

Section 3. Documentation Requirements

3.1 Overview of Section 3

This section contains a listing of required administrative and regulatory documentation, commonly referred to as “Essential Documents”, which each study site must maintain and keep current throughout the study, as well as procedures for establishing adequate and accurate study participant source documentation records.

3.2 Essential Documents

The *DAIDS Policy for Requirements for Essential Documents at Clinical Research Sites Conducting DAIDS Funded and/or Sponsored Clinical Trials (DWD-POL-RA-03.00)* and *ICH E6 Good Clinical Practice: Consolidated Guidance* specify the administrative and regulatory documents that HPTN study sites must maintain for DAIDS-sponsored studies. Based on this DAIDS Policy, the documentation listed below must be maintained for HPTN 061. When required documents are modified or updated, the original and modified/updated versions must be maintained. Although all required documentation must be available for inspection at any time, all documents need not be stored together in one location.

- Protocol (implementation version and any subsequent amendments, letters of amendment, and clarification memos).
- Informed Consent Forms and assessment tools (all IRB-approved versions, foreign language and back-translations, all signed and dated forms from screened and enrolled study participants).
- Documentation of approved protocol registration from DAIDS.
- Documentation of study activation from the HPTN CORE CRM.
- Documentation of local regulatory authority correspondence, authorization, and/or approval of the protocol if applicable.
- Documentation of Certificate of Confidentiality, if applicable.
- Federal Wide Assurance (FWA) number(s) and expiration date.
- IRB/EC roster(s).
- Investigator of record agreement, signed and dated by the Investigator of Record
- Relevant local IRB/EC submission requirements or guidelines.
- All correspondence to and from the local IRB/EC, including documentation of all reviews and approvals and copies of site-specific interim and annual reports.

- All IRB-approved participant informational/educational materials, focus group guides, individual interview guides and advertisements for participant recruitment, as well as subsequent updates.
- Screening and enrollment logs; include sampling logs for qualitative component.
- IRB approved pre-screening scripts or forms.
- Participant identification code list.
- Study staff roster, signature sheet, and delegation of duties, including Investigator responsibilities.
- Signed and dated CV for each study staff member, current within the last year.
- Documentation of staff members' humans subjects training.
- Documentation of staff members' study-specific training.
- Documentation of staff members' GCP training.
- Local laboratory accreditations/certifications.
- Local laboratory normal values/reference ranges for protocol-specified testing (if applicable).
- Key study-related correspondence with the HPTN Network Lab, SDMC, the HPTN CORE, the RCC, and DAIDS, as well as other study-related communication.
- Documentation of study-related conference calls and meetings.
- Applicable local public health reporting requirements pertinent to study procedures; documentation of exemptions from requirements.
- Final, approved version of each local site- and study-specific SOPs that will be used for HPTN 061 and all subsequent updates.
- DAIDS reference materials including: 1) *DAIDS Policy for Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials* (DWD-POL-CL-04.00 and subsequent updates) 2) *DAIDS Policy for Requirements for Essential Documents at Clinical Research Sites Conducting DAIDS Funded and/or Sponsored Clinical Trials* (DWD-POL-RA-03.00 and subsequent updates), 3) *DAIDS Protocol Registration Policy and Procedures Manual* (August 2004 and any subsequent updates).
- Study specific procedures (SSP) manual, original versions and all updates, bulletins, clarifications, and communiqués.
- Monitoring visit log, reports, and site response to visit findings (for PPD, HPTN CORE, SDMC, HPTN NL, and other site visits).

- A complete, blank copy of the case report forms (CRFs) (original and all revisions).
- All completed CRFs, initialed and dated.
- Record of stored specimens.
- CRFs as Source Documentation (see Section 3.3.3.3, Table 3-1).
- All source documents.
- Signed agreements related to the study (e.g., between Investigator and affiliated sites).
- Serious Adverse Event (SAE) Reports, and reports of serious or unexpected social harms, as detailed in protocol and/or SSP

3.3 Participant Research Record

Study sites must maintain an accurate and complete participant research record containing all information pertinent to the study for each study participant. As defined by the *DAIDS Policy for Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials (DWD-POL-CL-04.00)*, the research record consists of the following: original subject-signed informed consent form(s), participant source documents and case report forms (CRFs).

3.3.1 Concept of Source Documentation

A source document is defined as the first document on which study-related information is recorded. Study sites must adhere to the standards of source documentation specified in the *DAIDS Policy for Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials (DWD-POL-CL-04.00)* and the standards outlined in this manual.

For HPTN 061, participant source documents will consist of narrative chart notes, site-specific visit checklists, medical records, laboratory reports and forms provided by SDMC (DataFax and non-DataFax). As a condition for study activation, each site must establish an SOP for source documentation that specifies the use of these documents as source documents.

