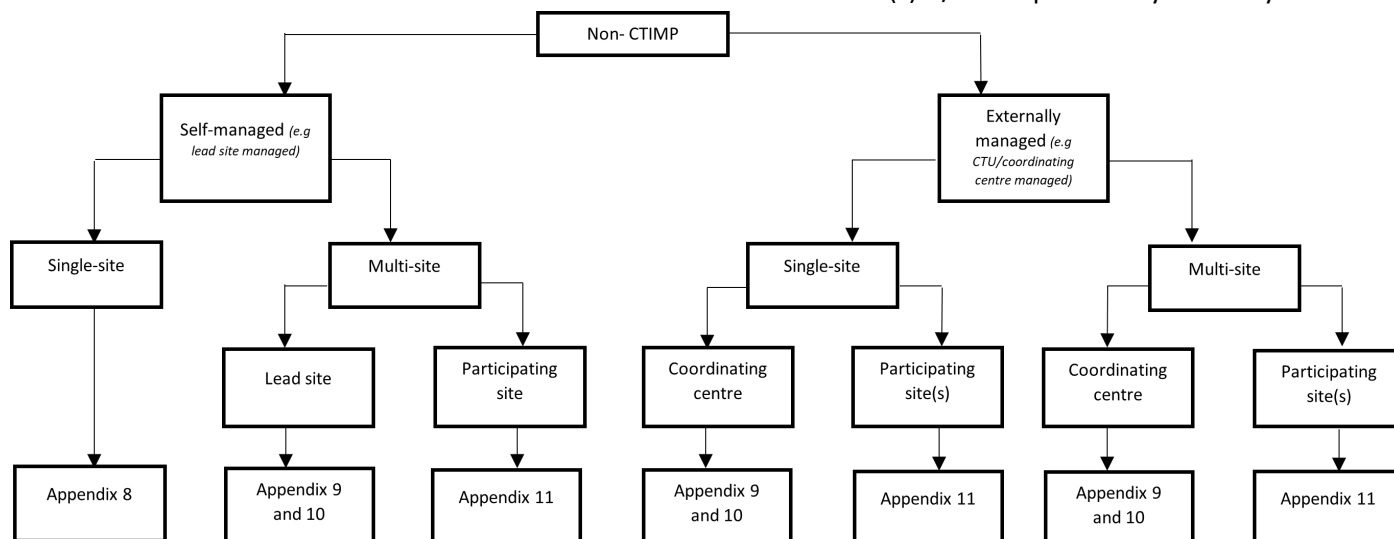


Multi-Site/External Coordinating Centre Trial Master File (TMF) Contents List for studies not involving Investigational Medicinal Products (non-CTIMP) – Guidance Page

This contents list should be used by the lead site in a self-managed multi-site non-CTIMP, or by the external coordinating centre for a single or multi-site non-CTIMP to create a TMF. In addition to this TMF, a Site-Specific File (SSF) should be created and maintained per participating (research) site using Appendix 10.

Please use the decision tree below to check which contents list(s) is/are required for your study



Useful definitions

- **Single site – self managed study;** A study which involves only one research site and where the management of the study takes place at the same site.
- **Single site – externally managed study;** A study which involves only one research site but where the management of the study sits outside of the research site e.g. with a Clinical Trials Unit (CTU).
- **Multi-site – self managed study;** A study which involves two or more research sites and where the management of the study takes place at the lead site.
- **Multi-site – externally managed study;** A study which involves two or more research sites but where the management of the study sits outside of the research sites e.g. with a CTU.
- **Lead Site/Coordinating Centre;** The site/centre which takes responsibility for the management of the study, this may be the lead research site or an external coordinating centre e.g. a CTU.
- **Participating site;** Any other research site(s) involved in a study which do not meet the definition of the lead site listed above.
- **Investigational Medicinal Product;** the active substance or placebo being tested or used as a reference product in a clinical trial.

