

Department	Research & Development
Title of SOP	Archiving SOP
SOP reference no.	R&D GCP SOP 14
Author	J H Pacynko
Reviewed by	J Illingworth and S Moffat
Current version number and date	Version 6, 09.02.21
Next review date	09.02.24
Target audience	Research, pharmacy and R&D staff
Distribution	HUTH R&D internet Click on GCP SOPs for HUTH-sponsored CTIMPs https://www.hey.nhs.uk/research/researchers/gcp-sops-for-hey-sponsored-ctimps/
When this document is viewed as a paper copy, the reader is responsible for checking that it is the most recent version.	
<p>© Hull University Teaching Hospitals NHS Trust 2021 All Rights Reserved No part of this document may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior permission of Hull University Teaching Hospitals NHS Trust R&D department.</p>	

Signed copy kept in R&D Department

Authorized by	Name	Sign	Date
R&D Director	Professor Thozhukat Sathyapalan		
R&D Manager	James Illingworth		

Archiving SOP

R&D GCP SOP 14 version 6, 09.02.21

This page details the version history and the main changes made for each new version.

The new changes are in red font.

Version Log		
Version number and date	Author	Details of significant changes
Version 1, 27.10.10	JHP	Original SOP approved by R&D Committee on 27.10.10.
Version 2, 09.12.10	JHP	Clarification of filing of Confirmation of Receipt form for monitor on page 8.
Version 3, 14.08.13	JHP	<p>All links checked & up-dated as necessary</p> <p>Added to page 4 – Who should use this SOP:</p> <ul style="list-style-type: none"> • Research staff involved with HEY-sponsored non-CTIMPs may find this SOP a useful guide, although the SOP will need to be adapted for the non-CTIMP study. • Research staff involved with clinical trials sponsored by an external organisation where the sponsor has no SOP for archiving trial documents. HEY R&D SOPs are defaulted to in this case. <p>Added to page 6, 7 & 8 - For hosted CTIMPs, investigator and pharmacy responsibilities: 'Where the sponsor is archiving on behalf of the PI, the PI should retain control of the documentation contained in the Investigator Site File and Pharmacy Study File. The ISF/PSF should never be sent to the sponsor. Documents in the ISF/PSF can only be accessed or released from the external archive with the approval of the PI and pharmacy or the Trust. The PI must check this arrangement with the archive facility.'</p> <p>Page 6 - Investigator responsibilities Labelling of study patients casenotes with study alert sticker on the inside front cover. We no longer use STOP-ALERT stickers on the front cover.</p> <p>Added to page 10 - Archivist</p> <ul style="list-style-type: none"> - Hand copies of requested documents to researcher at pre-arranged time. - Complete the Retrieval Log in the R&D CTIMP archiving spreadsheet.
Version 4, 26.01.15	JHP	<p>Page 8 The 5yr archiving period and date of destruction of study files will be 5 years from the date in part D.1 on the Declaration of End of Trial form.</p> <p>Appendices 1, 2, 5 & 6 Archiving File Notes Head of Department to sign off if the PI cannot be contacted despite all efforts made to contact the PI. Head of Pharmacy to sign off should the Principal Clinical Trials Technician not be available.</p>
Version 5, 24.04.19	JHP	<p>Removed mention of archiving for hosted CTIMPs as this is no longer done. Removed appendices as these are now working instructions. Change of archiving organisation name from Magnum to Restore (same organisation but change in name). Added procedures for large multi-site trials managed by CTU. Added process for electronic archiving.</p>
Version 6, 09.02.21	SM	<p>The sections in the SOP have been reformatted and renumbered as per the new SOP template. Additional text to Section 7, Electronic archiving. Additional wording in Section 8 Archivist to include electronic archiving.</p>

