[Sponsor logo (if different)]

[Collaborating group logos]

[Funder logo]

[Research network logo (if applicable)]

ACRONYM (or Short Title of Trial)

Long Title of Trial

CRF Completion Guidelines

Version: n.n

Date: dd-mon-yyyy

Revision History			
Author	**Version**	**Date**	**Reason for Revision**

CONTENTS

Instructions for use – remove this page before use

This document is intended to be used by sites, and should contain any information relevant to the management and completion of CRFs, and the data within them.

Throughout this template you will find text in italics. This text is provided to guide you in what should be described in each section. It should be removed prior to the first version of the document being released to sites.

Those recruited to a trial are referred to here as participants. If however you feel there is a more appropriate term for your trial, e.g. patients, please amend it.

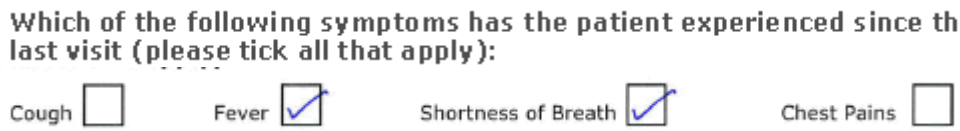
GENERAL CRF COMPLETION GUIDELINES

Please add or remove where appropriate based on the design of your CRFs.

1. Please ensure the most up to date version of the CRF is being completed. The CRF Version History section will outline details of the latest version, and you can access these from *<insert website or other as appropriate for your trial>*
2. Please ensure you are completing the correct CRF, and that it is required at this stage of the trial for the participant. This can be done by referring to the CRF Completion Schedule later in this document.
3. CRFs should be completed in blue or black ink.
4. CRFs should always be signed and dated on the day of completion, unsigned CRFs will be returned to site for signature.
5. All text must be provided in English *<or specify alternative where appropriate>*.
6. Data should not be erased from the CRF, either by obscuring the original answer or by using correction fluid. Mistakes should be crossed through with a single line, so the original data is not obscured.
7. Corrections should be placed as near to the CRF question as possible eg directly next to, or above if space does not permit. This change should be initialled and dated.

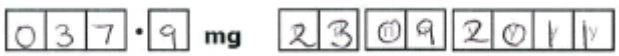
8. The CRFs will contain boxes for data collection. Tick boxes should be completed with a clear tick as opposed to a cross, line or other form of marking. *(This guideline can be removed if you do not use tick boxes on your CRF)*

9. Where questions have a number of options, and have asked that you tick all that apply, the boxes left blank will be considered not applicable to the participant. In the example below it will be taken that the participant has not experienced a cough or chest pains. It will not be chased as missing data, therefore please ensure you provide all the appropriate data.



The preferred method for gathering data of this nature is to provide a Yes/No option for each item to reduce ambiguigty. If you have chosen to adopt this method, then you can remove Number 9, as Number 8 will be adequate.

10. Data which is not free text will generally be collected in boxes, with one box per character. Please see examples below.



11. Where numerical data, such as the example above, is requested on a CRF, if the response is less than the maximum digits please put 0's in the leading boxes, for example, if the answer to the above question was 37.9mg then the CRF should be completed as 037.9mg (see example).
12. Dates should always be written in the following format *<insert format eg dd mm yyyy or dd mon yyyy>*.
13. Time data should always be provide in the following format *<insert format eg hh.mm and state whether the 12 or 24 hour clock will be used> This guideline can be removed if time data is not collected at all in the trial.*
14. Further comments may be added to the CRF if necessary, but these should be placed unambiguously next to the question it relates to.
15. Within free text questions the following abbreviations and symbols are permitted for use:
    Please add or remove as appropriate for your trial.

    lt or L – Left
    rt or R – Right
    pt – Participant/Patient
    ↑ - Increase
    ↓- Decrease
    > - more than
    ≥ - more than or equal to
    < - less than
    ≤ - less than or equal to
    PRN – take (medication) when needed
    Tx – treatment
    Rx – prescription
    PMH – past medical history

    (Please note abbreviations will be spelled out in full during data entry.)

