**INSTRUCTIONS FOR USING**

**THE**

**DMID SAMPLE CHART REVIEW TOOL**

**Background**: This protocol-specific Char Review Tool is based upon the International Council for Harmonisation Guidelines for Good Clinical Practice (ICH GCP E6(R2)), and the Code of Federal Regulations Title 45 Public Welfare Part 46 Protection of Human Subjects, Code of Federal Regulations Title 21 Parts 50, 54, 312, 812, FDA Guidance for Industry, and the DMID Source Documentation Standards.

**Definitions:** (Sources: FDA Guidance for Industry; Electronic Source Data in Clinical Investigations, Computerized Systems Used in Clinical Investigations)

**Source data**: includes all information in original records and certified copies of original records of clinical findings, observations, or other activities in a clinical trial necessary for the reconstruction and evaluation of the trial. Source data are contained in source documents (original records or certified copies).

**Source documents**: original documents, data, and records (e.g., hospital records, clinical and office charts, laboratory notes, memoranda, subjects' diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate copies, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept at the pharmacy, at the laboratories and at medico-technical departments involved in the clinical trial). Electronic source data and source documentation must meet the same fundamental elements of data quality (e.g., attributable, legible, contemporaneous, original, and accurate) that are expected of paper records, and must comply with all applicable statutory and regulatory requirements.

**How to use this tool**: This tool may be used to guide and document the quality review of each subject’s Case Report Forms (CRF) or Electronic Case Report Forms (eCRF) as prescribed in the protocol.

For each subject reviewed:

1. **Complete**: Begin using this tool by completing the header information (name of site, name of reviewer, date of review, subject number, protocol number, and review period).
   1. For each section reviewed, check the appropriate boxes (‘N/A’, ‘Yes’, ‘No’).
      1. Other indicators or criteria may be added as determined by study documentation and site staff.
   2. If the ‘No’ box is checked for any question, provide a description for each ‘No’ response in the section provided.
   3. Remove ‘DMID Sample’ and replace with Institution/clinical site name.
   4. These instructions can be retained or modified to align with the Institution/clinical site, such as role name (s) and or processes prescribed in the Institution/site’s Clinical Quality Management Plan.
2. **Apply Document Version Control**: When adopting and modifying this tool for discretionary use, correct the footer to reflect version control. Please refer to the [DMID Information Sheet; Document Version Control Guidelines](https://www.dmidcroms.com/Shared%20Documents/Document%20Version%20Control%20Guidelines%20Info%20Sheet.pdf).
3. **Summarize**: At the conclusion of the review, summarize findings in the Summary of Findings section. These summaries are a useful reference when completing a Quality Management Summary Report.
4. **Sign and Date**: The site’s quality reviewer signs and dates the Chart Review Tool
5. **File and Maintain**: File all versions of the site’s CQMP and associated documents/tools in the site’s Quality Management File.
6. **Resolve Findings and Follow Up**: Follow your site/protocol-specific Clinical Quality Management Plan regarding communication and resolution of findings from internal / external quality reviews.

**Resources:**

DMID Clinical Quality Management Plan Policy

<https://www.niaid.nih.gov/sites/default/files/qualitymgmtplan.pdf>

DMID Clinical Research Resources – Source Documentation Standards

<https://www.dmidcroms.com/SitePages/Guidelines.aspx>

E6(R2) Good Clinical Practice: Integrated Addendum to ICH E6(R1) Guidance for Industry

<https://www.fda.gov/downloads/Drugs/Guidances/UCM464506.pdf>

ICH Guideline for Good Clinical Practice E6(R2)

<https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf>

Office of Human Research Protections (OHRP) Code of Federal Regulations Title 45 Part 46

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

Shipping Specimens: Dangerous Goods Regulations

<https://www.dmidcroms.com/Shared%20Documents/DMIDInformationSheet_ShippingSpecimens_DangerousGoodsRegulations.pdf>

U.S. Code of Federal Regulations 21 CFR 50 Protection of Human Subjects

<http://www.ecfr.gov/cgi-bin/text-idx?SID=9a408393b6ad93ddb9d3309e5e5a3b62&mc=true&tpl=/ecfrbrowse/Title21/21cfr50_main_02.tpl>

U.S. Code of Federal Regulations 21 CFR 54 Financial Disclosure by Clinical Investigators

<http://www.ecfr.gov/cgi-bin/text-idx?SID=9a408393b6ad93ddb9d3309e5e5a3b62&mc=true&node=pt21.1.54&rgn=div5>

U.S. Code of Federal Regulations 21 CFR 312 Investigational New Drug Application

<http://www.ecfr.gov/cgi-bin/text-idx?SID=9a408393b6ad93ddb9d3309e5e5a3b62&mc=true&node=pt21.5.312&rgn=div5>

