**Joint Research Management Office**

***Trial Master File (TMF) Monitoring Form - for Multi-Centre Studies***

|  |  |
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| 1. **GENERAL INFORMATION** | |
| **Study Title:** | **Sponsor:** |
| **Study IRAS number:** | **CI:** |
|  | Date of visit: |
| Study coordinator: | Date visit due per monitoring plan: |
| Names of all study personnel met during this visit: | Type of visit (i.e. visit no., COV): |
| Locations and departments visited: |  |
| Next scheduled visit date (refer to study monitoring plan): | Name of the monitor: |
| Risk level of this study (as defined by the JRMO): | |
| **Summary of the Visit:** | |
| ***Please ensure a comment is inserted regarding meeting with PI.*** | |

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| **2. STUDY ACCRUAL AND STATUS** | | | |
| **ACCRUAL** | | | |
| **Study subject status** | **Number** | **Comments** | |
| Screened |  | *Total number of participants approached or assessed for eligibity* | |
| Consented |  | *Total number of participants who have signed a consent form.* | |
| Enrolled |  | *Total number of participants who have completed all eligibility assessments and have been entered into the study.* | |
| On-going |  | *Number of participants currently taking part in the study (including those in follow-up).* | |
| Completed |  | *Number of participants who have completed all study visits and activities per protocol.* | |
| Withdrawn |  | *Number of participants who withdrew or were withdrawn from the study before reaching the end of the study per protocol.* | |
| **STATUS** | | | |
|  | | **Yes/No** | **Comments and summary of discussion where applicable** |
|  | CI meet? | Yes No | *Insert detail- face to face etc.* |
| **Does the CI have any concerns about the Study?** | | |  |
| 1. | Recruitment rate | Yes No |  |
| 2. | Resources | Yes No |  |
| 3. | Number of staff members | Yes No |  |
| 4. | Data collection | Yes No |  |
| 5. | Equipment | Yes No |  |
| 6. | Sourcing of the IMP | Yes No |  |
| 7. | Storage of the IMP | Yes No |  |
| 8. | Dispensing of the IMP | Yes No |  |
| 9. | Accountability of the IMP | Yes No |  |
| 10. | New vendor/subcontracts | Yes No |  |

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| **3. PREVIOUS VISIT FINDINGS STATUS** | | | | | | |
| **Have all previous visit findings been resolved?**  **Yes  No  If NO detail outstanding findings below:** | | | | | | |
|  | **Finding type (please see key for details)** | **Summary of findings** | **Corrective action and person carrying out this action** | **Severity (Critical, Major, Other)** | **Proposed timeline to resolve** | **Date action completed** |
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| **4. ESSENTIAL DOCUMENTATION** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the TMF/ up to date and filed in appropriate order?** | **YES/NO** *(Please insert comments)* | | | | | | |
| **Current documents** | **Version in use** | **Sponsor approval (Date)** | **MHRA approval (Date)** | **REC approval (Date)** | **Present in the TMF?** | **Comments** |
| Protocol |  |  |  |  | Yes  No |  |
| PIS |  |  |  |  | Yes  No |  |
| ICF |  |  |  |  | Yes  No |  |
| GP letter |  |  |  |  | Yes  No |  |
| Contact list |  |  |  |  | Yes  No |  |
| Other comments: | | | | | | | | |

| **Superseded documents**  *(Insert multiple lines)* | **Version and date** | **Present in the TMF?** | **Marked as superseded** |
| --- | --- | --- | --- |
| Protocol |  | Yes  No | Yes  No  N/A |
| Patient information sheet |  | Yes  No | Yes  No  N/A |
| Informed consent forms |  | Yes  No | Yes  No  N/A |
| GP letter |  | Yes  No | Yes  No  N/A |
| Please add rows for each REC approved docs (questionnaires, posters, adverts etc.) |  | Yes  No | Yes  No  N/A |

