Haemorrhage alleviation with tranexamic acid - Intestinal system

MAINTAINING THE INVESTIGATOR'S STUDY FILE

Protocol Code: ISRCTN11225767
Maintaining the investigator's study file – version 1.1 dated 04/03/2016

Investigator Study File

- Sent when all the necessary approvals / agreements are in place at your hospital
- Please return the receipt inside the front cover
- Familiarise yourself with the contents of all sections, so you know where to find the information when needed
- Contains all the information you need to conduct the trial, including training materials
- Keeps all study related documents together
- Documents will demonstrate your compliance with the protocol, GCP, regulatory requirements

Investigator Study File

- To be held in a secure location but accessible to the trial team
- It is a legal requirement to keep the study file up to date
- Must be available for monitoring visits by the TCC / National Coordinator / any relevant regulatory authorities

Maintaining the Study File

- Ensure all logs are up to date:
  - ✓ Site responsibility delegation log
  - ✓ Screening log
  - ✓ Randomisation log
  - ✓ Drug accountability log
  - ✓ Site visit log

- Documents i.e. data forms, reports, communication with the TCC, to be filed regularly

- Arrangements for archiving for at least five years after the end of the trial

Site responsibility delegation log

This log is contained in section 19 Site responsibilities

SITE RESPONSIBILITY DELEGATION LOG

SITE ID NUMBER	1	2	2	SITE NAME	Central Hospital

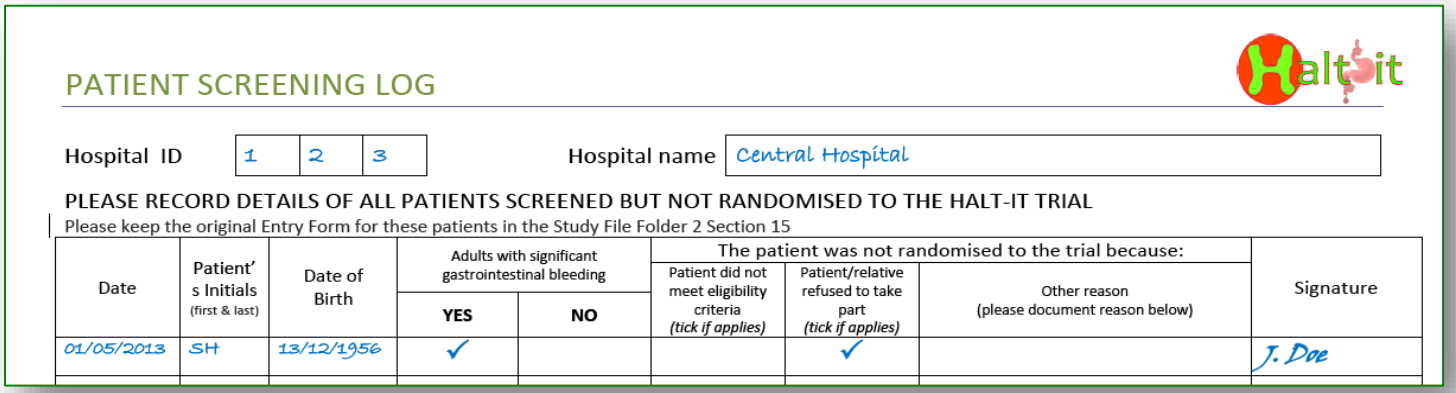
THE PERSONS NAMED BELOW ARE AUTHORISED BY THE PRINCIPAL INVESTIGATOR TO CARRY OUT THE SPECIFIED DUTIES FOR THE HALT-IT TRIAL.