16. Please avoid using joined up writing when providing free text, all words should be printed and legible.
17. If the answer to a question is Not Known please write 'Not Known' next to the question on the CRF. Writing NK in available boxes will also be acceptable.
18. If a test or procedure was not carried out, please write 'Not Done' next to the question on the CRF. Writing ND in available boxes will also be acceptable
19. Once a CRF is completed ensure a copy is placed in the participant's file. This may be a photocopy, a carbon copy sheet or the original if the CRFs are faxed to the coordinating data centre.
20. CRFs should always be signed and dated by the person completing them, and those people should be on the delegation log. However in the instance a participant has completed the CRF, and it requires a signature, do not let them sign it, it will compromise the confidentiality of the participant. If the CRF requires a signature, it should be signed by an authorised member of staff at site before being sent off.
21. If it becomes apparent that an error has been made on the CRF, please send an amended copy to the *<MRC CTU or insert as appropriate>* with a cover note to highlight that this is an updated version from the one previously sent in. Ensure a copy of the amended CRF is retained at site along with the copy of the original which was sent in. Both versions should be kept in the participants file for audit purposes.
22. Before sending the CRF please ensure the following:
    a. The most up to date version of the CRF has been used

b. The header information ie participant identifiers have been completed correctly
c. The CRF has been signed, and dated by an authorised member of staff whose name is on the delegation log

Please add any further trial specific guidelines.

PROVISION OF CRFS TO SITES

Detail how sites will be provided with CRFs, for example by post, or if they are going to be asked to print them, where they can access the CRFs from, ie a website or pdf. Outline any special instructions which may be needed if a new version of a CRF is released.

In the event a new version of a CRF is released, this document will be updated, including the Version History section, and will be distributed to participating sites so they are aware of the most up to date CRF information. There will be an effective date specified for new versions, after which time previous versions of the CRF will not be accepted, and will be returned to site.

CRF COMPLETION SCHEDULE

Specify where sites should return completed CRFs to, eg a postal address or fax number. If modes of return to the coordinating centre are different for different CRFs ensure that is detailed here.

Please complete the table below, adding columns/rows as necessary, using ticks to indicate which CRFs are expected at which visits. If necessary this page could be made landscape to fit the table in.

TABLE 1. CRF COMPLETION SCHEDULE

	Visit name	*Visit name*	*Visit name*	*Visit name*	*Visit name*	*Visit name*	*Visit name*
CRF Name							
CRF Name							
CRF Name							
CRF Name							

Add further tables if you need to specify alternative completion schedules for more information. If the trial has a large number of CRFs, and/or a potentially complex completion schedule based on participant outcomes or events throughout the trial, then please consider whether a flowchart may be of use here for clarity. Alternatively scenarios of participant journeys and the CRFs which would be completed at each timepoint could be provided as an appendix to this document. If these will be used please reference them here.

TABLE 2. CRF RETURN SCHEDULE

Please complete the table below with the CRF Name, timeline which you expect sites to return completed CRFs, eg within 1 week of visit, whether there are any CRFs which must be completed by a specific member of staff eg Pathologist or Surgeon. If there are no special instructions then please complete with 'Authorised member of staff'..

CRF NAME	RETURN TIMELINE	TO BE COMPLETED BY

Please specify whether you require a blank CRF to be sent in to denote a missed visit, and how site should indicate on the CRF that the visit was missed.

Please describe how sites will be informed of missing CRFs/missed visits as appropriate, and what they are expected to do, including timescales following these notifications. If there are further centralised quality management/performance measures used in your trial/study then please include details of how these will be managed here also.

Data return rates will be monitored centrally, whereby the number of expected CRFs will be measured against the number received, and these results will be fed back to Oversight Committees. Any concerns over data return rates will be raised with sites to allow sufficient time to rectify or discuss any issues.