| **Documents Present in Study Records** | | | | | | | | | | | |
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| **SPONSORSHIP APPROVAL** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| Sponsorship with conditions | | |  | |  | |  | *It is noted that documents names change over time– please specify as needed* | | | |
| Confirmation of sponsorship | | |  | |  | |  | *It is noted that documents names change over time– please specify as needed* | | | |
| Permission to recruit email | | |  | |  | |  |  | | | |
| Confirmation of Capacity and Capability | | |  | |  | |  |  | | | |
| Peer review form | | |  | |  | |  |  | | | |
| Risk assessments | | |  | |  | |  |  | | | |
| Pharmacy provisional approval | | |  | |  | |  |  | | | |
| Pharmacy Final approval | | |  | |  | |  |  | | | |
| Clinical Physics approval | | |  | |  | |  |  | | | |
| Correspondence relating to JRMO set up phase | | |  | |  | |  |  | | | |
| Other relevant approvals (please specify) | | |  | |  | |  |  | | | |
| **ETHICS APPROVAL** | | | **Yes** | | **No** | | **N/A** | **Comments** | | | |
| Complete Initial Ethics submission | | | |  |  | |  | *Please list documents present (Including signed application)* | | | |
| Ethics approval letter/s | | | |  |  | |  | *Please list documents present* | | | |
| Any Interim correspondence and re-submissions | | | |  |  | |  | *Please list documents present* | | | |
| Evidence conditions of approval met | | | |  |  | |  | *Please list documents present* | | | |
| **MHRA APPROVAL** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| Complete Initial MHRA submission | | | |  |  | |  | *Please list documents presents (Including signed CTA application form)* | | | |
| MHRA approval letter | | | |  |  | |  | *Please list documents present* | | | |
| Interim correspondence and re-submissions | | | |  |  | |  | *Please list documents present* | | | |
| Evidence conditions of approval met | | | |  |  | |  | *Please list documents present* | | | |
| **HRA APPROVAL** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| HRA approval letter | | | |  |  | |  | *Please list documents present* | | | |
| Interim correspondence and re-submissions | | | |  |  | |  | *Please list documents present* | | | |
| Evidence conditions of approval met | | | |  |  | |  | *Please list documents present* | | | |
| **AMENDMENTS** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| Amendment log present | | | |  |  | |  | *Was the log up to date?* | | | |
| Protocol amndments v non as per SMR | | | |  |  | |  |  | | | |
| Summary of all amendments (substantial and non-substantial) | | | |  |  | |  | Amendment type, number and date:  Peer review/ statistical review (where applicable):  JRMO authorisation for submission:  REC submission letter:  REC approval:  MHRA submission letter:  MHRA approval:  HRA approval(may be joint with REC approval):  JRMO acknowledgement:  List approved documents present in ISF | | | |
| Has the study been ‘temporarily halted’ | | | |  |  | | *If Yes indicate here which amendments reflects this* | | | | |
| Have there been any Urgent Safety Measures? | | | |  |  | |  | | | | |
| Expedited safety information received and filed | | | |  |  | |  | | | | |
| **Recruitment** | | | **Yes** | | **No** | | **N/A** | **Comments** | | | |
| Enrolment log present | | |  | |  | |  |  | | | |
| **CONTRACTS AND FUNDING** | | | **Yes** | | **No** | | **N/A** | **Comments** | | | |
| Indemnity/insurance letters | | |  | |  | |  | *Ensure evidence is present of documents to cover the study to set up to present day.* | | | |
| Funding award letter | | |  | |  | |  | *Specify name of funder and duration* | | | |
| Periodic reports to the funder | | |  | |  | |  | *List* | | | |
| IMP provider agreement | | |  | |  | |  | *Specify name of Supplier/s and duration* | | | |
| Technical agreement | | |  | |  | |  | *Specify name of parties and duration* | | | |
| Laboratory agreement | | |  | |  | |  |  | | | |
| Device / equipment loan/gift agreement | | |  | |  | |  |  | | | |
| Any other contracts | | |  | |  | |  |  | | | |
| **DATA MANAGEMENT** | | | **Yes** | | **No** | | **N/A** | **Comments** | | | |
| Blank copy of all CRF versions | | | |  |  | | *Please supply name, version number and date of the document(s)* | | | | |
| CI and statistician sign off | | | |  |  | |  | *For each version as listed above* | | | |
| CRF Guidance? | | | |  |  | |  | *Including timelines for submission of CRFs* | | | |
| Have CRFs been completed and submitted appropriately? | | | |  |  | |  |  | | | |
| Does the CRF capture dose given, dose calculation and dose escalation/reduction as per protocol? | | | |  |  | |  |  | | | |
| Does the CRF capture patients’ follow up as per protocol? | | | |  |  | |  |  | | | |
| Central Monitoring preformed as per monitoring plan | | | |  |  | |  | *Please check monitoring plan for details, comment on what should be occurring, if evidence can be seen that this has been completed or not.* | | | |
| **DATABASE** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| What database is being used? | | | |  |  | |  | *Please list the name of the software, the network hosting it and the person responsible for the database* | | | |
| What is the current version? | | | |  | | | | | | | |
| Change control log present | | | |  |  | |  | *Please confirm if this is present and being completed accordingly* | | | |
| Database validation documentations | | | |  |  | |  |  | | | |
| Database specifications present? | | | |  |  | |  |  | | | |
| Evidence of UAT performed and result? | | | |  |  | |  |  | | | |
| Evidence of JRMO review and agreement? | | | |  |  | |  | *Database security confirmed* | | | |
