**NIMH Regulatory Document Checklist for Clinical Trials without Investigational Product**

***Purpose:*** *This checklist may be used to record and track regulatory documents for human subject research clinical trials without* *Investigational Product (IP)*

***Audience/User:*** *Principal Investigators and study team members who are delegated to manage regulatory documents for human subject research clinical trials without IP*

**NIMH Regulatory Document Checklist for Clinical Trials without Investigational Product**

Study teams are encouraged to use this checklist as a guide for creating a regulatory binder that compiles essential documents for the conduct of an NIMH-funded [NIH defined clinical trial](https://grants.nih.gov/policy/clinical-trials/definition.htm) that does not involve an investigational drug or device. Principal Investigators (PIs) are responsible for following any institutional, state, or federal policies pertaining to regulatory documentation. A regulatory binder is a central organized file (can be paper or electronic or both) that houses documents pertaining to the conduct of the study (e.g., Institutional Review Board (IRB) approvals, CVs, licenses, meeting minutes, template case report forms, etc.) The following documents are recommended to be on file in the study regulatory binder. NIMH encourages study teams to verify what additional documents, or alternative formats of the documents in the checklists, their institution and IRB require.

**IRB-related Documents:**

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| Document | Description |
| All versions of IRB-approved protocols and amendments | NIMH strongly encourages PIs to create a stand-alone protocol for each study that includes the specific aims and procedures outlined in the grant application. The initial IRB submission and all subsequent submissions to the IRB should be on file. |
| All versions of IRB-approved informed consent / assent forms | Best practice is to include version numbers/ dates in the headers or footers. |
| All IRB approval letters | Approval letters should indicate the version(s) of the documents approved. |
| IRB continuing review submissions and approvals | The continuing review submitted at least annually to the IRB should be on file, along with any approvals, modification requests, and other correspondence with the IRB. |
| IRB Roster | Documents that the IRB is constituted in agreement with GCP and [45CFR46.](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.304) |
| Federalwide Assurance (FWA) | This document contains the institution’s FWA# and expiration date. These can be found at: <https://ohrp.cit.nih.gov/search/fwasearch.aspx?styp=bsc> |

**DSMB-related Documents:**

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| Document | Description |
| DSMB correspondence, reports, and approvals | DSMB required documents should be submitted to the DSMB per the DSMB Charter. |
| DSMB Charter | Describes the member composition, role, obligations, meeting schedule/format, and study approval process for the DSMB. See: <https://www.nimh.nih.gov/funding/clinical-research/policy-governing-independent-safety-monitors-and-independent-data-and-safety-monitoring-boards.shtml> |

**NIMH-related Documents:**

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| Document | Description |
| Documents related to NIMH Grants Management | E.g. grant application, Notice of Grant Award, financial documents, etc. |
| NIMH Progress Report Submissions and Correspondence | Submitted annually to NIMH Program Officer to outline study progress for a reporting period. |
| Reportable Events | Certain events related to a study require expedited reporting to NIMH. <https://www.nimh.nih.gov/funding/clinical-research/nimh-reportable-events-policy.shtml> |
| Final Study Reports | Upon completion/termination of the study, the PI is responsible for submitting final reports to regulatory authorities as required. |

**Study Staff Training & Qualifications Documents:**

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| Document | Description |
| Current signed and dated CVs / biosketches | Signed and dated CVs should be on file for each study team member listed on the delegation of authority log. CVs should include each staff member’s affiliation with the institution at which the study is being conducted. |
| Study Personnel Licenses | Current licenses should be on file for any licensed staff. |
| Financial disclosure forms and/or conflict of interest forms | Documents the presence/absence of conflicts of interest for all study staff involved in the clinical trial. PIs should ensure conflicts are disclosed per [21CFR54.](https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=54) |
| Documentation of Human Subjects Protection Training | Required for all study staff involved in the design and conduct of clinical research involving human subjects supported by NIH. |
| Documentation of Occupational Safety and Health Administration (OSHA) and International Air Transport Association (IATA) training | Documentation of training is on file for individuals shipping specimens (if applicable). |
| Documentation of study-specific training | Training logs should be on file for staff training on study-specific tasks, and should include at minimum: name of trainer, name of trainee, and training completion date. The study MOP should describe the process for each study training. |

**Ongoing Study Operations Documents:**

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| Document | Description |
| Manual of Operations (MoP) | A stand-alone document that describes how to operationalize the protocol. This document contains practical information about the daily conduct of the study and how data are collected/stored. |
| Documentation of external and internal correspondence | E.g. documentation of major internal and external communications regarding study decisions, important communications with NIMH, etc. |

**Study Logs and Templates Documents:**

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| Document | Description |
| The Delegation of Authority Log | This document can be used to record all study staff members’ significant study-related duties, as delegated by the PI. |
| A subject screening log template | Identifies participants who entered pre-trial screening |
| A subject enrollment log template | Reflects the chronological order of subjects who meet eligibility criteria/are enrolled. |
| A confidential subject identification code template | Links subject numbers to subject names/contact info and is stored in a double-locked location accessible to only study staff. |
| Protocol Violations and Deviations Log | Tracks subject-specific and study-wide protocol deviations/violations. |
| Adverse Event/Serious Adverse Event (AE/SAE) log | Tracks subject-specific and study-wide AEs and SAEs. |
| Sample source documents and case report forms | Documents onto which subject data will be recorded. Can be paper or electronic. |

**Blinded Studies Documents:**

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| Document | Description |
| SOP for emergency unblinding | An emergency unblinding SOP should be readily available to staff delegated to access this information in the event a participant or his/her provider must be informed of the participant’s actual study intervention. |

**Randomized Studies Documents:**

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| Document | Description |
| Master randomization code | Documents the method for randomization of participants. |

**Studies Collecting Biological Samples Documents:**

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| Document | Description |
| Laboratory certifications and accreditations | College of American Pathologists (CAP) and Clinical Laboratory Improvement Amendments (CLIA) Accreditation, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), CLIA Compliance, CLIA exempt, etc. |
| Current and historical Normal Ranges | Includes all clinical laboratory tests required by the protocol, the unit of measure, the laboratory name, and the date of the document. |
| Sample tracking log | Documents location and identification of retained body fluids/tissues. |

**Studies Receiving On-Site Monitoring Documents:**

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| Document | Description |
| Site monitoring / audit reports | If study is monitored routinely by a clinical site monitor or audited by a regulatory body (e.g. the IRB, OHRP, etc.), all correspondence and reports should be on file. |