**PURPOSE**

The purpose of this standard operating procedure (SOP) is to define source documentation requirements and procedures for MTN-026.

**SCOPE**

This procedure applies to all MTN-026 study staff at *[Insert site name]* that conduct study visits and/or complete source documents and case report forms.

**RESPONSIBILITIES**

MTN-026 staff members who complete study visits and/or complete MTN-026 study documentation are responsible for understanding and following this SOP.

MTN-026 *[Insert responsible staff]* is responsible for training study staff to collect and manage MTN-026 study data in accordance with this SOP, and for day-to-day oversight of staff involved in data collection and management.

MTN-026 QA/QC Manager is responsible for overseeing quality control (QC) and quality assurance (QA) procedures related to this SOP.

MTN-026 Site Leader/Investigator of Record has ultimate responsibility for ensuring that all applicable study staff follows this SOP.

PROCEDURES

Source documentation for MTN-026 will be completed in accordance with the DAIDS Standard Operating Procedure (SOP) for Source Documentation. This policy can be accessed at:

<https://www.niaid.nih.gov/research/daids-clinical-site-implementation-operations>

*[Note to sites: if applicable, include here the text “Source documentation for MTN-026 also will be completed in accordance with the [list applicable national, local, or facility-specific documentation regulations and guidelines] (see Attachment x).”]*

Table A provided in Appendix 1 lists all the MTN-026 study procedures and associated source documents. Table B provided in Appendix 1 designates the MTN-026 Case Report Forms (CRFs) that will and will not be used as source documents, respectively.

Questions related to adherence with the DAIDS SOP for Source Documentation, the specifications of Appendix 1, and/or other aspects of this SOP will be directed to [*Insert responsible staff*]. Queries that cannot be resolved locally will be directed to the MTN LOC (FHI 360) Clinical Research Manager(s) and the SCHARP Clinical Data Manager(s).

Definitions:

Source data: All information in original records and certified copies of original records of clinical findings, observations, or other activities in a clinical trial necessary for the reconstruction and evaluation of the trial. Source data are contained in source documents (original records or certified copies). [Source: ICH Consolidated Guidance for Good Clinical Practice (ICH-E6)]

Source documents: Original documents, data and records (e.g., hospital records, clinical and office charts, laboratory notes, memoranda, participants’ diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies of transcriptions certified after verification as being accurate and complete, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept at the pharmacy, at the laboratories, and at medico-technical departments involved in the trial). [Source: ICH Consolidated Guidance for Good Clinical Practice (ICH-E6)]

Source documents are commonly referred to as the documents —paper-based or electronic — upon which source data are first recorded.

Certified copies: See page 11 of the DAIDS SOP for Source Documentation

**ABBREVIATIONS AND ACRONYMS**

DAIDS Division of AIDS

ICH International Conference on Harmonization

MTN Microbicide Trials Network

SCHARP Statistical Center for HIV/AIDS Research & Prevention

SOP Standard Operating Procedure

**APPENDICES**

Appendix 1 Part A, Listing of MTN-026 Procedures and Source Documents

Part B, MTN-026 CRFs and Source Documents

**REFERENCES**

ICH Consolidated Guidance for Good Clinical Practice (ICH-E6)

DAIDS SOP for Source Documentation (Version 2.0; 20 Dec 06)

FDA Guidance for Industry, Electronic Source Data in Clinical Investigations (Sep, 2013)

**REVISION HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Effective Date** | **Supersedes** | **Review Date** | Change |
|  | DD MMMYYY | N/A (initial version) | DD MMMYYY | Initial Release |

APPROVAL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Author, Author’s Title |  |  | Date: |
|  |  |  |  |  |
|  | Approver’s Name, Approver’s Title |  |  | Date: |

**Appendix 1; Part A**

**MTN-026 Source Documentation of Study Procedures**

\*\*Note that items in **bold** are required source documents for listed study procedure/evaluation.\*\*