| Evidence of CI and Statistician sign off? | | | |  |  | |  |  | | | |
| System is being routinely back-up (for accidental loss, disaster recovery) | | | |  |  | |  | *How often and by whom? Is this according to the database SOP* | | | |
| Documentation on who has Access to database | | | |  |  | |  |  | | | |
| Training on database for all users | | | |  |  | |  |  | | | |
| Any other database related issues (interaction with other systems, audit studies) | | | |  |  | |  |  | | | |
| **STUDY PERSONNEL** | | | | | | | | | | | |
| Coordinating team delegation log present | | | |  |  | |  |  | | | |
| Training log present | | | |  |  | |  |  | | | |
| **All documentation present and correct? Yes**  **No** for details see below | | | | | | | | | | | |
| **Name** | **On Delegation log?** | **Role within the study** | | | | **CV**  *(please insert date)* | | | **GCP certificate**  *(please insert date)* | **Study specific Training**  *(including protocol and SOPs training)* | **Delegated appropriate duties? Y/N** |
|  | Yes  No |  | | | |  | | |  |  |  |
|  | Yes  No |  | | | |  | | |  |  |  |
|  | Yes  No |  | | | |  | | |  |  |  |
| **INVESTIGATIONAL MEDICINAL PRODUCT** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| Specify IB or SmPC versions for each IMP | | | | *Including expedited Safety information.* | | | | | | | |
| Have the IB or SmPC been updated appropriately? | | | |  |  | | *Have all versions been distribution to sites?* | | | | |
| IMP dossier | | | |  |  | |  |  | | | |
| Named Sponsor Pharmacist | | | |  |  | |  | *Provide name and address* | | | |
| Copy of the MA IMP – importer’s manufacturing authorisation | | | |  |  | |  |  | | | |
| QP declaration | | | |  |  | |  |  | | | |
| TSE statements | | | |  |  | |  |  | | | |
| IMP Management plan | | | |  |  | |  | *List all versions* | | | |
| Pharmacy manual | | | |  |  | |  | *List all versions* | | | |
| Sample label attached to IMP(s) | | | |  |  | |  |  | | | |
| Prescription template | | | |  |  | |  |  | | | |
| Labs | | | | | | | | | | | |
| Name and address and role of each lab used | | | |  |  | |  |  | | | |
| UKAS accreditation certificate and letters | | | |  |  | |  |  | | | |
| CV for the Head of each lab | | | |  |  | |  |  | | | |
| All labs normal ranges present | | | |  |  | |  |  | | | |
| Record of retained body fluids/tissue samples | | | |  |  | |  |  | | | |
| Name and address of other medical/technical departments used | | | |  |  | |  |  | | | |
| Are all labs list above known to JRMO? | | | |  |  | |  |  | | | |
| **Standard operating procedures (SOPs)** | | | | | | | | | | | |
| SOP log | | | |  |  | |  |  | | | |
| **Name of SOP** | | | | **Version** | **Review date** | | | **Comment** | | | |
|  | | | |  |  | | |  | | | |
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| **FILE NOTES** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| File note log present? | | | |  |  | |  |  | | | |
| File notes created | | | |  |  | |  | *List any created since last visit* | | | |
| **TRIAL COMMITTEE(S)** | | | | | | | | | | | |
| List all committees as per protocol | | | |  | | | | | | | |
| **Per committee listed above** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| Signed charter | | | |  |  | |  |  | | | |
| Member list | | | |  |  | |  |  | | | |
| CV and GCP training present for all members | | | |  |  | |  |  | | | |
| Conflict of interest form present for all members | | | |  |  | |  |  | | | |
| Has this committee met as per protocol? | | | |  |  | |  |  | | | |
| Minutes present for all meetings? | | | |  |  | |  | *Please specify* | | | |
| **ANNUAL REPORTS** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| Development Safety Update Report | | | |  |  | |  | *Please list the reports year by year including the date of submission to REC/MHRA*  *Submitted in a timely manner? Where the DSURs approved by sponsor? Evidence that submitted to REC and MHRA?* | | | |
| Annual Progress Report | | | |  |  | |  | *Submitted in a timely manner? Where the DSURs approved by sponsor? Evidence that submitted to REC* | | | |
| Progress report to funder | | | |  |  | |  |  | | | |
| **MEDICAL EQUIPMENT AND DEVICES** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| Equipment log present | | | |  |  | |  |  | | | |
| Is any equipment provided to the sites? | | | |  |  | |  |  | | | |
| Equipment manual/instructions in place? | | | |  |  | |  |  | | | |
| Serial numbers of all devices and equipment listed in log? | | | |  |  | |  |  | | | |
| Evidence of training on equipment in training log? | | | |  |  | |  |  | | | |
| **CORRESPONDENCE** | | | | **Yes** | **No** | |  | | | | |
| Is there any correspondence present? | | | |  |  | | *Check for key decision making, key activities and CI involvement and oversight* | | | | |
| **CLOSE OUT DOCUMENTATION** | | | | **Yes** | **No** | | **N/A** | **Comments** | | | |
| Have the end of study criteria been met? | | | |  |  | |  | *Please insert EOT definition* | | | |
| Has the study been extended? | | | |  |  | |  | *If yes please specify which amendment this relates to and confirm sponsor, REC and MHRA have been informed* | | | |
| All Laboratory analysis performed? | | | |  |  | |  |  | | | |
| Remaining Tissue transferred to HTA approved lab or destroyed? | | | |  |  | |  | *Protocol will state what should happen to tissue at the end of the study* | | | |
| REC End of trial notification and acknowledgement | | | |  |  | |  | *Dates documents sent, received and acknowledged* | | | |
| MHRA End of trial notification and acknowledgement | | | |  |  | |  |  | | | |
| Archiving arrangements (including database/CRFs) | | | |  |  | |  |  | | | |

