Use of Florence eBinders for Electronic Records	CR-406
Clinical Research Standard Practices	**Effective Date:** November 2023

SCOPE

This standard operating procedure (SOP) applies to all electronic records for the clinical research studies and trials where Florence Electronic Trial Master File (eTMF) or Electronic Investigative Site Files (eISF) is utilized by Penn State College of Medicine and all Penn State Health entities engaged in clinical research.

This SOP applies to the following personnel engaged in the collection, creation, retrieval, modification, maintenance, transmittal and/or storage of Essential Documents from the planning and study startup stage through study completion/archival:

X	Principal Investigators	X	Regulatory Specialists
X	Sub-Investigators	X	Key Study Ancillary Personnel
X	Study Coordinators/Associates	X	Financial Analyst/Research Accountants
X	Data Specialists	X	Central Research Office Personnel

Documents with more than one purpose or that are applicable to more than one study (e.g., professional licenses, Good Clinical Practice training certificates, site facility information, laboratory normal ranges, etc.) may be stored centrally, in a non-study specific location.

This SOP does not apply to legacy studies, which are defined as studies that were activated prior to the use of Florence eTMF/eISF. Legacy documents will be maintained following the institutional SOP *Regulatory Files and Participant Records* (CR-211) until such a time when they can be imported, verified for completeness, and signed as certified copies. As time permits, legacy documents may be uploaded into Florence at which point it will comply with this SOP; otherwise, they will continue to follow CR-211.

This SOP excludes the following Essential Documents which will be maintained following the institutional SOP *Regulatory Files and Participant Records* (CR-211), unless otherwise noted:

- Original or copies of agreements (e.g., non-disclosure agreements, confidentially agreements, contracts, purchase agreements, etc.)
- Study financial documents
- Signed consent forms

This SOP may be shared with Sponsors and/or CROs upon request.

PURPOSE

This SOP describes the identification and storage of regulatory Essential Documents for clinical research studies and trials in Florence eTMF/eISF and establishes the process by which roles and responsibilities are delegated to applicable personnel.

Federal regulations require documentation of all study-related activities. Investigators are responsible for maintaining study documents in accordance with applicable federal regulations, International Conference on Harmonization (ICH) Good Clinical Practice (GCP) Guidelines, Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, and institutional policies and procedures.

At all times, study documents must be readily accessible for review and/or inspection by the regulatory agency (i.e., US Food and Drug Administration (FDA) or any other applicable regulatory agencies), approving Institutional Review Board (IRB), and/or institutional personnel as appropriate.

Refer to institutional SOP *Electronic Signatures* (CR-402) for relevant policy and procedures for electronic signatures and signature logs.

POLICY AND PROCEDURE STATEMENTS

1. Responsibilities
    a. All users must have the appropriate training, education, experience, and access (e.g., roles and permissions) to perform their assigned tasks.
    b. The Clinical Trials Office (CTO) Director or designee is responsible for provisioning of access to Florence eTMF/eISF as institutional SOP *Provisioning of Access to Florence eBinders* (CR-111).
    c. All users are responsible for maintaining a unique, secure, and private password.
    d. For users using Single Sign-On (SSO) for authentication, Florence signing personal identification numbers (PINs) are used to sign documents. Passwords and signing PINs are to be periodically checked, recalled, and revised as necessary.
    e. Each user's identification code (e.g., email address or username) and password/PIN must be periodically checked, recalled, or revised.
    f. The CTO Director or designee is responsible for facilitating the creation, approval, and termination of any new Team. The request will specify any requests for document management and archiving based on any applicable organizational SOPs.
    g. The CTO Director or designee is responsible for developing the Binder structure template for indexing the storage of electronic study documents.
    h. The CTO Director or designee is responsible for maintaining study documents in a timely and organized fashion.
    i. All users utilizing electronic signatures shall ensure the following:
        i. Credentials are unique, secure, and remain confidential (i.e., not reused by, not reassigned to, and not shared with other individuals).
        ii. Their user profile is complete to assure their signature manifestation includes all components required per applicable governing regulatory bodies.
        iii. Signatures are performed only by the authenticated user.
        iv. This SOP serves as documentation to hold individuals accountable and responsible for actions initiated under their electronic signatures, to deter record and signature falsification.

2. Site Personnel Training

a. Upon completion of the training, a new User shall submit documentation of completed training as outline in institutional policy *Provisioning of Access to Florence eBinders* (CR-111) to receive access to the system.

