ISRCTN 67038373

DASH – Working Practice Document

Title: Site Closedown, No. 10

Introduction

To ensure that the DASH trial is closed down in accordance with Good Clinical Practice (GCP) and regulatory requirements, it is mandatory for each centre to follow the closedown procedures as described in this document. Due to the ongoing pandemic the Sponsor of DASH (University of Nottingham) has agreed a procedure to allow the close down of DASH centres remotely, using the DASH Closedown Checklist (Appendix 1).

Purpose of this document

To define the procedure for closing out centres participating in the DASH trial and ensure all essential documentation for DASH is complete and archived to demonstrate compliance with GCP. To outline the responsibilities of the PI to ensure the requirements have been met.

Scope of this document

This document is applicable to all PIs, principal contacts or staff from the Trial Co-ordinating Centre delegated the responsibility of ensuring that the closedown procedures outlined in this document are carried out in accordance with Sponsor requirements and GCP.

Essential documentation and archiving

It is a GCP requirement that the essential documentation is reviewed prior to the closedown visit (where appropriate);

"trial master files should be established at the beginning of the trial, both at the investigator/institution site and at the sponsor's office" ICH-GCP-E6

The trial Sponsor Standard Operating Procedure (SOP QA005 Archiving) defines that for a multi centre trial "documents and electronic data should be retained locally to allow reconstruction of the trial at that site. Only one copy of each document needs to be retained. Electronic documents and databases should be transferred onto a suitable storage medium and archived as for paper documents".

Archiving

The trial Sponsor Standard Operating Procedure (SOP QA005 Archiving) states that "archiving of research data shall be for a **minimum of seven years after the date of any publication that is based on them**". DASH is likely to be published in early 2022, therefore documents must be archived until summer 2029 in accordance with local archiving protocols. Please note that the PI at each hospital site will need to ensure that responsibility for archiving is delegated to a named individual. The PI is also obliged to notify R&D of any

change of ownership of the Investigator Site File (ISF). Audits by trial sponsors, competent authorities or local boards can occur for this trial for the duration of the archiving period.

End of randomisation

A trial centre will not be closed until all trial data, blood samples and queries have been received for all patients randomised into the trial. Any final per patient payments due will only be paid once all documentation is received. This needs to be received by the end of December 2021 otherwise the grant account will have ceased to be operational.

Reconciliation of Investigational Medicinal Product (IMP)

All IMP for the DASH trial must be removed from clinical areas following the end of trial recruitment. All unused stock must be returned and accounted for by the Responsible Trial Pharmacist. IMPs should be sent for destruction by pharmacy according to local SOPs for destruction of pharmaceutical waste, and a destruction log (Appendix 7 on the DASH website) should be completed.

Payments

Any centre payments due will only be paid once all documentation is received. This needs to be received by the end of December 2021 otherwise the grant account will have ceased to be operational.

Closedown procedure

The attached DASH Closedown Monitoring Checklist must be completed, signed and returned to the Trial Coordinating Centre (DASH@nottingham.ac.uk) to confirm that all the essential documentation is present and ready to be archived at your site.

The PI is responsible for all patient related data, regulatory and trial correspondence and patient records being archived appropriately. The responsibility may be delegated but the list must be checked and signed off by the PI.

Every attempt should be made to ensure that all missing documents are found and present in the file before archiving. If a document is deemed to be unrecoverable a file note should be added to the appropriate section and noted on this document.

Once the end point of the trial has been reached, the PI must notify R&D or any other appropriate bodies.

Please note that whilst we intend to ensure that all data checks are complete prior to closedown, please be aware that there may still be some outstanding queries that will require your attention after the closedown paperwork has been submitted. We will do our best to ensure that these are, if any, kept to a minimum.

Appendix 1

DASH Closedown Monitoring Checklist

This checklist must be completed by a person delegated this role on the DASH trial delegation log. The PI (or a responsible person in R&D if no PI remains) must countersign the form and return it to the Trial Coordinating Centre (dash@nottingham.ac.uk) in order to complete closedown for your site. Each item must be initialled. Once completed and signed, this checklist provides documented proof that all activities required for your centre closedown are completed and copies of all essential documents are held in the appropriate files in accordance with Good Clinical Practice and sponsor requirements.

