

Site Close-out Form

Template met toelichting

Dit document is ontwikkeld binnen DORP als onderdeel van de DORP Monitoring Toolkit

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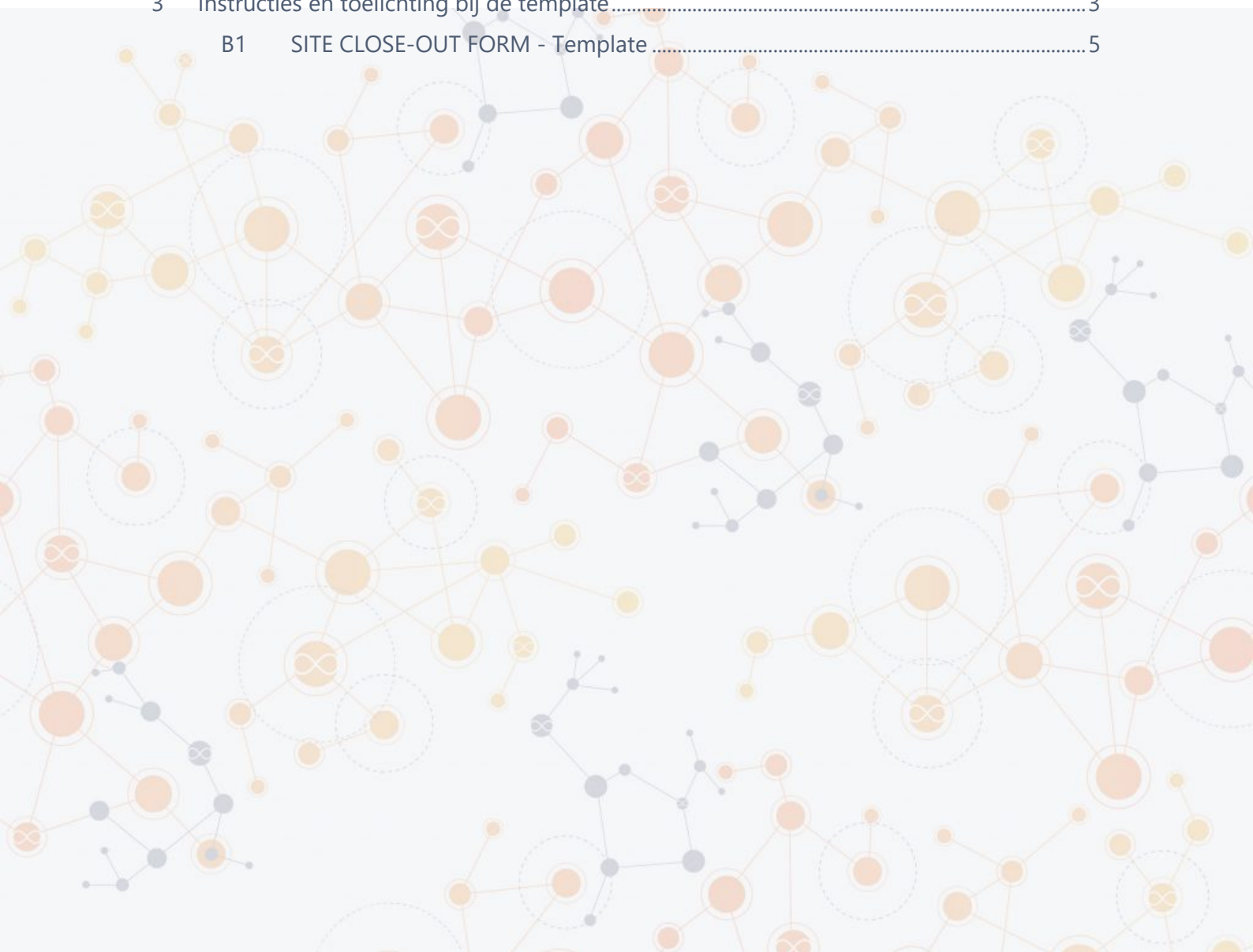
De volgende partijen (in alfabetische volgorde)
hebben bijgedragen aan dit document:
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Proclaimer