Section no.	Contents	Page no.
1	Purpose	4
2	Who should use this SOP	4
3	Background	4
4	Investigator responsibilities 4.1 For HUTH Sponsored CTIMPS – single site or small multi-site managed by R&D QA 4.2 For HUTH-sponsored CTIMPs – large multi-site managed by CTU	5 5 6
5	Pharmacy responsibilities	6
6	Sponsor responsibilities - Monitor	7
7	Electronic archiving	8
8	Archivist 8.1 Preparation of study documents for archive 8.2 Invoicing 8.3 Request for retrieval of documents 8.4 Destruction	9 9 10 10 10
9	Medical records responsibilities	11
10	Implementation	11

Please note for definitions of acronyms refer to Appendix 1 of Management of SOPs. Refer to Appendix 2 of Management of SOPs for the standards to which clinical trials that investigate the safety and/or efficacy of a medicinal product are conducted.

All the R&D GCP SOPs are available at:

<https://www.HUTH.nhs.uk/research/researchers/gcp-sops-for-HUTH-sponsored-ctimps/>

1 Purpose

1.1 The purpose of this SOP is to describe the procedures for archiving the essential trial documents and data for clinical trials of investigational medicinal products (CTIMPs) sponsored by Hull University Hospitals NHS Trust (HUTH).

2 Who should use this SOP

2.1 This SOP should be used by:

- All research staff involved with HUTH-sponsored CTIMPs – Chief/Principal Investigator, co-investigators, research nurses, clinical trial assistants, trial managers, clinical trial co-ordinators, data managers, administrators etc.
- Clinical trials pharmacy staff – technicians and pharmacists.
- All HUTH R&D QA staff who manage the sponsorship of HUTH-sponsored CTIMPs.
- Medical records – health records manager.
- Research staff involved with clinical trials sponsored by another organisation where the Sponsor has no SOP for archiving. HUTH R&D SOPs are defaulted to in this case.

3 Background

3.1 All the points in this section comply with UK Clinical Trial Regulation 31A which stipulates the legal requirements concerning the Trial Master File and archiving.

<http://www.legislation.gov.uk/ukxi/2006/1928/regulation/18/made>

3.2 Essential documents are listed in Eudralex Volume 10 Clinical Trials Guidelines, Chapter V: Recommendation on the content of the trial master file and archiving.

3.3 The essential documents are all the trial documents and data in the Trial Master File (TMF), Investigator Site File (ISF), Pharmacy Study File (PSF), Sponsor Study File (SSF, if required), CRFs (trial data) and any other trial files.

3.4 Individually and collectively the essential documents allow the evaluation of the conduct of the trial and the quality of data and results produced. They serve to demonstrate the compliance of the investigator, sponsor and monitor with the UK Clinical Trial Regulations and are thus subject to inspection by the regulatory authority (MHRA).

3.5 Following conclusion of the trial, the essential documents **and data** should be archived in a complete and legible condition for a sufficient length of time to allow for inspection by regulatory authorities and should be available upon request.

3.6 For clinical trials using IMPs with marketing authorisations, the essential documents require archiving for at least 5 years following completion of the trial.

3.7 Archiving time is longer for clinical trials involving IMPs in development prior to marketing

Archiving SOP

R&D GCP SOP 14 version 6, 09.02.21

authorisation. If trials are to be included in regulatory submissions then essential study documents should be retained until at least 2 years after the last approval of a marketing application to the EU. To meet this regulation pharmaceutical companies frequently archive for 15 years **or more**.

3.8 The duration of archiving should be checked with the Sponsor.

3.9 Completion of the trial is usually defined as the date of the last patient's last visit unless stated otherwise in the protocol.

3.10 After study completion, for single-site/small multi-site trials archiving of all files will The Sponsor is responsible for archiving the essential documents and data and access must be restricted to individuals appointed by the Sponsor.

3.11 Medical records of trial patients must also be retained for at least 5 years following completion of the trial.

For HUTH-sponsored CTIMPs

3.12 During the study, the essential documents should all be kept filed in the TMF, PSF, ISF, SSF (if required) and CRFs.

