SOP number	**53.012**	Version	**2.0**
Title	**Monitoring Clinical Research - Site Close Out Monitoring Visit**		

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SOP category	NHS GGC Sponsor Governance

Staff category

Staff Category	**R**	**A**	**C**	**I**
Research Governance Manager		x		
Lead Clinical Trial Monitor	x			
Clinical Trial Monitors	x			
Sponsor Research Co-ordinators			x	
Innovation Project Manager			x	
Innovation Contracts Manager			x	
R&I Sponsor Pharmacy			x	
University of Glasgow Research Regulation and Compliance				x
Project Managers			x	
Chief Investigators				x

1. Scope

This Standard Operating Procedure applies to all NHS Greater Glasgow & Clyde Research Governance staff, working within the Glasgow Clinical Trials Unit (GCTU).

2. Purpose

The purpose of this SOP is to describe the procedures that will be used by the Clinical Trial Monitors (CTMs) acting on behalf of the Sponsor to perform the Site Close Out Visit (COV) for non-commercial CTIMPs (Clinical Trials of an Investigational Medicinal Product) ATIMPS (Advanced Therapy Investigational Medicinal Product), Clinical Investigations of a Medical Device and high risk non-CTIMP studies, Sponsored or Co-Sponsored by NHS Greater Glasgow and Clyde (NHSGGC). The SOP also covers activity undertaken if contracted by an external Sponsor as detailed in SOP 53.014.

The purpose of the COV is to verify that the trial has been conducted according to the protocol and in compliance with GCP guidelines, regulations and any legal requirements, and that the Investigator Site File and Pharmacy Site File where applicable are complete. This monitoring aims to verify that all regulatory and local requirements for retaining documents have been met, all outstanding actions arising from previous monitoring visits have been resolved, and that the site are compliant with archiving requirements described in the site contract and their local archiving processes. If the COV activity includes Pharmacy Monitoring and this cannot take place on the same day as the research team monitoring then the close out activity may be split and take place over different dates, as close as realistically possible.

3. Procedures

3.1. When a COV Takes Place

The Project Manager will notify the CTM (Clinical Trial Monitor) when a site is ready to close, this may happen at any time throughout the course of the study however, sites will be asked to refrain from final archiving until the end of trial declaration has been submitted and the site is formally closed. If a site does not have capacity to hold their files until the end of the study, discussion will take place at the TMG including the CI, PM and the Sponsor Co-ordinator with the Governance Manager being informed of the outcome. The site will be informed when they will have to bring their files back from archiving to file the End of Trial documents. The Project Manager will inform the CTM when the last patient has completed their participation at the site. The CTM will liaise with the appropriate data management and PV team to ensure all data queries have been resolved and SAEs followed up, if data queries are still present at the time of the visit, the CTM will ensure the queries are answered or a plan to answer them. Sites which do not recruit any participants may be closed remotely as discussed further in the SOP.

3.2. Tasks to Complete at a COV

The core monitoring tasks for the COV are to:

- Ensure the ISF is complete, all essential and critical documents are present, and the contents accurately reflect the trial conduct.
- Ensure all Informed Consent Forms versions are present and complete, in addition to the original signed consent forms within the site file.
- In conjunction with the data management team, ensure that all participants have completed their data, all data queries have been answered, the data is complete and reflects the participants' participation in the trial. Ensuring procedures and withdrawals have been completed as per protocol.
- Ensure all SAEs have been followed up to completion where possible.
- Ensure to discuss with site that all source data are appropriately located as per the source data plan (filed within the subjects' notes and removed from the ISF/CRFs in preparation for archive)
- Ensure laboratory samples have been used, stored, transferred, and destroyed as applicable under the terms of consent and as per Lab Manual and approvals.
- Verify any supply equipment has been returned, or ensure the site team have liaised with the PM in order to complete the return process, if required.
- Ensure the Delegation Log has been completed and signed off by the PI and all staff have an end date to their responsibilities.
- Ensure all training evidence is filed; valid and within date Curricula Vitae and GCP certificates and other training documentation as appropriate.
- Ensure all actions from previous monitoring visits have been addressed, monitoring documentation is filed and all Monitoring Plan objectives are completed.
- Ensure all Protocol Deviations and GCP Non-Compliances have been documented and reported.
- Confirm IMP accountability is complete and correct for all participants treated at site.
- Ensure temperature logs for storage of IMP are filed within the Pharmacy Site File or the location of these logs is evidenced by file note signed off by the Pharmacist or a member of the Clinical Trial Pharmacy Team.
- Ensure IMP disposal/destruction has been undertaken as per Protocol and IMP manual, and the IMP disposal/destruction records are accurate.
- Discuss with the site the importance of filing the End of Trial Declarations prior to archiving.