| **Evaluation /Procedure** | **Suggested Source Document(s)** | |
| --- | --- | --- |
| ADMINISTRATIVE AND REGULATORY | | |
| Obtain Informed consent(s) | **Signed and Dated Informed Consent form** Informed Consent Coversheet (or chart note) | |
| Assess informed consent comprehension | Informed Consent Comprehension Assessment tool | |
| Confirm participant willingness to participate in study | Chart Notes or other site-specific tool | |
| Assign a unique Participant Identification (PTID) number | **MTN-026 PTID-Name Linkage Log (assigned within Medidata Rave)** | |
| Collect/review/update locator information | Site locator documents (collect/update) Visit checklist (review) | |
| Obtain demographic information | **Demographics CRF** | |
| Assess and/or confirm eligibility | **Behavioral Eligibility Worksheets**  Eligibility Criteria CRF  **Eligibility Checklist** (signatures) | |
| Randomization | **Randomization CRF** | |
| Reimbursement | Visit checklist, site-specific reimbursement log, and/or chart note | |
| Schedule next visit | Visit checklist (and/or chart notes) | |
| BEHAVIORAL | | |
| HIV pre- and post- test counseling/ HIV/STI risk reduction counseling | Chart note and/or site-specific counseling worksheet | |
| Protocol requirements counseling) | Chart note and/or site-specific counseling worksheet | |
| Behavioral assessment (CASI/IDI interview) | **CASI Baseline and Follow-up Questionnaires**  CASI completion documented on: CASI Tracking CRF  IDI completion documented on: CASI Tracking CRF  Visit Checklist | |
| Social harms assessment | Visit checklist (assessment)  Chart note (source for actual event) | |
| CLINICAL | | |
| Medical and menstrual history | Baseline Medical History Questions Form  Baseline Medical History Log CRF (all baseline conditions including clinical evaluations will be summarized here)  Adverse Event Log CRF (all follow-up conditions including abnormal findings from clinical evaluations will be documented on this CRF)  Chart notes  *Source documentation for participant reported medical/menstrual history:*  Baseline Medical History Questions  Baseline Medical History Log CRF  Screening Menstrual History CRF  Cervical Specimen Storage (source for LMP)  Pregnancy Report and History CRF (source if relevant medical records are not available)  Pregnancy Outcome Log CRF (source if relevant medical records are not available)  Chart notes | |
| Concomitant medications | Concomitant Medications Log CRF | |
| Physical examination (full or targeted) | Physical Exam CRF  Vital Signs CRF | |
| Pelvic examination | Pelvic Exam CRF (source for cervical ectopy), Genital Exam checklist, Pelvic Exam Diagrams | |
| Rectal examinations | Anorectal Exam and Sigmoidoscopy CRF, Genital Exam Checklist | |
| Provide available test results | Chart note and/or visit checklist | |
| Record/ update AEs | Adverse Event Log CRF (and/or chart notes) | |
| Treat or prescribe treatment for UTI/RTI/STIs or refer | Chart notes, prescription and/or referral documentation | |
| LABORATORY | | |
| *Urine Samples* | | | |
| hCG | | Site specific testing logs | |
| Dipstick UA | | Site specific testing logs | |
| Urine culture | | Lab result report | |
| NAAT for GC/CT | | Lab result report (or other required site specific form) | |
| *Blood Samples* | | | |
| CBC with differential and platelets | | Lab result report (or other required site specific form) | |
| Chemistries (Creatinine, AST, ALT) | | Lab result report (or other required site specific form) | |
