Study Monitoring Plan Template

Sponsor Reference Number:

Study Title:

Principal Investigator:

Study Centre:

The Sponsor risk assessment form and the trial risk based monitoring strategy appendices 2 & 3 to SOP S-1007 will facilitate the development of the monitoring plan.

The monitoring risk category for this study is [*insert*].

The type of monitoring undertaken, either onsite, remote or central, and the frequency and focus of monitoring visits will be determined by the risk rating allocated. The intervals for monitoring visits may be revised dependent on subject enrolment rate, quality issues, site compliance or other trial issues. All aspects will be undertaken in accordance with the Sponsor Standard Operating Procedures.

Any significant deviation from the planned monitoring timelines will be explained and documented in the monitoring visit report and the plan amended if appropriate.

If the site does not enroll any patients or enrolment is stopped, regular monitoring visits will not be scheduled. If there is an extended gap in trial activities the monitor will ensure that site staffs are appropriately trained when trial activities recommence.

1. Frequency of monitoring visits

1.1 Initiation visit

1.2 First monitoring visit

1.3 Interim monitoring visits

Consider the timing of interim monitoring visit for dose escalation studies and/or data monitoring committee review of data.

1.4 Close out visits

1.5 Contact with the Principal Investigator

The monitor will meet /have contact with the Principal Investigator and/or delegate at each of the above mentioned visits to discuss study progress and issues.

2. Monitoring

The monitor should complete and sign the Trial Monitoring Visit Log at each visit

2.1 Recruitment

The study specific recruitment plan and recruitment timeframe as per specific protocol

2.2 Eligibility

The following inclusion and exclusion criteria should be checked in full:

As per Protocol

2.2.1 Inclusion criteria

As per protocol

2.2.2 Exclusion criteria

As per protocol

All subjects participating in the study should meet ALL of the inclusion criteria and NONE of the exclusion criteria. Any deviations from the inclusion/exclusion criteria should be documented as a protocol breach/deviation.

2.3. Primary/Secondary endpoints

As per Protocol

3. Consent

Informed consent is fundamental to research and must have been given prior to ANY study related procedures. The process of obtaining informed consent is per SOP S-1021 UoL

The monitor will ensure that the correct process with regards to the approach, provision of information, timescale for patient review prior to consent is as documented in the Ethics application.

The monitor will check the Informed Consent Form and Participant Information Sheet for each subject to ensure that:

1) The current, approved version has been used

2) The original signed copy of the informed consent form and participant information sheet is placed in the ISF. These must be correctly completed by both the subject and investigator

The monitor will check that the process of informed consent has been documented in the subject's medical notes and that this has been dated and signed by the person authorised and responsible for obtaining the subject's informed consent.

The monitor will check that the person conducting the informed consent procedure is documented as authorised to do so, by review of the Delegation of Authority and Signature log.

The monitor will document non-compliance with the correct consent procedure in the Monitoring Visit Report and perform 100% consent verification for all UoL Sponsored CTIMP studies. Non-compliance will be escalated as per SOP S-1016 UoL.

4. Source Data Verification

Source Data is comprised of records where subject information is first recorded. It includes, but is not limited to, hospital case notes, ECG traces, X-rays, etc. Where there is a Source Data Agreement, any items defined as being entered directly into the CRF cannot be verified. The amount of source data verification will be compliant on the risk rating allocated at Sponsor review. A minimum of 20% source data verification will be undertaken on the following parameters:

- Subject ID numbers and initials

- Date of written informed consent
- Subject past medical history and demographic data
- Visit dates
- Key efficacy variables
- Adverse events
- Laboratory results
- Other safety and efficacy variables
- Concomitant medications

The monitor will discuss any discrepancies, noted in the source documentation versus study data, with the site staff and request that the data be corrected by an authorised person. If data cannot be altered during the monitoring visit, the monitor must ensure that the changes have been made by the next visit to site.

5. Regulatory Compliance

At each visit the monitor will ensure that any amendments have been correctly notified to the appropriate statutory and regulatory bodies and that all necessary approvals are in place.

The monitor will also ensure that all annual reports have been completed and submitted in a timely manner to the correct regulatory bodies.

6. Protocol Deviations

Any deviations from planned assessments or procedures, as defined in the study protocol, should be documented. Protocol deviations must be documented in the monitoring visits report, in the CRF (if there is a comments field available) and as a file note as appropriate. This documentation must be filed in the Trial Master File/Investigator Site File.

Protocol breaches/deviations should be logged in a cumulative tracking sheet on an ongoing basis utilising the Protocol Deviation Log. This will aid decision making at the time of data analysis and interpretation, and can help to spot protocol deviation trends. Protocol deviations that recur across different subjects may highlight a particular section of the protocol/a procedure that is causing the site difficulty.

