# Investigator Site File (ISF) Index Guidance

**Location of Records**
The ISF may be maintained in paper format, electronic format, or a combination of both as per the guidance in the SOP.

The 'Location' column should be used to specify where each record can be found. Use the key below;

**Location Column Key:**
electronic ISF = eISF
paper ISF = pISF
pharmacy Site File = PSF
Other = If 'other', additional detail must be provided. This may be documented within a 'Note to File'.

**Contents List Guidance**
The records listed below are not exhaustive; rather, they illustrate the types of documents that are typically expected within the ISF. The accompanying italicised guidance offers additional detail on the kinds of documents that may be found within each section.

Not all sections will apply to every trial. Where a section/document is not applicable, this should be indicated by marking N/A in the Location column.

Records marked with an Asterix* are applicable to CTIMPs only.

For trial locations, the use of this ISF Index is preferred, however, it is acknowledged that host locations may require use of their own Index. In such cases, the CI/PI must ensure both indexes are compared, and that all essential records required by the Sponsor's Index are included within the location ISF.

**Filing Guidance**
All approved versions of a document should be filed in reverse chronological order, with the most recent version on top. Any version that is no longer current should be clearly marked as superseded, including a note identifying the new version that replaced it. Superseded versions must be retained in the ISF.

Further information on managing essential records is also available online (UoL login required) via;
https://uniofleicester.sharepoint.com/sites/Research-Governance-Ethics-Integrity/SitePages/Essential-Documents.aspx

# Investigator Site (ISF) Index

| Section N° | Essential Record | Location |
|---|---|---|
| **1.0** | **Trial Set-up and Management** | |
| 1.1 | Research Location contact lists<br>• *To include research team members, laboratory departments, pharmacy departments, R&D/I departments etc* | |
| 1.2 | Version control log/tracker<br>• *A template is available to download from the RGO SOP webpages.* | |
| 1.3 | ISF File Note Tracking Log<br>• *Please note while this document should list all the file notes which have been created, the physical file note should be stored alongside the document to which it refers. The location e.g., relevant section can be detailed on the tracker. A template is available to download from the RGO SOP webpages* | |
| 1.4 | Template File Note<br>• *A template is available to download from the RGO SOP webpages.* | |
| 1.5 | Any other research location management documents | |
| **2.0** | **Research Location Staff Documents** | |
| 2.1 | Principal Investigator Documents<br>• *Signed and dated research CV*<br>• *Training records e.g., GCP, HTA, SOP Read Logs* | |
| 2.2 | Research Location Delegation of Activities and Signature Log(s)<br>• *To include a localised template page*<br>• *A template is available to download from the RGO SOP webpages.* | |
| 2.3 | Research Location Investigator Training Documents<br>• *Signed and dated research CV*<br>• *Training records e.g., GCP, consent, HTA, trial specific*<br>• *Letters of Access/Honorary Contracts for those not employed by the trust*<br>• *Trial specific training*<br>• *Sponsor SOP Read Logs*<br>*There should be records present for each person listed on the Delegation of Activities Log, covering the duration their involvement in a trial*<br>• *We recommend the use of the HRA Investigators CV template*<br>• *Training records should be relevant to an individual's role in the trial e.g. consent certificate is only applicable to those delegated the role of consent.*<br>• *Trial specific training – See SOP S-1020. Training should be captured on a researcher training log. A template is available to download from the RGO SOP webpages.*<br>• *Individuals should review Sponsor SOPs relevant to their role. A record should be kept via an SOP read log. A template is available to download from the RGO SOP webpages. SOPs should be read and reviewed at regular intervals.* | |
| 2.4 | Research Location Investigator Training Tracking Log<br>• *A template is available to download from the RGO SOP webpages.* | |
| **3.0** | **Protocol and Associated Documents** | |
| 3.1 | Signed Protocol(s)<br>• *All versions must be signed and dated by the Principal Investigator. If a version is superseded before it is implemented and therefore is not signed (for example, Version 3.0 is submitted as a modification but the review bodies request changes, resulting in* | |