U.S. Code of Federal Regulations 21 CFR 812 Investigational Device Exemptions

<http://www.ecfr.gov/cgi-bin/text-idx?SID=9a408393b6ad93ddb9d3309e5e5a3b62&mc=true&node=pt21.8.812&rgn=div5>

U.S. Food and Drug Administration Guidance for Industry – Computerized Systems Used in Clinical Investigations

<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/computerized-systems-used-clinical-investigations>

U.S. Food and Drug Administration Guidance for Industry – Electronic Source Data in Clinical Investigations

<http://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm328691.pdf>

U.S. Food and Drug Administration Guidance for Industry – Use of Electronic Health Record Data in Clinical Investigations <https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM501068.pdf>

**DMID SAMPLE CHART REVIEW TOOL**

<*Replace DMID SAMPLE with Institution/Site Name*>

Reviewer: <*Name of person reviewing chart*> Review Date: <*Date of chart review*>

Subject Number: <*Patient Identification Number>* Protocol Number: <*DMID protocol number*>

Reviewed Period: From Date <dd-mmm-yyyy> Through Date <dd-mmm-yyyy>

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| **Informed Consent / Assent Form(s) and Process (See Code of Federal Regulations:** [**45 CFR 46**](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html)**, Sections** [**46.116**](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.116) **and** [**46.117**](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.117)**)** | | | | | |
| 1. | Enrollment: Was the IRB/IEC-approved version used to consent/assent the subject, valid at the time of signature? Version #:\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Note: Review the regulatory file for IRB/IEC subsequent revisions/amendments to the consent forms.** | | Yes | No |
| 2. | Was the Informed Consent/Assent Form signed and dated in ink by the subject, parent/guardian and/or legally authorized representative prior to implementation of screening/protocol-specific procedures? | | Yes | No |
| 3. | Amendments to consent: If applicable, are amended versions of the ICF signed and dated in ink by the subject, parent/guardian and/or legally authorized representative on file? Version #:\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_ | N/A | Yes | No |
| 4. | Are all applicable Informed Consent/Assent Forms present in their entirety? | | Yes | No |
| 4a. | Is documentation present describing the Informed Consent process with the subject, parent/guardian and/or legally authorized representative, including:   1. an explanation of the study purpose, risks/benefits to the prospective subject, subject confidentiality? 2. The consent form is in a language understood by the prospective subject? 3. an ample opportunity was provided for questions? 4. A copy of the ICF/Assent form was provided to the subject, parent/guardian and/or legally authorized representative? | | Yes | No |
| 5. | IF APPLICABLE: Illiterate subject(s): Was the Informed Consent or short form written consent been provided orally to the subject, parent/guardian and/or legally authorized representative? | N/A | Yes | No |
| 5a. | Was a witness present for the oral presentation? | N/A | Yes | No |
| 5b. | Was the informed consent process documented in the source documents? | N/A | Yes | No |
| 6. | If applicable, are Informed Consent deviations documented? | N/A | Yes | No |
| 6a. | Was the DMID Protocol Deviation Form completed, submitted to DMID and the IRB/IEC per reporting guidelines, and filed in the regulatory file?  **Note: See** [**DMID Protocol Deviation Reporting**](https://www.dmidcroms.com/CRS/DeviationReporting/_layouts/15/WopiFrame.aspx?sourcedoc=%7bdbaf66c5-5949-4034-b6fa-f3593572f833%7d&action=default)**.** | N/A | Yes | No |
| For each “no” response, provide a description: | | | | | |

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| **Eligibility Criteria – Inclusion/Exclusion Criteria** | | | | | |
| 1. | Is documentation of eligibility criteria (inclusion/exclusion) in the source documents?  **Note: Eligibility checklists may be used as long as the criteria correspond with the protocol and each criterion is addressed. A blanket statement regarding all inclusion and/or exclusion criterion is not considered accurate.** | | Yes | No |
| 2. | Are the Concomitant Medications documented accurately?  **Note: Check spelling, coding, and consistency between medical history and adverse events**. | | Yes | No |
| 3. | Was the eligibility documentation signed, credentialed, and dated by the clinician responsible for enrolling the subject? | | Yes | No |
| 3a. | Is this individual listed on the Study Personnel Signature/Responsibility List? | | Yes | No |
| 4. | If applicable, were enrollment deviations documented? | N/A | Yes | No |
| 4a. | Was the DMID Protocol Deviation Form completed, submitted to DMID and the IRB/IEC per reporting guidelines, and filed in the regulatory file? | | Yes | No |
| For each “no” response, provide a description: | | | | | |

