Guideline number	**Guideline 51.016B**	Version	**1.0**
Title	**Sponsor TMF Index Guidelines**		

1. **Section 1: Contact Information**
   - **1.1. Sponsor and Coordinating Centre -** Include the pages at the beginning of the protocol that contains details of all collaborators and parties involved
   - **1.2. Chief Investigator details**
     - *CV*
     - *GCP*
     - *Mentor confirmation (if applicable)* – required for 1st time CIs

2. **Section 2: Funding**
   - **2.1. Peer review documentation (non-eligible funder)**
   - **2.2. Funding application**
   - **2.3. Funding award letter or equivalent**
   - **2.4. Reports to Funding award body**
   - **2.5. Relevant correspondence –** Include correspondence with funders regarding amendments. The required notifications should be specified in the funder contract (research agreement)
   - **2.6. File notes (if applicable)**

3. **Section 3: Study Documents –** no documentation should be duplicated in the Amendment Section 6

Note: Each section contains all superseded versions with the most recent version at the top (crossed through with 'superseded' written on the front page, signed and dated)

   - **3.1. Protocol (signed and dated)**
   - **3.2. Participant information sheet(s) –** Include translated versions if applicable
   - **3.3. Informed consent form(s) –** Include translated versions if applicable
   - **3.4. GP Letter(s)**
   - **3.5. Study-specific Manuals and SOPs – such as Sample Handling Manual, Laboratory Manual, Imaging Manual etc.**
   - **3.6. Other study documentation –** for example advertisement material, questionnaires, patient diaries
   - **3.7. Relevant correspondence**
   - **3.8. File notes (if applicable)**

4. **Section 4: Combined Review Submission: REC/HRA/GTAC/MHRA**
   - **4.1. Initial combined review submission:**
     - *Study documents (for MHRA and REC review)*
     - *SoECAT/SoE (file note if saved electronically)*
     - *Outline OID*
     - *Template study mNCA*
     - *Cover letters (MHRA/REC)*
   - **4.2. Response to initial combined review (if applicable)**
   - **4.3. Combined review letters (REC, MHRA and HRA as applicable)**
     - *Provisional approval/request for further information (REC)/Grounds for non-acceptance/request for further information (MHRA) (if applicable)*
     - *Favourable Opinion/ Clinical Trial Authorisation/ Letter of no objection*
   - **4.4. Non-NHS SSA (if applicable)**
   - **4.5. Relevant correspondence**

4.6. File notes (if applicable)

5. Section 5: CIMD documentation:

Note: Including documentation provided by the manufacturer. If applicable any File notes and relevant email correspondence should be saved in each of the corresponding sections below.

5.1.1. Clinical Investigator's Brochure
5.1.2. Device details
5.1.3. Essential Requirements/General Safety and Performance Requirements Checklist
5.1.4. Instructions for use of medical device
5.1.5. Device Labels (indicate if in Pharmacy File)
5.1.6. Summary of all bench testing and pre-clinical testing conducted
5.1.7. Summary of clinical experience with the device to date
5.1.8. List of standards met
5.1.9. MHRA notification letters (serious breaches, non-compliances and protocol deviations)

Note: the audit trails/correspondence are held by the R&I Lead Pharmacist and Senior Governance Manager for serious breaches and by Monitor team for non-compliances and protocol deviations.

5.1.10. Any other correspondence
5.1.11. File notes (if applicable)

5.2. Additional CIMD documentation required in specific circumstances (provided by the manufacturer)

Note: If applicable any file notes and relevant email correspondence should be saved in each of the corresponding sections below.