De informatie in dit document is met de grootst mogelijke zorg en aandacht samengesteld door experts uit verschillende disciplines en samengebracht en ter beschikking gesteld vanuit DORP. Bij het samenstellen van de informatie is gebruik gemaakt van verschillende bronnen. Er is rekening gehouden met de op het moment van plaatsen geldende wet- en regelgeving en ethische kaders, en de interpretatie daarvan door de personen en/of organisaties die bijdragen aan DORP. We doen ons uiterste best om alle informatie juist en volledig weer te geven. Komt u desondanks toch iets tegen dat niet correct is of verouderd, dan stellen wij uw reactie bijzonder op prijs.

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1 Inleiding

DORP heeft samen met ervaringsdeskundigen van een aantal landelijke data-/trialcentra een set documenten ontwikkeld die gebruikt kunnen worden als referentie of template bij het monitoren van een studie. Door met elkaar over deze documenten, en daarmee de specifieke monitoring activiteiten te bespreken, proberen we als DORP een bijdrage te leveren aan de uniformiteit van de diverse monitoring activiteiten.

Dit document gaat over het **site close-out formulier** waarvoor het DORP monitoring expert team heeft een **template** heeft opgesteld welke dient als checklist ten tijde van site close-out.

2 De site close-out visite

Voor elk deelnemend centrum moet een site close-out visite worden uitgevoerd. Tenzij anders aangegeven, zal de close-out visite plaatsvinden nadat alle geplande studie-specifieke visites en assessments van de laatste patiënt zijn afgerond.

Tijdens de close-out visite wordt gecontroleerd of de gegevensverzameling compleet is, of alle essentiële documenten aanwezig zijn en of alle actiepunten/bevindingen opgelost zijn. Bijlage B bevat het Site Close-out formulier, een checklist dat studie personeel helpt bij het adresseren van alle benodigde aspecten rondom het afsluiten van een studie en ervoor zorgt dat de site geïnformeerd is over de eisen ten aanzien van archivering, mogelijke inspecties en het kunnen terughalen van studie gerelateerde documentatie.

De close-out visite kan op verschillende manieren gedaan worden: on-site, remote of als een administratieve close-out. Het is ook mogelijk om deze verschillende vormen te combineren. Zo kan bijvoorbeeld een on-site of remote visite door een monitor opgevolgd worden met een administratieve close-out door de lokale onderzoeker en/of afgevaardigde. Tijdens de administratieve close-out controleren monitor en onderzoeker aan de hand van het close-out formulier of alle vereiste studie gerelateerde activiteiten zijn afgerond en of alle studie gerelateerde documentatie aanwezig is. Het invullen van het close-out formulier wordt hiermee een essentieel document.

3 Instructies en toelichting bij de template

De template in bijlage B is bedoeld als startpunt voor onderzoekers / studietoelichting / monitors voor het maken van een protocol/studie-specifieke checklist voor het afsluiten van een studie voor deelnemende onderzoekslocaties. Om het document studie-specifiek te maken kunnen items die niet van toepassing zijn verwijderd worden of gemarkeerd als 'not applicable (NA)'.

Op het close-out formulier worden alleen nieuwe bevindingen gedocumenteerd. Bevindingen uit eerdere monitoring visites hoeven niet overgenomen te worden op het formulier. Deze zijn terug te vinden in voorgaande monitoring visite rapporten en dienen te zijn opgelost voordat de administratieve close-out kan worden uitgevoerd.

Om de administratieve close-out af te ronden en de studie op de site te kunnen sluiten dient de lokale onderzoeker, na de laatste bevindingen te hebben uitgezocht en opgelost, het formulier te voorzien van handtekening en datum. Een kopie van het ingevulde en getekende formulier moet retour gestuurd worden naar de sponsor. Deze kopie wordt gearchiveerd in de Trial Master File (TMF). Het origineel dient te worden opgeslagen in de Investigator Site File (ISF).