- Ensure all site members are confident in the archiving process, a site member has been delegated archiving responsibilities, the Sponsor is aware of how to contact the site post archiving and the site can meet the timelines (Form 56.004A)
- Ensure overall percentage of SDV and review of ICFs has been conducted as per the Monitoring Plan and all monitoring objectives have been achieved.
- Update SReDA to document the study has been closed by the monitoring team once all sites are closed.

N.B. At times the Project Manager may have already completed the tasks, the monitor would therefore document this within their report)

The number of Close Out Visits will be discussed with the Lead Monitor and Governance Manager, depending on resource there may be a requirement for more than one monitor appointed to manage the timeline and ensure all sites have a close out visit. Close out visits may be conducted in person, by telephone/TEAMS Videoconference or remotely via email correspondence requesting that the site teams complete checklists for and the Investigator Site File (ISF) (Form 53.012A) and Pharmacy Site File (PSF)(Form 53.012B)(if applicable to the trial) and other documents (such as copies of the delegation log and site staff training records). The checklist template will be based on the PI site file, Form 51.016C and the pharmacy trial specific Index and will include all document versions in use at the site and specific to the study The site and pharmacy team will be asked to confirm the contents of their files by completion of these checklists which will required to be signed off by a staff member and PI.

Where the trial has been of a complex nature, there have been specific issues attributed to a site or there have been issues of concern noted at routine monitoring visits, the Clinical Trial Monitor may be required to visit the site in person to verify that the trial has been completed to an acceptable standard and that any relevant corrective or preventative actions have been completed. If an in-person visit is not possible due to any restrictions, remote visits where the site has had specific issues can be done with Microsoft Teams, ensuring a video link in order to see the site and the folders. If the COV visit is conducted over Microsoft Teams, the CTM will ensure their NHS identity badge is shown to the site and, they declare they are in a room by themselves ensuring confidentiality.

3.3. Recruiting Trial Sites

3.3.1. Recruiting Pharmacy Close-out

If the trial has involved the supply of IMP to sites (CTIMP, ATIMP), Sponsor Pharmacy will give permission for remaining stock to be destroyed before the site Pharmacy COV (as per SOP 21.010 **Destruction of Investigational Medicinal Products**). It is good practice to wait until Sponsor Pharmacy have completed their close out with the site however due to logistics at times this might not be possible. Once the correct accountability documentation has been received and checked by Sponsor Pharmacy, permission will be given to destroy any IMP remaining at site (as per SOP 21.003 Sponsor IMP Management and Accountability). The CTM will review the current Monitoring Plan for the study (Form 53.010A) ensuring all monitoring has taken place for the study and monitoring objectives achieved, a decision will be taken whether the pharmacy can be closed remotely or an on-site visit is necessary to achieve monitoring objectives as per the specific study Monitoring plan (Form 53.010A). If the site wishes to close early, pharmacy will be closed at the same time and the reason the site being closed early will be documented within the monitoring follow up letter (Form 53.004H) and evidenced in the notes section of Q-Pulse.

If an on-site visit is scheduled this would usually include a site COV as-well. The CTM would ensure IMP accountability records are complete appropriately and correctly, and the Pharmacy Investigator Site File is complete with all essential documents. If a remote visit is planned, the CTM will send a trial specific Pharmacy Investigator Site file checklist (Form 53.012B) based on trial specific pharmacy Index. However, this document will be detailed with pharmacy trial specific documents and versions. If on-site is not possible, a remote phone or video call will be scheduled with the site pharmacy team ensuring all procedures for the COV have been achieved. The pharmacy monitoring visit log will be completed by the monitor and a delegated pharmacy representative regardless of the visit type.

3.3.2. Recruiting Site Close-out

The CTM will review the current Monitoring Plan for the study (Form 53.010A) ensuring all monitoring has taken place for the study and monitoring objectives achieved, the CTM will make the decision whether the site can be closed remotely or an on-site visit is required to achieve monitoring objectives as per the specific study Monitoring plan (Form 53.010A). If a site wishes to close early before recruitment finishes, the CTM will document this in the notes section of Q-Pulse. If an on-site visit is scheduled this may include a pharmacy site COV depending on the pharmacy objectives for the plan. At the COV, the CTM will ensure all further monitoring objectives are achieved and all procedures as outlined above have taken place at the COV.