| Plasma archive/storage | | Specimen Storage CRF  HIV Confirmatory Results CRF  LDMS Tracking Sheet | |
| Plasma PK | | Specimen Storage CRF  Timed Specimen Storage Collection CRF  LDMS Tracking Sheet | |
| Syphilis serology | | Lab result report (or other required site specific form) | |
| HIV-1 serology | | Lab result report (or other required site specific form)  Site testing log/results report (rapids, Geenius confirmatory testing)  Lab result report (HIV RNA) | |
| HSV 1/2 antibody | | Lab result report (or other required site specific form) | |
| HBsAg | | Lab result report (or other required site specific form) | |
| Anti-HCV | | Lab result report (or other required site specific form) | |
| PT/INR | | Lab result report (or other required site specific form) | |
| *Pelvic Samples* | | | |
| Vaginal NAAT for GC/CT | | Lab result report (or other required site specific form) | |
| Cervicovaginal lavage for PD and PK | | Cervical Specimen Storage CRF  LDMS Tracking Sheet | |
| Cervicovaginal fluid for PK | | Cervical Specimen Storage CRF  LDMS Tracking Sheet | |
| Cervical tissue for PK | | Cervical Specimen Storage CRF  LDMS Tracking Sheet | |
| Pap smear interpretation | | Lab result report (or other required site specific form) | |
| *Anorectal Samples* | | | |
| HSV 1/2 detection | | Lab result report (or other required site specific form) | |
| Rectal fluid for adherence PK | | Specimen Storage CRF  Timed Specimen Storage Collection CRF  LDMS Tracking Sheet | |
| Rectal tissue for PK | | Specimen Storage CRF  Timed Specimen Storage Collection CRF  LDMS Tracking Sheet | |
| Rectal fluid for mucosal safety | | Specimen Storage CRF  Timed Specimen Storage Collection CRF  LDMS Tracking Sheet | |
| Rectal tissue for mucosal safety | | Specimen Storage CRF  Timed Specimen Storage Collection CRF  LDMS Tracking Sheet | |
| Rectal tissue for PD | | Specimen Storage CRF  Timed Specimen Storage Collection CRF  LDMS Tracking Sheet | |
| Rectal enema effluent for PD and PK | | Specimen Storage CRF  Timed Specimen Storage Collection CRF  LDMS Tracking Sheet | |
| NAAT for GC/CT – Rectal Swab | | Lab result report (or other required site specific form) | |
| STUDY PRODUCT | | | |
| Provision of study product | | Product Dispensation and Returns (For Non-Observed Home Use) CRF  **Study Prescription** (initial product request to pharmacy)  Study Gel Request Slip  Site-specific Pharmacy Dispensing Log (source for dispensations from pharmacy)  Pharmacy Dispensation CRF | |
| Provision of study-specified lubricant | | Site-specific counseling worksheets, visit checklist, or chart notes | |
| Observe dose application | | Chart notes, site-specific tool  Directly Observed Dosing CRF | |
| Collect unused product | | Chart notes, site-specific tool  Product Dispensation and Returns (For Non-Observed Home Use) CRF | |
| Offer study-provided condoms | | Site-specific counseling worksheets, visit checklist, or chart notes | |
| OTHER | | | |
| Protocol Deviations | | **Protocol Deviation Log CRF** | |
| A record of all contacts, and attempted contacts, with the participant | | Missed Visit CRF  Site-specific contact/outreach/retention logs and/or chart notes | |
| A record of all procedures performed by study staff during the study | | Visit checklists, chart notes, and/or other site-specific flow sheets | |
| Staff-initiated Study Discontinuations | | **Treatment Discontinuation CRF** | |
| A record of participant’s exit from the study | | **Study Discontinuation CRF**  Chart notes | |