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| | *Version 3.1 being approved instead), a Note to File should be completed to explain the discrepancy. A template is available from the RGO SOP webpages.* | |
| 3.2 | Data Flow Diagram<br>• *If separate to protocol* | |
| 3.3 | Template Protocol Deviation Tracking Log<br>• *A template is available to download from the RGO SOP webpages* | |
| 3.4 | Contemporaneous Research Location Protocol Deviation Tracking Log<br>• *Where protocol deviations are not managed exclusively through a research database/eCRF, or where PI review of deviations within a database/eCRF cannot be evidenced, then either an eCRF listing should be printed, and signed and dated by the PI at regular intervals, or, a paper PD Log with evidence of PI review should be maintained. A paper PD log should be maintained for any PDs which are not participant specific. These can occur either centrally or at a research location.*<br>• *A template is available to download from the RGO SOP webpages* | |
| **4.0** | **Trial Documentation** | |
| 4.1 | Localised trial documents<br>• *Example documents include: Participant Information Sheets, Template Informed Consent Forms, Letters, Posters, Topic Guides, Questionnaires etc* | |
| **5.0** | **Initial Application and Research Location Approvals** | |
| 5.1 | Research Location Sponsor Green Light | |
| 5.2 | Research Location R&D/I approval<br>• *E.g., Confirmation of Capacity and Capability or equivalent* | |
| 5.3 | Research Location Pharmacy Green Light<br>• *If required and if issued separately to overall research location approval* | |
| 5.4 | Research Location Contracts/Contract Addendums including supporting document and correspondence<br>• *E.g., OID/mNCA* | |
| 5.5 | Schedule of Events (SoE)/Validated SoECAT | |
| 5.6 | Research Location Feasibility Assessment | |
| 5.7 | Any further relevant correspondence | |
| **6.0** | **Modification Documentation and Regulatory Approval**<br>**Note:** To avoid duplication, where tracked **and** clean versions of a document are submitted as a modification, only include the tracked versions here. Clean version should be filed in the relevant ISF section e.g., Section 3.0 Protocol and Associated Documents or Section 4.0 Trial Documentation only once the modification has been approved. | |
| 6.1 | **Substantial Modification Documents (repeat per modification)**<br>• *Research location Sponsor Green Light/Approval for the implementation of the modification*<br>• *Research location R&D/I modification approval (Confirmation of continued Capacity and Capability or equivalent) (if applicable)*<br>• *Evidence of research location team **and** R&D/I notification of modification (ideally stating 35-day implementation date)*<br>• *Relevant correspondence*<br>• *Modification documents and cover letter(s)*<br>• *Locked modification tool* | |

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| | ***Note:*** *Not all of the documents listed above will be applicable to each and every modification. File as appropriate.* | |
| 6.2 | **Minor Modifications Documents (repeat per modification)**<br>• *Research location Sponsor Green Light/Approval for the implementation of modification*<br>• *Research location R&D/I modification approval (Confirmation of Capacity and Capability or equivalent) (if applicable)*<br>• *Evidence of research location R&D/I notification of modification (ideally stating 35-day implementation date)*<br>• *Relevant Correspondence*<br>• *Modification documents*<br>• *Locked modification tool*<br>***Note:*** *Not all of the documents listed above will be applicable to each and every modification. File as appropriate.* | |
| 6.3 | **Modifications of Important Detail Documents (repeat per modification)**<br>• *Research location Sponsor Green Light/Approval for the implementation of modification*<br>• *Research location R&D/I modification approval (Confirmation of Capacity and Capability or equivalent) (if applicable)*<br>• *Evidence of research location R&D/I notification of modification (ideally stating 35-day implementation date)*<br>• *Relevant Correspondence*<br>• *Modification documents*<br>• *Locked modification tool*<br>• ***Note:*** *Not all of the documents listed above will be applicable to each and every modification. File as appropriate.* | |
| **7.0** | **Participant Documentation** | |
| 7.1 | Research Location Participant Screening Log<br>• *A template document should be provided by the central team* | |
| 7.2 | Research Location Participant Enrolment Log<br>• *A template document should be provided by the central team* | |
| 7.3 | Consent Forms<br>• Original copy consent forms from the research location should be filed here | |
| **8.0** | **Standard Operating Procedures (SOPs) and Training Materials** | |
| 8.1 | Sponsor (Research Governance Office) SOPs<br>Printed versions are to be considered uncontrolled therefore SOPs should be accessed via: https://le.ac.uk/research/regi/standard-operating-procedures<br>• *A 'Note to File' confirming the location of all current and historic Sponsor SOPs should also be filed here. The note to file should be download from the Sponsor SOP webpage.* | |
| 8.2 | Trial specific SOPs | |
| 8.3 | Trial Specific Working Instructions/Guidance Notes/Operational Manuals | |
| 8.4 | Research Location specific SOPs | |
| 8.5 | Research Location Specific Working Instructions/Guidance Notes/Operational Manuals<br>• *If these are stored centrally – the location should be detailed using 'Note to File'.* | |
| 8.6 | Any other training material | |