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| **Study Product – Administration and Documentation**  **Note: Unblinded study personnel administering investigational/study product must not perform chart reviews**. | | NOT APPLICABLE | | | | |
| 1. | Was the study product dispensed upon written order of the investigator (or designee) as listed on the FDA Form 1572? | | | Yes | No |
| 1a. | Is this study product administrator listed on the Study Personnel Signature/Responsibility List? | | | Yes | No |
| 2. | Is documentation present describing the study product administration (according to the current version of the protocol and MOP)? Version #\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ | | | Yes | No |
| 3. | Are dosing, vaccination, administration or unblinding deviations identified?  **Note: This includes a review of labeling, cold and custody chain, licensed personnel, and blinded/unblinding handling and administration**. | | N/A | Yes | No |
| 3a. | Are study product-related protocol deviations documented in the source documents? | | N/A | Yes | No |
| 3b. | Was the DMID Protocol Deviation Form completed and submitted to DMID, and/or entry of the deviation in the sponsor data coordinating center? | | N/A | Yes | No |
| 3c. | Was the DMID Protocol Deviation Form completed and submitted to the site/institution IRB/IEC per its reporting guidelines? | | N/A | Yes | No |
| For each “no” response, provide a description: | | | | | | |

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| **Adverse Event (AE) and Serious Adverse Event (SAE) Identification and Reporting** | | | | | | |
| 1. | Are all adverse events and/or laboratory abnormalities documented and identified in the subject chart? | N/A | | Yes | No |
| 1a. | Are all adverse events assessed for severity and relationship to the study product, and documented in the source documents? | N/A | | Yes | No |
| 2. | Were all adverse events identified in the protocol as critical to safety evaluations reported according to the protocol and/or MOP within the specific time periods? | N/A | | Yes | No |
| 3. | Were all solicited adverse events (i.e. reactogenicity) recorded at protocol-specified timeframes with appropriate follow-up? | | N/A | Yes | No |
| 4. | Were all adverse events meeting the serious adverse event criteria (see [DMID Safety Reporting and Pharmacovigilance](https://www.niaid.nih.gov/research/dmid-safety-reporting-pharmacovigilance) and/or [DMID Safety Oversight and SAE Reporting](https://www.dmidcroms.com/Shared%20Documents/Safety%20Oversight%20and%20SAE%20Reporting%20Info%20Sheet.pdf#search=DMID%20safety%20oversight%20and%20SAE%20reporting)) reported within the DMID specified timelines of site awareness or as specified by the protocol? | | N/A | Yes | No |
| 5. | Was the Serious Adverse Event(s) Report completed accurately?  **Note: See** [**DMID Safety Reporting and Pharmacovigilance**](https://www.niaid.nih.gov/research/dmid-safety-reporting-pharmacovigilance) **and/or** [**DMID Safety Oversight and SAE Reporting**](https://www.dmidcroms.com/Shared%20Documents/Safety%20Oversight%20and%20SAE%20Reporting%20Info%20Sheet.pdf#search=DMID%20safety%20oversight%20and%20SAE%20reporting)**.** | | N/A | Yes | No |
| 6. | Were all serious adverse events reported to the local IRB/IEC, as required? | | N/A | Yes | No |
| For each “no” response, provide a description: | | | | | |

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| **Deviations from Protocol** | | | | |
| 1. | Were all protocol-specified tests / procedures completed? | | Yes | No |
| 2 | Were all missed visits and/or out of window visits identified? | | Yes | No |
| 3. | If ‘no’ to either or both 1 and 2, were protocol deviation reports completed correctly and submitted according to the protocol and MOP? | | Yes | No |
| 4. | Was the deviation(s) documented in the source documents? | N/A | Yes | No |
| For each “no” response, provide a description: | | | | |

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| **Endpoints** | | | |
| 1. | Were applicable protocol-defined clinical and/or laboratory assessments/endpoints documented in the subject’s source documents, and/or an endpoint-specific CRF/eCRF as required by the protocol? | Yes | No |
| For each “no” response, provide a description: | | | |

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| **Intervention/Study Discontinuation** | | | | |
| 1. | If the subject discontinued the study intervention, were protocol-defined steps followed? | Yes | No |
| 2. | If the subject discontinued/withdrew from the study, were protocol-defined steps followed? | Yes | No |
| For each “no” response, provide a description: | | | | |