CRF COMPLETION GUIDELINES

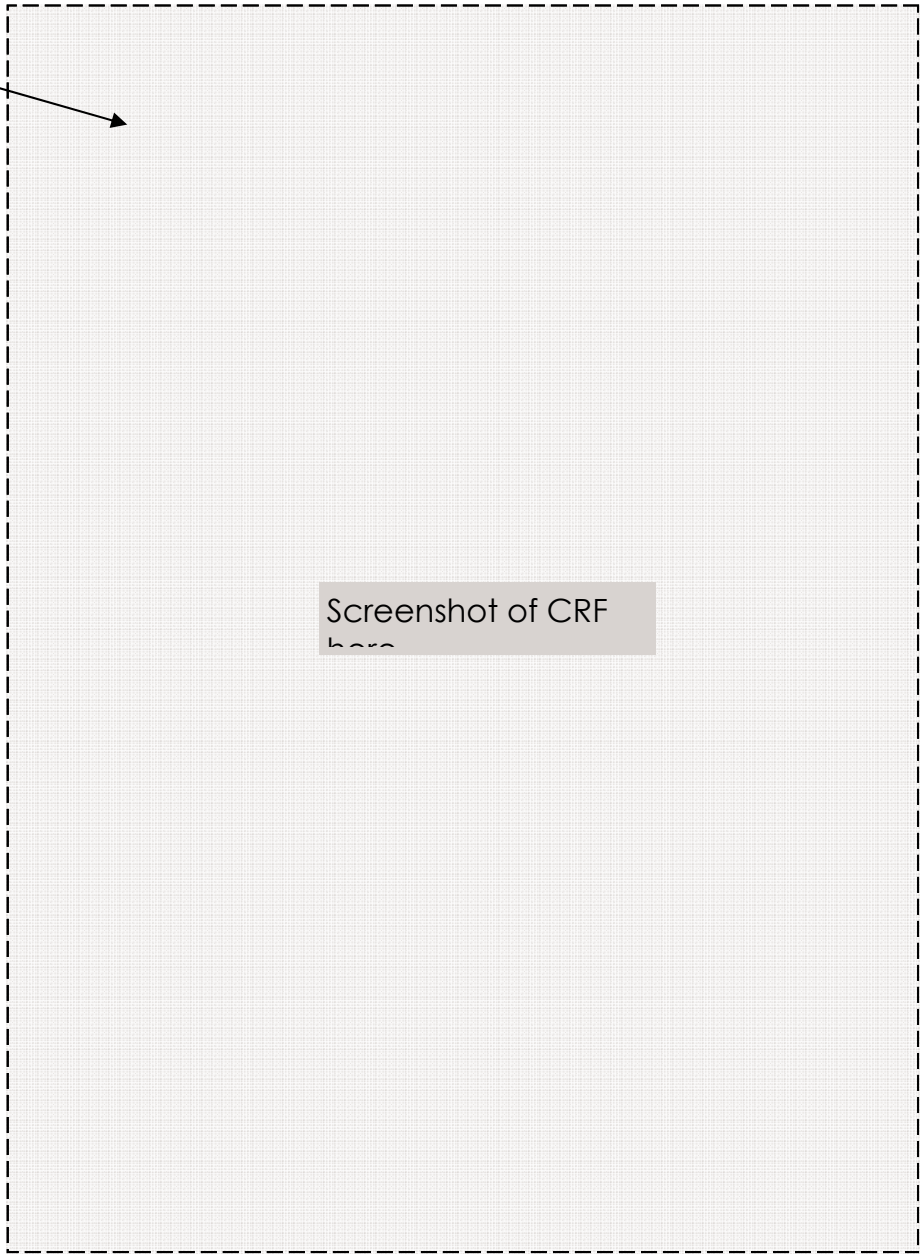
The following pages will provide detailed information on how to complete each CRF, with the use of screen shots and guidance text. These are intended to be used as a reference while completing CRFs, to ensure they are completed correctly and at appropriate time points for each participant.

It may also be useful to provide samples of completed CRFs in an appendix to this document. If this is the case please include the following text in this section, substituting the appropriate appendix number 'For reference purposes there are a set of sample completed CRFs in appendix xx.'

CRF NAME COMPLETION GUIDELINES

Guidance Completion Text

- *When to complete the CRF*
- *When to complete specific questions*
- *How to complete unusual questions*
- *Who should sign the CRF*
- *Common errors – these will build as a trial progresses*
- *It is important to identify which field comprises the **Form Date** in your database– this will prevent confusion when using the DCF Report.*

