|  |  |
| --- | --- |
|  | |
| **Information about the trial** | |
| Project identification UiO |  |
| Project name/description |  |
| Number of trial subjects |  |
| Planned inclusion date for first trial subject |  |
| Planned end-date for last trial subject |  |
| Planned date for close-out of trial site |  |

|  |  |  |
| --- | --- | --- |
| **Information about the trial site** | | |
| Trial site |  | |
| Principal Investigator |  | |
| Contact information for trial site | Contact 1 |  |
| Telephone |  |
| E-mail |  |
| Fax |  |
| Contact 2 |  |
| Telephone |  |
| E-mail |  |
| Fax |  |
|  | | |
| **Information about the Sponsor** | | |
| Sponsor's representative |  | |
| Monitor |  | |
| Sponsor's contact information for reporting adverse events | Contact |  |
| Telephone |  |
| E-mail |  |
| Fax |  |

|  |  |
| --- | --- |
| **Project-specific information for monitoring** | |
| Planned number of monitoring visits |  |
| Planned monitoring frequency |  |
| Time of first monitoring visit in relation to first trial subject included |  |

|  |  |
| --- | --- |
| Investigational medicinal product |  |
| Dosage |  |
| Expiry date |  |
| Compared medicinal product |  |
| Dosage |  |
| Expiry date |  |
| Blinding method |  |
| Other medicinal products in the protocol |  |
| Equipment for measuring end-points or assessing safety |  |

**LOCATION OF DOCUMENTS WHILE THE TRIAL IS BEING CONDUCTED**

|  |  |
| --- | --- |
| **Documents** | **Location (or "not relevant")** |
| Standard project documentation |  |
| Patient records, trial subjects |  |
| Printouts from procedure lab |  |
| Results from external research laboratory |  |
| Results from internal research laboratory |  |
| Printouts from measuring equipment |  |
| Prescriptions/requisitions for medicinal product |  |
| Signed informed consent forms |  |
| List of trial subjects |  |
| Investigational medicinal product accountability |  |
| CRFs |  |
| SAE reports |  |
|  |  |

# INTRODUCTION

The purpose of the monitoring plan is to define trial-specific monitoring requirements.

The trial will comply with UiO's quality assurance system and applicable Norwegian guidelines. Compliance with the protocol is important for ensuring ethical conduct of the trial and collection of accurate and complete data.

# APPLICATION TO THE AUTHORITIES

The Sponsor has the overall responsibility for applying to the Norwegian Medicines Agency (NoMA), following up the application and further contact. The Principal Investigator has the primary responsibility for applying to the Regional Committee for Medical and Health Research Ethics (REK), following up the application and further contact.   
The Principal Investigator is responsible for setting up any research biobank.

# MONITORING ACTIVITIES

## 3.1. General guidelines for monitoring

The Monitor must check that the Case Report Forms (CRF) are **legible and complete**.

The Monitor searches in patient records and in trial-related source documents to verify key data in the CRFs. The Monitor also checks whether the Investigator has carried out all trial procedures and patient visits according to the protocol and has documented these in the CRFs.

## 3.2 Source data verification (SDV)

SDV entails checking that all entries in CRF are consistent with data in the patient records or other source data. A check is made of whether all information relevant to the trial has been transferred to the CRF.

## 3.3 Discrepancy between source data and CRFs

The Monitoring Report is used to document discrepancies between source data and CRF.General questions that are taken up can also be documented here.

If the Investigator is not available to make corrections when the Monitor is present, the Investigator may also make changes in CRFs between two monitoring visits. Corrections can be made by the Investigator or by project team members who have been delegated this task according to the delegation list.

## 3.4 General guidelines for the Monitor concerning filling in of CRFs

The Monitor shall check that the Investigator observes the usual rules for filling in and correcting CRFs.

### 3.4.1 Handling of missing data, empty pages, illegible handwriting

All entries on forms shall be checked by the Monitor for legibility. If necessary, the Monitor shall allow the Investigator to correct illegible entries. The corrections shall be dated and initialled. Each parameter that is not recorded is a missing value. Write ND (Not Done) where procedures have not been carried out. If data is missing for a whole page of the CRF, a diagonal line shall be drawn through the whole page, and the letters "ND". The reason for missing data may be that the trial subject has withdrawn from the trial or has not come for some of the check-ups.

### 3.4.2 Monitor's role in filling in CRFs

As a rule Monitors should not make entries or remarks on original pages of a CRF.

