Case Report Forms (CRF)

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Revision Chronology:	**Effective Date**	**Reason for change**
Version 1.3	**5 March 2012**	Format change to comply with SOP 1
Version 1.2	**1 February 2010**	Bi-annual review. Web page links updated. Definition of source data and note re; design of CRF added
Version 1.1	**8 February 2008**	Bi-annual review: Format change. Slight amendments to text
Version 1.0	**March 2006**	

Case Report Forms (CRF)

1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to inform Investigators and other trial personnel of their responsibilities relating to collecting participant data accurately and in such a way as to allow verification of the data.

2. Background

A case report form (CRF) is a form on which individual participant data required by the trial protocol are recorded. It may be a printed or electronic document. The CRF data is used to perform statistical analysis for the trial. Design of individual CRFs will vary from trial to trial, but it is essential that the design ensures that:

- adequate collection of data has been performed
- proper paper trails can be kept to demonstrate the validity of the trial (both during and after the trial)

The analysis of the data and the compilation of reports will last for many months after data has been collected. The results of a trial may also be audited or inspected a long time after the trial has been completed, by which time the main protagonists involved in the trial may have moved to other positions, thus it is imperative that CRFs are well designed, completed and archived (see SOP 23 'Archiving of Trial Data').

3. Procedure

3.1 Who?

The Chief Investigator (CI) or designee is responsible for ensuring that the CRF is designed to capture the required data and that the information gathered is appropriate to the aims of the trial and will not adversely affect recruitment. Collaboration with the trial statistician, trial coordinator and IT personnel (where appropriate), is essential. Further details may be found in section 5.9 of Medical Research Council Good Clinical Practice (MRC GCP) and section 4.9 of International Conference on Harmonisation (ICH) GCP. These may be accessed via the Clinical Trials Unit website at http://www2.warwick.ac.uk/fac/med/research/ctu/process/linkslegislation

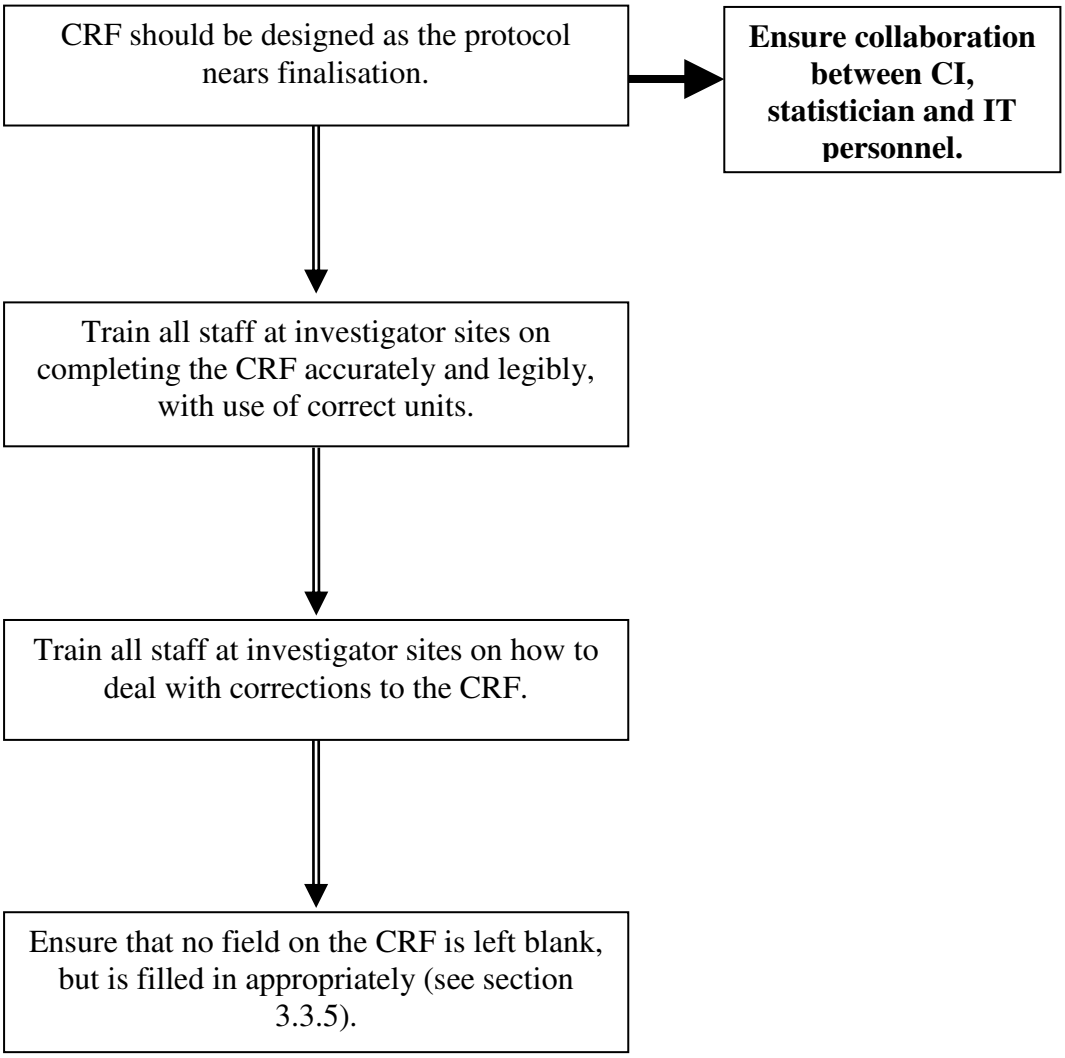
3.2 When?

