Tool Summary Sheet

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| --- | --- |
| **Tool:** | Manual of Procedures (MOP) Template |
| **Purpose:** | This document provides a template to assist investigators with the preparation of a study Manual of Procedures (MOP). The purpose of the MOP is to facilitate consistency in protocol implementation and data collection across participants and clinical sites. Use of the MOP increases the likelihood that the results of the study will be scientifically credible and provides reassurance that patient safety and scientific integrity are closely monitored.  |
| **Audience/User:** | Investigators and Study Coordinators may use this template as a basis for customizing an appropriate Manual of Procedures to support individual studies.  |
| **Details:** | A MOP (also known as Manual of Operations [MOO]) is a handbook that guides a study’s conduct and operations. It supplements the study protocol by detailing a study’s organization, operational data definitions, recruitment, screening, enrollment, randomization, intervention procedures and follow-up procedures, data collection methods, data flow, case report forms (CRFs), and quality control procedures. Procedures in the MOP should be followed with the same degree of vigor as those documented in the protocol. |
| **Best Practice Recommendations:** | * This template is intended for use as a guide during development of a study-specific MOP. Review this template and customize to the specific needs and requirements of the study.
* Sample text is provided for reference and may be updated as needed. Remove or mark as “not applicable” those elements that are not required.
* In the template, the instructions and explanatory text are indicated by *{blue italics}* (“CROMS\_Instruction” style). Instructional text will also be enclosed in braces to signify this text for screen-readers used by the visually impaired.
* Text enclosed with <> is a placeholder for a specific detail (e.g., <protocol title>); replace as appropriate.
* Because the MOP is used in tandem with the protocol, it is not necessary to repeat major sections of the protocol in the MOP (e.g., the summary of events). It is also good practice to avoid redundancy within the MOP itself. In both cases, use document and section references when necessary, remembering to revise these references when either document is updated.
* The first version of the MOP should be available at the time of study start.
* Sections of the MOP should be prepared by the subject matter experts (e.g., clinical procedures should be prepared by a clinician and data management procedures should be written by the data manager).
* The MOP is a dynamic document and tends to be updated more frequently than the protocol. Ensure that the MOP has a section on version control of the document and dissemination of updated versions.
* It is easiest and cleanest to use the styles that are embedded in the document, rather than to create your own. (In MS Word 2007: From the Home menu, select the bottom right arrow key to bring up the styles box, select “Options”, under “Select Styles to Show” select “in current document”.)
* Please retain the MOP Template identifier in the lower left hand section of the footer. You may choose to add “Based on” in front of “Template Version”.
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**Tool Revision History:**

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| --- | --- | --- |
| **Version Number** | **Version Date** | **Summary of Revisions Made:** |
| **2.0** | **01OCT2010** | Approved version. Includes styles and accommodations for 508 compliance. |
| **3.0** | **22JUL2011** | Edits to website hyperlinks. |
| **4.0** | **01JUN2012** | Clarified instructions to modify sample text as needed; corrected Essential Documents heading; revised ICF references to consent document; added table for documenting each chapter’s current version number and date; clarified versioning instructions; added additional explanatory text in Lab chapter; used “Essential Documents binder” as consistent terminology throughout; completed minor administrative edits. |
| **5.0** | **21AUG2014** | Updated hyperlinks, removed numbered memo text from section 1.2, revised safety oversight section to remove SMC and add MM, and completed administrative/clarifying edits throughout. |
| **6.0** | **22DEC2014** | Revised Document Maintenance section text to reflect current requirements. |

{Instruction: Delete the Tool Summary Sheet and this Preface at the time of study-specific implementation.

**Preface to the Manual of Procedures Template**

**Version 6.0 (22Dec2014)**

Purpose of the Manual of Procedures (MOP)

A Manual of Procedures (MOP) is a handbook that guides a study’s conduct and operations. It supplements the study protocol by detailing a study’s organization, operational data definitions, recruitment, screening, enrollment, randomization, intervention procedures and follow-up procedures, data collection methods, data flow, case report forms (CRFs), and quality control procedures. The purpose of the MOP is to facilitate consistency in both protocol implementation and data collection across participants and clinical sites. Use of the MOP increases the likelihood that the results of the study will be scientifically credible and provides reassurance that participant safety and scientific integrity are closely monitored.

The MOP Template and Mechanics

This MS Word template can be used as the starting point for development of a study-specific MOP.

In the template, the instructions and explanatory text are indicated by {blue italics} (“CROMS\_Instruction” style). Instructional text will also be enclosed in braces to signify this text for screen-readers used by visually impaired persons.

This text should be deleted during the study-specific customization of the MOP. Example text that appears in the MOP template in regular font may be retained and edited as appropriate to the study. Text within any section should be formatted using CROMS\_Text style. Bulleted lists should be formatted using CROMS\_Text Bullet (listing) style. Text included in <> is a placeholder for a specific detail (e.g., <protocol title>); replace as appropriate. Use CROMS\_Heading 1-5 to format headings.

The MOP sections listed and described in the template are intended as guidelines and should be adapted to each study’s specific needs. If a section in the template does not apply to a study (e.g., randomization in a study with no randomization), it should not be included in the MOP.

Refer questions regarding use of this Manual of Procedures template to the appropriate NIDCR Program Official or the NIDCR Office of Clinical Trials Operations and Management (OCTOM).

A number of useful tools are available in the NIDCR website (<http://www.nidcr.nih.gov/Research/toolkit/>) and Clinical Tool Box section of the CROMS website. Please peruse the website to identify those that would be applicable for your study. Several of those tools are also referenced in the MOP template. Please note that all hyperlinks were functional at the time this template was published. If you find a link that is no longer active, please feel free to email anyone on the CROMS team, and it will be corrected with the next release of the template.

MOP Development

Because the MOP is used in tandem with the protocol, it is not necessary to repeat major sections of the protocol in the MOP (e.g., the summary of events). It is also good practice to avoid redundancy within the MOP itself. In both cases, use document and section references when necessary, remembering to revise these references when either document is updated.

The primary audience for the MOP is the site investigators and other research staff. Administrative documents, such as the data management plan, safety management plan, or statistical analysis plan are not commonly included in the MOP. Instead, only the site-relevant details are captured in the MOP and the other documents are maintained separately. These documents may be referred to in the MOP as “dynamic references.”

Development of the MOP requires the involvement of investigators and study staff (clinicians, laboratory staff, pharmacists, statistician data manager, regulatory specialist, etc.) to ensure that the guidelines accurately reflect how the study procedures will be performed. In multi-site clinical studies, a Steering Committee, comprised of the principal investigators from each of the sites, is often appointed to finalize the protocol and elements of the MOP.

