

INVESTIGATOR SITE FILE – TABLE OF CONTENTS

Protocol No : _____

Protocol Title : _____

Principal Investigator : _____

Site Name : _____

SECTION	CONTENTS	Present in ISF (Tick Box)	Record NA or if not filed in ISF, state alternative location
1	Contact Details		
1.1	Contact details of site staff	<input type="checkbox"/>	
1.2	Contact details of external vendors	<input type="checkbox"/>	
2	Investigator's Brochure/ Package Insert		
2.1	Current Version	<input type="checkbox"/>	
2.2	All Previous Submitted Versions and Updates	<input type="checkbox"/>	
3	Study Protocol and Amendment		
3.1	Current Approved Version	<input type="checkbox"/>	
3.2	All Previous Approved Versions	<input type="checkbox"/>	
3.3	Protocol Signature Page(s)	<input type="checkbox"/>	
4	Informed Consent Form		
4.1	Current Approved Version (including all applicable translations)	<input type="checkbox"/>	
4.2	All Previous Approved Versions (including all applicable translations)	<input type="checkbox"/>	
4.3	Translation Certificates (if applicable)	<input type="checkbox"/>	
4.4	Signed Informed Consent Forms	<input type="checkbox"/>	
4.5	Signed Informed Consent Tracking Log	<input type="checkbox"/>	

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SECTION	CONTENTS	Present in ISF (Tick Box)	Record NA or if not filed in ISF, state alternative location
5	Any Other Written Information Provided to Subjects		
5.1	<i>Patient Card/ Patient Diary/ Questionnaires (if applicable)</i>	<input type="checkbox"/>	
5.1.1	Current Approved Version (including all applicable translations)	<input type="checkbox"/>	
5.1.2	All Previous Approved Versions (including all applicable translations)	<input type="checkbox"/>	
5.1.3	Translation Certificates (if applicable)	<input type="checkbox"/>	
6	Advertisement for Subject Recruitment		
6.1	Current Approved Version (including all applicable translations)	<input type="checkbox"/>	
6.2	All Previous Approved Versions (including all applicable translations)	<input type="checkbox"/>	
6.3	Translation Certificates (if applicable)	<input type="checkbox"/>	
7	Case Report Form (CRF)		
7.1	Current CRF Version (Blank Sample)	<input type="checkbox"/>	
7.2	Previous CRF Version (Blank Sample)	<input type="checkbox"/>	
7.3	CRF Completion Guidelines	<input type="checkbox"/>	
7.4	Signed, dated and completed CRFs	<input type="checkbox"/>	
7.5	Documentation of CRF Corrections	<input type="checkbox"/>	
8	Source Documents	<input type="checkbox"/>	
9	Institutional Review Board (IRB)		
9.1	All Submission and Approval Documents e.g. <ul style="list-style-type: none"> - Investigator’s Brochure and updates - Protocol and subsequent amendments - ICF and subsequent amendments 	<input type="checkbox"/>	

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SECTION	CONTENTS	Present in ISF (Tick Box)	Record NA or if not filed in ISF, state alternative location
	<ul style="list-style-type: none"> - Any Other Written Information Provided to Subjects - Advertisement - CRF (if applicable) 		
9.2	Progress Reports to the IRB	<input type="checkbox"/>	
9.3	IRB Composition	<input type="checkbox"/>	
9.4	Notification of Safety Reports to IRB	<input type="checkbox"/>	
9.5	Notification of Non-compliance to IRB	<input type="checkbox"/>	
9.6	Correspondences with IRB	<input type="checkbox"/>	
10	Health Sciences Authority (HSA)		
10.1	All Submission and Approval Documents e.g. <ul style="list-style-type: none"> - Investigator’s Brochure and updates - Protocol and subsequent amendments - ICF and subsequent amendments 	<input type="checkbox"/>	
10.2	Trial Status Reports to HSA	<input type="checkbox"/>	
10.3	Clinical Trial Material (CTM) Import Permit (for medicinal products and devices)	<input type="checkbox"/>	
10.4	Notification of Expedited Safety Reports to HSA	<input type="checkbox"/>	
10.5	Notification of Serious Breaches to protocol and/or SGGCP to HSA	<input type="checkbox"/>	
10.6	Correspondences with HSA	<input type="checkbox"/>	
11	Study Personnel		
11.1	Signature Sheet	<input type="checkbox"/>	
11.2	Curriculum Vitae of All Study Personnel (including CITI / GCP / Medical Licensure, where applicable)	<input type="checkbox"/>	
11.3	Training Log/ Documentation	<input type="checkbox"/>	
12	Financial Matters		
12.1	Signed Confidentiality Agreement	<input type="checkbox"/>	