3.4. Non-Recruiting Trial Sites

3.4.1. Non-recruiting Site Pharmacy

Non-recruiting site Pharmacy close-out will be carried out in the same way as listed above for recruiting Pharmacy close outs, but this may be completed during the trial if the Sponsor or site decides to close to recruitment or immediately on the trial closing.

3.4.2. Non-Recruiting Site

Sites that did not recruit to the trial may be closed before the end of the trial in discussion with the TMG members, including the CI, PM, Pharmacy and Sponsor Co-ordinator. If a site opened to recruitment but did not recruit patients, including patients who were screened but not recruited, site close-out will be carried out in the same way as for recruiting sites but may be completed during the trial if the site has decided to close to recruitment or immediately on the trial closing. Any non-recruiting site may be closed early and this will be documented within the follow up letter and the notes section of Q-Pulse. If a site did not open to recruitment then the Project Manager would perform site closure activity.

3.4.3. COV Follow Up Timelines

Regardless if the site COV is performed remotely or on-site, the site will have 30 calendar day turnaround (Day 1 will be the date sent to the site) to complete the checklists or actions from the close out visit. If the checklist has not been returned or actions not received, the CTM will email the site and wait 5 working days for a response, if there is no response from the site, this will be escalated to the Lead Clinical Trial Monitor and then the Research Governance Manager if it has still not been completed. The timeline will be evidenced in the notes section of Q-Pulse. A remote follow up phone or video call will be scheduled with the site team to ensure all monitoring objectives have been completed.

Once this has been received and checked and all actions completed, the Clinical Trial Monitor will liaise closely with the Project Manager to confirm all monitoring actions are complete. The Project Manager will give permission for the site to archive their documentation. At all site visits, the monitor will ensure the monitor visit log is completed by the monitor and a delegated member of research staff (Form 53.004G) with a copy being retained, as required.

3.5. SReDA

After all sites have been closed and all monitoring actions have been confirmed, the CTM must update SReDA to confirm the study is closed, as detailed in SOP 51.024 & SOP 51.025. The CTM will login into SReDA using their username and password. The R&I reference number can be used within the search engine to locate the study, once the CTM confirms the study, navigate to the pharmacy/custom tab, scroll down and update the "Monitor Close out status" by confirming closure. This must be done for each monitored Sponsored CTIMP and High-Risk Non-CTIMP study monitored by NHSGGC CTMs. It is good practice to email the Research Information Officer to confirm this has taken place.

3.6. Archiving Arrangements

The Project Manager/CTM should have checked the site's archiving arrangements prior to start up. Confirmation of local archiving procedures being in place will be confirmed again at the site Close Out Visit ensuring the site remains to have adequate archiving procedures in place and remain valid, this may include an archiving SOP, a person delegated the responsibility of archiving, any changes of staff communicated to the CTM and the site continue to be happy with archiving arrangements. Once all the COV actions have been resolved the trial documents stored in the Monitoring file (as per Sponsor Index, Form 51.016A will be archived. The CTM will review the documents using Form 51.024A and preparing for archive. These documents will then be archived as per SOP 51.024 and 51.025.

4. Referenced documents

- SOP 21.003 - Sponsor IMP Management and Accountability
- SOP 21.010 - Destruction of Investigational Medicinal Products and Other Study Products
- SOP 51.024 - Archiving Essential Documents from Clinical Research – Process for a Sponsored Clinical Trial of an Investigational Medicinal Product (CTIMP)
- SOP 51.025 - Archiving Essential Documents from Clinical Research – Process for a Sponsored Non CTIMP
- SOP 53.014 - External Sponsor Monitoring Arrangement
- Form 51.016C – Principal Investigator Site File:Template
- Form 51.016A – Sponsor TMF Index
- Form 51.024A – Essential Documents for Archiving – Archiving Checklist (for CTIMPs)
- Form 53.004G - Monitoring Visit Log
- Form 53.004H - Preliminary Follow Up letter / Follow Up letter
- Form 53.010A - Monitoring Plan for a Clinical Trial of an Investigational Medicinal Product
- Form 56.004A – Site Close out Checklist Template
- Form 53.012A – Site File Checklist (Template)
- Form 53.012B – Pharmacy Site File Checklist (Template)

5. Related documents

- Form 22.016A - NHS GG&C Generic Pharmacy Site File Index
- Form 22.027A - Monitoring Visit Log (Pharmacy)
- Form 53.004B - GGC Monitoring Risk Assessment

6. Document History

Version	Date	Description
1.0	25/08/2022	First Release
2.0	08/09/2025	Changes updated to meet with Archiving arrangements as per SOP 51.025A. ISF checklist updated to ensure these are controlled documents however with the view to be templates in order to change these to trial specific documents.