



RECAST 3

REMOTE ISCHAEMIC CONDITIONING AFTER STROKE TRIAL 3

INVESTIGATOR SITE FILE INDEX

	Contacts/ Investigator Site Personnel Contact details of trial staff
	Section A: Pre-trial opening
A.1	Trial development Documentation <ul style="list-style-type: none">• Minutes of initial meeting with Sponsor• Sponsor confirmation of support• Site selection• Vendor selection• Risk Assessment• Peer view selection• Funding application• Contracts with funder and vendor
A.2	Study protocol and associated documents – final versions <ul style="list-style-type: none">• Current protocol signed and dated by the CI• Information Sheets, Consent Forms, Investigator brochure• Case Report Forms, Other data collection documents
A.3	Approval and Agreements <ul style="list-style-type: none">• National ethical and competent authority approval• EudraCT email• Local site specific assessment - where applicable• Local NHS Trust R&D approval, capability and capacity• Sponsor/Chief Investigator agreement• Sponsor/participating site non-commercial agreement• Statement of activities/Schedule of Events• Insurance letter (including superseded letters)
A.4	Staff Participation <ul style="list-style-type: none">• Site Responsibility (Delegation) Log, RF2 TA008• CV and training records (GCP)• Attendance at Investigator Training, RF1 TA008• Evidence of Site Initiation• Regulatory green light e-mail from the sponsor• SOP Compliance Form RF3 TA008
A.5	Medical Testing and Pharmacy (where applicable) <ul style="list-style-type: none">• Accreditation/certification of supporting laboratories and pharmacies• 'Normal ranges' issued by local laboratories• Investigational product handling (where applicable) – local procedures where not in the study protocol• Investigational product control (where applicable) – local procedures where not in the study protocol• Investigational medicinal product records – certificate of analyses, shipping records, labelling to be used• QP Certification•



A.6	Randomisation and Blinding <ul style="list-style-type: none">• Randomisation, blinding and un-blinding procedures where not in the study protocol
A.7	Database Build <ul style="list-style-type: none">• Database specification documentation• User acceptance testing• Validation documentation• Security and access arrangements• Disaster recovery plan
Section B: Ongoing Trial	
B.1	Study protocol amendments and approvals <ul style="list-style-type: none">• Log of study documentation amendments RF1 TA013• Current versions of trial documents, fully signed protocol• Previous versions of trial documents when superseded, clearly marked as such• Sponsor confirmation of amendment categorisation• Ethics committee, HRA and competent authority approvals of amendments
B.2	Staff Participation (ongoing trial) <ul style="list-style-type: none">• Updated RF1 TA008 (Site delegation log) to include new trial staff• Updated CVs and training records (GCP)• Updated attendance at investigator training, RF1 TA008
B.3	Informed Consent <ul style="list-style-type: none">• Signed consent forms of all trial participants• Participant Screening and Enrolment Log, RF1 TA011
B.4	Medical Testing and Pharmacy (updates where applicable) <ul style="list-style-type: none">• Updated accreditation/certification of supporting laboratories and pharmacies• Updated 'normal ranges' issued by local laboratories• Documented evidence of any changes and their implementation to investigational product handling (where applicable) – local procedures where not in the study protocol• Documented evidence of any changes and their implementation to investigational product control (where applicable) – local procedures where not in the study protocol• Updated investigational medicinal product records – certificate of analyses, shipping records, amended labelling to be used (if any)
B.5	CRFs and Source Documents <ul style="list-style-type: none">• Completed CRF's and amended CRFs• Source documents related to the trial• Ongoing database amendments, alterations and revision documentation and evidence• Data management plan, database lock plan and procedures• Monitoring plan



B.6	Serious Adverse Events and Serious GCP Breaches <ul style="list-style-type: none">• SAE reporting forms RF1 TA014• eSUSAR / CIOMs form (IMP trials only)• SAE reporting forms to the ethics committee• Annual safety reports and Development Safety Update Reports (DSUR) to ethics committee and regulatory authority (where applicable)• Evidence of notification of actions to be taken and their implementation following a SUSAR (where applicable)• GCP breach report, correspondence with the MHRA and REC and subsequent corrective action documentation and evidence
B.7	Biological Materials (if relevant to the study) <ul style="list-style-type: none">• List and location of retained samples• Transfer agreements to other institutions
B.8	Audit and Reporting <ul style="list-style-type: none">• Annual progress report(s) to host institution, the ethics committee and competent authority (where applicable)• Monitoring reports• Sponsor audit reports and corrective action forms• Data Monitoring Committee reports (as applicable)• Trial Steering Committee reports (as applicable)• Statistical analyses reports• Funder reports
B.9	Vendor Management <ul style="list-style-type: none">• Correspondence with and evidence of vendor performance oversight• Contracts for new vendors and correspondence with and evidence of performance management and oversight
B.9	Miscellaneous <ul style="list-style-type: none">• Correspondence - letters, relevant emails
Section C: Trial Completion	
C.1	Closure <ul style="list-style-type: none">• Notification of study closure to the ethics committee• Notification of study closure to the competent authority (where applicable): CESP emails• Notification of study closure to the host organisation• Notification of study closure to the sponsor• Treatment allocation and decoding documentation• Documentation of IMP return and/or destruction and pharmacy records
C.2	Audit <ul style="list-style-type: none">• Final study report to REC and funder• Evidence of upload of trial results to EudraCT• Final close out audit report (as applicable)• Publication
C.3	IMP Management <ul style="list-style-type: none">• IMP and placebo accountability logs• Evidence of destruction of surplus stock

- This file must be kept for 7 years from the date of issue of the final study report



- It is acceptable for any superseded documents to be kept in a separate archive file with appropriate file note explaining location