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12.2	Signed Clinical Trial Agreement	<input type="checkbox"/>	
12.3	Any Other Relevant Agreement/ Contracts	<input type="checkbox"/>	
12.4	Insurance Certificate	<input type="checkbox"/>	
13	Subject Logs		
13.1	Subject Screening Log	<input type="checkbox"/>	
13.2	Subject Enrolment Log	<input type="checkbox"/>	
13.3	Subject Identification Log	<input type="checkbox"/>	
13.4	Subject Visit Tracking Log	<input type="checkbox"/>	
14	Investigational Product (IP)		
14.1	Instructions for Handling of IP (if not included in protocol or IB)	<input type="checkbox"/>	
14.2	IP Shipping and Receipt Records (including Certificate (s) of Analysis of IP shipped)	<input type="checkbox"/>	
14.3	IP Dispensing and Accountability Logs	<input type="checkbox"/>	
14.4	IP Destruction Documentation	<input type="checkbox"/>	
14.5	IP Storage Temperature Logs	<input type="checkbox"/>	
15	Randomization		
15.1	Decoding Procedures for blinded	<input type="checkbox"/>	
16	Monitoring		
16.1	Site Visit Log	<input type="checkbox"/>	
16.2	Visit Correspondences (e.g. visit confirmation/ follow up letters)	<input type="checkbox"/>	
17	Laboratory		
17.1	Normal values / ranges for Medical / Laboratory / Technical	<input type="checkbox"/>	

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	procedures and/or Tests included in the protocol		
17.2	Certification / Accreditation / Established Quality Control / External Quality Assessment / Other Validation for Medical / Laboratory / Technical Procedures / Tests	<input type="checkbox"/>	
18	Biological Samples		
18.1	Biological Sample Handling Log	<input type="checkbox"/>	
18.2	Biological Sample Handling Manual	<input type="checkbox"/>	
18.3	Biological Samples Shipping Records	<input type="checkbox"/>	
18.4	Biological Samples Destruction/ Return Records	<input type="checkbox"/>	
19	Safety Reports		
19.1	Serious Adverse Event (SAE) Tracking Log	<input type="checkbox"/>	
19.2	SAE Reports Submitted to Sponsor	<input type="checkbox"/>	
19.3	Expedited Safety Reports (e.g. CIOMS Reports)	<input type="checkbox"/>	
20	Study Reports/ Publications		
20.1	Interim Report/ DSMB Reports	<input type="checkbox"/>	
20.2	Final Clinical Study Report	<input type="checkbox"/>	
20.3	Relevant Study Publications/ References	<input type="checkbox"/>	
21	Study Meetings		
21.1	Investigator Meeting (e.g. Agenda, Presentations, Attendance List)	<input type="checkbox"/>	
21.2	Site Initiation Visit (e.g. Agenda, Presentations, Attendance List, Report)	<input type="checkbox"/>	
21.3	Other Relevant Meeting Documentation	<input type="checkbox"/>	
22	Correspondences		
22.1	Relevant Correspondences with Sponsor	<input type="checkbox"/>	

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22.2	Relevant Correspondences with Site Staff	<input type="checkbox"/>	
22.3	Relevant Correspondences with Central Lab/ Vendors	<input type="checkbox"/>	
22.4	Any Other Relevant Correspondences	<input type="checkbox"/>	
23	Miscellaneous	<input type="checkbox"/>	