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| 5. SITE/COUNTRY AND CENTRAL FACILITY INFORMATION (delete as applicable) | | |
| **If UK only:** | | |
| **Site number:** | | **Site name:** |
| **Documents** |  | **Comments:** |
| CTA /NCC agreement present? | Yes No N/A | *Please list date and authorised signatories* |
| Listed as site on REC forms | Yes No N/A |  |
| ARSAC License | Yes No N/A | *State if n/a* |
| Central Imaging transfer test performed? | Yes No N/A |  |
| Emergency contact test performed? | Yes No N/A |  |
| NHS permission or R&D approval | Yes No N/A | *Please list date and authorised signatories* |
| PI CV and GCP training | Yes No N/A | *Please list dates* |
| NHS /CPA accredited lab – Certificate, letter and CV of manager | Yes No N/A | *Please list documents* |
| Deviation log present? | Yes No N/A |  |
| **SITE MONITORING** | | |
| Study SIV template present | Yes No N/A | *Specify version* |
| Template monitoring forms present | Yes No N/A | *Specify version* |
| Monitoring plan present and signed | Yes No N/A | *Specify version* |

***PLEASE COPY THIS TABLE FOR MULTIPLE UK SITES***

|  |  |  |  |
| --- | --- | --- | --- |
| **MONITORING PER SITE** | | | |
| **Site number** | **Monitoring reports /summary’s** | **SIV reports present –if yes date** | **Comments** |
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| **If International:** | | |
| **Site number:** | | **Country/Site name:** |
| **Documents** |  | **Comments:** |
| CA approval | Yes No N/A | *Please list date and authorised signatories* |
| Ethical approval | Yes No N/A | *Please list date and authorised signatories* |
| CTA /NCC agreement present? | Yes No N/A | *Please list date and authorised signatories* |
| Deviation log present? | Yes No N/A |  |
| **SITE MONITORING** | | |
| Study SIV template and SIV reports present? | Yes No N/A | *Specify version and dates* |
| Template monitoring forms present | Yes No N/A | *Specify version* |
| Country Monitoring plan | Yes No N/A | *Specify version* |