The MOP finalization requires completion of the final protocol, CRFs, consent documents, and administrative forms (e.g., subject screening log, subject enrollment log, delegation of responsibilities log, etc.). Additionally, if the study is to be submitted to the Food and Drug Administration (FDA) under an Investigational New Drug Application (IND), an Investigator's Brochure, package insert or comparable product description may be required. Development of study materials could take up to six months. The MOP must be completed and be available to study staff before a study commences; please plan accordingly.

The National Institute of Dental and Craniofacial Research, National Institutes of Health (NIH) must ensure compliance with Federal laws and regulations, including procedures and policies to protect the safety of all participants in the clinical studies it supports. In preparing a study protocol and a Manual of Procedures (MOP), the NIDCR grantee must be aware of the terms of award with respect to required reporting, data and safety monitoring, and Institutional Review Board (IRB) approval. For additional information, see website below: <http://www.nidcr.nih.gov/Research/ToolsforResearchers/Toolkit/NIDCRClinicalTermsofAward.htm>

Maintenance and Updating of the MOP

The MOP should be maintained in a format that allows it to be easily updated; it may be filed in a three-ring binder, separated by dividers or sheets of paper, or stored in electronic format.

The MOP is a dynamic document that will be updated throughout the conduct of a study to reflect any protocol or consent amendments as well as the refinement of the CRFs and study procedures. It is useful to maintain a log in the front of the MOP that summarizes changes to the document. It is the responsibility of the MOP development team to implement appropriate version control procedures. As sections/chapters are revised, update the MOP version information on the cover page and Table of Contents; use the Summary of Changes table on the cover page to list the chapters that have changed and to provide a general summary of those changes. You may choose to update the version date on all pages or only on those chapters that have been modified, for ease of identification. If you choose the latter strategy, please use the sample “Chapter/Appendix Version Tracker” table (included after the revision history table) to clarify the chapter/appendix version information. Describe the chosen revision strategy in the version control section of the MOP. All previous versions should be archived.

Instruction: End of Preface. To be deleted at the time of study-specific implementation.}

Manual of Procedures (MOP)

for

<Protocol Title>

NIDCR Protocol Number: <#>

Draft or Version Number: <#.#>

{0.x (for draft) or x.0 (for final). Refer to NIDCR Guidance for assigning version numbers; when the version number and date change, be sure to update them in the header of every page of the MOP.}

<Day Month Year>

{(e.g., 23 January 2014)}

Summary of Changes:

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| **Number** | **Date** | **Affected Chapter(s)** | **Summary of Revisions Made:** |
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{Include this sample table if the MOP version control procedures entail updating and
up-versioning individual chapters, rather than the whole document.}

Chapter/Appendix Version Tracker

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| **Chapter Number / Appendix** | **Title** | **Current, Approved Version Number** | **Current, Approved Version Date** |
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# INTRODUCTION TO THE MANUAL OF PROCEDURES

{Example text:}

## Purpose

A Manual of Procedures (MOP) is a handbook that guides a study’s conduct and operations. It supplements the study protocol by detailing a study’s organization, operational data definitions, recruitment, screening, enrollment, randomization, intervention procedures and follow-up procedures, data collection methods, data flow, case report forms (CRFs), and quality control procedures. The purpose of the MOP is to facilitate consistency in protocol implementation and data collection across participants and clinical sites. Procedures in the MOP should be followed with the same degree of vigor as those documented in the protocol. Use of the MOP increases the likelihood that the results of the study will be scientifically credible and provides reassurance that participant safety and scientific integrity are closely monitored.

This MOP is to be used as a reference document for policies and procedures related to the study entitled <insert protocol title>.

All staff members participating in the conduct of this study at participating institutions should have ready access to the MOP and be familiar with its contents. The current version of the MOP and archived versions are posted to the study web site: <insert website address, if applicable>.

## Updating and Version Control

The MOP is a dynamic document that will be updated throughout the conduct of a study to reflect any protocol or consent amendments as well as the refinement of the CRFs and study procedures. As sections/chapters are revised, the MOP version information and date on the cover page and Table of Contents will be updated; the Summary of Changes table on the cover page will list the chapters that have changed and will include a general summary of those changes.

{You may choose to update the version date on all pages or only on those chapters that have been modified, for ease of identification. Document your study-specific choice herein.}

As the study progresses, <responsible party> will be responsible for documenting any recommended and approved changes to the MOP. <Responsible party> will incorporate all of the approved changes and will update the MOP periodically. When the revisions are final, the MOP will be posted to the study’s website or otherwise made available to all study personnel. All clinical sites will be notified that the MOP has been updated and is on the website via a numbered memo (see MOP Section 2.2.4), which will also summarize the changes that were made. Additionally, study coordinators will be reminded of the MOP update during the regularly scheduled monthly teleconference.

The author of an updated MOP chapter will ensure that all necessary changes are captured in the update and that the <document is -- or chapters are> up-versioned.

The Webmaster is responsible for document control of the MOP on the study website and for filing updates in a timely manner. The Webmaster will post updated MOP chapters on the website within 2 business days of receipt.

The site principal investigator or designee is responsible for on-site document control of the MOP and for filing updates in a timely manner.

If paper copies of the MOP are maintained in the Essential Documents binder, the study coordinator will print and store the updated materials in the binder. Outdated materials will be removed from the binder and filed in another location clearly marked “obsolete.”

# ADMINISTRATIVE

## Study Leadership Structure

{This section describes the study’s organizational scheme and provides a roster of members of the Coordinating and Clinical Centers and study committees. The study organization for large studies is generally depicted by an organizational chart. This section also describes the roles and responsibilities of the Clinical Centers, Data Management, Coordinating and/or Statistical Center, laboratories, and committees.}

### Organizational Chart

{Include a chart if needed for large studies.}

### Roles and Responsibilities

{The roster includes the names, roles, addresses, phone numbers, fax numbers, pager numbers, and e-mail addresses of study staff members, committee members, points of contact at the Data Coordinating Center and participating laboratories, the Safety Officer, and NIDCR staff.

Indicate who should be contacted for study issues, such as:

* Protocol questions
* Reporting an adverse event (AE)
* Request for additional supplies
* Enrolling/Randomizing a participant
* Unmasking a participant (should not be done lightly)

Each site will maintain a Delegation of Responsibilities Log in the Essential Documents binder. This log associates investigator and/or site staff names with specific study responsibilities.

Relevant tools: Delegation of Responsibilities Log, Investigator Responsibilities and Good Clinical Practice Training Slides.}

### Steering Committee

{Describe the composition and responsibilities of the Study Steering Committee or Executive Committee, as applicable.