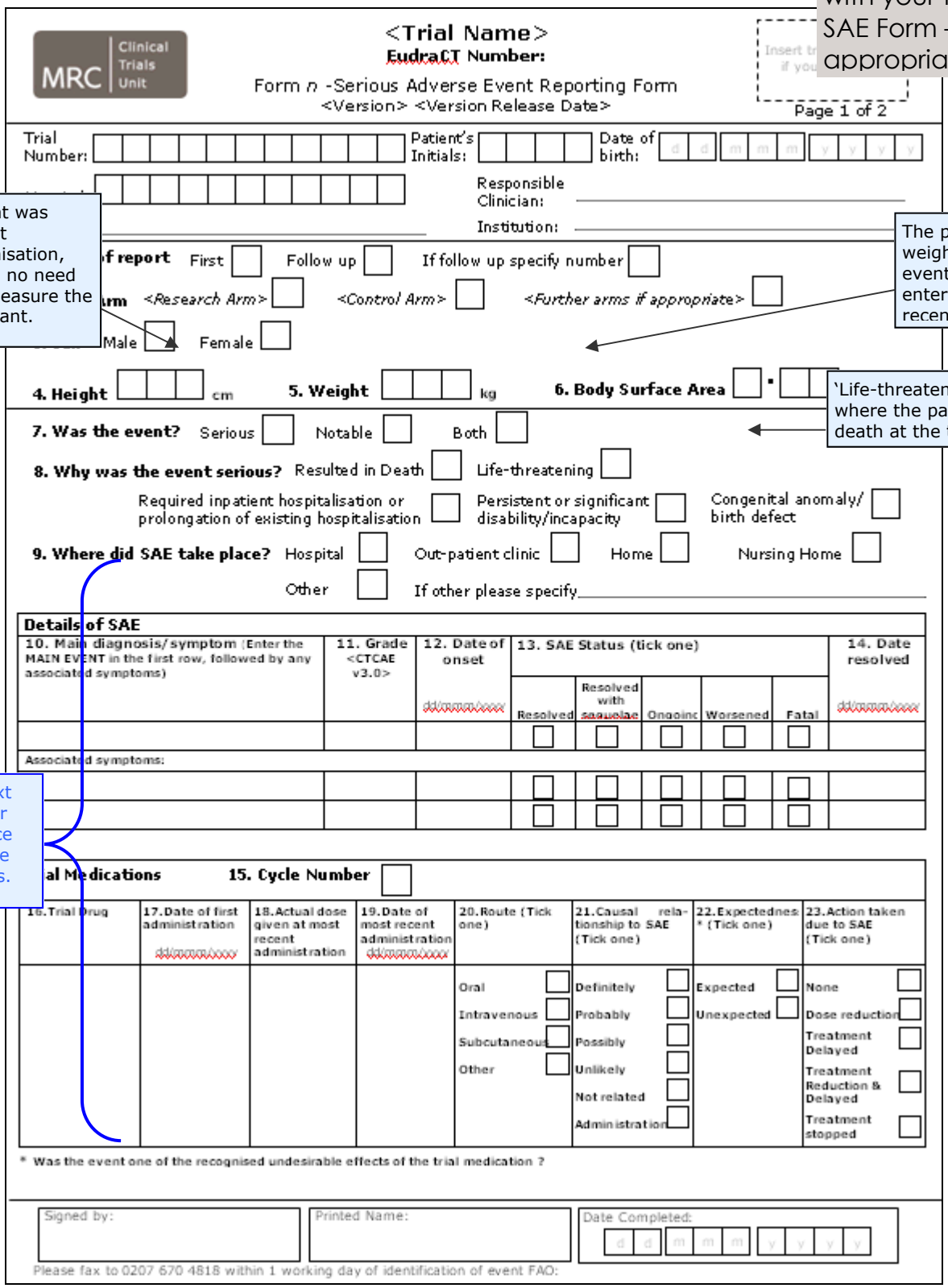


Repeat this page for all CRFs and CRF pages.