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| | • *This provides a place for any further training documents which are not listed elsewhere. Note: this section should not include SIV training, SIV training is captured within the 'Monitoring and Oversight' section below.* | |
| **9.0** | **Randomisation** | |
| 9.1 | Research Location Randomisation List<br>• *Either provide the list or add a note to file confirming the location e.g., Randomisation list held within Sealed Envelope during the active phase of the trial* | |
| 9.2 | Procedure for randomisation/code break for blinded trials<br>• *This section is only applicable if the information pertaining to this sits outside of the protocol.* | |
| **10.0** | **Data Management** | |
| 10.1 | Template CRFs | |
| 10.2 | Any other data management documents<br>• *e.g., CRF correction procedures/eCRF user manual* | |
| **11.0** | **Pharmacovigilance/Safety Reporting** | |
| 11.1 | Template Serious Adverse Event (SAE) reporting form | |
| 11.2 | Research Location SAE/SAR/SUSAR reports and supporting documents and correspondence | |
| 11.3 | Dear Investigator Letters/Notification of Safety Alerts<br>• *Where applicable* | |
| **12.0** | **Investigational Medicinal Product(s)/Pharmacy*** | |
| 12.1 | PI Signed Investigator Brochure(s)/Summary of Products Characteristics<br>• *The PI and pharmacist must sign each version containing the approved Reference Safety Information (RSI) to confirm acknowledgement of the agreed expected events.* | |
| 12.2 | IMP Management/Pharmacy Manual | |
| 12.3 | Research Location level template docs<br>• *E.g., accountability logs, prescriptions, labels* | |
| 12.4 | IMP documentation<br>• *IMP order documentation and correspondence*<br>• *Shipment / delivery documentation and correspondence, including temperature monitoring / QP release (where applicable)*<br>• *Records of temperature monitoring*<br>• *Records of any temperature excursions/recalls and associated correspondence*<br>• *IMP accountability /inventory logs, including quarantine and returned IMP*<br>• *Prescription records*<br>• *Destruction records*<br>• ***Note:** It is common place for these documents to be held separately within the Pharmacy department during the active phase of the trial. Where this is the case, this should be detailed within the location column/note to file. At the end of the trial, where possible, the Pharmacy portion should be added to the ISF as part of the research location closure activities.* | |
| 12.5 | Any other relevant documentation<br>• *E.g., fridge/freezer maintenance* | |
| 12.6 | Any other relevant correspondence | |

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| **13.0** | **Trial Related Supplies** | |
| 13.1 | Research Location Supplies<br>• *Records of research location order, receipt, return and destruction of trial related supplies* | |
| 13.2 | Equipment Maintenance and Calibration records<br>• *Where equipment is either provided to research locations by the University of Leicester (UoL), or the equipment is the property of the research location but/and the responsibility for maintenance and calibration is the responsibility of the research location, documentation must be retained within the ISF to demonstrate that each item is fit for purpose. This includes evidence of maintenance, servicing, and calibration for all equipment used in critical trial activities, i.e., those that directly generate data contributing to primary or secondary endpoints. Records must confirm that equipment was maintained and calibrated at appropriate intervals and was functioning within required specifications for the duration of its use in the trial* | |
| **14.0** | **Clinical Laboratory** | |
| 14.1 | Laboratory Manual/Sample Processing Manual (mandatory for CTIMPs) | |
| **14.2** | Local Laboratory | |
| 14.2.1 | Laboratory documentation (repeat per local laboratory)<br>• *Name and address of laboratory*<br>• *Certificate(s) of Accreditation (including revisions)*<br>*E.g., relating to UKAS 15189, ISO 17025, and any evidence of adherence to GCP or Good Laboratory practice*<br>• *Calibration and servicing certificates*<br>• *Temperature monitoring*<br>• *Normal Reference Ranges (including revisions)*<br>• *Details of sample storage facilities/processes*<br>• *Sample Tracking Logs (receipt/delivery/destruction)*<br>• *Details of assay analyses, to include;*<br>  ○ *Whether conducted for primary/secondary analyses*<br>  ○ *Audit trail of analyses completed including deviations and failed runs and correspondence relating to these*<br>  ○ *Raw data retention and storage*<br>• *Laboratory specific SOPs (including specific analysis, back-up in the event of storage failure)*<br>• *Consumable management records*<br>• *Correspondence*<br>• ***Note:** It is common place for these documents to be held separately within a laboratory department during the active phase of the trial. Where this is the case, this should be detailed within the location column/note to file. At the end of the trial, where possible, the laboratory portion(s) should be added to the ISF as part of the research location closure activities.* | |
| **15.0** | **Monitoring and Oversight** | |
| 15.1 | Signed Source Data Agreement<br>• *S-1007 Appendix 4* | |
| 15.2 | Contemporaneous Monitoring Visit Log | |