NAME	JOB TITLE	SPECIFIED DUTIES *(please insert number codes as listed below)*	TRAINING COMPLETED? (Y/N)	SIGNATURE	PI SIGNATURE & START DATE	END DATE
DR JAMES REID		1,2,3	Y	JAMES REID	SIGN: DR JAMES REID DATE:01/05/2013	
THOMAS MOORE	RESEARCH NURSE	1,4,5,6,7,8,9,10	Y	THOMAS MOORE	SIGN: DR JAMES REID DATE:01/05/2013	
					SIGN: DATE:	

- List all members of staff involved in the conduct of the trial eg doctors, nurses, research coordinators and administrators
- Add new staff members when they join the trial team; note the end date for those who leave
- When a team member leaves the trial, ensure they are replaced with a new team member trained for their allocated tasks
- A brief CV (signed and dated) for each person listed on the log, to be filed in section 19

Screening log

This log is contained in 15 Patient Entry



PATIENT SCREENING LOG

Hospital ID: 1 2 3 Hospital name: Central Hospital

PLEASE RECORD DETAILS OF ALL PATIENTS SCREENED BUT NOT RANDOMISED TO THE HALT-IT TRIAL

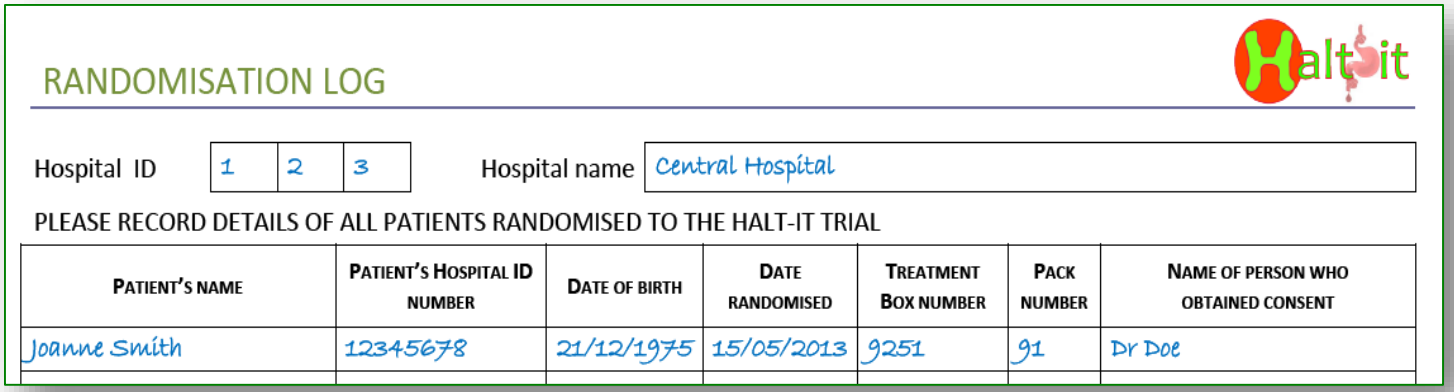
Please keep the original Entry Form for these patients in the Study File Folder 2 Section 15

Date	Patient's Initials (first & last)	Date of Birth	Adults with significant gastrointestinal bleeding		The patient was not randomised to the trial because:			Signature
			YES	NO	Patient did not meet eligibility criteria (tick if applies)	Patient/relative refused to take part (tick if applies)	Other reason (please document reason below)	
01/05/2013	SH	13/12/1956	✓			✓		J. Doe

- Identify a potentially eligible patient and complete the relevant sections of the ENTRY FORM to determine if they can be randomised
- Screening log keeps a record of patients considered but not randomised. Reasons for not randomising may include ineligibility i.e. not adult
- Entry forms completed for patients considered but not randomised to be filed in Section 15 together with the Screening log.

