NeuroNEXT Network

Standard Operating Procedure (SOP)

Case Report Form Development

Version 2.0

SOP NN DM 1003

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NN DM 1003

NEURONEXT NETWORK STANDARD OPERATING PROCEDURE FOR CASE REPORT FORM DEVELOPMENT

SOP: NN DM 1003 Version No. 2.0 Effective Date: 21Oct2016	CASE REPORT FORM DEVELOPMENT	Supercedes Document: Version 1.0 Effective Date: 29Apr2012

1. POLICY

Case Report Forms (CRFs) are designed to capture all clinically-relevant data that are collected for an approved NeuroNEXT protocol (e.g. subject demographic data, results of physical, radiological and laboratory examinations, and analytical and clinical data).

Depending on the requirements of the protocol, a CRF development team consisting of the Protocol Principal Investigator (PPI) and representatives from the NeuroNEXT Clinical Coordinating Center (CCC) and the Data Coordinating Center (DCC) may be formed to design and develop CRFs for the protocol using standardized CRFs and common data elements (CDEs) when possible. After all CRFs for a protocol are finalized, they will be signed by the final reviewers, which may include the PPI, the DCC Data Management Lead, and other applicable DCC and CCC personnel.

A CRF may originate from the DCC, or the DCC may support CRF development and management by a third party. All CRFs are prepared using version control measures.

After the CRFs have been finalized, the DCC will begin development of the electronic CRFs (eCRFs) and the Electronic Data Capture system (EDC). The DCC will work with the PPIs to ensure that they are aware that delays in CRF development may result in delays in development of the EDC system and possible escalation of the costs associated with development and implementation. To limit the costs associated with development of the EDC, it is the policy of the DCC to limit changes to CRFs once the development process has begun.

2. SCOPE

This SOP has been developed to be in alignment with federal regulations and Good Clinical Practices (GCP) as set forth in the 1996 ICH E6 Consolidated Guidance. The policies and procedures described in this SOP apply to the NeuroNEXT CCC and DCC within the context of their oversight and advisory roles for the NeuroNEXT Network, and to all NeuroNEXT investigators, staff, subcontractors, or other entities associated with the NeuroNEXT Network who manage, oversee, and conduct research regulated by FDA and/or applicable review committees.

3. ROLES AND RESPONSIBILITIES

The DCC is responsible for supervising the implementation of this procedure. The DCC may delegate the responsibility for designing a CRF to a designated qualified individual.

The DCC is responsible for preparing the initial drafts of case report forms, in conjunction with the PPI and the Study Team.

The PPI, the DCC Data Management Lead, and other applicable CCC and DCC personnel are responsible for signature-approving all CRF templates.

The responsibility to conduct any or all of these activities may be delegated at the discretion of the Sponsor to the CCC and/or the DCC. Those individuals and entities also take on responsibility for meeting regulatory requirements on behalf of the Sponsor, but the Sponsor has the ultimate responsibility, and must therefore supervise those delegated activities effectively.

4. APPLICABLE REGULATIONS AND GUIDELINES

21 CFR 312.30 Protocol Amendments

ICH E6 2.2, 2.4 – 2.6	The Principles of ICH GCP
ICH E6, 2.10, 2.11	The Principles of ICH GCP
ICH E6, 5.5	Trial Management, Data Handling, and Recordkeeping
ICH E6, 5.23	Multicenter Trials
ICH E6, 6.0	Clinical Trial Protocol and Protocol Amendment(s)
ICH E8	General Considerations for Clinical Trials (December 1997)

5. REFERENCES TO OTHER APPLICABLE SOPS

NN GA 103	Document Development and Change Control
NN RA 204	Informed Consent Form Preparation
NN CS 702	Application Development and Validation
NN DM 1001	Clinical Data Management
NN DM 1002	Data Management Plan Development
NN DM 1004	Specifications Development, Testing Plans, and Validation Documentation
NN DM 1005	Data Collection and Data Handling

6. ATTACHMENTS AND REFERENCES

NN DM 1003 – A	Document History

7. TERMS AND ABBREVIATIONS

The following terms and abbreviations are used in this document:

CCC	Clinical Coordinating Center at Massachusetts General Hospital
CDE	Common Data Elements
Clinical Study Site (CSS)	Clinical site that conducts research for a NeuroNEXT protocol within or outside the Network
DCC	Data Coordinating Center at The University of Iowa
DM	Data Management Team at the DCC
IT	Information Technology Team at the DCC
Protocol Principal Investigator (PPI)	Principal Investigator of a NeuroNEXT protocol

8. SPECIFIC PROCEDURES

A. Case Report Form Development

#	*Who*	*Task*	*Attachment/ Reference*	*Related SOP*
1.	PPI, CCC, DCC	When applicable, convene a CRF Development team, consisting of the PPI and appropriate representatives from the CCC and DCC.		
2.	CRF	Review the protocol and identify specific data points		NN DM 1001