Tips for using this contents list:

1. Not all documents/sections listed below will be applicable to all studies.
Where an entire section is **not applicable**, it should be marked as such, but the original numbering of the section should be retained, this ensures a consistent filing system across all University of Leicester sponsored studies.
2. If a listed document is stored elsewhere, a note to file should be included to record its location and confirm how access can be gained. Where a document is stored electronically, please include the file path.
3. Documents should be filed in reverse chronological order (newest on top) with superseded documents marked as such.
4. To supersede a document you should;
 - Strike a single line through the front page of the document
 - Write superseded by and add the version and date of the updated document i.e. Superseded by v2.3 01/01/2023
 - Initial or sign and date next to the annotation (please note that anybody undertaking TMF maintenance should be delegated this task on the Delegation of Authority and Signature Log)
5. A copy of the relevant contents list should be placed at the front of each TMF/ISF folder. The guidance pages do not require filing.

Multi-Site/External Coordinating Centre Trial Master File (TMF) Contents List for studies not involving Investigational Medicinal Products (non-CTIMP)

Study Title:	
Chief Investigator name:	

Section 1: Study Management	
1.1	List of relevant generic contacts <i>e.g. Sponsor, CTU (if applicable) REC/HRA etc.</i>
1.2	Gantt Chart (<i>Current and Superseded (if applicable)</i>)
1.3	Study Documentation version control log/tracker (S-1015 Appendix 3)
Section 2: Protocol and Associated Documents	
2.1	Current Protocol <i>signed and dated by the Chief Investigator and Sponsor</i>
2.2	Superseded Protocol(s) <i>signed and dated by the Chief Investigator and Sponsor</i>
2.3	Data Flow Diagram (<i>if separate to protocol</i>)
2.4	Template Protocol Deviation Log (S-1013 Appendix 2)
2.5	Template File Note (S-1013 Appendix 3)
2.6	Evidence of peer review (<i>where applicable</i>) (S-1002 – Appendix 2)
Section 3: Study Documentation	
3.1	Current template (non-localised) study documents <i>e.g. Participant Information Sheets, Template Informed Consent Forms, Letters, Posters, Questionnaires etc</i>
3.2	Superseded template (non-localised) study documents <i>e.g. Participant Information Sheets, Template Informed Consent Forms, Letters, Posters, Questionnaires etc (where applicable)</i>
Section 4: Initial Regulatory Approvals	
4.1	All initial REC approvals/correspondence <i>e.g. emails/letters confirming Valid Application, Provision Opinion, Favourable Opinion</i>
4.2	All initial HRA approvals/correspondence <i>e.g. emails/letters confirming Initial Assessment, Provision Opinion, Approval</i>
4.3	Any other applications and approvals <i>e.g. CAG/ARSAC etc. (if applicable)</i>
4.4	Evidence of NIHR CRN portfolio adoption (<i>where applicable</i>)
4.5	Confirmation/Evidence of Study registration <i>e.g. ISRCTN, clinicaltrials.gov etc.</i>
4.6	IRAS Application
4.7	Relevant Correspondence
Section 5: Amendments	
5.1	Substantial Amendment Documents (repeat per substantial amendment) <ul style="list-style-type: none"> • All REC approvals/correspondence <i>e.g. emails/letters confirming Valid Application, Provision Opinion, Favourable Opinion</i> • All HRA approvals/correspondence <i>e.g. emails/letters confirming Initial Assessment, Provision Opinion, Approval</i> • Any other approvals and supporting documentation <i>e.g. CAG/ARSAC (where applicable)</i> • IRAS submission confirmation email • Tracked changed amendment documents and cover letter (<i>where applicable</i>) • Locked amendment tool • Relevant correspondence