**Appendix 1; Part B**

**MTN-026 CRFs and Source Documents**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRF Name** | **Is CRF Source?** | **Comments**  *(Unless otherwise noted in the Comments column, the CRF is source for all form items.)* | **Initial CRF Completion Format\***  **(eCRF or paper CRF)** |
| Additional Study Procedures | Yes | Form is administrative only. | eCRF |
| Anorectal Exam and Sigmoidoscopy | Yes |  | eCRF |
| Adverse Event Summary | Yes | Form is administrative only. | eCRF |
| Adverse Event Log | Mixed | * Form is source for participant reported AEs * Non-CRF documents are source for Laboratory and Clinical AEs | eCRF |
| Baseline Medical History Log Summary | Yes | Form is administrative only. | eCRF |
| Baseline Medical History Log | Yes | Baseline Medical History Questions form may also supplement as source. | eCRF |
| CASI Summary | Yes |  | eCRF |
| CASI Tracking | Yes |  | eCRF |
| Cervical Specimen Storage | Mixed | Form is source for “If not stored, specify reason”. LDMS Specimen Tracking Sheet or local lab form may be source for other items. | eCRF |
| Concomitant Medications Log Summary | Yes | Form is administrative only. | eCRF |
| Concomitant Medications Log | Yes |  | eCRF |
| Demographics | Yes | Form is source for all items as participant responses are entered directly into the form. | eCRF |
| Directly Observed Dosing Log | Yes | Form may be source for all items. Appointment card or other site-specific tool may be source for dosing teim (if single dose is administered at home). | eCRF |
| Eligibility Criteria | No | Screening Behavioral Eligibility Worksheet, Enrollment Behavioral Eligibility Worksheet, Eligibility checklist and/or Screening and Enrollment Log is source for all items. | eCRF |
| Enrollment | Mixed | Consent form is source for consent form date and long-term storage. Participant Replacement Log may be source for PTID of participant being replaced. Form is source for PK/PD day/time assignments (assigned from Medidata Balance) and may be source for item “Is this a replacement participant”. | eCRF |
| Follow-up Visit Summary Y/N | Yes | Form is administrative only. | eCRF |
| Follow-up Visit Summary | Mixed | Form is source for Visit date. All other items should be completed based on source data recorded on source documents. | eCRF |
| Hematology | Mixed | Form may be source for all non-lab value items (i.e., severity grade, etc.). | eCRF |
| HIV Tests | No | Non-CRF lab source document (report or testing log) is source for other items. | eCRF |
| HIV Confirmatory Tests | Mixed | Form is source for final HIV status. Non-CRF lab source document (report or testing log) is source for other items. | eCRF |
| Interim Visit Summary | Mixed | Form may be source for Visit date, interim visit code, reason for interim visit, and study procedures completed at this visit. All other items should be completed based on source data recorded on source documents. | eCRF |
| Local Laboratory Results | Mixed | Form may be source for all non-lab value items (i.e., severity grade, etc.). | eCRF |
| Missed Visit | Yes |  | eCRF |
| Participant Date of Visit | Yes |  | eCRF |
| Participant Replacement Assessment | Yes |  | eCRF |
| Pelvic Exam | Mixed | Form is source for cervical ectopy. Pelvic Exam Diagrams is source for findings. AE Log CRF is source for item ‘any new pelvic findings AEs’. | eCRF |
| Pharmacy Dispensation | No | Pharmacy dispensing records and randomization information from Medidata Balance are source. | eCRF |
| Physical Exam | Yes |  | eCRF |
| Pregnancy Outcome Summary | Yes | Form is administrative only. | eCRF |
| Pregnancy Outcome Log | Mixed | Form may be source for all items or source may be medical records, if available. Supplemental information may also be recorded in chart notes. | eCRF |
| Pregnancy Report and History | Yes | Form is source for all items. Supplemental information also may be recorded in chart notes. | eCRF |
| Pregnancy Test | No | Site testing log and/or local lab report is source | eCRF |
| Product Dispensation and Returns (for Non-Observed Home Dose) | Mixed | Form may be source for study product returned items. Pharmacy dispensing records will be source for study product provision items. | eCRF |
| Protocol Deviations Summary | Yes | Form is administrative only. | eCRF |
| Protocol Deviation Log | Yes | Form is source for all items. Supplemental information may also be recorded in the chart notes. | eCRF |
| Randomization | Mixed | Form is source for “Is the participant ready to be randomized?” Medidata Balance is source for “Randomization Date and Time”. | eCRF |
| Screening Menstrual History | Yes |  | eCRF |
| Sexual Lubricant | Yes |  | eCRF |
| Specimen Storage | Mixed | Form is source for “If not stored, specify reason”. LDMS Specimen Tracking Sheet or local lab form may be source for other items. | eCRF |
| STI Tests | No | Local lab report is source for all items. | eCRF |
| Study Discontinuation | Yes |  | eCRF |
| Timed Specimen Storage | Mixed | Form is source for “If not stored, specify reason”. LDMS Specimen Tracking Sheet or local lab form may be source for other items. |  |
| Treatment Discontinuation | Yes |  | eCRF |
| Vital Signs | Yes |  | eCRF |

*\*In cases where it is specified that initial form completion will be done using an eCRF, but the eCRF cannot be accessed due to temporary internet outage, off-site visits or other unforeseen circumstances, paper CRF completion is acceptable as a temporary solution until eCRF access can be restored. Data from these paper CRFs should be entered into Medidata Rave once database access is restored.*

| Appendix 1, Part C:MTN-026 Site-Specific Forms Used as Source Documents *(Forms listed in alphabetical order)* | | | |
| --- | --- | --- | --- |
| Form Name | | **Is Form Source?** | Comments |
| Baseline Medical History Questions | | Yes | Form is source for all items. |
| Eligibility Checklist | | Mixed | All items are based on source data recorded on other documents. Form is source for signature items. |
| Behavioral Eligibility Worksheets | | Yes | Form is source for all items as participant responses are entered directly into the form. |
| MTN-026 LDMS Specimen Tracking Sheet | | Yes | The LDMS sheet serves as source to document which specimens were collected, at what time, and on what date. The sheet is also source for specimen weights. |
| Pelvic Exam Diagrams | | Yes | Form is source for all items. |
| Local Site Specific Testing Logs (HIV, Pregnancy, Urinalysis, , etc.) | | Yes | Form is source for all these test results |
| Site Specific Visit and Genital Exam Checklists | | Yes | Forms are source for the completed procedures |
| Counseling Checklists (HIV Pre/Post Test and Risk Reduction Counseling worksheet, Contraceptive Counseling worksheet | | Yes | Forms are source for protocol specified counseling |