From: Hommel, Carolyn - OC on behalf of OC GCP Questions
Sent: Monday, June 05, 2006 11:40 AM
To: [purged]
Subject: RE: Source document question

Dear Ms. [purged]:

Your question was forwarded to me for a response. The short answer to your question is that there is nothing in the regulations that would prohibit the practice of copying a CRF page, certifying it to be a true, accurate, and genuine copy, and using it as a source document. However, I would like to provide you with additional background as you consider developing procedures for recordkeeping related to a clinical trial.

21 CFR 312.62 describes the study records that clinical investigators must maintain during the course of a clinical investigation. In particular, 21 CFR 312.62(b) states:

> "(b) Case histories. An investigator is required to prepare and maintain adequate and accurate case histories that record all observations and other data pertinent to the investigation on each individual administered the investigational drug or employed as a control in the investigation. Case histories include the case report forms and supporting data including, for example, signed and dated consent forms, any medical records, for example, progress notes of the physician, the individual's hospital chart(s), and nurses' notes. The case history for each individual shall document that informed consent was obtained prior to participation in the study."

As you can see, FDA regulations are fairly non-specific, so sites may develop their own procedures to fulfill the regulatory requirements for preparing and maintaining adequate and accurate case histories.

If data are entered directly onto a CRF, then the original CRF becomes a source document. FDA's official guidance, the ICH E6 "Good Clinical Practice: Consolidated Guidance," section 8.3.13, states that source documents "...include original documents related to the trial, to medical treatment, and history of subject" and that they should be maintained by the investigator/institution. Although the next section in ICH (8.3.14) says that a copy of the CRF should be maintained in the investigator's files, with the original being sent to the sponsor, the fact that the original CRF has become a source document (by virtue of being the first place in which study-related information has been captured onto a durable medium) suggests that the original CRF could be maintained at the investigator's site (in keeping with 8.3.13), and a copy sent to the sponsor. Having said that, as I said earlier, there is nothing in the regulations that

would prohibit the practice of copying a CRF page, certifying it to be a true, accurate, and genuine copy, and using it as a source document.

I would also add that there are pros and cons related to the use of CRF pages to capture data. In general, best record keeping practices make maximum use of indigenous site records and minimize the need for transcription. In this regard, if the CRF page is to be used to collect the data, it would be preferable to use the original rather than making a copy and having to transcribe the data. Likewise, if one was to follow the practice of maximizing the use of indigenous site records, use of standard office medical records would be preferred over a form that is study specific and likely to be unfamiliar to site staff.

As you can see, there really is no easy or right answer. My advice in general would be to use the record keeping practice that the site staff are most comfortable with and ensure that the same practices for recording source data are used consistently by all staff.

You may also find the advice in section 6.4.9 helpful; that section states that the study protocol should include "identification of any data to be recorded directly on the CRFs (i.e., no prior written or electronic record of data), and to be considered to be source data."

The ICH guidance can be viewed in its entirety on FDA's Good Clinical Practice website at http://www.fda.gov/oc/gcp.

I hope this is helpful.

Sincerely,
Carolyn Hommel
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Good Clinical Practice Program
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This communication does not constitute a written advisory opinion under 21 CFR 10.85, but rather is an informal communication under 21 CFR 10.85(k) which represents the best judgment of the employee providing it.  This information does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed.

From: [purged]
Sent: Monday, June 05, 2006 9:03 AM
To: OC GCP Questions
Subject: Source document question

Hello-

I have a question regarding a source document. By FDA guidelines, can a CRF be copied and without change, be used as the recognized source document? Thank you for your time.

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