The Steering Committee often fills the leadership role of large, multi-center studies, and is responsible for the overall direction of a study. The following areas typically fall under the purview of the Steering Committee:

* Responsibility for the general design and conduct of the study
* Preparation of the essential study documents, including the protocol, protocol amendments, MOP, and data collection forms
* Review of data collection practices and procedures
* Changes in study procedures as appropriate
* Appointments to and disbanding of study implementation subcommittees
* Allocation of resources based on priorities of competing study demands
* Review of study progress and implementation of necessary steps to ensure the achievement of study goals
* Review and implementation of recommendations from those responsible for safety monitoring
* Review and response to other general advice and/or recommendations (e.g., from the NIDCR Program Official)

In large, multi-center studies with multiple coordinating centers (e.g., clinical, data, and statistical centers), an Executive Committee is often responsible for reviewing study progress and identifying and resolving issues. The NIDCR Program Official may be a member of this committee. The Executive Committee is the small study leadership group that guides the study’s implementation and operation.}

## Policies and Procedures

### Conflict of Interest (COI) and Financial Disclosure Policies

{Refer to the following: <http://grants.nih.gov/grants/peer/COI_Information.pdf>}

### Protocol Amendment Procedures

{Describe who will make decisions regarding protocol amendments. State the requirements for IRB approval and adherence to the amended protocol.

Relevant tools: IRB Amendment Checklist.

Example text:}

Protocol amendments require approval by <individuals and/or committees> prior to submitting the amendment to the IRB. Written IRB approval of protocol amendments is required prior to implementation. Any amendment to the protocol will be adhered to by all study staff and will apply to all subjects.

### Version Control of Study Documents

{Example text:}

Version control procedures will be used to manage changes to all study documents. Version control directions are found at the following site:
 <http://www.nidcr.nih.gov/Research/ToolsforResearchers/Toolkit/VersionControlGuidelines.htm>.

{You may choose to include more detail about version control guidelines/processes for key documents such as protocol and/or consent document amendments.}

### Communication Plan

{For multi-center studies, describe how information about study data, specimen management, and routine study activities will be communicated. The plan may include scheduled conference calls and routine data submission. Routine administrative communications are required for scheduling training sessions or meetings. As members of the Steering Committee or subcommittees, the study site investigators should have ongoing communication with other members of the study leadership team, especially during protocol finalization. Once a study is operational, routine telephone calls among the clinical site coordinators are useful to build an esprit de corps, discuss issues, and share successful strategies. The communications should be documented by the designated coordinating center. The Steering Committee may also participate in routine calls once the study is implemented to discuss progress, issues, and potential solutions to problems.

Specific tools that may be of use for study communication include:

* Telephone Log
* Telephone Contact Form

Some multi-center studies use a numbered memo strategy to communicate important study information across sites in a consistent and well-documented manner. If you choose to implement a numbered memo approach, the following text can be customized and included in the MOP.

Example text for numbered memos:}

#### Numbered Memos

The objective of numbered memos is to document and communicate important study information to all investigative sites in a consistent manner. The numbering of the memos is intended to facilitate reference to the memos, as well as tracking and archiving of the memos.

Responsibilities

<Name of responsible party> may identify issues that require across-site communication/clarification above and beyond discussion during a Study Coordinator or Steering Committee meeting.

<Name of responsible party (e.g., Operations Committee or PI)> will identify an author and reviewer(s) for the memo.

<Name of responsible party> or designee is responsible for approving the memo. (Approval may be communicated via email from a PI or by signature on a version of the memo itself.)

The facilitators of the Steering Committee and Study Coordinator Meetings are responsible for including a discussion of each new numbered memo on the agenda for the corresponding meeting.

The Site Correspondence Manager or designee will be responsible for the email distribution of the numbered memos.

The <Webmaster> will store the numbered memo tracking spreadsheet and all numbered memos under “Numbered Memos” on study website.

All Clinical Investigators and Site (Study) Coordinators are responsible for reviewing each numbered memo. In addition, all other individuals identified in the “TO” or “CC” lines of the memo are responsible for reading the memo (i.e., site pharmacists, regulatory coordinator, lab techs, etc.).

Study Coordinators will ensure that all relevant site staff members are aware of the memo and that all numbered memos are stored in the site’s Essential Documents binder.

Procedures

{Identifying the need for -- and the owners of -- a numbered memo}

If a study issue or new information is of enough complexity and importance to require a numbered memo, then the <Responsible individual or committee (e.g., Operations Committee or Executive Committee)> will identify an author and the reviewers for the memo. Examples of items that may trigger the generation of a numbered memo are 1) establishing a new process for distribution of study drug or 2) an update to the process for communicating Serious Adverse Events.

The Site Correspondence Manager will track all aspects of the generation, review, approval, and distribution of the numbered memos.

Creating, Reviewing, and Approving a New Numbered Memo

Structure of Memo: Memos will be numbered consecutively, starting with #001. The numbered memo will include a standard memo heading with TO, CC, RE, and the date of issuance. It will also contain a “Site Action Required” section in the header. This section is designed to communicate whether the memo requires some action on the part of the site or whether it is being provided for informational purposes only. The body of the memo will provide the details of the information.

The author will identify the required time frame for completion of the numbered memo and will be responsible for managing the production, review, and approval process. The author is responsible for confirming that he/she is using the appropriate number for the memo.

All memos must be approved prior to electronic distribution to the sites. It is not necessary to distribute the signed version of the memo to the sites.

A copy of the original numbered memo with the PI/designee’s email and signed approval will be kept at the coordinating center (i.e., the group responsible for maintaining the study master file).

**Distributing a New Numbered Memo**

An electronic version of each numbered memo will be emailed to the study coordinator(s), clinical investigators (CIs), and other relevant study personnel. (Note: It is not necessary to email the signed version of the memo.)

Each memo will also be posted on the website under “Numbered Memos” on the website.

**Reading and Archiving Numbered Memos**

The local PIs and study coordinators will read each numbered memo. Copies of the numbered memos will be stored in each site’s Essential Documents binder.

**Amending Information in a Numbered Memo**

If it becomes necessary to correct a numbered memo, a new memo will be distributed with the same memo number and will include a \_Corrected\_Date designation (e.g., Memorandum #005\_Corrected\_20JULY2010).

The nature of the corrections will be identified in the header of the memo.

If a study decision changes the guidance in a previous numbered memo, a new numbered memo will be issued and will refer to the numbered memo being superseded. This status of the previous numbered memo will be highlighted on the website as well.

### Clinical Trial Registry/ClinicalTrials.gov and PubMed

{Prior to subject enrollment, interventional clinical trials must be registered with [ClinicalTrials.gov](http://clinicaltrials.gov) via a web based data entry system called the Protocol Registration System (PRS), which is maintained by the National Library of Medicine. For more information, see <http://prsinfo.clinicaltrials.gov>.