If you have any queries please contact *<insert trial email address>*

SERIOUS ADVERSE EVENT FORM COMPLETION GUIDELINES

Replace this screenshot with your trial specific SAE Form – maintaining appropriate guidance



<Trial Name>
EudraCT Number:
Form n -Serious Adverse Event Reporting Form
<Version> <Version Release Date>
Page 1 of 2

Trial Number: | Patient's Initials: | Date of birth: d d m m m y y y y
Responsible Clinician:
Institution:
f report First Follow up If follow up specify number
rm <Research Arm> <Control Arm> <Further arms if appropriate>
Male Female
4. Height cm 5. Weight kg 6. Body Surface Area
7. Was the event? Serious Notable Both
8. Why was the event serious? Resulted in Death Life-threatening
Required inpatient hospitalisation or prolongation of existing hospitalisation
Persistent or significant disability/incapacity
Congenital anomaly/ birth defect
9. Where did SAE take place? Hospital Out-patient clinic Home Nursing Home
Other If other please specify

Details of SAE

10. Main diagnosis/symptom (Enter the MAIN EVENT in the first row, followed by any associated symptoms)	11. Grade <CTCAE v3.0>	12. Date of onset dd/mm/yyyy	13. SAE Status (tick one)					14. Date resolved dd/mm/yyyy
			Resolved	Resolved with sequelae	Ongoing	Worsened	Fatal	
Associated symptoms:								

al Medications 15. Cycle Number

16. Trial Drug	17. Date of first administration dd/mm/yyyy	18. Actual dose given at most recent administration	19. Date of most recent administration dd/mm/yyyy	20. Route (Tick one)	21. Causal relationship to SAE (Tick one)	22. Expectedness * (Tick one)	23. Action taken due to SAE (Tick one)
				Oral Intravenous Subcutaneous Other	Definitely Probably Possibly Unlikely Not related Administration	Expected Unexpected	None Dose reduction Treatment Delayed Treatment Reduction & Delayed Treatment stopped

* Was the event one of the recognised undesirable effects of the trial medication ?

Signed by: | Printed Name: | Date Completed: d d m m m y y y y

Please fax to 0207 670 4818 within 1 working day of identification of event FAO:

If height was taken at randomisation, there is no need to re-measure the participant.

The participant should be weighed at the time of the event if possible. If not enter the participants most recently recorded weight.

'Life-threatening' refers to an event where the participant was at risk of death at the time of the event.

See next page for guidance on these sections.