B1 SITE CLOSE-OUT FORM - Template

ABOUT THIS FORM

Purpose

A close-out visit should be performed at end of study for each participating site. This document provides a checklist for study personnel to ensure that all necessary aspects of study closure and preparation for archival have been addressed for inspection or retrieval in the future.

Instructions for use

Investigators/ Study Coordinators/Monitors may use this template as a starting point for customizing a protocol/study specific checklist for site closure activities. Review and remove or mark as "not applicable" those elements that are not required.

Unless otherwise stated, the study close-out visit can be conducted after the last patient has completed all scheduled visits and assessments associated with the study. This close-out visit is performed on-site, remote or as an administrative close-out. It is also possible to combine the different forms of a close out, for example: a monitor will perform an on-site or remote visit, and the local investigator and/or his/her delegate will follow-up with an administrative close-out.

When a monitor performs the on-site or remote visit, an administrative close-out is still essential. The monitor will use the close-out form which will provide a reference point for the closure status. Please note that findings from previous monitoring visits should not be documented on the close-out form. This form is only intended for new findings. An administrative close-out is conducted after all pending monitor findings/queries are resolved.

To finalize the administrative close-out, the local investigator has to sign and date the form. A copy of the completed and signed close-out form should always be provided to the Sponsor for filing in the Trial Master File (TMF). The original should be filed in the Investigator Site File (ISF).

GENERAL STUDY INFORMATION

STUDY NUMBER/NAME:

SITE:

CLOSE-OUT VISIT(S)

PERFORMED BY:

TYPE OF VISIT(S):

DATE OF VISIT:

Name , function

On-site visit/Remote visit/Administrative close-out

||-||-20||

Name , function

On-site visit/Remote visit/Administrative close-out

||-||-20||

Name , function

On-site visit/Remote visit/Administrative close-out

||-||-20||

DATE OF CENTRAL METC APPROVAL FOR SITE

||-||-20||

DATE OF BOARD OF DIRECTOR APPROVAL

||-||-20||

DATE OF SITE ACTIVATION

||-||-20||

DATE OF FIRST PATIENT IN

||-||-20||

DATE OF LAST STUDY VISIT

||-||-20||

TOTAL NUMBER OF INCLUDED PATIENTS

||

1. Database				
	Yes	No	N/A	Follow up action, advice or comment
Preparation (prior to making an appointment for the close-out visit, can be performed by trial manager or central data manager)				
1.1 Was SDV performed for the minimal percentage of patients as laid out in the NFU guidelines?				If no, please contact the site for a new monitoring visit. If possible, the new monitoring visit can be combined with the close-out visit. If not possible, please make sure that this form and/or the close-out visit is not performed until after the monitoring visit
1.2 Were all applicable case report forms filled out and submitted?				If no, please document which forms were missing for which patients and request the sites to complete and submit these forms prior to the close-out visit
1.3 Was all data for this site cleaned?				If no, please contact the Sponsor and advise them to clean the data prior to the close-out visit. If forms were missing at time of data cleaning, please inform the Sponsor of the missing forms
1.4 Were all queries answered by the site and closed by the Sponsor?				If queries were not answered contact the site and request that all queries are answered prior to the close-out visit If queries were not closed by the Sponsor, please inform Sponsor to close open queries
1.5 Was all data signed by the local investigator?				If no, please advise the PI during the close-out visit to sign off on all data
Execution (during the close-out visit)				
1.6 Were all CRF designs filed?				If no, please document which versions were missing and provide the site with the versions from TMF/Sponsor

1. Database				
	Yes	No	N/A	Follow up action, advice or comment
Preparation (prior to making an appointment for the close-out visit, can be performed by trial manager or central data manager)				
1.7 Were all CRF guidelines filed?				If no, please document which versions were missing and provide the site with the versions from TMF/Sponsor