For NIH Clinical Center (intramural studies), the Office of Protocol Services is responsible for registering studies with ClinicalTrials.gov. In addition, [NIH Public Access Policy](http://publicaccess.nih.gov/policy.htm) requires the principal investigator to submit journal articles that arise from NIH funds to the digital archive [PubMed Central](http://www.pubmedcentral.nih.gov/).

The International Committee of Medical Journal Editors (ICMJE) defines a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., Phase I trials), would be exempt from registering in a public registry such as [ClinicalTrials.gov](http://clinicaltrials.gov).

Following completion of the study, the investigator is expected to publish the results of this research in a scientific journal. The ICMJE has adopted a trials-registration policy as a condition for publication. This policy requires that select clinical trials be registered in a public trials registry such as [ClinicalTrials.gov](http://clinicaltrials.gov), which is sponsored by the National Library of Medicine. Other biomedical journals are considering adopting similar policies. For grants and cooperative agreements, it is the grantee Institution’s responsibility to determine the responsible party who must register the trial in an acceptable registry.

Results of select studies must be reported within one year of the completion of the final participant (see <http://prsinfo.clinicaltrials.gov/results_definitions.html> and US Public Law 110-85, Section 805 <http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_public_laws&docid=f:publ085.110.pdf> for further details).

In this section, clarify the responsible parties and study-specific requirements for registration and results submission.}

### Data Request Policy

{Describe the data request policy. Identify the individuals who can make a data request, the individuals responsible for handling the request, and the process for communicating the request status and delivering the data requested. The MOP should identify the types of data that may require a formal request, such as:

* Data used for presentations
* Data used for manuscripts or abstracts
* Data used for unplanned analyses

The MOP should also describe the types of data that do not require a formal request, which may include:

* Clinical data requested by the lab in order to determine the best method to analyze the data sample
* Clinical data requested for quality control processing
* Information regarding study monitoring, timelines, or other administrative needs
* Information already listed in periodic reports}

### Publication and Presentation Policy

{Investigators have a responsibility to the public to make study results available as soon as possible (see NIH Public Access Policy <http://publicaccess.nih.gov/>). The MOP should detail the publication policy so that data are not released inappropriately, authorship is predetermined, and manuscripts are subjected to rigorous review before they are submitted for publication. Please refer to your specific grant and/or Clinical Trials Agreement.

It is recommended that extramural grantee authors inform their Program Official of a manuscript or presentation prior to publication of presentation. For publications and presentations authored by an NIH employee or contractor, the author must submit the publication/presentation to the NIDCR Office of Communication for clearance prior to publication.}

### Organizational Chart

{For large, multi-center trials, it is helpful to include an organizational chart, depicting the relationship of the clinical sites to the coordinating center and other support centers such as pharmacy and specimen repositories.}

### Roles and Responsibilities

{The roster includes the names, roles, addresses, phone numbers, fax numbers, pager numbers and e-mail addresses of study staff members at each clinical site.}

### Qualifications

{Example text:}

All CVs and licenses for participating site investigators and staff will be filed in the Essential Documents binder.

## Safety Oversight Committee (or Safety Oversight)

{NIDCR requires safety oversight in one of four forms: Medical Monitor (MM), Independent Safety Monitor (ISM), Clinical Study Oversight Committee (CSOC), or Data and Safety Monitoring Board (DSMB; also known as Data and Safety Monitoring Committee [DSMC]). In this section, the type of safety oversight should be clearly identified and any study-specific oversight responsibilities should be described. A proposed safety monitoring plan should be included in the grant application for review by the NIDCR Medical Officer and Program Official.

Relevant tools: DSMB (or CSOC) Charter Template, NIDCR DSMB (or CSOC) COI Template.}

### Roles and Responsibilities

{Describe the responsibilities of the MM, ISM, CSOC, or DSMB. ISMs and members of a CSOC/DSMB are selected because they possess the clinical expertise and knowledge of the design, monitoring, analysis, and ethical issues of the clinical research project that are necessary to protect participant safety and conduct a scientifically rigorous study. The CSOC/DSMB members must also ensure that they have no direct or indirect financial interest by signing a Conflict of Interest statement. (See <http://www.nidcr.nih.gov/Research/ToolsforResearchers/Toolkit/DataandSafetyMonitoring.htm>).}

### Membership

{A CSOC/DSMB charter describes membership. For studies with a CSOC/DSMB, include in this section the contact information for the members.}

### Frequency of Meetings

{Describe the frequency of meetings, as stated in the charter.}

## Scientific Advisory Board

{Example text:}

A scientific advisory board is responsible for concept review. Members are selected based on expertise in the area of investigation.

### Roles and Responsibilities

{Describe any study-specific responsibilities of the scientific advisory board members.}

### Membership

{Members are selected based on expertise in the area of investigation. List the contact information for members of the scientific advisory board.}

## Community Advisory Board

{Example text:}

A community advisory board provides an opportunity for interested members of a community, especially clinical study participants, to understand the clinical research process and to share their input regarding the development, implementation and outcomes of specific clinical studies. The board may also provide technical assistance on issues related to recruiting and retaining study participants.

### Roles and Responsibilities

{Describe the expected contributions of the community advisory board.}

### Membership

{Members are selected based on interest or experience in the area of investigation. List the contact information for members of the community advisory board.}

# **REGULATORY**

## Regulations and Regulatory Bodies

{Example text:}

The National Institute of Dental and Craniofacial Research (NIDCR) supports clinical research and interventional clinical trials involving human subjects and must ensure compliance with human subjects regulations.

All clinical research and clinical trials supported by NIDCR shall comply with ICH and GCP guidelines.

Institutions engaged in research with NIDCR as a Federal Sponsor must comply with the Office of Human Research Protection (OHRP) regulations which include the relevant parts of 45 CFR 46 : Protection of Human Subjects (the Common Rule) and agree to the Terms of the Health and Human Services (HHS), OHRP Terms of the Federalwide Assurance (FWA).

NIDCR-supported clinical trials conducted under an FDA IND or IDE application must comply with relevant parts of CFR Title 21:

Title 21, Part 50, [Protection of Human Subjects](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=50)

Title 21, Part 54, [Financial Disclosure by Clinical Investigators](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=54)

Title 21, Part 56, [Institutional Review Boards](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=56)

Title 21, Part 312, [Investigational New Drug Application](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=312)

Title 21, Part 812, [Investigational Device Exemptions](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=812)

Refer also to:

 <http://www.nidcr.nih.gov/Research/toolkit/>

## Federalwide Assurance Documentation

{All studies requiring IRB oversight are subject to OHRP regulations and guidelines. See <http://www.hhs.gov/ohrp/policy/engage08.html> for a definition of engagement as noted below.

Example text:}

All institutions “engaged” in the conduct of the research will have in place a Federalwide Assurance (FWA) with the DHHS Office for Human Research Protections (OHRP). This assurance documents the institution’s commitment to the human subjects regulations.