Centre Name: …… **Centre Number: C……** **Name of PI: ……**	**Number of DASH Patients recruited** _____ **(See online recruitment list)**

Reason for closedown:		**Initials**		
Essential documentation required for closedown and archiving		YES	NO	N/A
INVESTIGATOR SITE FILE (ISF) contains:				
• Latest contact details of trial office & emergency numbers.				
• Latest Trial delegation log • All 'old' versions' of delegation log				
• Signed & dated CVs (for everyone listed on the delegation log)				
• GCP certificates for all investigators on the delegation log. (These must cover the duration of each investigator's role in the trial)				
• Signed & dated current protocol v 2.0 26 August 2019				
• Relevant archived protocols (since commencing the trial)	List:			
• All current approved Information Sheets and Consent Forms v 2.0 26 August 2019 and Short consent form v 2.0 11 Jan 2019 (On hospital headed paper)				
• Relevant archived Information Sheets and Consent forms				

• Current approved GP letter v 2.0 26 August 2019				
• Local R&D approval letters (from initial approval to take part and for all subsequent substantial amendments approved).				
• Copies of correspondence with Ethics (commencing with initial approval letter for trial, approval for site and all subsequent substantial amendments relating to changes of protocol, consent forms, information sheets and GP letters).				
• MHRA approval and amendments (As ethics above)				
• Sponsor letters				
• Insurance letters (to cover the duration of your site taking part in the trial).				
• Signed contract (between University of Nottingham as Sponsor and your hospital)				
• Completed Trial Drug Accountability log(s)				
• SmPCs for IMP				
• Screening log(s)				
• File note stating where CRFs can be found.				
• SUSAR information				
• SAE reports signed/dated by PI				
• Protocol deviation & violation forms (where applicable)				
• Data correction forms (where applicable)				
• Annual reports (R&D)				
• Ward Temperature monitoring logs (where IMP held on the ward)				
• Completed Trial blood sample freezer log				
• Freezer log sent to Co-ordinating Centre to arrange collection				
• All blood samples collected by Co-ordinating centre				
• Patient contact details (may be stored separately, from the ISF)	If stored, separately, where…… ……			

Patient contact details must be kept until all the trial paperwork is actually archived, then they must be destroyed as per protocol.	……..…… ……			
• Source documents (medical records for all trial patients have been labelled that the patient is in the specific trial and will be required to be archived until 7 years after closedown)				
• Master signed consent forms (must be stored in the ISF or)	If stored, separately, where…… ……			
• DASH CLINICAL TRIAL FINAL REPORT	The report will be available on our investigator website, to be downloaded and filed prior to archiving trial documents.			
CLOSEDOWN DOCUMENTS HRA/Ethics/MHRA and signed/completed WPD No.10				

DATA ENTRY is completed for all:		**Initials**		
		YES	NO	N/A
• Randomisation				
• Day 1				
• Bloods				
• Day 2				
• Discharge/death				
• SAE/Outcome events • SUSARS				
• All scans have been uploaded to the website				

MISCELLANEOUS		**Initials**		
		YES	NO	N/A
Any other documentation/queries/issues (e.g. temperature excursions): • • •				

Please can this table be completed by the Trial Pharmacist:

PHARMACY SITE FILE (ISF) and contents		**Initials**		
		YES	NO	N/A
Appendix 1 DASH Temperature excursion reporting form v1				
Appendix 2 DASH Receipt of supplies form v3				
Appendix 3 DASH Transfer request form v1				
Appendix 4 DASH Pharmacy -site IMP inventory log v1				
Appendix 5 DASH Stroke unit – IMP accountability log v1				
Appendix 6 DASH Return of supplies from stroke unit v1				
Appendix 7 DASH IMP destruction log v2				
Appendix 8 DASH Prescribing and administration guide v3				

Appendix 9 DASH Cumulative temperature excursion form v1				
Lead pharmacist declaration v1				
Pharmacy file index (generic) v1				
Pharmacy manual v4 – signed copy				
Prescribing and administration guide 12 Oct 2018 final 2				
Scanned DASH pharmacy manual signature page				
Destruction of IMP log				
Lab accreditation certificates & normal ranges for labs.				

I can confirm that all queries relating to any trial participant involvement have been resolved and all essential documentation is in place before archiving.

Principal Investigator Signature: ……

Name (block capitals): ……

Signature of those who have initialled work as completed:

Name	Signature	Initials	Date
…….	…….	…….	…….
…….	…….	…….	…….
…….	…….	…….	…….
…….	…….	…….	…….

Please note that archiving of all the documents cannot take place until after the publication of results.