# INFORMATION ABOUT PROJECT DOCUMENTATION

The Monitor checks whether the Investigator has archived the project documentation according to procedure.

## 4.1 The patient's informed consent statement

In checking informed consent statements, the Monitor shall ensure the following:

* There must be a valid informed consent statement for each patient who is included in the trial.
* The informed consent statement shall be signed and dated by the patient personally and co-signed/dated by the Investigator or a project team member in accordance with the delegation list.
* Date and place must be entered by the patient personally.
* The data of the informed consent statement must **precede the implementation of the first trial-specific procedures.**
* The patient receives a copy of the signed informed consent statement.
* There shall be signed consent statements in each set of patient records or in the project documentation.

Any deviation from the aforementioned points shall be entered in the monitoring report as a protocol deviation  
The Investigator must also be made aware of the importance of correct patient information/informed consent statement.

## 4.2 Project documentation

### 4.2.2 List of trial subjects

Entries in this list shall be reconciled with the patient records, informed consent statement and entries in the CRF.   
The list will remain at the trial site and will not be copied to the Sponsor's representative.

All trial subjects who are invited to participate shall be entered on this list.

The list also functions as the subject identity list for the trial.

### 4.2.5 Investigational medicinal product accountability

Reconciliation of the accounts for received, dispensed, returned and destroyed medicinal products against the trial site's stock of unused and returned products. Check of

* Patient number
* Dispensing/return date
* Number of dispensed/returned tablets (or other form of administration)
* Check of visit interval against actual administration

Irregularities concerning product accountability should be described in the Monitoring Report and discussed with the Investigator.

## 4.3 Further checking of the project documentation

All other documents shall be updated and archived in the event of amendments or supplements to the trial.

# 5. GUIDELINES FOR MONITORING OF SERIOUS ADVERSE EVENTS

Reports of serious adverse events (SAE) shall be entered on the form:   
"Serious adverse event report", see Appendix 3.12, and forwarded to the Sponsor's appropriate contact person.

The Monitor shall ensure consistency between entries in the SAE form, the patient records and the CRFs.

# 6. LABORATORIES

All laboratory results shall be checked for completeness and correctness. In the case of deviations from reference values, the values shall also be checked for Investigator's evaluation and clinical relevance.

# 7. MONITORING ACTIVITIES

## 7.1 Pre-study visit

Pre-study visits must be conducted and documented according to Appendix 3.1 *Form for documentation of Principal Investigator and trial site.*

## 7.2 Study initiation meeting

Appendix 3.4 *Study initiation meeting form.*

## 7.3 Monitor's visits

Recruitment of the first patient must be followed up as soon as possible by a Monitor's visit in order to correct any system errors early. Monitoring frequency depends on how quickly inclusion takes place and relevant work coverage.

The total number of planned monitoring visits depends on the number of trial subjects who are included.

Monitoring visits shall be coordinated with the trial site. At visits, the CRFs for the included patients will be monitored and as far as possible corrected. The Monitor shall be assured according to agreement that responsible trial personnel are available to make any necessary corrections. Source documentation should be available to the Monitor on all monitoring visits.

In the event of lengthy absences on the part of the Monitor, for example in connection with holidays or illness, a responsible contact person/representative for the site must be appointed instead of the Monitor.

Monitoring visits shall be conducted and documented in accordance with Appendix 3.9 *Monitoring report form.*

## 7.4 Project close-out visit

In connection with close-out at the site, all files will be updated and all trial documents or copies of these which are to go to the Sponsor will be collected in. The Investigator retains only copies of all the CRF pages and updated project documentation.

Investigational medicinal product accountability must be complete for all trial subjects and the trial medicine returned or destroyed. Return or destruction must be documented.

Close-out visits shall be conducted and documented in accordance with Appendix 3.10 *Project close-out form.*

## 7.5 Reporting

The monitoring report shall be sent to the Sponsor's representative within five (5) days following a monitoring visit.

## 7.6 Departures from protocol

All deviation from protocol shall be entered for each trial subject in the Monitoring Report; for example:

* The patient's informed consent statement is not present or has been signed too late
* Inclusion/exclusion criteria have not been complied with (with a specification of the criteria)
* The time frame for visits has not been adhered to
* Failure to administer the medicinal product
* Failure to conduct examinations (with specification of examination)

As a general rule, visits at the trial site are conducted only according to prior agreement.