3. Electronic Document Management
    a. Requirements for documentation, record keeping, and record retention apply to electronic records as they do for paper systems.
    b. Key study documents will be managed, stored, and presented electronically. Sponsors and auditors should be notified of this policy prior to study initiation and before any audits or inspections.
        i. For those studies using Florence eTMF/eISF, College of Medicine and Penn State Health study teams will not upload any documents containing PHI to outside platforms as Florence eTMF/eISF is a HIPAA-compliant environment. The only exception is for those documents that contain participant ID numbers, dates, and research device serial numbers as their only PHI elements.
    c. Documentation of Florence's electronic security controls, secure backup schedule, and routine vulnerability testing are available and maintained by Florence Healthcare, Inc in the Florence Compliance Team.
    d. Retention and/or destruction of electronic documents in Florence eTMF/eISF at the conclusion of the study is performed in accordance with local institution and IRB policies and procedures, U.S. Federal regulations, and any contractual obligations.
    e. A member of the study team will archive the eTMF/eISF within the Florence system and maintain a copy on the institution's network drive and/or appropriate institution-approved storage. Reference institutional policy *Retention of Clinical Research Records* (CR-404)
        i. For sponsored study, the eISF will be archived once Sponsor/CRO has provided the investigative site with final CRFs.
    f. Electronic certified copies
        i. Electronic documents may include a blend of original and certified copies. Electronic certified copies are defined as copies that have been created and verified against the original and tracked with a dated signature. Electronic signatures with an audit trail demonstrate evidence of authenticity.
            - Per ICH E6(R2), the data is to include the context, content, and structure, as the original.
            - For studies regulated by the FDA, the copy is to have all the same attributes and information as the original.
        ii. Only the User who possesses the original copy may create the Electronic Certified Copy.
        iii. The User who possesses the original copy of the Document will upload an electronic copy of the Document into Florence eTMF/eISF, review and verify the uploaded Document for completeness and readability and then sign the Document as a Certified Copy.
        iv. The audit trail will track and record the timestamp, reason, and author for authenticity and responsibility.
    g. <u>Central Documents and General Files</u>
        i. Documents that will be used across studies can be maintained centrally.

ii. Document duplications or shortcuts may be utilized allowing Users to access central documents as appropriate based on the User's access controls assigned. When Florence's "duplicate" feature is used, a version-specific copy is created. When Florence's "shortcuts" feature is used, a new document is created that always reflects the current version of the document.
iii. Central documents may include, but are not limited to CVs, medical licenses, CAP/CLIA, lab normal, SOPs, and training.

h. Document Version Control
   i. Version tracking within Florence eTMF/eISF can be utilized for draft documents, completed forms, logs, redacted documents, etc.
   ii. Designated "Archive" folders can be used for version tracking of approved documents such as IRB approved informed consents, protocol versions, etc.
   iii. The version tracking tool maintains each version of the document and the audit trail logs, the action of modification by authorized Users, date of modification, as well as the time stamp of modification to verify compliance with GCP.

i. Florence import via email function may be used to ensure all relevant study- and trial-related correspondence (email and related attachments) with subjects, sponsors, sites, and study team members are retained in appropriate locations within Florence eTMF/eISF.

j. Applicable electronic Records may be marked as PHI to prevent certain users (e.g., Sponsor) from any unintended/accidental visibility of records containing protected health information (PHI) that the Florence system identifies as not containing PHI:
   i. Users who upload PHI are to be trained on the use of Florence, including appropriate masking procedures and available functionality (e.g., Florence redaction tool and/or flag record as containing PHI) and the roles and permissions related to documents with or without PHI.

k. Florence eLogs may be utilized to create and maintain traditionally paper logs within Florence such as:
   - Delegation of authority log
   - Training logs
   - Pre-screening log
   - Screening log
   - Enrollment log
   - Monitoring Visit log
   - Consenting log
   - Adverse Event log
   - Investigational and non-investigational devices
   - Sponsor or vendor provisioned equipment and supplies
   - Sample processing & shipping log
   - Retained sample log

l. Users must have the required permissions to create, manage, annotate/sign, and update eLogs.

RELATED POLICIES AND REFERENCES

Clinical Research Guidebook (https://research.med.psu.edu/research-support/guidebook/)

International Conference on Harmonization Good Clinical Practice E6(R2)

Provisioning of Access to Florence eBinders (CR-111)

Regulatory Files and Participant Records (CR-211)

Electronic Signatures (CR-402)

Retention of Clinical Research Records (CR-404)

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