Randomisation log

This log is contained in section 15 Patient Entry



RANDOMISATION LOG

Hospital ID: 1 2 3 Hospital name: Central Hospital

PLEASE RECORD DETAILS OF ALL PATIENTS RANDOMISED TO THE HALT-IT TRIAL

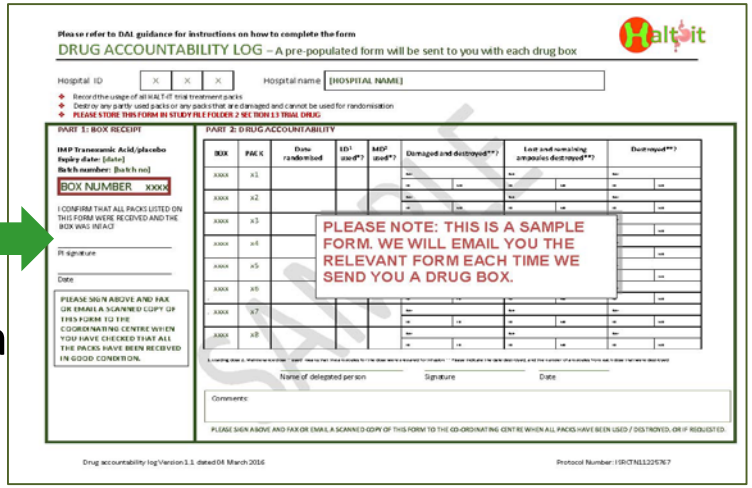
PATIENT'S NAME	PATIENT'S HOSPITAL ID NUMBER	DATE OF BIRTH	DATE RANDOMISED	TREATMENT BOX NUMBER	PACK NUMBER	NAME OF PERSON WHO OBTAINED CONSENT
Joanne Smith	12345678	21/12/1975	15/05/2013	9251	91	Dr Doe

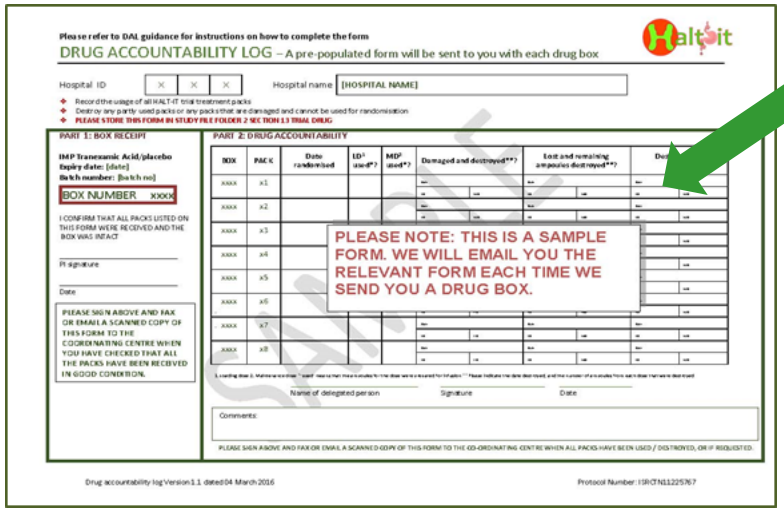
- Keeps a record of patients randomised into the HALT-IT trial
- To be updated after every randomisation
- A patient is considered to be randomised at the point when the next treatment pack is removed from the box and found to be intact
- Number of treatment pack (box-pack number) is the 'randomisation number'
- Once a randomisation number has been allocated to a patient, the pack cannot be used again, even if the treatment is not given

Drug accountability log (DAL)

This log to be kept in section 13 Trial Drugs Documentation

- Pre-printed form sent with every box
- Complete **PART 1** to acknowledge receipt as soon as the box arrives and send a copy to TCC by fax or email
- File in Section 13 Trial Drugs Documentation