2. Open action items from previous visits				
	Yes	No	N/A	Follow up action, advice or comment
2.1 Were there open actions from previous monitoring visits?				If yes, you can provide a list of all open action items as an attachment or you can refer to the open action numbers and the visit report
2.2 Have all open actions from previous monitoring visits been completed?				If no, please give the site a deadline and ask them to complete action item 2.2.1 in an administrative close-out. Date on which open action was completed should be filled out
2.2.1 Have all open actions from previous monitoring visits been completed? Date __ _ - __ _ -20 __ _				If no, the site should provide a reason for not following up on the action items. The Sponsor should contact the site if they don't agree with the reason

3. Regulatory documents				
	Yes	No	N/A	Follow up action, advice or comment
3.1 Were all regulatory documents verified during regular monitor visits and documented in the monitoring visit reports? Date __ _ - __ _ -20 __ _				If yes, please provide the date and number of the monitor visit report and move on to item: 4. <i>Protocol and subject templates</i> If no, please fill out the following items below.
3.2 Were all approval letter(s) from the Ethical Committee filed, including METC formation? Date approval __ _ - __ _ -20 __ _ Date approval __ _ - __ _ -20 __ _ Date approval __ _ - __ _ -20 __ _				If no, please document missing METC approvals and provide missing versions from TMF/Sponsor
3.3 Were all approval letter(s) from the Regulatory Authority filed? Date approval __ _ - __ _ -20 __ _ Date approval __ _ - __ _ -20 __ _ Date approval __ _ - __ _ -20 __ _				If no, please document missing Regulatory Authority and provide missing versions from TMF/Sponsor
3.4 Were all versions of the ABR form filed? Version __ , Date __ _ - __ _ -20 __ _ Version __ , Date __ _ - __ _ -20 __ _ Version __ , Date __ _ - __ _ -20 __ _				If no, please document missing ABR forms and provide missing versions from TMF/Sponsor

3. Regulatory documents				
	Yes	No	N/A	Follow up action, advice or comment
3.5 Was Board of Directors approval filed, including notifications letters from BoD for amendment?				If no initial BoD approval was obtained prior to first inclusion, please contact Sponsor immediately. If no notification letters were obtained for amendments, please advise the site to submit the amendments to the BoD and to file their notification letters. Date on which this action items was completed should be filled out in 3.5.1.
3.5.1 Was missing notification letter filed? Date __ _ - __ _ -20 __ _				
3.6 Was patient insurance (WMO) certificate filed for every year in which the study was open?				If no, please document missing WMO certificates and provide missing versions from TMF/Sponsor
3.7 Was liability insurance certificate filed for every year in which the study was open?				If no, please ask the site to file the liability insurance certificate. If certificate is only available through one location or person, document this in a Note to File and file this in the ISF. Follow up on this action item in 3.7.1 and provide date on which action item was completed
3.7.1 Was missing liability insurance certificate filed? Date __ _ - __ _ -20 __ _				
3.8 Was a completed clinical trial agreement (CTA) filed?				If not filed, please provide the site with a signed copy from the TMF. If no CTA was available, please contact the Sponsor.

4. Protocol and subject templates				
	Yes	No	N/A	Follow up action, advice or comment
4.1 Were all versions of the protocol and subject templates verified during regular monitor visits and documented in the monitoring visit reports? Date __ _ - __ _ -20 __ _				If yes, please provide the date of the last monitor visit and move on to item: <i>5. Study treatment</i> If no, please fill out the following items below.
4.2 Were all versions of the protocol and subject templates verified during regular monitor visits and documented in the monitoring visit reports? Date __ _ - __ _ -20 __ _				If yes, please provide the date of the last monitor visit and move on to item: <i>5. Study treatment</i> If no, please fill out the following items below.
4.3 Were all versions of protocol filed? Version __ , Date __ _ - __ _ -20 __ _ Version __ , Date __ _ - __ _ -20 __ _ Version __ , Date __ _ - __ _ -20 __ _				If no, please document missing protocol versions and provide missing versions from TMF/Sponsor