The CRF should be designed when the protocol is final or nearly final.

3.3 How?

Specific procedures are laid out below.

Specific Procedures:



3.3.1 Training on use of CRFs

Wherever possible, all personnel who will be involved in completing CRFs should receive training before the trial begins on how to complete the CRFs accurately, and how to deal with corrections.

3.3.2 Collection of participant data

CRFs are based on 'source data' which is defined in the ICH GCP guidelines (section 1.52) as: 'Original documents, data and records (e.g. hospital records, concomitant medication, laboratory results, ECGs, patient diaries, x-rays etc.). CRFs must be completed as soon as the source data becomes available.

The source data should remain in a participant's medical file in such a way that it can be easily retrieved (even years after completion of the trial) in case of an audit or regulatory inspection. The participant's medical file must state that the participant has been part of a clinical trial.

Where trial data is taken from original documents the trial data should be in agreement with the information they contain. Where the CRF is the source document (e.g. information collected directly from the participant and not recorded elsewhere) then the training of the persons collecting and recording those data and clearly documented procedures are crucial (ICH GCP sections 4.9 and 5.5).

The original page(s) of the completed CRF should be forwarded to the coordinating centre and a photocopy retained at the trial site. If the CRF is produced as a NCR (no carbon required) format, the top copy should be returned and the bottom copy retained at site.

3.3.3 Data to be collected on CRF

This will vary from trial to trial, but should include the following:

- Inclusion/exclusion criteria
- Baseline data and demography data
- Data specifically required by the protocol
- Any dose and/or therapy (including non-trial therapy) taken and/or modified
- Adverse events, concomitant medications and intercurrent illnesses.
- Visits that the participants fail to make, tests that are not conducted, and examinations that are not performed.
- All withdrawals and dropouts of enrolled participants from the trial reported and explained.

Some data will be recorded directly onto the CRF and there will not be any prior written or electronic record of such data. This is considered to be source data.

3.3.4 Audit Trails

The purpose of an audit trail is to enable the traceability of any piece of information related to the trial to the underlying source data. This may be required for a regulatory inspection and/or Sponsor audit to validate a trial, and may be required years after the completion of a trial.

3.3.5 Dealing with corrections/omissions to the CRF

Mistakes or erroneous data should be crossed out with a single line that leaves the mistake legible, and the correct data should be written next to the erroneous data and initialled and dated. Similar systems should be instigated for electronic forms.

An omission, i.e. the lack of data, should be explained on the CRF, for example by means of the statement "Not done", "Not applicable", "Unknown". Any omissions which are unexplained will lead to the request for complementary information, and finding explanations after the event has taken place can be very time consuming.

For further information see SOP 15 ‘Data Management’.

3.3.6. Checklist for handling CRFs

- All investigational staff must receive sufficient information on the trial and on how to complete a CRF. All changes in staff during the study must be documented.
- All data entered in a CRF must be legible, i.e. use block letters, for multiple-copy CRFs make sure that all copies are legible.
- All data entered in a CRF should be understandable: i.e. use adequate units of measure for laboratory results, indicate and document when transformation of units has taken place, use only codes which have been predefined.
- Errors must be crossed out with a single line leaving the mistake legible. The correction should be initialled and dated by the investigator. Where appropriate, errors should be explained.
- Correction should be distinctly different from the original, and done consistently throughout the trial (e.g. made in a different coloured ink).
- Every effort should be made to collect complete data. See SOP 15 'Data Management'
- Omissions should be explained.
- The investigator must archive the Trial Site File (TSF) including copies of the CRFs.
- The source data must be readily available and retrievable for monitoring, auditing and inspection.
- Document everything: Errors and omissions are acceptable but not without explanation.

List of abbreviations

CI	Chief Investigator
CRF	Case Report Form
GCP	Good Clinical Practice
ICH	International Conference on Harmonisation
MRC	Medical Research Council
NCR	No Carbon Required
SOP	Standard Operating Procedure
TSF	Trial Site File