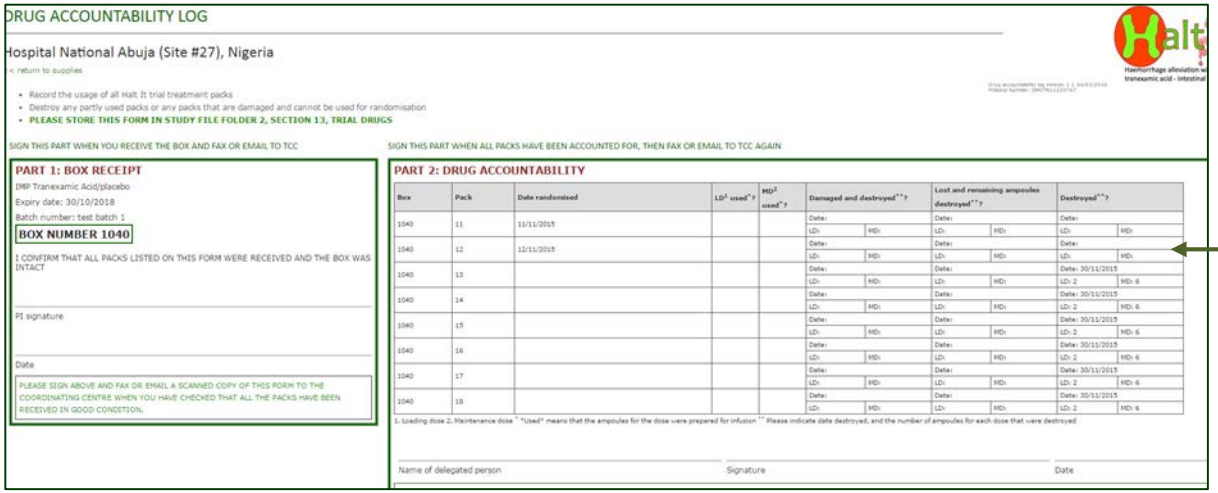




- Complete **PART 2** after each randomisation to account for when each treatment pack is used
- When form is complete (all packs accounted for) send a signed copy to TCC by fax or email
- PI or delegate is responsible for accounting for every treatment pack sent to your hospital
- Usage of each pack to be recorded (randomisation, lost/damaged, destroyed due to withdrawal or expiry)

Trial treatment can only be used for patients randomised to the HALT-IT trial

Examples of how to use the DAL



DRUG ACCOUNTABILITY LOG

Hospital National Abuja (Site #27), Nigeria

- Record the usage of all Halt It trial treatment packs
- Destroy any partly used packs or any packs that are damaged and cannot be used for randomisation
- **PLEASE STORE THIS FORM IN STUDY FILE FOLDER 2, SECTION 13, TRIAL DRUGS**

SIGN THIS PART WHEN YOU RECEIVE THE BOX AND FAX OR EMAIL TO TCC

PART 1: BOX RECEIPT

IMP Tranexamic Acid/placebo

Expiry date: 30/10/2018

Batch number: test batch 1

BOX NUMBER 1040

I CONFIRM THAT ALL PACKS LISTED ON THIS FORM WERE RECEIVED AND THE BOX WAS INTACT

PI signature

Date

PLEASE SIGN ABOVE AND FAX OR EMAIL A SCANNED COPY OF THIS FORM TO THE COORDINATING CENTRE WHEN YOU HAVE CHECKED THAT ALL THE PACKS HAVE BEEN RECEIVED IN GOOD CONDITION.