Documentation of the following information will be stored in the sites’ files and will be confirmed prior to site activation:

IRB name

IRB OHRP registration number

IRB notification of protocol approval

Federalwide assurance number for institutions, sites, and other engaged participants

## Protection of Human Subjects

{Example text:}

The National Institute of Dental and Craniofacial Research (NIDCR) supports clinical research and interventional clinical trials involving human subjects and must ensure compliance with human subjects regulations.

### Informed Consent / Assent Process

{Informed consent is required for all subjects participating in an NIDCR-sponsored study. In obtaining and documenting informed consent, the investigator should comply with applicable regulatory requirements and should adhere to 45 CFR Part 46 and/or ICH, GCP. Prior to the beginning of the study, the investigator must have the IRB’s written approval for the protocol, and favorable opinion of the informed consent process and written form(s) and any other written information to be provided to the subjects.

The MOP should identify different consent forms that will be used for the study (e.g., screening, study participation, screening for human immunodeficiency virus, future use of specimens, plasmapheresis, assent form for minors).

Refer to ICH GCP E6, Section 4.8
(<http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6_R1/Step4/E6_R1__Guideline.pdf>).

Refer to FDA regulations on informed consent 21 CFR Part 50 - Subpart B (<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?FR=50>).

Refer to DHHS Regulation on Informed Consent 45 CFR Part 46 - Subpart A, 46.116 (<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.116>).

Refer also to Tips on Informed Consent

(<http://www.hhs.gov/ohrp/policy/ictips.html>).

Refer also to Informed Consent Checklist (<http://www.hhs.gov/ohrp/policy/consentckls.html>).

This section of the MOP also describes specific instructions regarding the process of obtaining informed consent. The MOP should delineate the necessary signatures based on the site's IRB requirements (i.e., the participant or legal representative, the investigator or person actually obtaining the consent, and a witness). The MOP should indicate where the consent document will be maintained and who will be provided with a copy of the document.

If there is a change in any of the study procedures that may affect the participant, the consent document must be revised and again approved by the IRB. Subjects who were enrolled in the study prior to such changes must sign the amended consent document.}

### Documentation of Consent / Assent

{The International Committee on Harmonisation (ICH) Good Clinical Practice (GCP) guidelines require that the participant or legal representative receive a copy of the signed and dated consent document. OHRP and the Food and Drug Administration (FDA) both require that the participant receive a copy, although it need not be a signed copy. The source documents should indicate that the consent document was signed, along with the date of signing. }

### Translation of Consent and Assent Documents

{Consent documents must be in a language familiar to study participants. For further guidance on informed consent regulations see:

[45 CFR 46.116](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.116)

(<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.116>), and

[21CFR 50.20](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=50.20)

(<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=50.20>).

If consent documents will be translated into another language, include information about the translated documents in this section.}

### Re-consenting for Protocol Changes or Safety Updates

{Example text:}

If a consent document is revised due to changes in study procedures, subjects who were enrolled prior to the change, but are affected by the change, will be informed of the changes and will sign the amended consent document. If a consent document is revised due to changes in the risks or safety of the study, all active participants must sign the revised consent.

### HIPAA Privacy Rule

{Investigators should review information provided in “Understanding the HIPAA Privacy Rule,” NIH Publication 03-5388 at [http://privacyruleandresearch.nih.gov](http://privacyruleandresearch.nih.gov/) to determine how the Privacy Rule applies to them, their organization, and their specific research project. Insert the necessary guidelines into the MOP.}

## Essential Documents

{Additional tools available: Essential Documents Binder Tabs; Guideline for Drug Master Files.

Example text:}

Essential documents are those documents that individually and collectively permit evaluation of both the conduct of a clinical trial and the quality of the data produced.

Paper versions of non-subject specific site documents will be filed in the study-specific Essential Documents binder.

### Required Documents

{Example text (modify list as needed):}

The following essential documents must be retained at the study site, must be accurately maintained, and may be verified during study monitoring visits:

Site-specific documents:

The protocol and all protocol amendments

All versions of IRB approved consent documents

IRB documentation, approvals, and correspondence

Investigator brochure, product label, or drug information sheet

FDA Form 1572 and 1571

Financial disclosure forms

Study communication

Delegation of responsibilities log

Documentation of clinical research and study training

Screening and enrollment log

Study product records (e.g., pharmacy logs)

Specimen tracking logs

Serious Adverse Events (SAEs)/Unanticipated Problems

Protocol deviations

Documentation of clinical site monitoring visits

Subject-specific documents:

Completed case report forms

Data correction forms

Workbooks

Source documents (e.g., lab reports, ECG tracings, x-rays, radiology reports, etc.)

Signed consent documents

Questionnaires completed by the participant

###  Document Maintenance

{Specify the length of time for the investigator to maintain all records pertaining to this protocol and indicate whether permission is required (and from whom) prior to destruction of records. Please consider institutional requirements as well as federal laws when preparing this section.

Grantees generally must retain all study records for a period of 3 years from the date the grant federal financial report (FFR) is submitted to the NIH. Note that other laws or local IRB policies may mandate a longer period for record retention than NIH requires.

IND retention rules require that documents are maintained until 2 years either post-licensure or withdrawal of the IND.}

# SITE QUALITY MANAGEMENT PLANS

{Data integrity and study credibility depend on factors such as ensuring adherence to the protocol, protecting the rights and safety of study participants, obtaining complete follow-up information on all enrolled subjects, and using quality control measures to establish and maintain high standards for data quality. A quality control (QC) plan should be developed before the study starts and should continue through completion. It may include standard operating procedures (SOPs), data and forms checks, monitoring, routine reports, and correction procedures. This section should name the individual responsible for the quality control plan, detail the various aspects of the plan, and describe any training and certification procedures.}

## Informed Consent

{Describe the established quality procedures for confirming that informed consent was obtained prior to initiation of any study procedures. Suggest adding a cross-reference to section 3.3.}

## Data Management

{Investigators should be aware that if they are conducting studies that will also be submitted to the FDA, electronic systems will need to be documented and validated. Guidance for electronic systems is found on the FDA website, Title 21 Code of Federal Regulations (21 CFR Part 11) Electronic Records; Electronic Signatures (<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=11>).