4. Protocol and subject templates				
	Yes	No	N/A	Follow up action, advice or comment
4.4 Was a signed protocol signature page filed for all protocol versions?				If no, please document for which versions the PSP was missing and provide the site with a copy of the signed PSP from the TMF. If there was no signed PSP in the TMF, please provide the site with a blank PSP for the missing version and ask them to sign the version and to send a scan or copy to the Sponsor Follow up on this action item 4.4.1
4.4.1 Was missing protocol signature page completed and sent to Sponsor? Date __ _ - __ _ -20 __ _				
4.5 Were all template/master copies of the PIF filed? Version __ , Date __ _ - __ _ -20 __ _ Version __ , Date __ _ - __ _ -20 __ _ Version __ , Date __ _ - __ _ -20 __ _				If no, please document missing PIF versions and provide missing versions from TMF/Sponsor
4.6 Were all site-specific versions of PIF filed?				If no, please document for which template PIF the site-specific version was not available. Was the PIF not available or missing? If missing, which versions did patient sign? Did patient sign template? If yes, patient should be contacted to provide site specific information (contact details of the site, local independent physician, complaints committee). Action item should be followed up on in 4.6.1 and/or 4.6.2 with date on which it was completed
4.6.1 Was missing site specific version filed? Date __ _ - __ _ -20 __ _				
4.6.2 Were all patient contacted with site specific contact details? Date __ _ - __ _ -20 __ _				
4.7 Were all template questionnaires and diaries filed?				If no, please document which versions were missing and provide the site with the missing questionnaires and/or diaries from TMF/Sponsor
4.8 Were all newsletters or other study publication filed?				If no, please document which versions were missing and provide the site with the missing questionnaires and/or diaries from TMF/Sponsor
4.9 Was other information and/or recruitment material filed?				If no, please document which versions were missing and provide the site with the

4. Protocol and subject templates				
	Yes	No	N/A	Follow up action, advice or comment
				missing questionnaires and/or diaries from TMF/Sponsor

5. Study treatment (medication, intervention, medical device, etc.)				
	Yes	No	N/A	Follow up action, advice or comment
5.1 Were all documents regarding study treatment e.g medication, intervention, medical device, etc. verified during regular monitor visits and documented in the monitoring visit reports? Date __ _ - __ _ -20 __ _				If yes, please provide the date of the last monitor visit and move on to item: <i>6. Subject specific information</i> If no, please fill out the following items below.
5.2 Were all versions of IB/SPC/IMPD/IMDD filed? Version __ , Date __ _ - __ _ -20 __ _ Version __ , Date __ _ - __ _ -20 __ _ Version __ , Date __ _ - __ _ -20 __ _				If no, please document missing versions and provide missing versions from TMF/Sponsor
5.3 Were instructions with regards to study treatment filed?				If no, please document missing versions and provide missing versions from TMF/Sponsor
5.4 Were waybills for study treatment filed?				
5.5 Were accountability records for study treatment completed and filed?				If no, but available at another location, please instruct the site to complete a Note to File in which location of the records is recorded. Follow up on this action item in 5.5.1 If no and missing, please contact the Sponsor
5.5.1 Were accountability records filed and/or was a Note to File completed? Date __ _ - __ _ -20 __ _				
5.6 Were destruction records for study treatment filed?				If no, but available at another location, please instruct the site to complete a Note to File in which location of the records is recorded. Follow up on this action item in 5.6.1 If no and missing, please contact the Sponsor
5.6.1 Were destruction records filed and/or was a Note to File completed? Date __ _ - __ _ -20 __ _				

5. Study treatment (medication, intervention, medical device, etc.)				
	Yes	No	N/A	Follow up action, advice or comment
5.7 Were instruction with regards to (un)blinding procedure filed?				If no, please document missing versions and provide missing versions from TMF/Sponsor