SIGN THIS PART WHEN ALL PACKS HAVE BEEN ACCOUNTED FOR, THEN FAX OR EMAIL TO TCC AGAIN

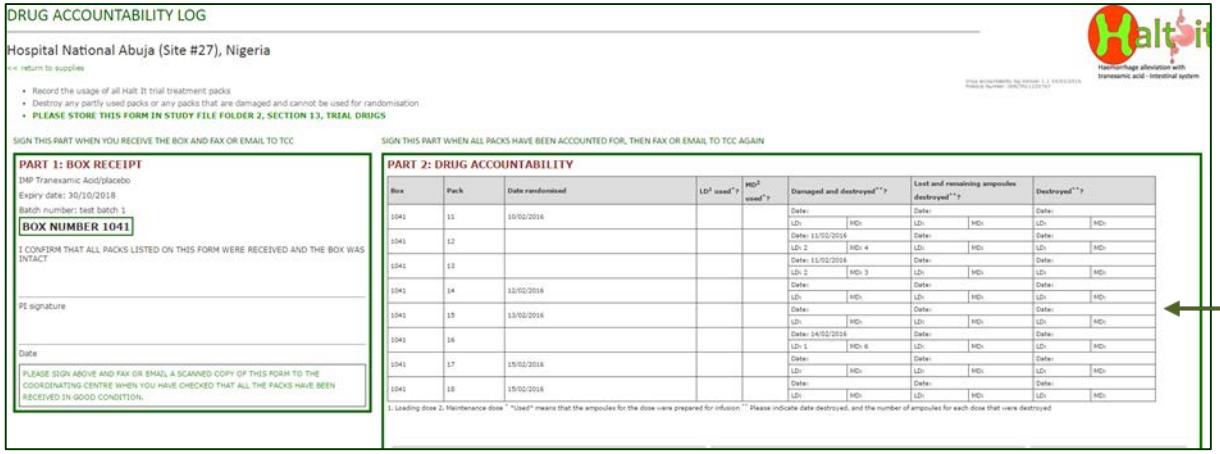
PART 2: DRUG ACCOUNTABILITY

Box	Pack	Date randomised	LD[1] used*?	MD[2] used*?	Damaged and destroyed**?	Lost and remaining ampoules destroyed**?	Destroyed**?
1040	11	11/11/2015			Date: LD: MD:	Date: LD: MD:	Date: LD: MD:
1040	12	12/11/2015			Date: LD: MD:	Date: LD: MD:	Date: LD: MD:
1040	13				Date: LD: MD:	Date: LD: MD:	Date: 30/11/2015 LD: 2 MD: 6
1040	14				Date: LD: MD:	Date: LD: MD:	Date: 30/11/2015 LD: 2 MD: 6
1040	15				Date: LD: MD:	Date: LD: MD:	Date: 30/11/2015 LD: 2 MD: 6
1040	16				Date: LD: MD:	Date: LD: MD:	Date: 30/11/2015 LD: 2 MD: 6
1040	17				Date: LD: MD:	Date: LD: MD:	Date: 30/11/2015 LD: 2 MD: 6
1040	18				Date: LD: MD:	Date: LD: MD:	Date: 30/11/2015 LD: 2 MD: 6

1. Loading dose 2. Maintenance dose * "Used" means that the ampoules for the dose were prepared for infusion ** Please indicate date destroyed, and the number of ampoules for each dose that were destroyed

Name of delegated person | Signature | Date

When a pack is destroyed due to e.g. expiry or if it is the end of the trial, in the 'Destroyed' column, please indicate the number of vials destroyed from each dose and date that they were destroyed



DRUG ACCOUNTABILITY LOG

Hospital National Abuja (Site #27), Nigeria

- Record the usage of all Halt It trial treatment packs
- Destroy any partly used packs or any packs that are damaged and cannot be used for randomisation
- **PLEASE STORE THIS FORM IN STUDY FILE FOLDER 2, SECTION 13, TRIAL DRUGS**

SIGN THIS PART WHEN YOU RECEIVE THE BOX AND FAX OR EMAIL TO TCC

PART 1: BOX RECEIPT

IMP Tranexamic Acid/placebo

Expiry date: 30/10/2018

Batch number: test batch 1

BOX NUMBER 1041

I CONFIRM THAT ALL PACKS LISTED ON THIS FORM WERE RECEIVED AND THE BOX WAS INTACT

PI signature

Date

PLEASE SIGN ABOVE AND FAX OR EMAIL A SCANNED COPY OF THIS FORM TO THE COORDINATING CENTRE WHEN YOU HAVE CHECKED THAT ALL THE PACKS HAVE BEEN RECEIVED IN GOOD CONDITION.

SIGN THIS PART WHEN ALL PACKS HAVE BEEN ACCOUNTED FOR, THEN FAX OR EMAIL TO TCC AGAIN

PART 2: DRUG ACCOUNTABILITY

Box	Pack	Date randomised	LD[1] used*?	MD[2] used*?	Damaged and destroyed**?	Lost and remaining ampoules destroyed**?	Destroyed**?
1041	11	10/02/2016			Date: LD: MD:	Date: LD: MD:	Date: LD: MD:
1041	12				Date: 11/02/2016 LD: 2 MD: 4	Date: LD: MD:	Date: LD: MD:
1041	13				Date: 11/02/2016 LD: 2 MD: 3	Date: LD: MD:	Date: LD: MD:
1041	14	12/02/2016			Date: LD: MD:	Date: LD: MD:	Date: LD: MD:
1041	15	13/02/2016			Date: LD: MD:	Date: LD: MD:	Date: LD: MD:
1041	16				Date: 14/02/2016 LD: 1 MD: 6	Date: LD: MD:	Date: LD: MD:
1041	17	15/02/2016			Date: LD: MD:	Date: LD: MD:	Date: LD: MD:
1041	18	15/02/2016			Date: LD: MD:	Date: LD: MD:	Date: LD: MD:

1. Loading dose 2. Maintenance dose * "Used" means that the ampoules for the dose were prepared for infusion ** Please indicate date destroyed, and the number of ampoules for each dose that were destroyed

Where a pack is damaged, in the "damaged and destroyed" column, please indicate the number of vials destroyed from each dose and date that they were destroyed

Site visit log

This log is contained in section 12 Trial Monitoring

SITE VISIT LOG

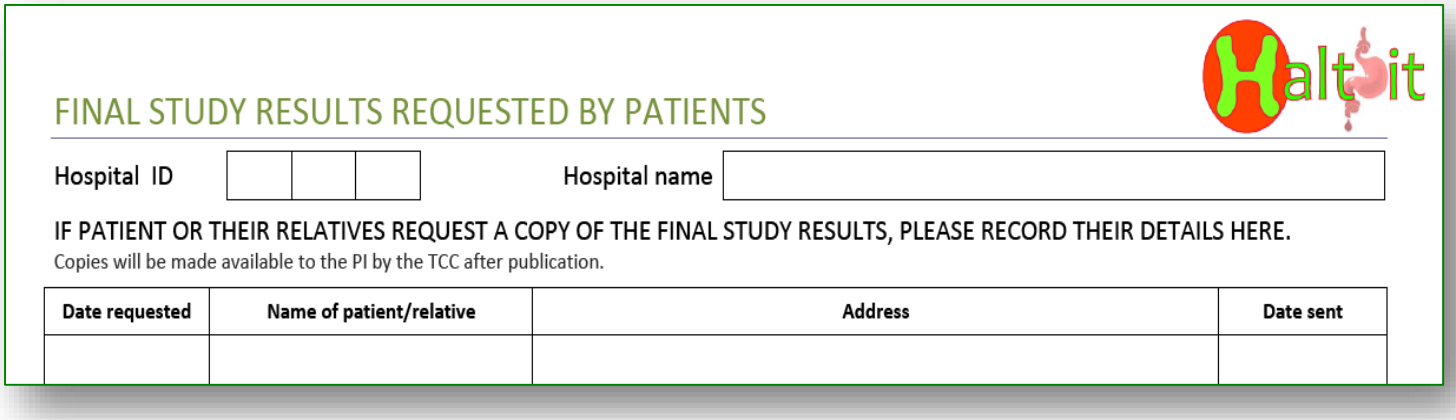
TO BE COMPLETED BY ALL PERSONNEL CONDUCTING SITE VISITS
INCLUDING NATIONAL COORDINATORS, TRIAL MONITORS AND TCC STAFF

DATE	NAME OF PERSON CONDUCTING THE VISIT	INSTITUTION	REPORT RECEIVED AND FILED IN THE STUDY FILE – DATE

Should be updated every time there is a trial related visit to your site i.e. TCC representative, national coordinator, regulatory body

Final study results log

This log is contained in section 20 Reports



FINAL STUDY RESULTS REQUESTED BY PATIENTS

Hospital ID | | | | Hospital name |

IF PATIENT OR THEIR RELATIVES REQUEST A COPY OF THE FINAL STUDY RESULTS, PLEASE RECORD THEIR DETAILS HERE.

Copies will be made available to the PI by the TCC after publication.