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| **MONITORING PER COUNTRY** | | | |
| **Country** | **Monitoring reports /summary’s** | **SIV reports present –if yes date** | **Comments** |
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| **Central Facility** | | |
| **Facility name:** | | **Role and activity being performed:** |
| **Documents** |  | **Comments:** |
| Agreement present? | Yes No N/A | *Please list date and authorised signatories* |
| Deviation log present? | Yes No N/A |  |
| **CENTRAL FACILITY MONITORING** | | |
| SIV report present? | Yes No N/A | *Specify version and dates* |
| Monitoring reports present | Yes No N/A | *Specify version and dates* |
| Correspondence present? | Yes No N/A | *Please summarise* |

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| **6. Deviations** | **Yes** | **No** | **N/A** | **Comments** |
|  |  |  |  |  |
| Is a main study wide deviation log present? |  |  | *insert if site specific / facility specific logs are used instead* | |
| Have any deviations been logged? |  |  |  |  |
| Were any of these potential serious breaches? |  |  |  |  |
| Who (individual or committee) has oversight of deviations? | *Insert* | | | *Consider who looks for trends and patterns? Can you see any obvious trends to highlight? E.g. multiple PID breaches at one site* |

| **7. PHARMACOVIGILIANCE** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| Blank copy of **SAE** form |  |  |  | *Please specify name, version number and date of the document(s)* |
| SAE log present |  |  |  | *Is the log up to date?* |
| Does the SAE log present match the Sponsor log? |  |  | *Comment* | |
| Completed SAE forms |  |  |  |  |
| Were all SAE forms signed by CI/PI/Co-Investigators? |  |  |  | *Evidence that SUSAR has been submitted to MHRA, REC and distributed to all sites?* |
| SUSAR reports |  |  |  |  |
| Drug recalls or correspondence related to safety |  |  |  |  |
| All pregnancies reported, accounted and followed up in the CRF? |  |  |  |  |

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| 8. MONITORING AND AUDIT | | | | |
| **This visit** | **Yes** | **No** | **N/A** | **Comment** |
| Any resistance or delay in scheduling the monitoring visit? |  |  |  | |
| Was all documentation requested made available? (patient notes, scans etc) |  |  |  | |
| Did study staff have adequate time for the monitoring visit? |  |  |  | |
| Was a suitable area set aside for monitoring? |  |  |  | |
| Was there enough time at site to perform required monitoring? |  |  | *If not explain why? Will an extra day be added?* | |
| Was the monitoring log signed? |  |  |  |  |
| Previous monitoring reports filed? |  |  |  |  |
| Previous monitoring visit findings resolution and correspondence filed? |  |  |  |  |
| Study monitoring plan present |  |  |  | *Please list all versions* |
| Study recruitment centre on site monitoring tool |  |  |  |  |
| Has this study been audited? |  |  |  |  |
| Has this study been inspected? |  |  |  |  |

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| 9. SUMMARY OF FINDINGS AND ACTIONS | | | | | | |
| **No** | **Finding type (please see key for details)** | **Summary of finding** | **Corrective action and person carrying out this action** | **Severity**  **(Critical, Major, Other)** | **Proposed timeline to resolve** | **Date action completed**  **(if not completed state this)** |
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**Key for Findings type:**

1. Essential documents
   1. Study
   2. Approvals
2. Vendors / contracts / subcontractor/ finance
3. Informed consent procedures
4. Inclusion and exclusion criteria
5. IMP and non-IMP
6. Training + Staffing
7. Deviation Study procedures
8. Pharmacovigilance
9. Randomisation and cohort allocation / un-blinding
10. Data Management (Source data + CRF)
11. Study equipment
12. Computer Systems
13. Deviations to GCP / Regulations

|  |  |  |  |
| --- | --- | --- | --- |
| 10. SIGNATURES AND REVIEW | | | |
| Completed by: | | | |
| Study Monitor | **Name:**  **Email:** | Date: | Signature |
| Reviewed by | | | |
| Research Governance and GCP Manager | **Name:**  **Email:** | Date | Signature |