5.2.1. Sterilisation validation report
5.2.2. Software information
5.2.3. Biological safety assessment of patient contacting materials
5.2.4. 5.3.3.1 Biocompatibility report (if applicable)
5.2.5. Information on animal tissues (if applicable)
5.2.6. Information on any medicine or human blood derivative incorporated into the device (if applicable)
5.2.7. Active devices
5.2.8. Specialist technologies including: infra-red, laser, microwave, MRI, RF ultrasound, ultraviolet, X-ray etc.
5.2.9. Active Implants

6. Section 6: Amendments

6.1. Amendment log - Amendment ID (e.g. SA01, NSA02, etc.)

6.2. Amendments

Note: Amendments filed with the most recent at the top, each containing the documents listed below

6.2.1. Amended/new documentation (if applicable) – only include those not present in section 3 i.e. summary of changes etc., documents should not be duplicated in this section
6.2.2. Sponsor amendment checklist
6.2.3. Notification of amendment forms (Amendment tool)
6.2.4. Amendment Cover Letters (REC/MHRA)
6.2.5. Sponsor decision of amendment type letter
6.2.6. Approvals - Include approval of the amendment for local site

- **6.2.7. Correspondence**
- **6.2.8. File notes (if applicable)**

7. Section 7: Legal

- **7.1. Coversheet (contracts and parties)**
- **7.2. Contracts -** Include Sponsor authorisation letter
- **7.3. Vendor assessment approval (if applicable)**
- **7.4. Sponsor/Co-Sponsor insurance**
- **7.5. Correspondence**
- **7.6. File notes (if applicable)**

8. Section 8: Sponsor Systems

- **8.1. Sponsor oversight checklist –** Form 51.020B
- **8.2. Relevant submissions/approvals (e.g. ARSAC, PIBB etc.)**

  Note: This does not include combined review submission, each approval contains the documents listed below

  - **8.2.1. Application**
  - **8.2.2. Supporting documents (if applicable)**
  - **8.2.3. Approval**
  - **8.2.4. Relevant correspondence**
- **8.3. Risk Assessment (and amendments) -** Form 51.004A (CTIMP) and/or Form 51.004D (CIMD) and relevant Sponsor correspondence
- **8.4. Signed CI delegation of responsibilities -** Form 51.007E, RC sends to Paul who will update CI training record on Q-pulse
- **8.5. TSC**
  - **8.5.1. Lists of members/ funder acceptance (if applicable)**
  - **8.5.2. Letters of invitation/response**
  - **8.5.3. Signed charter (including amendments) –** Include conflict of interest forms, confidentiality agreements for non-independent members/observers etc.
  - **8.5.4. Honorary contracts for charter members (when trial is sole sponsored by NHSGGC)**
  - **8.5.5. TSC Reports**
- **8.6. IDMC**
  - **8.6.1. Lists of members/ Funder acceptance (if applicable)**
  - **8.6.2. Letters of invitation template/ response**
  - **8.6.3. Signed charter (including amendments)**
  - **8.6.4. Honorary contracts for charter members (when trial is sole sponsored by NHSGGC)**
  - **8.6.5. DMC Reports**
- **8.7. Evidence of public database registration -** i.e. Clinicaltrials.gov, ISRCTN etc.
- **8.8. eCRF user acceptance confirmation -** confirmation correspondence from PV, monitors, PM, pharmacy and DM centre
- **8.9. Sponsor RGL letter**
- **8.10. Trial adoption (if applicable)**
- **8.11. Co-enrolment**

  Note: filed with the most recent at the top, each containing the documents listed below

  - **8.11.1. Protocol of co-enrolment study**
  - **8.11.2. Sponsor authorisation email**
  - **8.11.3. Signed co-enrolment agreement**
  - **8.11.4. Relevant correspondence**

- **8.12. Correspondence**
- **8.13. File notes (if applicable)**
- **8.14. Complaints**

9. Section 9: End of trial

- **9.1. End of trial declaration and acknowledgement REC/MHRA**
- **9.2. Final Report**
- **9.3. Publications**
- **9.1. Archiving** - Form 51.024E
- **9.2. Other relevant correspondence**
- **9.3. File notes (if applicable)**

10. Section 10: IMP Management

10.1. Contact information

- Key IMP management related contacts

10.2. General correspondence

10.3. IMP management for host sites (SFD)

10.3.1. Sub-section 10.3.1: Pharmacy Site File Documents

- IMP Management and Accountability Manual for Sites
- Other IMP pharmacy site file documents incl. prescriptions, accountability logs, IXRS User Manuals, PIV slides etc.