Details of data validation efforts are located in Section 10.}

## Research Specimen Management

{This section should include procedures for confirming the quality of the specimen collection, shipment, and tracking process (e.g., confirming that shipped specimens have been received, processed, and results provided to the clinical database).}

#

# SITE PREPARATION

{Example text:}

NIDCR has a responsibility to ensure that mechanisms and procedures are in place to protect the safety of subjects in NIDCR-supported clinical research. Therefore, prior to subject accrual or enrollment the following elements of site preparation will be reviewed and approved by NIDCR:

IRB-approved clinical research protocol identified by version number and date

Documentation of IRB approval, including OHRP FWA number, IRB registration number, and IRB name

IRB-approved consent document that is used to document informed consent, identified by version number, date, or both

Plans for managing adverse events

Procedures for assessing and reporting adverse events

Plans for data and safety monitoring, and for monitoring of the clinical study site, pharmacy, and laboratory

Documentation that the grantee institution and all study staff responsible for the design or conduct of the research have received training in the protection of human subjects

Supplies for study conduct, including CRFs, specimen collection and lab materials, and shipping materials

Site initiation visit and study-specific training

Contract/grant, technology transfer, clinical trial agreements, and other agreements

## Facilities Requirements

### Clinical Research Area

{Provide details of the location(s) where subjects will be seen, including facility exam rooms, operating room, etc.}

### Secure Document Storage

{Provide details of adequate locked storage space for study documents.}

### Diagnostic Services

{Describe access to diagnostic services, including type, frequency of use, and location.}

### Pharmacy Services

{Describe where and how the investigational product is to be stored, prepared, dispensed, and returned to the Coordinating Center or other designated organization. Provide instructions for completing drug accountability records and administration records.}

### Laboratory Services

{Describe the laboratory services to be used for obtaining, processing, storing and shipping specimens, and for reporting of laboratory tests.}

### Courier Services

{Describe courier services that may be used and indicate how records of shipments will be maintained. Include instructions on appropriate days during the week for shipping to ensure recipient will be available to receive delivery.}

### Research Sample Storage

{Describe the storage facilities for research specimens and the procedures for specimen tracking.}

## Staff Training

### Human Subjects Protection Training

### Good Clinical Practice Training

### Protocol Training

{Example text (modify as needed):}

All study staff will receive training on all aspects of the protocol, to include:

Study Objectives

Inclusion/Exclusion Criteria

Protocol Deviations

Investigational Product

Treatment Timelines

Subject Visit Schedule

Screening, Treatment, and End of Study Visits

Laboratory Evaluations

Safety Monitoring and Stopping Rules

Treatment Interruptions or Discontinuation

### Study-Specific SOP Training

### Clinical Operations

{Example text:}

All study staff will receive training in the following areas of clinical operations:

Communication

Clinical Research Associate (CRA) Functions and Expectations for Sites

Site Visits

Investigator Responsibilities

Good Clinical Practice (GCP)

Essential Document Collection and Storage

IRB Reporting Requirements

Audits

Informed Consent Procedures

Query Process

## Equipment and Supplies

{Describe the availability of adequate study equipment and supplies.}

# PROTOCOL IMPLEMENTATION

{A primary purpose of the MOP is to ensure that study procedures are administered in the same way for all participants and across all sites. The following sections in the MOP describe procedures to ensure standardization in conduct of the clinical trial.}

## Recruitment, Screening, and Enrollment

### Recruitment Methods

{To assist clinical sites in recruiting study participants, this section of the MOP describes the target population and suggests recruitment strategies such as identifying primary care referral practices, publicizing the study at grand rounds, and using other forms of publicity.}

### Pre-Screening

{To help ensure that clinical sites accrue participants with the same characteristics, this section provides a detailed discussion of the screening procedures utilized to identify and determine participant eligibility.}

### Screening

{Describe procedures to be used for screening subjects based on inclusion and exclusion criteria listed in the protocol.}

### Rules for Re-screening

{If applicable, describe rules and procedures for re-screening subjects after amelioration of conditions listed as exclusion criteria.}

### Establishing Eligibility

{Potential study participants must meet all entry criteria described in the protocol prior to enrollment. This section defines the criteria, method for determination (e.g., blood pressure sitting down), and the specific forms needed to document eligibility (e.g., medical history form, physical examination form, criteria for diagnosis).}

### Assigning Participant Identification (PID) Numbers

{Describe the system used to assign identification numbers to study participants.}

## Enrollment Procedures

{Describe procedures for enrollment, including the use of web-based data entry systems and maintenance of an enrollment log and screening failure log, if applicable. Relevant tool: Site Screening and Enrollment Log.}

## Randomization

{If applicable, describe the randomization process, including:

* Process Responsibilities
* Procedure for Randomizing a Participant
* Documentation of Randomization}

## Masking/Blinding

{Describe procedures to maintain masking. There is a movement to use the term “masking” rather than “blinding” because it is perceived to be more politically correct. In addition, using the term “blinding” in ophthalmologic studies takes on an entirely different connotation.

Describe the procedures for unmasking, along with procedures for documenting the unmasking event. The unmasking procedures should include:

* ID of unmasked participant(s)
* Reason for unmasking study staff
* Person responsible for unmasking study staff
* List of person(s) who are unmasked (including the subject/participant, if applicable)}

## Detailed Description of the Study Intervention

{The MOP describes the study intervention, which may include drugs, surgery, devices, bio-behavioral activities (e.g., coping mechanisms), and/or lifestyle changes (e.g., diet, exercise). The intervention must be thoroughly described so that all sites, investigators and participants have the same information.

For a **Drug intervention,** a detailed description of the information that must be provided is documented in the ICH E6 Good Clinical Practice Guidelines. See: (<http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6_R1/Step4/E6_R1__Guideline.pdf>).

**Device studies** require a detailed description of the device and its intended use. Information on device studies is provided in the Code of Federal Regulations (CFR) Title 21, Parts 800-1299, revised as of April 1, 2000. See: <http://www.gpo.gov/fdsys/pkg/CFR-2000-title21-vol8/pdf/CFR-2000-title21-vol8-chap-id6.pdf>.

**Surgical** studies require a detailed description of the procedure.

For **bio-behavioral** and **lifestyle** studies, describe how the intervention is to be carried out.}

## Detailed Description of Study Procedures

{Include details of specific procedures in this section only if full clarification requires details above and beyond those provided in the protocol. You may choose to pull in existing SOPs or attach them as appendices and reference them here.}

### Schedule of Events

{If not included in the protocol, provide a schedule of visits and evaluations that specifies what is to be done at each study phase and at each contact with the study participant. Specify the schedule for each evaluation (e.g., five hours after the last dose of study drug/placebo administration).}

### Visit Windows

### Rules for Rescheduling Visits

### Order of Visit Activities

### Rules for Rescheduling Events

### Missed Visits and Procedures

## Protocol Deviations and Violations

{Describe plans for detecting, reviewing, and reporting deviations from the protocol. Protocol deviations must be sent to the local IRB per their guidelines.}

# PROCEDURES FOR MANAGING TRIAL PROGRESS

## Enrollment

{Assign the responsibility for tracking enrollment and providing enrollment reports to study staff or to multiple clinical sites.}

## Visit Completion

{Assign the responsibility for recording and reporting data on completed visits.}

## Outstanding and Missing Data

{Assign the responsibility for detecting missing data and notifying clinic staff.}

## Data Entry Errors

{Assign the responsibility for detecting and correcting data entry errors.}

## Protocol Deviations/Violations

{Describe procedures for reporting and compiling information on protocol deviations.}

## Serious Adverse Events

{Describe procedures for reporting and tracking serious adverse events.}

# TEST ARTICLE

{This section is used to describe the test article for drug or device studies. Insert information for each applicable section below.