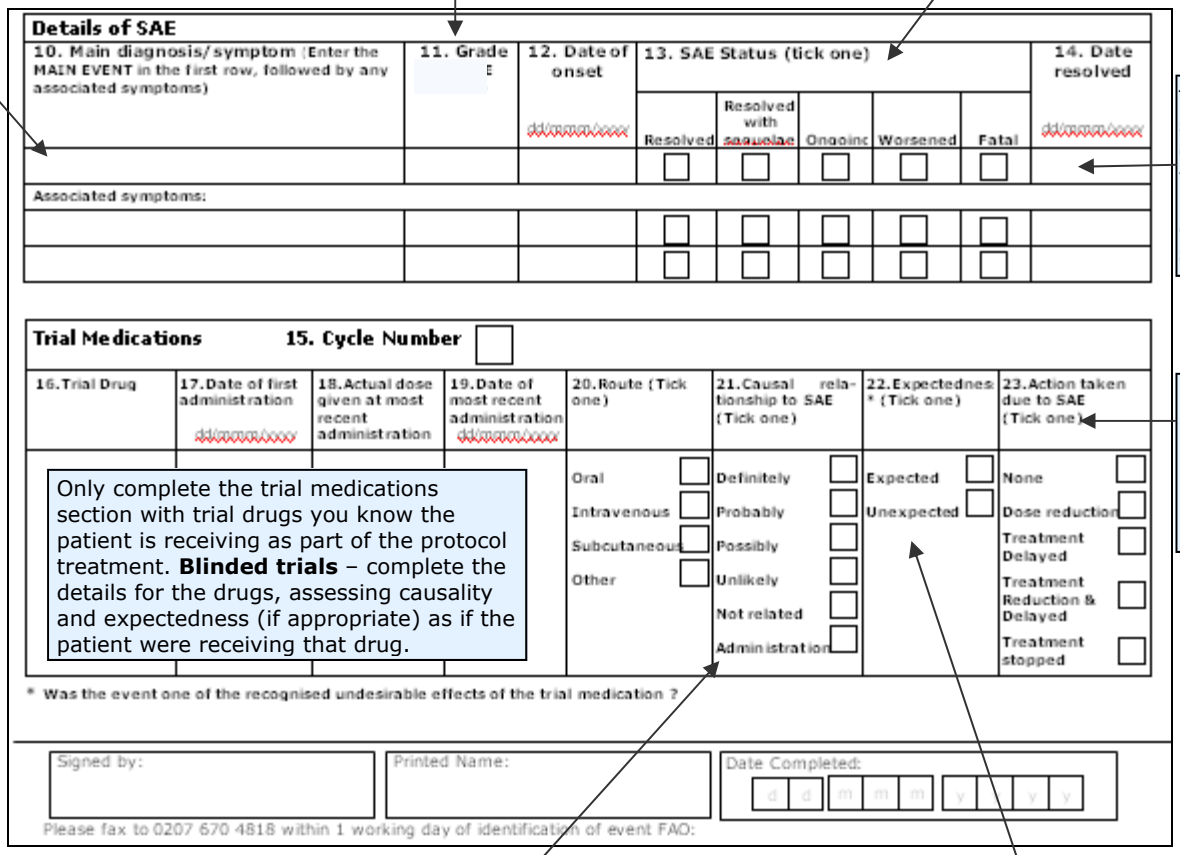
SERIOUS ADVERSE EVENT FORM COMPLETION GUIDELINES – CONTINUED

Give the most appropriate medical term for the diagnosis. List the main symptom first, and list up to two associated symptoms if required.
The main diagnosis may change during the course of the event.
Any symptoms not related to the main diagnosis need to be reported on a separate SAE form.
Follow-up SAEs – the worst SAE grade for a symptom should be considered when reporting the worst symptom experienced on the follow up form.

Replace this screenshot with your trial specific SAE Form – maintaining appropriate guidance

Give the grade at the time of assessment. It may change between reports over the course of the event

The SAE status may change over the course of the event



This field should only be completed if the status is resolved (with or without sequelae)

The action taken due to SAE may change over the course of the event

Only complete the trial medications section with trial drugs you know the patient is receiving as part of the protocol treatment. **Blinded trials** – complete the details for the drugs, assessing causality and expectedness (if appropriate) as if the patient were receiving that drug.

Causal relationship
Whether an event is related to a trial drug is defined as follows:
Definitely – the SAE is clearly related to the specified drug
Probably – the SAE is likely related to the specified drug
Possibly – the SAE may be related to the specified drug (Should be selected if the participant is receiving more than one drug, and investigator is unsure which drug is causing the event.)
Unlikely – the SAE is doubtfully related to the specified drug
Not related – the SAE is clearly not related to the specified drug
Administration – the SAE is related to the route of administration of the drug

Expectedness
-The Investigator must determine if the event is a recognised side effect of the trial drugs, refer to the protocol and associated documents for more information.
-If the event was more serious than expected or had a different presentation than expected, this should be recorded as **Unexpected**
-Not required if causality is unlikely or not related.

SERIOUS ADVERSE EVENT FORM COMPLETION GUIDELINES – CONTINUED

MRC Clinical Trials Unit

<Trial Name>
EudraCT Number:

Form *n* -Serious Adverse Event Reporting Form
<Version> <Version Release Date>

Insert trial logo here if you have one

Page 1 of 2

Trial Number: | Patient's Initials: | Date of birth: d d m m m y y y y

Hospital | Responsible Clinician: _____

Country: _____ | Institution: _____

Trial Medications (continued)

16.Trial Drug	17.Date of first administration dd/mm/yyyy	18.Actual dose given at most recent administration	19.Date of most recent administration dd/mm/yyyy	20.Route (Tick one)	21.Causal relationship to SAE (Tick one)	22.Expectedness * (Tick one)	23.Action taken due to SAE (Tick one)
				Oral Intravenous Subcutaneous Other	Definitely Probably Possibly Unlikely Not related Administration	Expected Unexpected	None Dose reduction Treatment Delayed Treatment Reduction & Delayed Treatment stopped
				Oral Intravenous Subcutaneous Other	Definitely Probably Possibly Unlikely Not related Administration	Expected Unexpected	None Dose reduction Treatment Delayed Treatment Reduction & Delayed Treatment stopped

* Was the event one of the recognised undesirable effects of the trial medication

Trial interventions or other treatments (Exclude any therapy given for management of SAE; include concomitant medication, radiotherapy and palliative care. Continue on a separate sheet if necessary)