6. Subject specific information				
	Yes	No	N/A	Follow up action, advice or comment
6.1 Were all the subject specific information documents verified during regular monitor visits and documented in the monitoring visit reports? Date __ _ - __ _ -20 __ _				If yes, please provide the date of the last monitor visit and move on to item 7. <i>Participating site and study team</i> If no, please fill out the following items below.
6.2 Was the subject screening log complete?				If no, please advise the site to complete the form an to follow up on this action item in 6.2.1.
6.2.1 Was subject screening log completed? Date __ _ - __ _ -20 __ _				
6.3 Was the subject enrollment log complete?				If no, please advise the site to complete the form an to follow up on this action item in 6.3.1.
6.3.1 Was subject enrollment log completed? Date __ _ - __ _ -20 __ _				
6.4 Were completed PIF (signed and dated by both delegated investigator and patient, all questions completed, correct version) filed for all patients?				If no, document for which patients PIF is missing and/or incomplete: <ul style="list-style-type: none"> - If PIF is missing, and signing of PIF is not documented, subject should be removed from analysis - If PIF is missing, but signing of PIF is documented, patient and/or his/her relative should be contacted for resigning of the PIF - Contact patient to complete PIF if questions weren't answered or signature/date was missing. Patient should receive a copy of the completed form and a Note to File should be drawn up to explain the situation - Add investigator to delegation log if he/she signed PIF prior to being delegated and explain the situation in a Note to File Site should follow up on this action in 6.4.1 and/or 6.4.2

6. Subject specific information				
	Yes	No	N/A	Follow up action, advice or comment
6.4.1 Was missing/incomplete PIF completed by patients and filed by site, including a Note to File? Date __ _ - __ _ -20 __ _				
6.4.2 Were all investigators who signed PIF with patient added for this task on the delegation log, including a Note to File? Date __ _ - __ _ -20 __ _				
6.5 Were registration/randomization forms complete and filed for all patients?				If no, document for which patient the forms were missing. Please advise the site to complete and file all applicable forms and follow up on this action in 6.5.1
6.5.1 Was missing/incomplete form added to the ISF for all patients? Date __ _ - __ _ -20 __ _				
6.6 Were filled out questionnaires and/or diaries filed for all patients?				If no, document for which patients the questionnaire and/or diary was missing. Advise the site to explain in a Note to File, or in the source documentation, that diaries and/or questionnaires were missing. If possible also add reason for why these documents were missing, Follow up on this item in 6.6.1
6.6.1 Was Note to File completed for missing documents? Date __ _ - __ _ -20 __ _				
6.7 Were SAE forms provided to Sponsor for all SAE's that occurred?				If no, document for which events (name event, date of event, subject #) the SAE form is missing. Please advise the site fill out an SAE form for the missed SAE and send it to the Sponsor. Follow up on this item in 6.7.1
6.7.1 Were missing SAE's reported to the Sponsor? Date __ _ - __ _ -20 __ _				
6.8 Were all SAE forms finalized?				If no, document for which events (name event, date of event, subject #) the SAE form was not finalized. Please advise the site to update the SAE form and to send it to the Sponsor. Follow up on this item in 6.8.1
6.8.1 Were all SAE forms finalized and sent to the Sponsor? Date __ _ - __ _ -20 __ _				

6. Subject specific information				
	Yes	No	N/A	Follow up action, advice or comment
6.9	Were PK forms for all patients present			
6.10	Were stored or sent samples of body material listed?			

