1 PURPOSE
This procedure describes the process for designing, reviewing, approving, and revising case report forms (CRFs) that will be used to collect protocol-specific data during a clinical study, when one has not been provided by the sponsor.

2 GENERAL INSTRUCTIONS AND RESPONSIBILITIES
   a) The Author of the CRF is responsible for preparing the initial draft CRF, forwarding the draft to all appropriate key personnel for review, and distributing final approved CRFs to all Investigators at all participating sites.
   b) The Sponsor may forward the final CRFs to the FDA with the protocol as part of a regulatory submission, and to any other regulatory bodies, for their review, if it is deemed appropriate and necessary to submit such a review.
   c) The Investigator and/or their designee is responsible for completing the CRF for each subject as required in the protocol, per the agreed upon contract, and as instructed during the site initiation visit.
   d) The Sponsor will ensure that all key personnel at participating investigative sites are trained on the proper completion of all CRF during the SIV (Reference SOP 401, Initiation Visit), referring to the requirements in SOP 702, Clinical Research Data Management and SOP 703, Use of Electronic Data Systems.
   e) All training documentation should be retained in the site’s Regulatory file.

3 SPECIFIC PROCEDURES
3.1 Designing Case Report Forms
   a) The Sponsor will determine who will design the CRF (the Author).
b) The CRF is a controlled document, therefore, the Author will follow the general procedures in SOP 102, Document Development and Change Control to design, review, and approve the CRF.

c) To design the CRF, the Author should schedule a CRF design meeting to seek input from OHR and other experts, including statisticians, and database developers (typically the same group that designed the protocol) as well as data entry personnel and study coordinators.

d) The designers of the CRF will use the study protocol for identifying specific data points that will be needed for the planned analyses (Reference SOP 301 Clinical Protocol Development, Implementation and Compliance).

e) The designers also will determine whether the CRF format will be paper-based, electronic (e.g. on a computer) in a spreadsheet or electronic database, or Internet-based, and ensure that the content review also incorporates format review by additional experts as appropriate.

f) Based on the CRF design meeting input, the Author should design the draft CRF, identify the draft CRF as “Draft (date)” in the Document Number section of the form and in the Footer of the draft CRF and begin the review and approval process.

3.2 CRF Review and Approval

a) The Author will circulate the draft CRF for review and comments by all relevant parties to ensure that the proposed CRF captures all necessary subject and study information, and secure the signature/review date of all reviewers on the form.

b) The Author will revise the CRF per initial review comments. He/She will update CRF version numbers on the CRF and Document Control Form as necessary and repeat the review process until all appropriate changes have been incorporated.

c) The Author will have the final draft CRF approved by the review group, with Signatures and Approval Dates indicated in the appropriate areas of the Document Control Form.

d) Before final CRF approval, the Author will validate the CRF by using contrived data based on the protocol to ensure CRF completion is clear, consistent, and captures all data points.

e) Once approved, the Author will give the CRF a final version number and effective date for the CRF in the footer.

f) The Author will attach a clean copy of the final CRF to the clinical protocol.

g) CRFs may accompany their respective protocols throughout the regulatory review and approval processes, as appropriate (e.g. FDA, National Institutes of Health).

h) The Author will make, review, and approve any subsequent changes to the CRF as described in SOP 102 for controlled documents.

i) When protocol amendments are in process, the author will revise the CRF to reflect the changes to the protocol and include the revised CRF in the protocol amendment review, approval and documentation process.
3.3 CRF Completion Guidelines

3.3.1 Site CRF Completion Tasks

The Sponsor will train the site personnel on the following specific CRF completion tasks:

a) After each research visit, ensure that data for the CRF are transcribed in a timely manner from the source documentation.
b) Record all subject data and information in black ballpoint pen on paper CRF.
c) Complete all fields in the CRF according to protocol specification and site initiation training.
d) Correct errors by striking through the error with a single straight line, making the correction and then dating and initialing the entry.
e) Ensure the original entry is not obliterated by the correction and if necessary, note an explanation or clarification in the CRF margin.
f) Ensure any discrepancies found between the source document and CRF entries will be corrected on the original CRF.
g) Any new entry made should always have an initial and date of the person making the entry.
h) If using remote data entry or other electronic systems, train the site personnel on the use of those systems and the timelines required for submission of data and addressing queries.

3.3.2 General Requirements

a) The Monitor will review the first sets of completed CRF for completeness and accuracy, asking another designated individual to repeat the review for verification, as a way of assessing whether site personnel are completing the CRF appropriately during the routine monitoring visit (SOP 504, Routine Monitoring Visits).

b) When electronic queries cannot be generated, the monitor will keep track of the changes to the CRF via a Query Report Form (if provided) or documentation in their monitoring report to be used as a tool for maintaining an audit trail of clarifications and corrections for a single subject. Queries will be followed through to completion by the investigative site and the monitor.

c) The Monitor will assess CRF completion status at each monitoring visit that is conducted during the course of the study, and at the closeout visit when the study is completed or otherwise suspended or terminated (SOP 505, Study Closeout Visit).

d) At the conclusion of the study, all sites will ensure that CRF originals and copies are retained according to regulatory and Sponsor requirements, in both the Regulatory Master File and the subject files.
4 REFERENCES TO OTHER APPLICABLE SOPS

- 102 Document Development and Change Control
- 301 Clinical Protocol Development, Implementation and Compliance
- 302 Clinical Protocol Amendments
- 401 Site Initiation Visit
- 503 Documentation and Records Retention
- 504 Routine Monitoring Visits
- 505 Study Closeout Visit
- 702 Clinical Research Data Management
- 703 Use of Electronic Data Systems

5 ATTACHMENTS

None

6 APPLICABLE REGULATIONS AND GUIDELINES

- IND Content and Format (21 CFR 312.23)
- Investigator Recordkeeping and Record Retention (21 CFR 312.62)
- Investigational Plan (21 CFR 812.25)
- Records (21 CFR 812.140)
- The Principles of ICH GCP (ICH E6, Section 2.10)
- Records and Reports (ICH E6, Section 5.1)
- Quality Assurance and Quality Control (ICH E6, Section 5.1)
- Trial Design (ICH E6, Section 5.5)
- Trial Management, Data Handling and Record Keeping (ICH E6, Section 5.5)
- Multicenter Trials (ICH E6, Section 5.23)