**PURPOSE**

The purpose of this standard operating procedure (SOP) is to define source documentation requirements and procedures for MTN-034.

**SCOPE**

This SOP applies to all MTN-034 study staff at *[Insert site name]* that conduct study visits and/or complete source documents and case report forms.

**RESPONSIBILITIES**

MTN-034 staff members who complete study visits and/or complete MTN-034 study documentation are responsible for understanding and following this SOP.

MTN-034 *[Insert responsible staff]* is responsible for training study staff to collect and manage MTN-034 study data in accordance with this SOP, and for day-to-day oversight of staff involved in data collection and management.

MTN-034 QA/QC Manager is responsible for overseeing quality control (QC) and quality assurance (QA) procedures related to this SOP.

MTN-034 Site Leader/Investigator of Record has ultimate responsibility for ensuring that all applicable study staff follows this SOP.

PROCEDURES

Source documentation for MTN-034 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-034 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-034 study procedures and associated source documents. Table B provided in Appendix 1 designates the MTN-034 Case Report Forms (CRFs) that will and will not be used as source documents.

Questions related to adherence to 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 MTN LOC (FHI 360) Clinical Research Managers and SCHARP Clinical Data Manager.

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-034 Procedures and Source Documents

Part B, MTN-034 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 |
| 1.0 | DDMMMYYYY | N/A (initial version) | DDMMMYYYY | Initial Release |
| 1.1 | DDMMMYYYY | Version 1.0 | DDMMMYYYY | Add COVID-19 Behavioral Assessment CRF |