Protocol deviations should be discussed with this site at the earliest opportunity, to ensure that re-occurrences of the same issue are kept to a minimum, and to discuss whether particular issues highlight a need to revise the study protocol by way of a substantial or non-substantial amendment. Serious breaches of protocol will be reported as per Serious Breach SOP S1013 UoL.

7. Safety Monitoring

Processing and reporting of Serious Adverse Events, Serious Adverse Reactions and Suspected Unexpected Serious Adverse Reactions will be undertaken as per SOP S-1009 UoL

As part of Source Data Verification, subject notes and the CRF should be reviewed for evidence of any adverse events. Any Adverse Events noted in the CRF must be recorded in the source notes and vice versa.

The research team must notify the Sponsor within 24 hours of becoming aware of a serious adverse event (SAE)/suspected unexpected serious adverse reaction (SUSAR).

The monitor should check that the appropriate form has been completed and signed by the CI/PI and submitted to the Sponsor and acknowledgement received and filed in the Trial Master File / Investigator Site File.

SAEs are defined as:

- Serious and treatment related
- Serious, not treatment related and not listed as an expected event within the protocol

SUSARs are defined as:

- An adverse reaction, the nature or severity of which is not consistent with the applicable product information" (i.e. IB or SPC)

For all CTIMPs the monitor will ensure that an annual Development Safety Update Report has been completed and submitted in a timely manner.

8. Randomisation/Unblinding Processes

The monitor will ensure that there is adequate documentation of the randomisation and unblinding processes, where applicable, recorded within the site file.

The monitor will ensure that code break envelopes are available at all times. If there has been a need to unblind a particular subject, the monitor should ensure that the reason is document in the subjects' notes, in the CRF and in the monitoring visit report.

The Sponsor must be informed of any unblinding within 1 day of becoming aware of the unblinding.

9. Out of Range Laboratory Results

Laboratory results should be reviewed by the PI/or delegate for clinical significance or as otherwise agreed and documented by the Sponsor.

10. Investigational Medicinal Products/Accountability

The frequency of visits to the pharmacy department will be variable during the life of the study, but it would be expected that pharmacy visits will be completed at/prior to initiation on a minimum of a three monthly basis during unless otherwise indicated.

Drug accountability

The monitor will perform drug accountability on study medications as part of routine monitoring, this will encompass:

- Delivery
- Receipt
- Storage
- Temperature monitoring

- Dispensing
- Returns

11. Trial Master File/Investigator Site File (TMF/ISF)

The Trial Master File/Investigator Site File will be reviewed at each visit. Any items missing from the file should be documented in the monitoring visit report. The monitor should check that missing items have been filed at the next visit to site.

Study Personnel

Details of all study personnel will be reviewed at each visit. The delegation log and evidence of training will be reviewed at each visit

12. Sample/Specimen Processes and storage

Laboratory process and storage systems/ temperature monitoring/emergency processes will be reviewed. The monitor will ensure that shipment requirements and processes have been adhered to and documented evidence is available. The monitor will ensure that records of relevant calibration/maintenance records are available for equipment where appropriate.

13. Data Collection /Storage/IT security

Ensure secure storage of all data whether electronic/paper. Electronic records must have restricted access and be password protected.

Where data is being accessed from an external source e.g. HSCIC, the data sharing agreement should be examined to ensure compliance with the terms and conditions of the agreement.

14. Finance/Contracts

Ensure that there are processes and evidence in place for all payments for ancillary services and patient expenses.

15. Communication

Email communication between the site and the monitor should be filed in the Trial Master File/Investigator Site File. Telephone contacts should be documented utilising the contact monitoring log or by way of an email.

16. Monitoring Reports

Monitoring visit reports will be produced by the monitor, and sent to the CI/PI and, where relevant, key study personnel for their review, along with a summary of the findings. This report will be forwarded to the Investigator within 21 calendar days of the monitoring visit.

In line with the Sponsor requirements, the site must respond to the findings raised within 4 weeks if non urgent, or ASAP for urgent issues. The response will be in the format of the monitoring response document.

A signed copy of the report and responses must be kept in the Sponsor file and also in the Trial Master File/Investigator Site File for reference.

17. Escalation of Issues

Issues should be discussed with the CI/PI and study team during routine monitoring visits, and the resolution followed up at the next visit to site.

Issues of non-compliance should be discussed with the CI/PI and the actions/resolutions documented. Should resolution not be achieved then the non-compliance will be escalated as per SOP S-1016 UoL.

Monitoring Plan Author (Print Name) ……..

Role……..…….

Version……..

Authorised by (Print Name) ……

Role ……..

Date Implemented ……..

Date of Next Review…….