3.13 For single-site and small multi-site trials, R&D QA keeps the TMF, the Principal Investigator(s) keep(s) the ISF(s) and CRFs. For large multi-site trials run by a CTU, the CTU holds the TMF and each site has an ISF and CRFs. R&D QA keeps a SSF. Pharmacy maintains the PSF.

3.14 The list of contents for the TMF and PSF are available from the R&D monitor/QA be organized and centralised by the R&D monitor/QA manager. The monitor will collate the files and archive these together using the document storage company Restore. For large multi-site trials, the CTU will organize the archiving of the trial files.

3.15 The duration of archiving will be for at least 5 years following study completion. If the trial has an external Funder then it is important to check with the Funder in case they require a longer period of archiving.

3.16 During archiving, access to these files will be restricted to the R&D **or CTU** archivist and nominated deputy.

3.17 HUTH medical records department is responsible for retaining patients' medical records.

4 Investigator responsibilities

4.1 For HUTH-sponsored CTIMPs – single-site or small multi-site managed by R&D QA

4.1.1 Maintenance of the ISF and trial data during the trial. The R&D monitor will provide the ISF and work with you to set up the CRFs prior to the start of the trial.

4.1.2 Labelling of trial patients paper medical records with study alert stickers and alerting electronic medical records with study details. The monitor will advise on how to do this.

4.1.3 The sticker should clearly state that the patients records should not be destroyed until the allowed date of destruction. See section 7 below for an example study sticker template.

4.1.4 Work with the monitor to submit the end of trial form (see [End of Trial SOP 12](#)) to the

Archiving SOP

R&D GCP SOP 14 version 6, 09.02.21

MHRA, REC/HRA when the study has ended (completed or terminated).

- 4.1.5 Work with the monitor to resolve all actions following the monitor's site closedown visit.
- 4.1.6 Agree a suitable date with the monitor for collection of the ISF and CRFs. Sign the R&D confirmation of receipt form when the monitor collects the files.
- 4.1.7 Check through and sign off the ISF Archiving File Note provided by the monitor.
The file note details;
- the files for archiving
 - the duration of archiving (usually a minimum of 5 years)
 - the archive organisation
 - the name and contact details of the archivist
 - how to retrieve documents
 - the allowed date of destruction.
- 4.1.8 Reimburse R&D for archiving the trial files and data for the required period (at least 5 years from the end of trial). An invoice for the total duration of archiving will be sent to the Chief/Principal Investigator (CI/PI) at the start of archiving by R&D.
- 4.1.9 After trial documents have been archived, contact the R&D archivist to request retrieval of archived documents if necessary. The request must be confirmed by the CI/PI.
- 4.1.10 Permission will be sought from the CI/PI before destruction of any documents or data.

4.2 For HUTH-sponsored CTIMPs – large multi-site managed by CTU

- 4.2.1 Follow CTU staff instructions with regard to archiving the TMF and CRFs in both paper and electronic format. The CTU will have an archivist who will organize archiving and track any requests for retrieval of documents/data during the archive period. The CTU should have their own Archiving SOP to follow, if they do not, then this SOP will be defaulted to.
- 4.2.2 Permission will be sought from the CI before destruction of any documents or data.

5 Pharmacy responsibilities

For HUTH-sponsored CTIMPs

- 5.1 Maintenance of the Pharmacy Study File during the study. The PSF will be provided by the R&D monitor (or CTU) at trial set up.
- 5.2 Receipt of a copy of the end of trial form (see [End of Trial SOP 12](#)) from the R&D monitor (or CTU) as confirmation that the study has ended (completed or terminated).
- 5.3 Work with the R&D/CTU monitor to resolve all actions following the monitor's pharmacy closedown visit.
- 5.4 Check through and sign off the PSF Archiving File Note provided by the monitor.
The archiving file note details;
- the files for archiving
 - the duration of archiving (usually a minimum of 5 years),
 - the archive organisation
 - the name and contact details of the archivist

Archiving SOP

R&D GCP SOP 14 version 6, 09.02.21

- how to retrieve documents
- the allowed date of destruction.