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| **Documentation Standards - Source data should be attributable, legible, contemporaneous, original, accurate, and complete (A.L.C.O.A.C)** (E6(R2)) Good Clinical Practice: Integrated  Addendum to ICH (E6(R1)) | | | | | |
| 1. | Are source documents checked against A.L.C.O.A.C principles? | | Yes | No |
| 2. | Does the CRF/eCRF data and source documentation data match? | | Yes | No |
| 3. | Addenda: Are all informed consent form and/or protocol addenda signed or initialed and dated in present time by the person making the entry?  **Note: Do not alter past-dated addenda chart notes, progress notes, etc.** | | Yes | No |
| 4. | Chart Note(s): Are all handwritten notes legible and signed and dated by the responsible credentialed clinician? | | Yes | No |
| 5. | Case Report Forms (CRF/eCRF): Were CRFs/eCRFs used as source documents as identified in the protocol, MOP, or source document agreement/statement? | N/A | Yes | No |
| 5a. | Are the CRFs/eCRFs used as source documents signed and dated? | N/A | Yes | No |
| 6. | Error Correction(s): Are all error corrections clear with a single line drawn through the incorrect information, initialed, dated, and a reason for change (if necessary)?  **Note: Never obliterate entries or destroy original documents that require correction. Never use whiteout or pencils.** | | Yes | No |
| 7. | Patient Identification Numbers: Are all source documents labeled with appropriate patient identification numbers (PID)? | | Yes | No |
| 8. | Death: If a subject death was identified; has the incident been documented in the source documents by one of the following:   1. Obituary 2. Autopsy Report 3. Death Certificate 4. Verbal Communication Contact Report   **Note: See** [**DMID Safety Reporting and Pharmacovigilance**](https://www.niaid.nih.gov/research/dmid-safety-reporting-pharmacovigilance) **and/or** [**DMID Safety Oversight and SAE Reporting**](https://www.dmidcroms.com/Shared%20Documents/Safety%20Oversight%20and%20SAE%20Reporting%20Info%20Sheet.pdf#search=DMID%20safety%20oversight%20and%20SAE%20reporting)**.** | N/A | Yes | No |
| 9. | Certified Copies and Verification: Are all documents received from outside facilities to be used as original source documents verified, as indicated by signature and date, as an exact copy having all the same attributes and information as the original?  **Note: Documents received via fax are not considered to be original and must be certified.**  **Note: See** [**FDA E6(R2) Good Clinical Practice**](https://www.fda.gov/downloads/Drugs/Guidances/UCM464506.pdf)**.** | N/A | Yes | No |
| 10. | Flow-sheets used as Source Documents: Are all entries onto flow-sheets initialed and dated by the responsible clinician? | N/A | Yes | No |
| 11. | Chronology of Source Documents: Are source documents maintained chronologically? | | Yes | No |
| For each “no” response, provide a description: | | | | | |

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| **Case Report Form and electronic Case Report Form Submission** | | | | | |
| 1. | Are all scheduled CRFs present? | | Yes | No |
| 2. | Were the CRFs submitted to appropriate parties within the required timeframe? | | Yes | No |
| 3. | If data was identified as out of range or missing from the CRFs, were corrections made and the CRF resubmitted to appropriate parties within the required timeframe? | N/A | Yes | No |
| For each “no” response, provide a description: | | | | | |

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| **Laboratory Review – Specimen Collection and Results** | | NOT APPLICABLE | | | |
| 1. | Were all specimens collected and documented in the source documents?  **Note: Maintaining documentation that protocol-required specimens were drawn and shipped appropriately is consistent with ICH/FDA GCP, the protocol and Manual of Operational Procedures (MOP); however, if only a hard-copy lab report is available for review, this is adequate, as long as the report contains appropriate subject identifiers and the date of specimen collection.** | | Yes | No |
| 2. | As per protocol, was confirmation of fasting by the subject, documented in the source documents? | | Yes | No |
| 3. | Were specimens prepared, labeled, and transported properly per the International Air Transport Association (IATA) regulations?  **Note: For clinical site personnel preparing specimens for shipping, IATA requires initial training, and recurrent training every 2 years. Certification of training certification must be on file and readily available** (<https://www.iata.org/whatwedo/cargo/dgr/Documents/DGR-Training-Requirements-15.pdf> ) | | Yes | No |
| 4. | Are temperature logs/records for stored specimens current, complete, accurate and available upon request? | | Yes | No |
| For each “no” response, provide a description: | | | | | |

**Summary of Findings:** < Provide a summary of accumulated issues / adverse trends detected and documented during internal quality reviews. Additionally, where applicable, summarize corrective actions / preventive action planning, inclusive of timelines and follow-up evaluation for effectiveness, as described in the CQMP >

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Reviewer Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: <insert DD/MMM/YYYY>

<Note: Reviewer title/signature as provided on the Study Personnel Signature-Responsibility List / Delegation of Responsibility Log>