APPROVAL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |
|  | Author, Author’s Title | |  |  | Date: |
|  |  | |  |  |  |
|  | Approver’s Name, Approver’s Title | |  |  | Date: |
| **Appendix 1: Part A**  **MTN-034 Source Documentation of Study Procedures**  \*\*Note that items in **bold** are required source documents for listed study procedure/evaluation.\*\* | | | | | | |
| **Evaluation/Procedure** | | **Source Document(s)** | | | | |
| **ADMINISTRATIVE AND REGULATORY** | | | | | | |
| Obtain informed consent/ assent/ parental permission | | **Signed and Dated Informed Consent, Assent and/or Parental Permission form**  Informed Consent Coversheet(or chart note) | | | | |
| Assess informed consent comprehension | | Informed Consent Comprehension Assessment tool | | | | |
| Assign a unique Participant Identification (PTID) number | | **MTN-034 PTID-Name Linkage Log** | | | | |
| Assess and/or confirm eligibility | | **Eligibility Checklist** (signatures)  Eligibility Criteria CRF  **Screening Behavioral Eligibility Worksheet**  **Enrollment Behavioral Eligibility Worksheet** | | | | |
| Collect demographic and background information | | **Demographics CRF** | | | | |
| Collect/review/update locator information | | Site locator documents (collect/update)  Visit checklist (review) | | | | |
| Randomization | | **Randomization CRF** | | | | |
| Provide reimbursement | | Visit checklist, site-specific reimbursement log, and/or chart note | | | | |
| Schedule next visit | | Visit checklist and/or chart note | | | | |
| **BEHAVIORAL** | | | | | | |
| Protocol counseling | | Chart note, Visit Checklist, Counseling Worksheets, and/or site-specific document | | | | |
| Product adherence counseling | | Chart note, Counseling Worksheets, and/or site-specific document | | | | |
| Contraceptive counseling | | Chart note, Counseling Worksheets, and/or site-specific document | | | | |
| HIV/STI risk reduction counseling | | Chart note, HIV Pre/Post Test and HIV/STI Risk Reduction Counseling Worksheet, and/or site-specific document | | | | |
| HIV pre- and post-test counseling | | Chart note, HIV Pre/Post Test and HIV/STI Risk Reduction Counseling Worksheet, and/or site-specific document | | | | |
| Behavioral assessment (including collecting product use, preference/acceptability information and COVID impacts) | | Tablet Assessment or Ring Assessment CRF  Completed interviewer-administered CRFs: **Product Change, Product Choice, Product Preference and Acceptability CRF, COVID-19 Behavioral Assessment CRF**  **A/CASI Questionnaires**  A/CASI completion documented on A/CASI Tracking CRF  IDI completion and FGD completion documented on Visit Checklist and IDI or FGD Checklists  Qualitative Participant Log | | | | |
| Social Harms/Benefits Assessement | | Social Benefits and Harms, and Social Impact and Social Benefits Log CRFs | | | | |
| **CLINICAL** | | | | | | |
| Medical and menstrual history | | 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 Log CRF  Screening Menstrual History CRF Enrollment Menstrual History CRF  Pregnancy Report and Pregnancy History CRFs (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) | | Vital Signs CRF  Physical Exam CRF | | | | |
| Pelvic exam | | Pelvic Exam Diagrams  Pelvic Exam CRF  Pelvic Exam checklist | | | | |
| Disclose available test results | | Chart notes and/or visit checklist | | | | |
| Record/update AEs | | Adverse Event Log CRF  (and/or Chart notes) | | | | |
| Treat or prescribe treatment for UTIs/RTIs/STIs or refer for other findings | | Chart notes and/or prescription  Referral Letter | | | | |
| **LABORATORY** | | | | | | |
| Specimen Collection Times | | Lab Requisition form or LDMS Specimen Tracking Sheet | | | | |
| hCG | | Site-specific lab requisition form  Site testing log/results report | | | | |
| Urine dipstick/culture | | Site-specific lab requisition form  Lab results report | | | | |
| HIV-1 testing | | Site-specific lab requisition form  Site testing log/results report (rapids, Geenius confirmatory testing)  Lab result report (HIV RNA) | | | | |
| HSV-2 antibody | | Site-specific lab requisition form, LDMS Specimen Tracking  Lab results report | | | | |
| Plasma (archive/storage) | | Site-specific lab requisition form, chart note, or visit checklist | | | | |
| Hepatitis B surface antigen (HBsAG) | | Site-specific lab requisition form  Lab results report | | | | |
| Blood creatinine and creatinine clearance | | Site-specific lab requisition form  Lab results report  MTN-034 Safety Lab Calculator | | | | |
| CBC with platelets | | Site-specific lab requisition form  Lab results report | | | | |
| Syphilis serology | | Site-specific lab requisition form  Lab results report | | | | |
| DPV levels (Vaginal Ring) | | Chart note, or visit checklist  Parexel lab results report | | | | |
| Dried Blood Spot (DBS) for PK | | Chart note, or visit checklist  UCT lab results report | | | | |
| Rapid test for trichomonas | | Site-specific lab requisition form  Lab results report | | | | |
| NAAT for GC/CT | | Site-specific lab requisition form  Lab results report | | | | |
| Wet prep/KOH wet mount with pH for candidiasis and/or BV | | Site-specific lab requisition form and/or visit checklist  Chart note or lab results report | | | | |
| Vaginal swab for microbiota | | Site-specific lab requisition form, LDMS Specimen Tracking Sheet, chart note, or visit checklist | | | | |
| Vaginal swab for biomarkers | | Site-specific lab requisition form, LDMS Specimen Tracking Sheet, chart note, or visit checklist | | | | |
| Vaginal Gram Stain | | Site-specific lab requisition form, LDMS Specimen Tracking Sheet, chart note, or visit checklist | | | | |
| Cervical Swab for biomarkers | | Site-specific lab requisition form, LDMS Specimen Tracking Sheet, chart note, or visit checklist | | | | |
| Cervical Cytobrush (Zimbabwe site only) | | Site-specific lab requisition form, LDMS Specimen Tracking Sheet, chart note, or visit checklist | | | | |
| CVL for biomarkers | | Site-specific lab requisition form, LDMS Specimen Tracking Sheet, chart note, or visit checklist | | | | |
| Returned Study VR | | Site-specific lab requisition form, LDMS Specimen Tracking Sheet, chart note, or visit checklist | | | | |
| **STUDY PRODUCT/ SUPPLIES** | | | | | | |
| Provision of study VR or tablets | | **Study Prescription** (initial product request to pharmacy)  Study Product Request Slip  Site-specific Pharmacy Dispensing Log (source for dispensations from pharmacy)  Pharmacy Dispensation CRF  Ring Insertion and Removal CRF, PrEP Provisions and Returns and/or chart notes and/or Site-Specific Clinic Study Product Accountability Log  *(specify source for site staff provision of ring to participant and ring insertion)* | | | | |
| Provision of study product instructions | | Chart note, Protocol Counseling Worksheet, and/or site-specific document | | | | |
| Insertion/ingestion of the provided study product | | **Ring Assessment CRF or Tablet Assesment CRF** | | | | |
| Removal and collection of used/unused study product | | Ring Insertion and Removal CRF  PrEP Provisions and Returns CRF  Specimen Storage CRF  LDMS Tracking Sheet  Chart note or visit checklist | | | | |
| Digital/Visual exam(s) by clinician to check VR placement | | Chart note or visit checklist | | | | |
| Provide condoms | | Site-specific counseling notes/worksheets or visit checklist | | | | |
| **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 Product Discontinuations/Holds | | **Product Discontinuation CRF**  **Product Hold CRF**  Chart notes and/or pharmacy request slip | | | | |
| A record of participant’s exit from the study | | **Study Termination CRF**  Chart notes | | | | |