5.2	Non substantial Amendment Documents (repeat per non-substantial amendment) <ul style="list-style-type: none"> • REC/HRA approval/correspondence (<i>where applicable</i>) • Any other approvals and supporting documentation e.g. CAG/ARSAC (<i>where applicable</i>) • IRAS submission email • Tracked changed amendment documents (<i>where applicable</i>) • Locked amendment tool • Relevant correspondence
Section 6: Annual Reports	
6.1	Annual Progress Report (APR) Documentation (repeat per APR) <ul style="list-style-type: none"> • Sponsor Acknowledgement of APR • REC Acknowledgement of APR • Evidence of submission to REC • Copy of signed report
6.2	Any other annual reports and supporting documents e.g. CAG/funder (<i>if applicable</i>)
6.3	Relevant correspondence
Section 7: Coordinating Centre Documents (if applicable)	
7.1	Template Delegation of Authority and Signature Log (DoA) (S-1010 Appendix 2)
7.2	Coordinating Centre Delegation of Authority and Signature Log
7.3	Coordinating Centre personnel documents (<i>covering the duration of involvement with the study</i>) <i>The following documents should be filed as relevant per person listed on the DoA;</i> <ul style="list-style-type: none"> • Signed and dated research CV (<i>HRA template recommended</i>) • Evidence of GCP training • Evidence of consent training (<i>if applicable</i>) • Evidence of study specific training e.g. Logs showing protocol training (S-1020, Appendix 1) • Sponsor SOP read logs (S-1011, Appendix 3) • Study Specific SOP read logs (<i>if applicable</i>)
7.4	Coordinating Centre personnel tracking log (<i>A spreadsheet should be maintained which lists all the individuals involved in the study at the site and the dates of relevant documents and training</i>) (S-1015 Appendix 13)
7.5	Any other coordinating centre documents (<i>if applicable</i>)
Section 8: Participant Documentation	
8.1	Template Screening Log (S-1011 Appendix 5)
8.2	Template Participant Enrolment Log (S-1011 Appendix 6)
Section 9: Standard Operating Procedures (SOPs)	
9.1	Note to file signposting the location of the most current Sponsor SOPs. e.g. web address/electronic quality management system
9.2	Current study specific SOPs or note to file signposting the location (<i>if applicable</i>)
9.3	Superseded study specific SOPs (<i>if applicable</i>)
Section 10: Statistics and Analysis	
10.1	Statistical Analysis Plan (<i>must be in place prior to database lock</i>)
10.2	Procedure for randomisation/code break (<i>if applicable</i>)
10.3	Master Randomisation List or location e.g. in Sealed Envelope (<i>if applicable</i>)
10.4	Any other Supporting Documents
Section 11: Data Management	
11.1	Current CRF Templates
11.2	Superseded CRF Templates (<i>if applicable</i>)

