs, monitoring reports, confirmation letters, presite selection visit, site initiation visit. | |
| 5. Delegation of Responsibility Log | Include tasks delegated to specific study team members. This can serve as the signature log. | |
| 6 Training Log (as applicable) | Include documentation of special training completed for the study (e.g. training on a study-specific device). Document who received training, date, name of instructor. | |

| D. General Correspondence | | ✓ Che | ck one |
|---------------------------|--|-------|--------|
| Tab Label | Documents to include in binder | Yes | N/A* |
| General Correspondence | Include communication on study-specific issues with clinical personnel, pharmacy, etc. This may include letters, facsimiles, telephone discussions, emails, etc. | | |

| E. Study Personnel | | | ✓ Check one | |
|----------------------|---|-----|-------------|--|
| Tab Label | Documents to include in binder | Yes | N/A* | |
| 1. CVs and Licensure | Include copies for all individuals as appropriate for the study. | | | |
| | Note: These documents may be retained in a separate binder, stored electronically, or shared among multiple studies (as appropriate). If kept separately, please include an explanation in the binder stating where the information is located. | | | |

Subject Files Checklist for FDA-Regulated Studies

| Study title | _ |
|---|-------|
| PI name | |
| IRB number | _ |
| IND/IDE Number: | |
| Checklist completed by | Date: |
| PI initials indicating that checklist is complete | Date: |

Subject Files Checklist (complete only one checklist per study)

- ✓ Use a separate file (or binder with dividers) for each subject enrolled in the study.
- ✓ Review subject files to ensure that the following documents are included (as applicable for study).

| | Documents to include in file | Comments | ✓ Check one | |
|----|--------------------------------------|--|-------------|------|
| | | | Yes | N/A* |
| 1. | Informed consent documents for all | Verify the correct version of informed | | |
| | subjects | consent was signed. If a subject was required | | |
| | | to sign more than one consent, verify that all | | |
| | | applicable versions are signed and retained. | | |
| 2. | Completed Case Report Forms | Depending on your study, this may include | | |
| | (CRF) | the clinical history, inclusion/exclusion | | |
| | | criteria, concomitant medications, etc. | | |
| 3. | Source documents | Include source documents such as: lab | | |
| | | reports, x-rays, diagnostic tests, scans, etc. | | |
| | | Certify copies of emr | | |
| 4. | Study drug or device administration | Include any files/records that are maintained | | |
| | | separately from the Research Pharmacy or | | |
| | | distribution area. | | |
| 5. | Adverse Event Reporting | Include adverse events, serious adverse events | | |
| | | and unanticipated problems involving risks to | | |
| | | subjects or others reporting that have been | | |
| | For example: Adverse Events, | reported for a subject. *Note: It is | | |
| | Serious Adverse Events, | recommended that you keep all reports in one | | |
| | Unanticipated problems involving | binder OR that you keep all reports in the | | |
| | risk to subjects or others reporting | individual subject files. Be consistent and | | |
| | (*See Note) | describe the method used for your study. | | |
| 6. | Receipts for subject reimbursement | Reimbursement means you are repaying a | | |
| | | study subject for actual cost he/she incurred | | |
| | | while participation in the study. For example: | | |
| | | mileage, lodging, food, parking fees, etc. | | |