PARTICIPATING INSTITUTION REGULATORY BINDER: INSTRUCTIONS

Each participating institution that collaborates with DF/HCC is required to create, maintain and properly store a current protocol file or binder that contains, at a minimum, required study documents as outlined in this document. These files may be subject to, and should be available for, review by DF/HCC and inspection by any regulatory authority.

The Participating Institution Regulatory Binder includes:

- Twelve divider sheets (listed in Table of Contents). Additional sections may be added to the Regulatory Binder as necessary. The Table of Contents should be updated to include any additional sections.
- Each divider sheet below contains a brief description of what documents should be stored within that section, as well as useful hints for maintaining this regulatory binder.

Guidelines for Organizing and Maintaining the Participating Institution Binder

- Tailor the binder to practically meet the needs of the protocol:
  - Only include sections pertinent to the protocol – omit unused sections, add sections as needed, and expand to a second binder when the contents exceed the capacity of one binder.
  - File documents in each section in reverse chronological order, with the most recent changes/approvals on top.

- Keep the Participating Institution Regulatory Binder current and up-to-date.
  - File documents as they are submitted and/or received.

- Store financial and audit information in another location.
  - These documents are confidential and must be kept separate from the regulatory documents.

- Store the binder in a safe and secure location, but one that is accessible by research staff at all times.
  - The binder must be retained and accessible for the duration of the study.

- Subject specific documents and information, such as signed consent forms and test results, should be maintained separately in a subject specific file.

Table of Contents

Protocol

☐ **Approved Protocol**
The most updated, currently approved protocol version must be on file.

☐ **Out of Date Protocol(s)**
All previous versions of the IRB approved protocol must be on file.

Informed Consent and Assent Forms

☐ **Approved Informed Consent and Assent Forms**
The most updated, currently approved consent/assent forms must be on file.

☐ **Expired/Out of Date Informed Consent and Assent Forms**
All expired/out of date versions of the consent/assent forms must be on file.

IRB/SR Review Documentation

☐ **Complete Applications and Documentation of New Protocol, Continuing Reviews, Amendments and Study Close Out/Final Report**

For each review, a copy of the following must be on file:

1. Complete application as submitted to the IRB, including consent forms, appendices and other attachments submitted for review.
2. Original IRB Action Letters and PI Responses
3. Pertinent correspondence regarding review
4. Final Approval Letters

☐ **Documentation of Scientific Review (as applicable)**

Documentation for scientific review must include the following:

1. Copies of materials specific to conducting scientific review
2. Copies of pertinent correspondence (e.g., reviewer concerns, PI responses)
3. Documentation of approval of scientific review

☐ **Recruitment Materials**

Copies of all IRB-approved recruitment materials used throughout the study must be on file.

☐ **Documentation of Protocol Deviations/Violations**

All deviations and violations must be documented according to DF/HCC policy on a Deviation/Violation Log, and submitted to DF/HCC and the local IRB as necessary.

For each deviation/violation, a copy of the following must be maintained in the study files:

1. Complete copy of the deviation/violation as submitted to DF/HCC
2. Complete copy of the deviation/violation as submitted to the local IRB, including all attached supporting documentation
3. Pertinent correspondence regarding the event
4. Final IRB Acknowledgement

Reminders:

Major deviation requests must be submitted to the DF/HCC Sponsor within five (5) business days of when it is known that a deviation is anticipated.

Major violations must be reported to the DF/HCC Sponsor within ten (10) business days of discovery.

SAE Reports/Unanticipated Problems

☐ **Documentation of Serious Adverse Events/Unanticipated Problems**

For each reportable event and unanticipated problem occurring in the study, a copy of the following must be on file:

1. Complete copy of information submitted to DF/HCC
2. Complete copy of IRB form as submitted, including all attached supporting documentation (e.g., event summary, consent forms).

   If the event does not have to be submitted for local IRB review, you must still keep complete and adequate documentation of the event.

3. Final Approval Letters (if applicable)

Reminders:

Adverse events must be reported to the DF/HCC Sponsor as soon as possible after they are discovered. Events meeting the criteria as listed in the DFCI Institutional Review Board Serious Adverse Event Reporting Policy Info Sheet must be reported when occurring during active study participation or when the event occurs within 30 days of the last study intervention. This Info Sheet should be requested from the DF/HCC Sponsor if not provided, as participating sites must follow this policy for reporting to the DF/HCC Sponsor.