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| | • *This should be signed at each Monitoring visit. Template available from SOP S-1007* | |
| 15.3 | Research Location (Site) Initiation Visit (SIV) documentation<br>• *E.g., agenda, signed closed SIV report and outstanding actions list, signed SIV log and relevant correspondence* | |
| 15.4 | Research Location Monitoring/Audit documentation (repeat per monitoring visit)<br>• *E.g., Signed closed report and actions log, relevant supporting documentation and correspondence* | |
| 15.5 | Research Location Quality Assurance Documentation<br>• *E.g., copies of internal audits/quality control checks e.g., modification reconciliation, data entry quality control checks, supporting correspondence* | |
| 15.6 | Research Location CAPA/Serious Breach<br>• *This should include copies of the relevant reports, notifications and supporting documents and correspondence* | |
| 15.7 | Research Location Closedown Documentation<br>• *E.g., completed Research Location Closedown checklist, outstanding actions log, copy of research location archiving SOP and relevant correspondence.* | |
| 15.8 | Relevant correspondence | |
| **16.0** | **Financial and Legal** | |
| 16.1 | Record of participant payments (if managed locally)<br>*E.g., Participant Expenses/Reimbursements* | |
| 16.2 | Record of research location payments<br>*As per agreements, e.g., per consent etc* | |
| 16.3 | Any other financial documents/correspondence<br>• *E.g., Pathology/Pharmacy costs. Alternatively, these documents may be stored within their corresponding sections e.g., Pharmacy costings within section 12.0.* | |
| 16.4 | Any other documents/correspondence | |
| **17.0** | **Participant Identification Centre (PIC) documents *(repeat per PIC)*** | |
| 17.1 | Research Location to PIC(s) Sponsor Green Light/Approval | |
| 17.2 | PIC Confirmation of Capacity and Capability or equivalent | |
| 17.3 | Signed agreement(s)<br>• *This should be a research location to PIC mNC-PICA signed by a member of the research governance office and a suitable individual from the PIC* | |
| 17.4 | Relevant Correspondence | |
| 17.5 | Research Location to PIC tracker<br>• *A template is available to download from the RGO SOP webpages. This should name all the PICs being used by the research location and their date of approval. Approval is considered the date of the fully executed agreement.* | |
| **18.0** | **Meetings (where applicable)** | |
| 18.1 | Investigator meeting documentation<br>• *E.g., Meeting agendas, reports, minutes and correspondence* | |
| 18.2 | Any other relevant meeting documentation | |
| **19.0** | **Correspondence** | |
| 19.1 | Important correspondence with CI/Sponsor and internal research location correspondence | |

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| 19.2 | Any other trial specific correspondence | |
| **20.0** | **Miscellaneous**<br>*This section should be used sparingly. It is a controlled space for items which don't logically fit anywhere within the above referenced sections but contribute to trial conduct, oversight and decision making.* | |
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| **21.0** | **End of Trial & Archiving** | |
| **21.1** | End of Trial Lay Summary for participants<br>*This should include any documentation pertaining to the distribution of the lay summary of results to individuals who consented to this request.* | |
| **21.2** | End of Trial Archive Documentation<br>*E.g., completed checklist, outstanding actions log and relevant correspondence.* | |
| **21.3** | Any other End of Trial /Archiving documentation/Correspondence | |