5.5 Keep this file note in a secure place for future reference. A copy will be kept in the PSF and also by the archivist.

5.6 Agree a suitable date with the monitor for collection of the PSF. Sign the R&D confirmation of receipt form when the monitor collects the PSF.

5.7 Permission will be sought from the Principal Pharmacy Technician before destruction of any documents.

6 Sponsor responsibilities

For HUTH-sponsored CTIMPs

Monitor

6.1 At the beginning of the trial, check with the Funder (if one) that 5 years after the end of study completion is sufficient for the duration of archiving. This should be stipulated in the contract.

6.2 During routine monitoring visits and at the site and pharmacy closedown visits, check for completion of the TMF and PSF. The list of contents for all study files is available from Y:\Research\GCP SOPs & forms\Contents lists of study files.

6.3 During routine monitoring visits check that patients medical records have a study alert sticker on the inside front cover with the correct information, including the correct date of destruction.

6.4 At the end of the trial, ensure that the end of trial form has been submitted to the MHRA and REC/HRA. **The archiving period will be for 5 years from the date entered in part D.1 on the end of trial form.**

6.5 At the end of the trial, prepare the TMF, ISF and PSF archiving file notes (use template Working Instruction 25). **The allowed date of destruction will be at least 5 years from the date in part D.1 on the end of trial form.**

6.6 Prepare the Receipt of Files form (WI 26) and the Archive Box Contents and Permissions Form (WI 27) ready for completion. All working instructions are saved on the ClinicalGov Y drive in Y:\GCP SOPs & forms.

6.7 Ensure copies of the signed archiving file notes are filed in the TMF, ISF and PSF and that the PI and principal pharmacy technician have a copy for future reference.

6.8 Ensure the original signed archiving file notes, receipt form and ABC form are filed in the R&D office file: Archiving CTIMPs.

6.9 Check that all actions have been resolved from the site and pharmacy closedown visits.

6.10 When all actions have been resolved, organize the collection of the ISF and CRFs from site and the PSF from pharmacy. Complete and obtain signatures on the receipt form. File the original receipt form in the R&D office file: Archiving CTIMPs and place a copy in the TMF (also scan a copy and save in the eTMF).

Archiving SOP

R&D GCP SOP 14 version 6, 09.02.21

6.11 Advise and help the archivist prepare and arrange the files in the archive boxes according to the instructions provided by Restore.

6.12 Check the Archive Box Contents (ABC) form with the archivist for each archive box.

7 Electronic archiving (R&D QA central electronic archiving)

For HUTH-sponsored CTIMPs and site data for hosted trials.

“The use of electronic systems for such activities as data management, statistical analysis, reporting, trial management systems and eTMFs means that electronic documentation and data are likely to need to be retained. The data may be on a server or a transportable media (for example, USB drives, CDs, tapes etc.). It is recommended that more than one copy of the data is retained: for example, where the data are archived in a specific server, this would be subject to back up, with the back-up media stored in a separate location. Consideration may be given to storing data in differing formats on different types of media or even the same media from different manufacturers.” [MHRA Good Clinical Practice Guide, Section 10.7.9 Electronic archiving].

7.1 As part of closedown monitoring, make sure that all **electronic** essential documents, data and metadata have been archived. Move all trial documents, data and metadata into the ‘R&D Clinical Trials Archived’ folder which has restricted access to R&D QA staff only.

7.2 All electronic trial folders are held on the Trust’s server HRI-DATA3 which is currently backed up by a system called Dell Netvault. There is a full back-up on a Friday night with ‘incremental’ back-ups Monday to Thursday, which just backs up the files that have been changed that day. The back-ups are stored on a Dell DR6000 based in IT Services at Hull Royal Infirmary and then replicated to another of the same device over at Castle Hill so that we have two copies of the data. Back-ups are retained for four weeks.