Relevant tool: Study Product Guidelines and Considerations}

## Obtaining Test Article

## Storage Conditions and Stability

## Reconstitution (if applicable)

## Ordering Test Article

## Dispensation of Test Article to Clinical Staff

## Treatment Regimen and Administration

## Participant Counseling

## Monitoring Subject Compliance

## Test Article Accountability

## Return and Destruction of Test Article after Study Completion

## Compliance with Good Manufacturing Practice Standards

##

# SAFETY ASSESSMENT AND REPORTING

{This section of the MOP details the procedures for assessing and reporting safety.

Relevant tools: Serious Adverse Event Form and Completion Instructions; Adverse Event Form; Adverse Event Log; Unanticipated Problem Form; Safety Definitions for Clinical Research.}

## SAE Reporting

{Provide a definition of a serious adverse event (SAE) and describe the procedures for reporting SAEs.}

## Expected Adverse Events

{Describe adverse events that are expected to occur with the study intervention.}

## Toxicity Tables

{If the protocol uses toxicity tables for determining toxicity from treatment as measured by clinical laboratory values, describe the grading system and the procedures for reporting toxicity due to study treatment.}

## Prohibited Medications

{This section could include a detailed list of names of excluded medications, which are often named by category in the protocol (e.g., NSAIDS).

Describe a process for recording/reporting the on-study use of prohibited medications.}

## Unanticipated Problems

{Provide a definition of unanticipated problems and describe the reporting procedures. See the OHRP guidance at <http://www.hhs.gov/ohrp/policy/advevntguid.html>.}

## Pregnancy Testing and Counseling

{Describe procedures for pregnancy testing prior to study enrollment and counseling of subjects who become pregnant during the study.}

# DATA MANAGEMENT

{This section describes the data collection, management and validation that will support the study and details how data are to be entered, edited and corrected. For studies that involve a large number of sites and/or participants, the investigators may wish to consider a computerized approach. In this case, the MOP should include a description of the computer system used to support the study and a copy of the User’s Guide.

Whether using a computerized or manual approach for data management, the MOP should describe procedures for data flow, transfer of data from sites in a multi-center study, handling of error identification and resolution, identification of useful reports, and deriving a frozen analytic database from edited or "clean" records.}

## Data Collection Methods

{Describe the management of participant medical data collected on source documents, such as lab reports, ECG tracings, medical records, standardized test forms, and laboratory reports.}

## Source Documentation Requirements

{Example text:}

The source document is defined as the first place the data are recorded. The <Responsible Party> may (will) provide source document templates, derived from the CRFs, to support data collection. However, these templates should only be used if the data are not originally recorded elsewhere. That is, data from one source should never be transcribed onto a worksheet and then subsequently entered into the CRF. This unnecessarily increases the risk of transcription errors.

In some instances, staff might need documentation from their own or other institutions (e.g., laboratory reports or a hospital report for an SAE). In this case, please request a copy of the record from the institution. It is also recommended that copies of records from outside the clinical research site be added to the subject’s binder.

All source documents should be completed by the clinician (or other appropriate study personnel). Data entries into source documents should be made in blue or black ink. Corrections should be made with a single line through the entry and the change initialed and dated. Original entries should remain legible (i.e., they should never be erased or covered with correction fluid to obscure the original entry). Late entries (e.g., laboratory results on the Eligibility Checklist) should be initialed and dated at the time entered.

Data should be handled in accordance with GCP, U.S. federal regulations, local regulations (if applicable), and instructions from NIH. All source documents should be filled out completely by the examining personnel or the study coordinator and should be signed by the person collecting the data on that form. The source documents are reviewed, signed and dated by the principal investigators or study staff designated by the principal investigators.

Source documents for subjects who are screened but not enrolled must be retained following the same guidelines as other study source documents.

## Study Forms

{Study forms, also called case report forms (CRFs), provide the vehicle for consistent data collection. Describe who is responsible for producing and distributing forms; how the forms are manifested (e.g., electronic data capture or paper), packaged or placed in a binder for each participant; how they are to be maintained; and who should be contacted in the event that additional forms are needed.}

## Case Report Form Completion Guidelines

{Describe study-specific requirements for completion of case report forms or note when these guidelines are printed on the paper CRF or embedded in the EDC system.}

## Data Error Detection and Correction

{Provide specific instructions for detecting and correcting errors on source documents and on paper CRFs, if applicable.}

## Data Quality Management

{This section describes the data management approach that will support the study and details how data are to be entered (if eCRF), edited, and corrected. The MOP may describe:

* Data Tracking
* Data Entry
* Data Editing
* Updating
* Reporting

If applicable, include a description of the computer system used to support the study and a copy of the User’s Guide.}

## Data Provided from an Entity Other than the Clinical Site

{External data refers to data not obtained directly at/from the clinical site and entered onto the CRF. Some examples are laboratory data, MRI assessment reviewed and recorded by a central reviewer, and other data evaluated by an adjudication committee.

This section of the MOP should describe how this information will be gathered, integrated into the clinical database, and validated.}

## Data Collection and Data Processing Flowchart

{Provide a flowchart or description of data flow between the study site(s), laboratories and data coordinating center.}

## Creating and Distributing Revised Case Report Forms

{Assign the responsibility for revising case report forms and distributing them to the study site(s).}

## Long Term Storage of Case Report Forms

{Investigators should retain case report forms and all other study documents for the longest applicable period, stated in Section 3.4.2 of the MOP. Provide instructions to site and study staff that they will need to determine how documents will be maintained (electronic copies, paper files in boxes), location and length of time documents will be maintained.}

## Maintaining Data Privacy

{Describe the precautions put in place to ensure that data are handled in ways that protect the privacy of personal health information. See Section 3.3.5.}

# SPECIMEN AND LABORATORY MANAGEMENT

{This section should describe processes for collecting and managing the shipment of laboratory samples, MRIs, photographs, audio tapes, and other study participant samples and data to facilities external to the clinical site. Describe how specimens and the information obtained from them will be collected, labeled, handled, shipped, and tracked so that study data are not lost. Personal identifiers such as name, geographic location, social security number, and fifteen other specific individual identifiers should not be used. Refer also to: (<http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-03-025.html>).