24.Treatment Give generic name	25.Total Daily Dose	26.Route	27.Start Date dd/mm/yyyy	28.Ongoing	29.End Date dd/mm/yyyy	30.Causal relationship to SAE	31.Action taken due to SAE
		Oral Intravenous Subcutaneous Other		No Yes		Definitely Probably Possibly Unlikely Not related Administration	None Dose reduction Treatment Delayed Treatment Reduction & Delayed Treatment stopped
		Oral Intravenous Subcutaneous Other		No Yes		Definitely Probably Possibly Unlikely Not related Administration	None Dose reduction Treatment Delayed Treatment Reduction & Delayed Treatment stopped

Enter N/A for the dose if the treatment is surgery

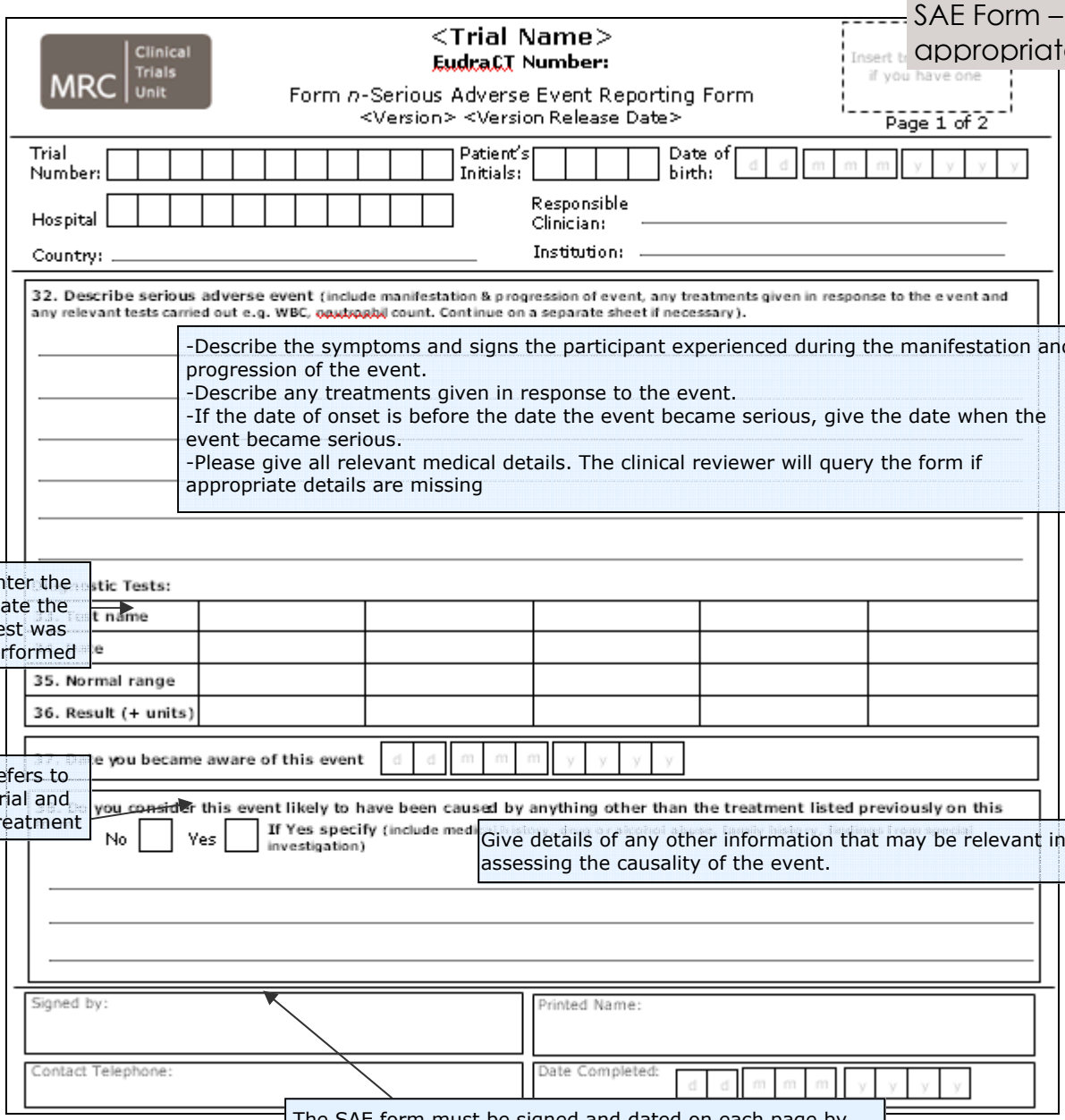
Enter N/A in End Date if the treatment is ongoing