General Correspondence

☐ **Correspondence with DF/HCC**
All study-related communications with DF/HCC must be on file.

☐ **Tissue Samples (as applicable)**
For studies that require tissues samples to a designated location, documentation of collection and/or transferring of tissues samples must be maintained on file.

Data and Safety Monitoring

☐ **All Data Safety Monitoring Reports (as applicable)**
Copies of any reports and summaries from any local data and safety monitoring oversight committees must be on file.

Monitoring Log/Reports

☐ **Monitoring Log**

Documentation of all monitoring visits and reviews (e.g., site visits, internal audits, FDA inspections, etc.) must be recorded, including dates and signatures of monitors or other personnel performing the visit.

☐ **Monitoring Reports**

All monitoring reports received should be reviewed by the local principal investigator and filed in this section.

Study Personnel

☐ **Form FDA 1572: The Statement of Investigator Form (required for all intervention or device trials)**

All copies of the study-specific Form 1572 as submitted to DF/HCC must be on file. Update this document each time there is a change to the information originally provided.

Note: All laboratories used during the study must appear on the Form FDA 1572.

☐ **Investigator Agreement (required for IDE Studies)**

☐ **Delegation of Responsibility/Authority Log**

Documentation of all study-related tasks delegated to research personnel (other than the local Principal Investigator), including dates of involvement and handwriting samples (i.e., signatures and initials) for all research staff must be on file. Updates should be made as necessary.

☐ **CVs and Medical Licenses**

Copies of current CVs and medical licenses or board certifications must be on file for all investigators and professional/medical staff listed on the Form FDA 1572. CVs must be updated every two years.

Note: It is also recommended that documentation of qualifications for investigators participating in non-intervention or minimal risk studies be maintained in this binder.

☐ **Training Documentation**

Documentation of applicable research staff training must be on file, including:

- Human subject protections
- HIPAA
- Study specific tasks
- Site Initiation Visit
- Ongoing updates related to amendments, SAEs, deviation/violations and new information that may affect study conduct

☐ **Financial Disclosure/Conflict of Interest**

Documentation of financial disclosure for all individuals listed on the Form FDA 1572.

Lab Documentation

☐ **Normal Value/Ranges for all medical, laboratory, technical procedures and/or tests included in the protocol**

Documentation of the normal values and ranges for all procedures and tests performed as part of the protocol must be on file. Updated versions of laboratory normals should be filed when they become available.

☐ **Certification/Accreditation for all facilities performing specimen testing during the study**

Copies of documentation of certification/accreditation (e.g CLIA and/or CAPS), established quality control and/or external quality assessments, or other validations must be on file to demonstrate the competency of the facility to perform the required tests and to support reliability of results.

☐ **Lab Director's CV**

Copies of Lab Director's CV for all labs utilized during the study must be on file. CVs should be current (within 2 years).

Subject Screening & Enrollment Logs

☐ **Screening Log**
Documentation of each subject consented and screened, regardless of screening outcome, must be on file.

☐ **Enrollment Log**
Documentation of each subject enrolled in the study, regardless of changes in enrollment status, must be on file.

The Screening Log and Enrollment Log may be combined into one document.

Drug & Device Accountability Records

☐ **Drug/Device Accountability Log *(only required for items under an IND/IDE)***

Documentation of the following must be on file and accessible during the study:

- Drug/device shipment and receipt records
- Drug/device accountability logs
- Drug/device dispensing logs
- Drug/device order forms
- Disposition and/or return of unused or damaged study kit records

These records may be maintained in the research pharmacy during the study but should be filed with the study documents at study close out.

Investigator's Brochure (IB) or Device Manual/Package Insert

☐ **Current Investigator's Brochure or Device Manual/Package Insert**
The most up to date version of the IB or device manual/package insert must be on file.

☐ **Out of Date Investigator's Brochure or Device Manual/Package Insert**
All out of date versions of the IB or device manual/package insert must be on file

☐ **IND Safety Reports Received**
Copies of all SAEs or IND Safety Reports received from DF/HCC or the Coordinating Center must be on file and reported to the local IRB as necessary.