Ensure that each different type of specimen is considered. In this context, “Lab” refers to the institution that processes a specific type of specimen.}

## Specimen Collection

{This chapter includes a suggested organizational structure. However, as with other areas of this template, you may choose an alternate structure to meet the needs of the study and/or the materials you have available. For example, you may prefer to include your SOPs in this section and divide Section 11.1.2 by specimen type, such that each specimen section includes the listed details from 11.1.2.1-11.1.2.5.}

### Overview

{Clarify the general scope of the specimen collection and tracking process.}

### Detailed Information for Each Specimen

#### Equipment and Supplies

#### Collection Procedures

#### Specimen Labeling

#### Shipping and Handling Procedures

#### Contact Information for the Laboratory(ies)

### Specimen Tracking

## Overview of Tests to be Performed in Each Lab

## Laboratory Staff

### Roles and Responsibilities

### Good Clinical Lab Practice Training

### IATA Training and Certification

{This training is required for individuals who prepare shipments of biological specimens that are sent outside of an institution.}

## Laboratory Certifications and Quality Assurance Plans

## Laboratory Procedures

{This section describes the procedures once specimens have been collected from subjects.}

### Specimen Acquisition

### Specimen Storage and Tracking

### Detailed Instructions for Processing Individual Specimen Types

### Laboratory Data Management and Storage

# SITE MONITORING

{Based upon a monitoring plan, this section of the MOP describes the timing of monitoring visits, the logistical needs and activities involved in site monitoring, and the requirements for responses to monitoring reports or regulatory audits. At a monitoring visit, the monitor may review study documents to ensure that:

* Adverse events have been identified and recorded
* Information recorded on the case report forms is complete and accurate
* There are no omissions of specific data elements in the reports
* Missing examinations are indicated on the case report forms
* Participant disposition at study exit is accurately recorded}

## Purpose of Site Monitoring

## Clinical Monitoring Logistics

{For most studies, a separate Clinical Monitoring Plan will be issued. This section should include only those logistical details of clinical monitoring that are relevant for the clinical sites.}

### Frequency of Visits

### Scope of Monitoring Activities

### Monitoring Reports

### Communication Plan

## Facilitating the Site Monitoring Visit

### Scheduling the Visit

### Securing Space for Monitors

### Preparing Study Documentation for Review

### Arranging for Access to Medical Records

### Wrap-Up Meeting

### Responding to Request for Corrective Action

## Preparing for Audits by Regulatory Authorities

### Sponsor Notification

### Communicating and Interacting with Auditors

### Responding to Audit Findings

#

# STUDY COMPLETION AND CLOSE-OUT PROCEDURES

{Describe study close-out activities performed to confirm that the site investigator’s study obligations have been met and post-study obligations are understood. Such close-out activities may include:

* Verification that study procedures have been completed, data have been collected, and study drug and supplies have been returned to the responsible party or prepared for destruction
* Review of investigator’s correspondence and study files against the coordinating center's records for completeness
* Assurance that all data queries have been completed
* Assurance that correspondence and study files are accessible for external audit
* Reminder to investigators of the ongoing responsibility to maintain study records and to report any relevant study information to NIDCR
* Meeting with the site investigators to ensure that they are aware of regulatory obligations and requirements for record retention
* Assurance that the investigator notifies the IRB of study completion and obtains a copy of the notification
* Preparation of a report summarizing study conduct}

## Participant Notification

{Based upon the protocol, this section of the MOP may describe the plan to notify participants that the study is over, ask whether they would like to be informed of the results, and thank them for their participation.}

## Site Procedures

{The MOP may describe procedures at end of study that include:}

### Data Locking Procedures

### Return / Destruction of Remaining Test Article

### Final Disposition of Study Supplies

### Close-Out Monitoring Visit

{Describe the activities that will occur during the close-out monitoring visit, which may include reviewing:

* Informed consent documentation
* Investigator site file
* Source documentation and CRFs
* SAEs and unanticipated problems reporting
* Laboratory samples
* Records retention

Additional details may also be included in the clinical monitoring plan.}

### Final Study Report (regulated studies only)

### Long Term Storage of Study Documentation

# APPENDICES

# Appendix A: List of Abbreviations

{Abbreviations on this list are examples. Please modify the list to include terms specific to your Protocol and Manual of Procedures.}

|  |  |
| --- | --- |
| AE | Adverse Event/Adverse Experience |
| CDCC | Clinical Data Coordinating Center |
| CFR | Code of Federal Regulations |
| CIOMS | Council for International Organizations of Medical Sciences |
| CONSORT | Consolidated Standards of Reporting Trials |
| CRF | Case Report Form |
| CRO | Contract Research Organization |
| CSOC | Clinical Study Oversight Committee |
| DCC | Data Coordinating Center |
| DHHS | Department of Health and Human Services |
| DMFS | Decayed, Missing, and Filled Tooth Surfaces |
| DSMB | Data and Safety Monitoring Board  |
| DSMC | Data and Safety Monitoring Committee |
| eCRF | Electronic Case Report Form |
| FDA | Food and Drug Administration |
| FWA | Federalwide Assurance |
| GCP | Good Clinical Practice |
| HIPAA | Health Insurance Portability and Accountability Act |
| IATA | International Air Transport Association |
| IB | Investigator’s Brochure |
| ICH | International Conference on Harmonisation |
| ICMJE | International Committeeof Medical Journal Editors |
| IDE | Investigational Device Exemption |
| IND | Investigational New Drug Application |
| IRB | Institutional Review Board |
| ISM | Independent Safety Monitor |
| JADA | Journal of the American Dental Association |
| JAMA | Journal of the American Medical Association |
| MedDRA® | Medical Dictionary for Regulatory Activities |
| MOP | Manual of Procedures |
| N | Number (typically refers to subjects) |
| NDA | New Drug Application |
| NEJM | New England Journal of Medicine |
| NIDCR | National Institute of Dental and Craniofacial Research, NIH, DHHS |
| NIH | National Institutes of Health |
| OCTOM | Office of Clinical Trials Operations and Management, NIDCR, NIH, DHHS |
| OHRP | Office for Human Research Protections |
| OHSR | Office of Human Subjects Research |
| PHI | Protected Health Information |
| PI | Principal Investigator |
| QA | Quality Assurance |
| QC | Quality Control |
| QM | Quality Management |
| SAE | Serious Adverse Event/Serious Adverse Experience |
| SOP | Standard Operating Procedure |
| US | United States |
| WHO | World Health Organization |
|  |  |

# Appendix B: Dynamic References List

{Include the list of dynamic references here. These are items that are not included in the MOP. Some may be developed to guide non-site-specific activities. Others may change too often to be included in the MOP proper. Some examples include:

* Key Roles/Contact Information
* Data Management Plan
* Safety Management Plan
* Clinical Monitoring Plan
* Statistical Analysis Plan
* Data Safety and Monitoring Plan}