Date requested	Name of patient/relative	Address	Date sent

- Ask the patients you have considered for participation, or relatives, if they wish to receive a copy of the final trial results
- If so, record the contact details
- At the end of the trial TCC will send you copies of the final report
- PI to send to individuals listed on this log

Documents to be routinely filed

These documents must be systematically filed when they become available

Type of Document	Section number where this document to be filed
Completed Adverse Event reporting forms	17 – Completed forms
Correspondence with ethics committees	8 – Ethics
Correspondence with regulatory agencies	9 – Regulatory
Visit and monitoring reports (including consent monitoring)	12 – Trial Monitoring
Shipping Documents for the trial drugs	13 – Trial Drugs Documentation
Original Signed CONSENT FORMS	17 – Completed forms
Original Completed ENTRY FORMS	17 – Completed forms
Original Completed OUTCOME FORMS	17 – Completed forms
Data queries	18 – Correspondence
Correspondence with TCC (emails, letters etc)	18 – Correspondence
CVs of trial team	19 – Site Responsibilities
GCP training certificates of trial team	19 – Site Responsibilities

Training materials

Additional training materials may be requested at any time

THE PROTOCOL

- The copy for you and your team to use is inside the front cover
- The copy in Section 2 is the version submitted for your ethics and regulatory approvals and must not be removed from the Study File

MANUAL OF OPERATING PROCEDURES (MOP)

- in section 3 Training Materials
- Detailed guidance on all aspects of the practical conduct of the trial

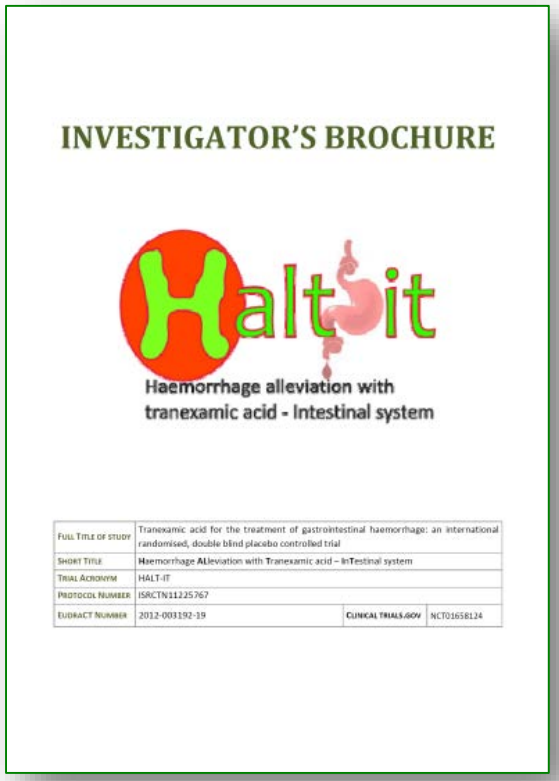
PRESENTATIONS

- PowerPoint presentations on various aspects of the trial on CD in the front cover of the Study File
- Film on Trial Procedures and the Scientific Rationale on DVD in section 3 Training Materials

Training materials

INVESTIGATOR'S BROCHURE (IB) is contained in section 4 Trial drug guidance

- Relevant data on an Investigational Medicinal Product (IMP)
- Information on the protocol including dosing, route of administration and safety monitoring procedures
- PI should read and understand the IB before the trial starts. It will help in assessing eligibility in relation to the uncertainty principle.
- Includes Summary of Product Characteristics (SPC) for IMP – guidelines on the use of the trial treatment that have been approved by the UK regulatory agency
- Can be updated as new information accumulates. Updated numbered versions will be sent to you. When a new version is sent, clearly mark the previous version *'NOT IN USE'* and file in the Investigator Study File.



Training materials

PowerPoint presentations on CD

- Scientific background and HALT-IT introduction
- Conducting the trial at your hospital
- Maintaining your Investigator Study File
- GCP test guidance
- GI bleeding management
- How to assess eligibility
- How to complete the entry form
- How to obtain consent
- How to randomise an eligible patient
- How to manage and administer the trial treatment
- How to complete the outcome form
- How to send data electronically
- How to submit data online
- What to do if a patient develops an unexpected problem
- Reporting Adverse Events

Training materials

- **GCP training** available on the trial website
- Email haltit@Lshtm.ac.uk for a username and password
- Email haltit@Lshtm.ac.uk for additional training materials

JOIN THE GLOBAL COLLABORATION

haltit.Lshtm.ac.uk

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UKCRC Registered Clinical Trials Units

Haltit
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