10.3.2. Sub-section 10.3.2: Investigator Site File & Other Documents*

- IMP administration logs
- Other Investigator Site File documents
- Other documents e.g. Training Modules

10.4. Sponsor IMP management (SpD)

10.4.1. Sub-section 10.4.1: Internal Sponsor Pharmacy Documents

- Sponsor Pharmacy Investigational Medicinal Product Document Control Log (Form 21.014A)
- IMP Management and Accountability Manual for Sponsor/ UK Lead Centre
- R&I Pharmacy Task Planner (Form 21.012B)
- Master Pharmacy Initiation Report/Assessment Form (Form 21.016A)
- Master QP Batch Release Check Form/New Batch Release Notice (Guideline 21.003A)

10.4.2. Sub-section 10.4.2: Sponsor IMP Checklists

- Site IMP Management & Accountability Manuals (Form 21.003A)
- Sponsor IMP Management & Accountability Manuals (Form 21.003B)
- Site Pharmacy Initiation Training (Form 21.016A)
- Technical Agreement Contract & Work Order Checklist for Delegation of IMP Responsibilities (Form 21.012A)
- Checklist for Periodic Review/End of Trial Management File Check (Form 21.020A)

10.4.3. Sub-section 10.4.3: IVRS/IWRS Development & Testing

IMP eCRF Review

Emergency Unblinding

- IVRS/IWRS Outline Specification (Form 21.023A)
- IVRS/IWRS User Acceptance Testing & Approval (Form 21.023B)
- Other IXRS Specification/User Acceptance Testing documentation
- Record of IVRS/IWRS Systems Review for Emergency Unblinding (Form 21.013B)
- IMP Emergency Unblinding Testing Plan (Form 21.013A)

10.4.4. Sub-section 10.4.4: IMP Related Risk Assessments*

- Sponsor IMP Management Risk Assessment Process: Permanent Storage of IMP External to Pharmacy (Form 21.004A)
- IMP Storage Assessment: Permanent Storage of IMP External to Pharmacy (Form 21.004B)
- IMP Site-to-Site Risk Assessment Form (Form 21.007A)
- Sponsor Risk Assessment for IMP Delivery from Study Site to Participant's Home (Form 21.012C)
- Other study specific IMP related risk assessments

10.4.5. Sub-section 10.4.5: Ethics & Regulatory Related Submissions

- NHS GG&C Label Specification and Approval (Form 21.008A)

10.5. IMP Manufacture & Quality Documentation

- Specification for IMP Manufacturing Activity (Form 21.001B)*
- QP batch release and associated batch check documentation*

- Certificates of Analysis/Certificates of Conformity*
- Other associated IMP quality related documentation
- IMP Destruction by Manufacturer

10.6. Opened sites: IMP management

Organised by site to include:

- Completed Pharmacy Site Initiation Report/Pharmacy Site Assessment Form
- Pharmacy site staff CV & GCP certificates at Set-Up*
- Sponsor approved site documentation e.g. Prescription accountability logs etc. (as appropriate)
- Site Green for Go/Site Activation Notification *(Retained for information only)*
- IMP release confirmation*
- IMP disposal records
- Relevant correspondence to and from site

10.7. IMP tracking

- IMP tracking by batch*
- Orders processed*
- Shipment notices*
- Receipt confirmation*
- Manufacturer IMP reconciliation and destruction documentation*

10.8. IMP complaints, defects, temperature deviations & sponsor file notes

Organised by site:

- Reports/correspondence relating to IMP defects and complaints
- Reports/correspondence relating to temperature deviations
- Sponsor file notes relevant to IMP management

10.9. Site IMP management set-up/Site closure

Organised by site

- Site Set – up documentation
- (Instructions: Move all set-up documentation to section 11.6 on receipt of 'Green For Go'/Site Activation e-mail.)
- Site Close Out – Documentation
- (Instructions: Move all site related documentation from section 11.6 to section 11.9 on site closure.)
- Pharmacy Study Product Reconciliation Check (Form 21.019A),