#	Who	Task	Attachment/ Reference	Related SOP
	Development Team	that will be required for the planned statistical analyses. When possible, NINDS Common Data Elements (CDEs) are to be utilized within and across studies. Refer to the Data Management Plan, as appropriate.		
3.	CRF Development Team	Determine the appropriate CRF format (paper-based, computer entry, electronic diary, or Internet-based).		
4.	DCC DM	Create draft CRFs, using standardized CRFs when possible.		
5.	DCC DM	Circulate the draft CRFs among the CRF Development team and other appropriate reviewers for review of content and format. All relevant parties should conduct a careful review to ensure that the proposed CRFs capture all necessary subject and protocol data.		NN GA 103 NN DM 1004
6.	DCC DM	Revise CRF drafts as needed.		NN GA 103
7.	CRF Development Team	Review the CRF to ensure that the CRF language is clear, consistent, and captures all desired data points, especially primary endpoints.		
8.	CRF Development Team	During the final review process, make and document minor revisions to the CRFs as directed by the final reviewers, including the Sponsor and/or CCC, as appropriate.		NN GA 103
9.	DCC DM	When final revisions are completed, forward all CRFs to the NINDS CDE team to review for compliance with CDE requirements.		
10.	DCC DM	Retain copies (in PDF format) of all CRFs that have been implemented for the protocol's data collection system.		NN GA 103
11.	DCC DM	Secure the signatures and approval dates of CRF Development team final reviewers in appropriate boxes on the Change Control Form or on a signature approval form.		NN GA 103
12.	DCC DM	When protocol amendments are finalized, revise CRFs, if applicable, to reflect changes to the protocol.		
13.	CCC or DCC DM	Implement, review, and approve any subsequent changes to the CRF as described in NN GA 103. Document all CRF revisions that occur after the initial finalization.		NN GA 103
14.	DCC DM	For all amendments, secure the signatures and approval dates of final reviewers in appropriate boxes on the Change Control Form or a signature approval form.		NN GA 103

B. Case Report Form Version Control

#	*Who*	*Task*	*Attachment/ Reference*	*Related SOP*
1.	DCC DM	Prior to finalization of the initial CRFs for a study, the CRF versions are documented by a version date (date change was made) and a version number. Preliminary version numbers should be restricted to values that are less than 1.0 (e.g. .10, .20, etc.).		NN GA 103 NN DM 1001
2.	DCC DM	Designate the final, approved versions of all initial CRFs for a study as version 1.0. The version date for all initial CRFs for a study is the date that the CRFs were finalized and approved.		NN GA 103
3.	DCC DM	Minor changes do NOT require a signature approval. A minor change refers to any change to a CRF that does NOT require a modification to the database and that does not change validation programming (e.g. re-wording a question, correcting spelling errors, changing formats or fonts).		NN GA 103
4.	DCC DM	For a minor change, increment the CRF version number to a succeeding numerical value that does not change the current whole number (e.g. 1.0 to 1.1).		NN GA 103
5.	Study Team	Major changes to an approved CRF require a signature approval. A major change is any change to a CRF that results in changes to the database (e.g. adding a question that creates a field in the database, deleting a question that removes a field in the database) and/or changes to the validation programming.		NN GA 103
6.	DCC DM	For a major change to a CRF, increment the new version number to the next whole number (e.g. 1.2 to 2.0).		NN GA 103
7.	DCC DM	Create and maintain a change table to continually track changes to version numbers and version dates, and to specify reason(s) for any change(s) to CRFs.		NN GA 103
8.	DCC DM	Review changes with the Study Team.		
9.	DCC DM	Send a signature approval form to the appropriate signatories for approval of requested major changes.		NN GA 103
10.	DCC IT	The version number for CRFs (paper templates) does NOT necessarily match the eCRF version number. The eCRF version number is determined independently by the DCC IT Developers.		NN CS 702

Attachment NN DM 1003- A. Document History

NeuroNEXT Network Standard Operating Procedure (SOP) Case Report Form Development SOP NN DM 1003				
Version	**Description of Modification**	**Reason or Justification for Modification**	**Issue Date**	**Effective Date**
1.0	New	N/A	30Mar2012	29Apr2012
2.0	Added that the Study Team participates in preparing initial drafts of CRFs. Clarified that the PPI, DCC Data Management Lead, and other applicable CCC and DCC personnel are responsible for signature-approving all CRF templates for a NeuroNEXT study. Revised signature approval procedure for major changes to an approved CRF to state that the changes are approved by the appropriate signatories (removed reference to Sponsor approval of changes).	Updates for version 2.0	21Sep2016	21Oct2016