7.3 All archived electronic documents, data and metadata must be protected from unauthorized changes. Archived folders containing essential documents, data and metadata must be password protected by R&D QA. The passwords must be stored securely out with the R&D Trials Archived folder and must only be accessible to R&D QA staff.

7.4 For each trial archived complete Working Instruction (WI) 44. The WI will log the following:

- Trial Name
- CI/PI name
- Sponsor details
- EudraCT number
- IRAS Project ID
- R&D reference number
- CTIMP folder number e.g. eCTIMP 49 (to be entered on R&D CTIMP archiving spreadsheet)
- Password to open archived folder
- Date of archiving
- Date of first check
- List of checks to be made
- Date of move to “Deleted archive” folder
- Dates archived folder checked and by whom.

Set up a folder for each archived trial in the Archiving Folder in GCP, SOP & Forms ([\\hri_data3\clinicalgov\Research\GCP SOPs & forms](#)) which is separate to the R&D Trials Archived folder and accessible to only R&D QA staff. Save the completed WI in the trial specific folder.

- 7.5 The archived documents, data and metadata will be checked by R&D QA staff annually (this may be subject to change) to ensure they are still accessible and readable. The checks must be documented on the trial specific WI as described above in 7.4.
- 7.6 Should the documents and data have to be transferred to new media or a new format, the transfer should be validated and fully documented, so that it can be audited to ensure there has been no loss, change or corruption to the data or metadata.
- 7.7 When the Trust's servers are decommissioned due to age, IT will send an email to all users with access to that area warning them of the move and associated downtime. Once the downtime window begins, users will be prevented from accessing and editing the files. IT will then run a command to copy the files to the new location. A log file is created confirming the success of each file that is moved. A check of the log is made for any files that have failed to move from the old server to the new server and these are moved manually if necessary. Once complete, a check is carried out to ensure that the folders in the new location contain the same number and overall size of files as the old location. Once the move is completed and all files have moved, access is granted to the users and an email is sent with the path of the new location.
- 7.8 The protocol or written procedures of the sponsor should contain details of the retention times for the trial documents, data and metadata.
- 7.9 Certain documents may need to be held for a longer period than the trial sponsor retention time. In these circumstances the Trust's SOP CP286 – Business And Corporate (Non-Clinical) Records Policy, Appendix A, Business and Corporate (Non-Clinical) Records Retention Schedule should be followed.

Please note not all files for a trial will be electronic, there may be paper files such as Pharmacy Site Files and Laboratory Files to archive as per instructions in Sections 6 and 8.

8 Archivist

For HUTH-sponsored CTIMPs (with paper files unless indicated for electronic files also)

8.1 Preparation of trial documents for archive

- 8.1.1 Take copies of the TMF, ISF and PSF Archiving File Notes (at the front of these files) and file in the R&D office file: Archiving CTIMPs.
- 8.1.2 With the monitor, prepare and arrange the files in the archive boxes.
- 8.1.3 Complete the Archive Box Contents (ABC) form for each archive box electronically. Ask the monitor to check. In the monitor's absence ask the QA or R&D Manager.
- 8.1.4 Print out a copy of the ABC form and place form in a plastic wallet at the top inside the relevant archive box and save a copy in the [..\..\Archiving\Archive Box Contents forms completed](#).
Clearly write the box number on the top of the Restore archive box with a black marker. Write the R&D study reference number (in contents) and box number (in box reference) on both ends of the archive box. Ask the monitor to check.
- 8.1.5 Complete the R&D CTIMP archiving spreadsheet (this should be completed for electronic archived files also clearly documenting that they are archived in the 'R&D Clinical Trials

Archiving SOP

R&D GCP SOP 14 version 6, 09.02.21

Archived' folder on clinicalgov Y Drive).