10.10. IB/SmPC Review for Clinical Management (SOP 55.005)

- Revised IB/SmPC and associated correspondence
- IB/SmPC change tracking forms (Forms 55.006A* & 55.006B*)
- (Instructions: File at end of study)

* filed as appropriate

11. Section 11: Pharmacovigilance CTIMPs/CIMD vigilance

- **11.1. Pharmacovigilance/medical device vigilance plan**
- **11.2. RSI and approvals**
- **11.3. SAE forms/Queries and related correspondence (CTIMPs, held electronically at RCB)/Line listings of SAEs and device deficiencies (devices only, held electronically at RCB)**
- **11.4. Pregnancy reports and associated documentation/correspondence**
- **11.5. SUSAR reports and submission documents**
- **11.6. DSURs and submission documents/Quarterly safety reports (devices only)**
- **11.7. Other correspondence**
- **11.8. File note**

12. Section 12: Monitoring

12.1. Monitoring plan

12.1.1. Monitoring Plan – Current Version

12.1.2. Monitoring Plan - Superseded Version(s), if applicable

12.2. Monitoring Risk Assessment

12.2.1. Monitoring Risk Assessment – Current Version

12.2.2. Monitoring Risk Assessment - Superseded Version(s), if applicable

12.3. Monitoring Documentation

Note: For different types of visits, please file with the most recent visit on top e.g. COV, MV, SCV

12.3.1. Site Number eg.'01' and Name (e.g. QEUH) ***[ensure to increment for each new site i.e. 12.3.2 etc.]***

12.3.1.1. Fully Signed Site Source Data Plan

12.3.1.2. Monitoring Visit/Site Documentation

I. **Visit Agenda**

II. **Follow-Up Letter**

III. **Completed Action Resolutions Document***

IV. **Site Protocol Deviations Forms ***

V. **Site Protocol Deviation Logs***

VI. **File note – site specific***

VII. **Site Correspondence – relevant***

VIII. **Site Visit Log(s)^**

12.4. Protocol Deviations and Non-Compliances - trial

12.5. Miscellaneous: (Handover documentation, Sponsor study-specific training, etc.)

12.6. File Notes – general

12.7. Correspondence – relevant*

* All correspondence between site and Monitor should be filed within the Monitoring Group, RandD mailbox and stored in appropriately titled folders to ensure they are easily accessible and archived. If a piece of correspondence is particularly relevant to a specific document (E.g. CI opinion for a protocol deviation classification), it may be attached to the document and stored in the monitoring study file.

^ If completed remotely the CTM may wish to file a visit log from the site or order to provide evidence of visit. Onsite visit logs will remain at site.

Note: Reference notes, supporting documents, SDV checklists will be saved in the common drive and Monitoring group, RandD mailbox.

13. Section 13: Governance

13.1. Serious Breaches

13.1.1. Reports

13.1.2. Correspondence

13.2. Vendor Assessments

13.2.1. Approvals/Rejections

13.2.2. Assessments

13.2.3. Correspondence

14. Section 13: Project Management

14.1. Contact Information:

14.1.1. Key contacts

14.1.2. List of active trial sites / Principal Investigators

(Note: current list to be stored only, include storage location of electronic copy)

14.1.3. 24 hour / emergency contact number / unblinding details

14.2. Participating sites

Note: For multi-centre studies split this section into site specific subsections by site number.
Site contacts – study staff per site / location of current electronic contact list here

14.2.1. Site Set-up documents

14.2.1.1. Site Capability Assessment Form

14.2.1.2. Participating Site Agreement / mNCA

14.2.1.3. Localised OID

14.2.1.4. Completed OID appendix (for GG&C sites only)

14.2.1.5. Head of department approval (for GG&C sites only)

14.2.1.6. Local Pharmacy approval (for GG&C sites only)

14.2.1.7. Local Support department approvals (E.g. CRF, respiratory lab/ophthalmology/radiology if needed) (for GG&C sites only)