Signed by: | Printed Name: | Date Completed: d d m m m y y y y

Please fax to 0207 670 4818 within 1 working day of identification of event FAO:

SERIOUS ADVERSE EVENT FORM COMPLETION GUIDELINES – CONTINUED

Replace this screenshot with your trial specific SAE Form – maintaining appropriate guidance



<Trial Name>
EudraCT Number:
Form n-Serious Adverse Event Reporting Form
<Version> <Version Release Date>
Page 1 of 2

Trial Number:
Patient's Initials:
Date of birth: d d m m m y y y y
Hospital
Responsible Clinician:
Country:
Institution:

32. Describe serious adverse event (include manifestation & progression of event, any treatments given in response to the event and any relevant tests carried out e.g. WBC, neutrophil count. Continue on a separate sheet if necessary).

-Describe the symptoms and signs the participant experienced during the manifestation and progression of the event.
-Describe any treatments given in response to the event.
-If the date of onset is before the date the event became serious, give the date when the event became serious.
-Please give all relevant medical details. The clinical reviewer will query the form if appropriate details are missing

Enter the Date the test was performed

stic Tests:

t name					
e					
35. Normal range					
36. Result (+ units)					

e you became aware of this event d d m m m y y y y

This refers to both trial and other treatment

you consider this event likely to have been caused by anything other than the treatment listed previously on this

No Yes If Yes specify (include medi... investigation)

Give details of any other information that may be relevant in assessing the causality of the event.

Signed by:
Printed Name:
Contact Telephone:
Date Completed: d d m m m y y y y

The SAE form must be signed and dated on each page by an appropriate member of the site trial team. If this is not possible within the reporting timelines then an unsigned form should be faxed/e-mailed. At the earliest opportunity someone with suitable authorisation should subsequently check the SAE form, make changes as appropriate, sign and then re-fax to the MRC CTU.

DATA QUERIES

Any questions which are not answered on the CRF, or those that are answered ambiguously will be queried.

Please provide a summary of when sites can expect to be sent queries, and missing CRFs, both on a regular basis and before interim analyses and DMCs etc.

Provide instructions for how sites should provide query responses. It is preferable for query responses to be returned on the query report/Data Clarification Forms, rather than returning amended CRFs, and this should be made clear if appropriate to your trial. Please remind sites to take a copy of the query reponses to keep in the participants file, and to ensure they have signed off query responses as per CRFs.

Please ensure the text below is included in this section. It is important that compliance with this is checked during site visits.

Please ensure site copies of CRFs are amended in line with GCP; local procedures may be followed but audit/monitoring activities will have to be able to follow the audit trail of changes as they appear on the database.

CRF VERSION HISTORY

The table below shows a version history of all CRFs for *<insert Trial Name>*. Each CRF has its own section, and the most recent version will be at the bottom of each list. The effective from date is the date after which previous versions will not be accepted.

<Trial Name> CRF Version History			
CRF Name :			
Version Number	**Effective from Date**	**Effective to Date**	**Reason for Revision**
CRF Name :			
Version Number	**Effective from Date**	**Effective to Date**	**Reason for Revision**

Each CRF should have its own section, and as new versions are created they should be listed in the appropriate section, with the most recent version being the one at the bottom of each list. The effective from date is the date after which old versions of the CRF will no

longer be accepted, and when a version is superceded please complete the effective to date. Ensure a summary of the changes is included in the Reason for Revision column.

APPENDIX 1 – PARTICIPANT SCENARIOS

If it would be helpful to sites to provide more information on when to complete particular CRFs, then please add scenarios here, that decsribe a complex participant journey thorugh the trial, and indicate which CRFs would be required at each appropriate timepoint.

If you would like to see examples of participant scenarios then please contact the Data Scientists group.

If there will not be any scenarios inlcuded here, please remove this section.

APPENDIX 2 - SAMPLE COMPLETED CRFS

Please include any sample completed CRFs here. If there will not be any sample CRFs provided please remove this section.