8.1.6 Up-date the **Edge** database by saving a copy of the ABC form/ in a folder called Archive Docs in the Document Store.

8.1.7 Set up a reminder in the R&D QA Outlook calendar to send an email to the PI/CI or principal pharmacy technician on the allowed date of destruction requesting permission for the destruction of the relevant files. The archivist, monitor, QA Manager and R&D Manager will be put on copy of this email request (for both paper and electronic archived files)

8.1.8 Arrange for collection of the archive boxes by Restore.

8.2 Invoicing

8.2.1 Send an invoice to the Chief/Principal investigator to reimburse R&D for the cost of archiving the Trial Master File/Sponsor Study File, Investigator Site File, CRFs and pharmacy study file. This is a one-off payment to be paid at the start of archiving.

8.2.2 File invoices in the R&D office file: Archiving CTIMPs.

8.2.3 Complete the Invoice section (amount, date sent and date paid) in the CTIMP archiving spreadsheet.

8.3 Request for retrieval of documents

8.3.1 Check that the request for retrieval of study documents has been confirmed/authorized by the Chief or Principal Investigator or the Principal Pharmacy Technician or R&D Manager. This can be done via an email to the R&D QA team.

8.3.2 Discuss the request with the trial monitor, QA or R&D manager.

8.3.3 For paper files request the appropriate archive box from Restore.
For electronic files print out the requested study documents.

8.3.4 For paper files photocopy the requested document(s). File the original document(s) back in the Trial Master File, Investigator Site File, CRFs, Pharmacy Study File or Sponsor Study File.

8.3.5 Make sure the researcher does not have access to the original documents in the archive box or the electronic file.

8.3.6 Hand copies of the requested documents to the researcher at a pre-arranged time.

8.3.7 Complete the Retrieval Log in the R&D CTIMP archiving spreadsheet.

8.3.8 Organize return of the archive box to Restore.

8.4 Destruction

8.4.1 At the allowed time of destruction, obtain permissions on the ABC form/WI from the Chief/Principal Investigator, Principal Pharmacy Technician and R&D Manager.

8.4.2 For paper files, when all signatures have been obtained alert Restore which boxes to

Archiving SOP

R&D GCP SOP 14 version 6, 09.02.21

destroy.

8.4.3 Complete the actual date of destruction on the ABC form.

8.4.4 For electronic files, when all signatures have been obtained the study folder should be identified by two members of the R&D QA team to ensure the correct folder is identified. The folder will then be moved by a member of the R&D QA team to the “Deleted archive” folder which will be set up in GCP, SOPs & Forms ([\hri_data3\clinicalgov\Research\GCP SOPs & forms](#)) The actual “move” date should be documented on the study specific WI.

8.4.5 Keep all paper ABC forms and correspondence concerning destruction of the study files in the office file: Archiving CTIMPs or scan and save to .
Save all completed WIs in the in the Archiving Folder in GCP,SOP & Forms ([\hri_data3\clinicalgov\Research\GCP SOPs & forms](#))

8.4.6 Up-date the Destruction section of the R&D CTIMP archiving spreadsheet.

9 Medical records responsibilities

9.1 Check the sticker on the inside front cover of patients medical records for the allowed date of destruction.

9.2 An example study sticker template:

<p>Patient involved in <i>(insert title)</i> clinical trial. <u>Do not destroy notes until year <i>(insert date: last patient, last visit + 5 years)</i>.</u> Contact <i>(insert name and department)</i> tel. no <i>(insert tel number)</i> for any queries or in case of emergency admissions.</p> <p>Patient entered study on</p> <p>Patient completed study on</p>
--



9.3 Retain patients’ medical records in paper form until the allowed date of destruction.

9.4 Patients’ electronic Health Records will have been flagged that the patient is on a trial and will remain on the Lorenzo system.

10 Implementation

10.1 Implementation of this SOP will conform to the process outlined in [R&D SOP 01 Management of SOPs](#).