14.2.1.8. Local Management Approval

14.2.1.9. Green for Go checklist

14.2.1.10. Green for Go Email

14.2.1.11. IMP release Email

14.2.2. Maintenance Documents

14.2.2.1. Completed Responsibilities / Delegation Log (Current and Superseded)

14.2.2.2. Personnel documents

- Staff CV / GCP
- Training records

14.2.2.3. Local Amendment approvals

14.2.2.4. Protocol signature page(s)

14.2.2.5. Record of retained body fluids / tissue samples (if applicable)

14.2.3. Site close out documents

14.2.3.1. Close out confirmation (confirmation by email correspondence from monitors and pharmacy)

14.2.3.2. Site close out email

14.2.4. Site specific correspondence: filed in date order with most recent at the top

14.3. Site Training Information

14.3.1. Study Initiation Visit

- SIV slides
- Other site training materials

14.3.2. CRF completion guidelines (user manual, training log)

14.3.3. Investigator Meeting

- IM slides
- Attendance log

14.4. Correspondence

14.4.1. Correspondence to all sites (study updates, newsletters etc.): filed in date order with most recent at the top

14.4.2. File notes

14.5. Meetings

14.5.1. Trial Management Group

- Agenda / minutes: filed in date order with most recent at the top

14.5.2. Data Monitoring Committee

- Agenda / minutes: filed in date order with most recent at the top

14.5.3. Trial Steering Committee

- Agenda / minutes: filed in date order with most recent at the top

14.6. Study-Specific SOPs/Forms/Guidelines

15. Section 14: Data Management

15.1. Data management plan

Definition/Purpose: To identify the overall strategy for data management process for the trial; a compilation of documents that may include amendments/appendices but are not limited to: Completion Guidelines, Data Quality Plan, CRF Design Document, Database (build) Specification, Entry Guidelines, and Database Testing.

15.2. CRF completion requirements

Definition/Purpose: To provide detailed instructions on how data points on each CRF are to be completed; how to enter on paper and if EDC, how to enter data into the system.

15.3. Annotated CRF

Definition/Purpose: To assign variable names and attributes to the fields on the CRF and to link the variables to the tables within the database; may also be used as an aid for database programming on how to structure the database; use for data extraction; may be generated at the time of regulatory submission.

15.4. Documentation of corrections to entered data

Definition/Purpose: Any documentation used to query database discrepancies and to record approved corrections to the clinical trial database; may include self-evident corrections, global queries, SAE queries, laboratory queries and any other database queries generated. Additionally, include any agreements per trial and site that trial personnel are permitted to perform without the need to issue a query to the investigator along with acknowledge acceptance/signing of these changes by Investigator. NOTE: This may be fully contained within the trial database or eCRF.

15.5. Final subject data

Definition/Purpose: Final Subject data (EDC/ePRO/Paper) for the protocol and a copy of each site's data by-subject. Associated documents may include but are not limited to documentation of subject data corrections, subject diaries, questionnaires, laboratory reports and other third-party specialty data. Does not include the final study datasets. NOTE: This may be filed electronically or paper copies may be stored separate to the TMF or may form part of the eCRF/trial database.

15.6. Database specifications

Definition/Purpose: To provide a detailed design framework for the system(s) used to manage and store subject/patient data captured via a paper CRF or eCRF for the specified trial.

15.7. Validation of data checks

Definition/Purpose: Specifications that will detect data that is illogical, unexpected, missing, redundant, or is outside of defined study parameters; usually implemented via programming logic.

15.8. Validation programming

Definition/Purpose: The computer code which satisfies the edit check plan/specification details; may include a reference to where the code resides.

15.9. Testing of the eCRF/trial database and data check validations

Definition/Purpose: To provide evidence that the eCRF/database/validations have been implemented correctly; can include the data used to test the programming logic

15.10. Approval for the database activation

Definition/Purpose: Documentation that all database specification requirements have been satisfied and system can go live; will also include confirmation that UAT (user acceptance testing) has been successfully completed. May include a modified version to activate implementation of change control.

15.11. External data transfer specifications

Definition/Purpose: To document import and export data specifications; includes but is not limited to diary, lab, IVRS, imaging; integration from external systems to database and may include transfer from one group to another.