**Appendix 1: Part B**

**MTN-034 CRFs and Source Documents**

|  |  |  |
| --- | --- | --- |
| **CRF Name** | **Is eCRF Source?** | **Comments**  *(Unless otherwise noted in the Comments column, the CRF is source for all form items.)* |
| Adherence Counseling | No | Lab Results Report source for DPV and TDF drug results, adherence counseling worksheets source for counseling questions |
| Adverse Events Summary | Yes | Form is administrative only. |
| Adverse Event Log | Mixed | * Form is source for participant reported AEs * Non-CRF documents are source for Laboratory and Clinical AEs |
| Additional Study Procedures | Yes | Form is administrative only. |
| ACASI Summary | Yes | Form is administrative only. |
| ACASI Tracking | Yes |  |
| Concomitant Medications Summary | Yes | Form is administrative only. |
| Concomitant Medications Log | Yes |  |
| COVID-19 Behavioral Assessment | Yes | Form is source for all items as participant responses are entered directly into the form. |
| Demographics | Yes | Form is source for all items as participant responses are entered directly into the form. |
| Eligibility Criteria | No | Screening Behavioral Eligibility Worksheet, Enrollment Behavioral Eligibility Worksheet, Eligibility checklist and/or Screening and Enrollment Log is source for all items. |
| Enrollment | Mixed | Consent form is source for consent form date and long-term storage. |
| Enrollment Menstrual History | Yes |  |
| Family Planning History | Mixed | Form is source; may be supplemented by Family Planning Card |
| Family Planning Summary | Yes | Form is administrative only. |
| Family Planning Log | Yes | Form is source; may be supplemented by Family Planning Card |
| Follow-up Y/N | Yes | Form is administrative only. |
| Follow-up Visit Summary | Yes | Form is administrative only. |
| HIV Test Results | No | Non-CRF lab source document (report or testing log) is source |
| HIV Confirmatory Results | Mixed | Form is source for final HIV status. Non-CRF lab source document (report or testing log) is source for other items. |
| Interim Visit Summary | Yes | Form is administrative only. |
| Local Laboratory Results | No | Local lab report is source for all items. |
| Baseline Medical History Summary | Yes | Form is administrative only. |
| Baseline Medical History Log | Yes | Baseline Medical History Questions may also supplement as source. |
| Missed Visit | Yes |  |
| Participant Identifier | Yes | Form is administrative only. |
| Participant Transfer | Yes |  |
| Participant Reciept | Yes |  |
| 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’. |
| Pharmacy Dispensation | No | Pharmacy dispensing records and randomization information from Medidata Balance are source. |
| Physical Exam | Yes |  |
| 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. |
| Pregnancy Report | Yes | Form is source for all items. Supplemental information also may be recorded in chart notes. |
| Pregnancy History | Yes | Form is source for all items. Supplemental information also may be recorded in chart notes. |
| Pregnancy Test Results | No | Site testing log and/or local lab report is source |
| Product Discontinuation | Yes |  |
| Product Hold Summary | Yes |  |
| Product Hold Log | Yes |  |
| Product Preference and Acceptability | Yes |  |
| Protocol Deviations Summary | Yes | Form is administrative only. |
| Protocol Deviation Log | Yes | Form is source for all items. Supplemental information may also be recorded in the chart notes. |
| Product Choice | Mixed | Form may be source (or visit checklist, counseling worksheet) |
| Product Change | Mixed | Form may be source (or visit checklist, counseling worksheet) |
| PrEP Provisions and Returns | No | Study Product Accountability Log |
| Randomization | Mixed | Form is source for “Is the participant ready to be randomized?” Medidata Balance is source for “Randomization Date and Time”. |
| Ring Assessment | Yes |  |
| Ring Insertion and Removal | Yes |  |
| Screening Date of Visit | Yes | Form is administrative only. |
| Screening Menstrual History | Yes |  |
| Seroconverter Laboratory Results | No | Non-CRF lab source document (report or testing log) is source |
| 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. |
| Social Impact Summary | Yes | Form is administrative only. |
| Social Impact Log | Yes |  |
| Social Benefits Summary | Yes | Form is administrative only. |
| Social Benefits Log | Yes |  |
| Social Benefits and Impacts | Yes |  |
| STI Test Results | No | Local lab report is source for all items. |
| Study Termination | Yes |  |
| Tablet Assessment | Yes |  |
| Vital Signs | Yes |  |

*\*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.*