11.3	Evidence or CRF sign off by Chief Investigator, Study Manager and Statistician (<i>where applicable</i>)
11.4	DPIA and/or ROPA
11.5	Data Management Plan
11.6	Any other data management documents <i>e.g. overarching data management queries/privacy notices/CRF correction procedures</i>
Section 12: Safety Reporting	
12.1	Template Serious Adverse Event (SAE) reporting form (S-1009 Supporting document 1)
12.2	Superseded template Serious Adverse Event (SAE) reporting form(s) (<i>if applicable</i>)
12.3	Evidence of SUSAR notification to all participating sites (<i>if applicable</i>)
12.4	Safety alert updates <i>with evidence of notification to all participating sites (if applicable)</i>
Section 13: Clinical Laboratory (if applicable)	
13.1	Lab Manual/Sample Processing Manual
13.2	List of all laboratories used
13.3	Certificates of Accreditation for central laboratories
13.4	Normal Reference Ranges for central laboratories (<i>including revisions</i>)
Section 14: Monitoring	
14.1	Study specific Risk Assessment (<i>if applicable</i>)
14.2	Study specific Monitoring Plan (<i>if applicable</i>)
14.3	Template Monitoring Visit Log (S-1007 Appendix 3)
14.4	Coordinating Centre Site Initiation Visit (SIV) documentation <i>e.g. agenda, signed closed SIV report and outstanding actions list, signed SIV log and relevant correspondence (if applicable)</i>
14.5	Coordinating Centre Monitoring documentation <i>e.g. signed closed monitoring visit report(s)/CAPAs and relevant correspondence(if applicable)</i>
14.6	Coordinating Centre External Audit documentation <i>e.g. signed closed monitoring visit report(s)/CAPAs and relevant correspondence(if applicable)</i>
14.7	Coordinating Centre Close Out Visit (CoV) documentation <i>e.g. signed closed CoV report/CAPA and relevant correspondence</i>
14.8	Vendor monitoring documentation <i>e.g. signed closed CoV report/CAPA and relevant correspondence (if applicable)</i>
Section 15: Financial/Legal	
15.1	Grant Application (<i>if applicable</i>)
15.2	Funding Letter(s)/Financial Agreement(s)
15.3	Licence Agreements <i>e.g. for validated questionnaires (if applicable)</i>
15.4	Evidence of Vendor selection/assessments (<i>where applicable</i>)
15.5	Evidence of procurement (<i>where applicable</i>)
15.6	Contracts/Contract Addendums (and any relevant correspondence/documents) with all investigators and Sub-contractors/vendors (<i>where applicable</i>) <i>e.g. research agreements, service level agreements, collaboration agreements, safety data exchange agreements, division of responsibilities</i>
15.7	Participant Identification Centre (PIC) documents (<i>if applicable</i>) <ul style="list-style-type: none"> • Sponsor to PIC site tracker (S-1015, Appendix 12) Sponsor to PIC site documents (<i>repeat per PIC site</i>) <ul style="list-style-type: none"> • Sponsor to PIC site(s) Sponsor Green Light • PIC site Confirmation of Capacity and Capability (<i>if applicable</i>)

	<ul style="list-style-type: none"> Signed agreement(s) <i>e.g. Sponsor-PIC mNCA</i> Relevant Correspondence
15.8	Study Specific Indemnity (<i>including updates where applicable</i>)
15.9	Sponsor Insurance Certificates covering the duration of the study
15.10	Other financial/legal documents/correspondence
Section 16: Meetings (where applicable)	
16.1	Trial Steering Committee (TSC) documentation <i>e.g. Charters, Conflict of Interest Forms, Meeting agendas, reports, minutes and correspondence</i>
16.2	Data Safety Monitoring Committee (DSMC) documentation <i>e.g. Charters, Conflict of Interest Forms, Meeting agendas, reports, minutes and correspondence</i>
16.3	Investigator meeting documentation <i>e.g. Meeting agendas, reports, minutes and correspondence</i>
16.4	Trial Management Meeting (TMG) meeting documentation <i>e.g. Meeting agendas, reports, minutes and correspondence</i>
Section 17: Publications	
17.1	Copies of all study analysis publications <i>including poster presentations/abstracts</i>
Section 18: End of Study Reporting/Close out activities	
18.1	Signed End of Study Declaration Form
18.2	End of study correspondence <i>e.g. Evidence of End of Study Declaration submission to and acknowledgement by the Sponsor/REC/HRA and R&D/I offices</i>
18.3	Final report
18.4	Final report correspondence <i>e.g. Evidence of final report submission to and acknowledgement by the Sponsor/REC/HRA/CAG/ARSAC/R&D/I offices</i>
18.5	End of Study Lay Summary for participants
18.6	Completed End of Study Sample Declaration Form and correspondence (<i>if applicable</i>)
18.7	Confirmation of completion of publicly accessible database entries <i>e.g. ISRCTN, clinicaltrials.gov</i>
18.8	Completed End of Sponsor Green Light Checklist
18.9	Archiving documentation <i>e.g. archiving checklist, details of archiving location and contact</i>
Section 19: Correspondence	
19.1	Important correspondence with CI/Sponsor and internal site correspondence
19.2	Newsletters (<i>where applicable</i>)
19.3	Any other study specific correspondence (<i>where applicable</i>)
Section 20: Miscellaneous	
20.1	