7. Participating site and study team				
	Yes	No	N/A	Follow up action, advice or comment
7.1	Were all the participating site and study team documents verified during regular monitor visits and documented in the monitoring visit reports? Date __ _ - __ _ -20 __ _			If yes, please provide the date of the last monitor visit and move on to item: 8. Progress reports If no, please fill out the following items below.
7.2	Was the CV of the independent physician filed?			If no, please document and provide CV from Sponsor/TMF if independent physician is not site specific.
7.3	Were CV's present for all personnel with delegated responsibilities on the site signature and delegation log?			If no, please advise the site to collect all applicable CV's. If a CV is missing and the staff member is not available to provide the CV, a Note to File should be drawn up in which the situation is explained and the PI declares the staff member qualified for his/her delegated responsibilities. Follow up on this action item in 7.3.1
7.3.1	Were missing CV's collected? Date __ _ - __ _ -20 __ _			
7.4	Was everyone who performed study related tasks delegated for these tasks on the delegation log?			If no, please advise the site to add all relevant personnel to the delegation log. Personnel should sign this log, and PI should sign of on these additions. If personnel can't sign the delegation log, a Note to File should be drawn up. Follow up on this action item in 7.4.1
7.4.1	Was missing personnel added to the delegation log? If no, please confirm Note to File was completed Date __ _ - __ _ -20 __ _			
7.5	Was end date added for study related delegations?			If no, please advise the site to add an end date. Follow up on this action item in 7.5.1
7.5.1	Was end date added to delegation log Date __ _ - __ _ -20 __ _			
7.6	Were GCP (or BROK) certificates present and filed for all study team members with patient related delegated tasks?			If no, please advise the site to add these certificates to the ISF. If certificates were not present, the PI should document in a Note to File why these certificates were missing and how personnel was trained on relevant laws and regulation w.r.t. clinical trials in

7. Participating site and study team				
	Yes	No	N/A	Follow up action, advice or comment
				patients. Follow up on this action item in 7.6.1
7.6.1 Were missing certificates filed? If no, please confirm Note to File was completed Date __ _ - __ _ -20 __ _				
7.7 Were study specific training records/certificates and/or attendance lists for study training present for all relevant study personnel?				If no, please note that the PI should document in a Note to File how personnel was trained on the protocol
7.8 Was lab accreditation present and filed?				If no, but accreditation can be found in another location, please advise the site to record the location in a Note to File
7.9 Were lab reference values present and filed?				If no, but accreditation can be found in another location, please advise the site to record the location in a Note to File

8. Progress reports				
	Yes	No	N/A	Follow up action, advice or comment
8.1 Were reports from all monitoring visits, including initiation, filed?				If no, please document which reports were missing and provide the site with the reports from TMF/Sponsor
8.2 Was monitor visit log completed?				If no, please make sure that each visit was performed as planned and on which day. Add these dates to the visit log with a note on why it was not immediately done during the visit itself
8.3 Were all progress reports filed?				If no, please document which reports were missing and provide the site with the reports from TMF/Sponsor
8.4 Were all safety reports and other safety information filed?				If no, please document which reports were missing and provide the site with the reports from TMF/Sponsor
8.5 Were all newsletters to the sites filed?				If no, please document which letters were missing and provide the site with the letters from TMF/Sponsor
8.6 Was all other relevant correspondence from the Sponsor filed (e.g. start of study, end of inclusion, temporary halt of inclusion, end of study)				If no, please document which information was missing and provide the site with the information from TMF/Sponsor

9. Follow up instructions

- Please follow up on all open action items on this form
- Please make sure all data in the clinical study database is completed, submitted and signed by the principal investigator
- Please note that all study related documents as are present in the ISF should be archived. If documents are archived outside of the ISF in a long-term archive location, the following requirements should be met:
 - o A record should be kept of the location of the archived documents, so they can be retrieved if necessary for an audit or inspection
 - o Documents should be stored in such a way that they are protected from unauthorized access, damage or loss
 - o After 15 years, when the study has officially been closed, all documents related to the study should be destroyed. This should be done in a way that is safe and protects the privacy of all involved subjects
- Study results will be available within one year after end of study. These results need to be filed in the ISF. If ISF has been archived prior to receipt of the results, results should be added to the archived documents

By signing this document, I declare that all information on this form is correct and that all efforts have been taken to complete the study data and the study file for my site. And I declare hereby that I will archive all documents as instructed above.

Name principal investigator:
Signature:

Date: |_|_|-|_|_|-20|_|_|