15.12. Paper only: Data entry guidelines

Definition/Purpose: To provide detailed instructions on how CRF data is to be entered into a database; specific to a paper CRF trial (therefore, would not be required with an EDC trial).

15.13. SAE reconciliation (only relevant where SAEs within clinical database and where both sources capture similar data)

Definition/Purpose: To document reconciliation and resolution of discrepancies between the SAEs in the safety and the clinical databases has been successfully completed.

15.14. Dictionary coding

Definition/Purpose: To document the tools used in medical coding and the final coded terms; includes medical sign off of coding; may include resolution discrepancies.

15.15. Data quality review documentation

Definition/Purpose: To describe the procedures for creating and implementing a data quality review process to ensure that quality data is captured into a clinical database on an ongoing basis.

15.16. Database lock and unlock approval

Definition/Purpose: Confirmation that all of the requirements for database release have been meet; may include all unlock and re-lock documentation as well as a report on data quality issues and summary of essential activities prior to database lock.

15.17. Database change control

Definition/Purpose: Summary of requested change, reason for change, relevant approvals, impact / risk analysis, associated requirements, specifications and other documentation describing the validation and implementation of this change.

15.18. User account management

Definition/purpose: To capture account management details for all users who received access to the system (e.g.: ePRO, eCRF); intended to include users' security role, date account granted, date account disabled.

15.19. Technical design documentation

Definition/purpose: A technical planning and tracking document containing all the elements required to build and test the EDC application including the variables to be collected, their logical arrangement, navigation between the different forms, and the checks for logical consistency. May take the form of a spreadsheet created manually by a programmer and uploaded to the EDC application (e.g. to generate the eCRF or ePRO system), or exported from the application after building as a record of its technical design. May include some code for 10.03.03, Edit Check Programming.

15.20. Relevant communications

Definition/purpose: Data management specific agreements, significant discussions or relevant information, but not specifically listed in this Reference Model. Types of correspondence may include, but not limited to: letters, memo, electronic communications and faxes.

15.21. Meeting material

Definition/purpose: Agenda, presentation materials and other documentation generated during an internal or external data management related meeting which documents any agreements or significant discussions. Includes meeting minutes or Q&A, attendance sheets and any pre-meeting material.

15.22. File notes

Definition/purpose: To document any decision or to clarify any information relating to data management

16. Section 15: Vendors

- **16.1. Laboratory Organogram** ***(Organisation details of the laboratory)***
- **16.2. Treatment of Routine Samples** ***(UKCRC Document and File Note)***
- **16.3. Staff Records and Training** ***(Staff Training Log (Form 53.005I) and Certificates)***
- **16.4. Contract (s) and Service Level Agreement(s)** ***(Contract and/or SLA between Lab and NHSGGC R&I)***
- **16.5. Meeting Minutes**
- **16.6. Quality Assurance and Quality Control Checks** ***(QC checks of processes i.e. Accreditations (external laboratories), Reference ranges for all tests included in the protocol, Temperature logs for sample storage, etc)***
- **16.7. Deviations and violations** ***(Record of any shipping, storage or other deviation should be filed here)***
- **16.8. Correspondence** ***(All key correspondence should be printed and filed)***
- **16.9. Approvals** ***(R&D Permission for each trial)***
- **16.10. Laboratory Manuals for non- routine trial samples and processing** ***(Each research trial may have a laboratory manual. The manual will include shipping information, sample storage, method and analytical plan, stock and solution prep and analytical records)***
- **16.11. Equipment Maintenance** ***(Calibration Certificates for equipment used in trials)***
- **16.12. Shipping Documentation** ***(File all receipts from couriers. Multiple tear-offs slips can be fixed on an A4 sheet and filed)***
- **16.13. Archiving** ***(Archiving process)***
- **16.14. File Note(s)** ***(File Note template (Form 53.005J). Completed File Notes must be filed in relevant section. General File Notes can be filed here)***

Form signatories

Prepared by Signature	Louise Ner Date
Approved by Signature	Melissa Robert Date

Document history

Version	Date	Description
1.0	08/05/2025	First Release