3.3.2 Source Documentation

Participant source documentation should contain all of the following elements:

- Basic participant identifiers.
- Documentation that the participant provided informed consent to participate in the study prior to the conduct of any study procedures, including any assessment of understanding to verify comprehension of the informed consent, if used (see Section 4.6 for examples).

- Documentation that the participant met the study's selection (eligibility) criteria.
- Locator information and a record of all contacts, and attempted contacts, with the participant.
- A record of all procedures performed by study staff during the study.
- A record of any SAEs and Social Harms.
- Complete source documents.
- Study-related information on the participant's condition before, during, and after the study, including:
 - Data obtained directly from the participant (e.g., interview responses).
 - Data ascertained by study staff (e.g., exam and lab findings).
 - Data obtained from non-study sources (e.g., medical records), if applicable.

Note: Some interview data collected in HPTN 061 will not be accessible to the site teams, for example, responses to the ACASI and Social-Sexual Network questionnaires which will be collected on line and stored at the SDMC. A participant's responses during focus groups or interviews will be retained by the site but may be stored apart from individual participant files.

Note: In addition to the above, the DAIDS Policy for Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials (DWD-POL-CL-04.00) requires that all protocol departures/deviations/violations be documented in participant's study records, along with reasons for the departures and/or attempts to prevent or correct the departures, if applicable.

3.3.3 Examples of Source Documentation

3.3.3.1 Clinic Notes

Clinic notes must be used to document the following:

- The informed consent process.
- Procedures performed that are not recorded on other source documents.
- Pertinent data about the participant that are not recorded on other source documents.
- Protocol departures/deviations/violations that are not otherwise captured on other source documents.

One way that clinic notes can be structured is by using the SOAP method. The acronym SOAP stands for Subjective, Objective, Assessment, and Plan and the following information is included in each section:

S: Subjective information that includes what the patient tells you about how he is feeling or his symptoms. For example how he is sleeping or eating or if he is experiencing pain or having trouble urinating or defecating.

O: Objective information including vital signs, pertinent physical exam findings, and the most recent laboratory test results.

A: The assessment describes your diagnosis of the symptoms. The assessment also includes a summary of how the patient is doing and what has changed from the previous visit.

P: The plan includes how each diagnosis or problem will be addressed. This section will include information about new or changes to existing medication, laboratory tests to order, and consults to obtain.

Below is an example of a clinic note using the SOAP method:

Sample Clinic Note for an Enrollment Visit:

30 JAN 2009: Participant presented for HPTN 061 enrollment visit at study site and met eligibility criteria. Written informed consent for enrollment was obtained before initiating any procedures. Participant declined to consent for stored specimens for future use. Participant qualified as an index participant and was requested to refer sexual network members to the study. Participant was provided brief training on referral techniques. Staff discussed the potential for harms when approaching partners about referral, but participant is confident he will not have concerns with his partners.

HIV/STD pre-test and risk reduction counseling performed per SOP. HIV rapid test was negative and test result was delivered with post-test counseling. Explained peer health navigation to participant. He did not have time to meet PHN today, but agreed that PHN John Smith could call him on his cell phone on 02 Feb 2009 to set up an appointment. Participant was scheduled for 6-month visit on 23 JUN 2009. Participant was not asked to participate in qualitative study because all focus groups already scheduled. All procedures were completed per the visit checklist and site SOPs. Provided condoms and lubricant. Provided \$50 reimbursement for time and travel expenses.

S: Participant reported no current health problems.

O: Non-reactive HIV rapid test.

A: Participant is eligible for the study as an index participant.

P: Enrollment completed. Participant will expect a call with STI results, or request for a visit to clinic for results in about a week. John Smith (PHN) will call on 02 Feb 2009 to initiate peer health navigation. Follow-up visit (26-week) scheduled for 23 Jun 2008.

- {staff signature/date}

3.3.3.2 Visit Checklists

The checklists provided in Section 6 of this SSP manual may be used as a convenient tool for study staff to ensure that all study procedures are performed at each visit. The checklists are not designed to serve as source documentation in their current format; however, they may be modified to serve this purpose by working with the CORE CRM to alter them appropriately. In completing visit checklists, individual study staff members must initial *only* those procedures that they complete. In addition, if procedures listed on a single checklist are completed across multiple dates, the date upon which each procedure is completed must be clearly noted.

Even with modification, the checklists alone may not be sufficient for documenting all procedures. For example, chart notes may be required to document procedures performed at unscheduled study visits or to explain why procedures in addition to those specified on a checklist have been performed. Chart notes may also be required to document the content of counseling sessions, health navigation sessions and/or other in-depth discussions with participants (*e.g.*, related to changes in participant living arrangements).

3.3.3.3 Case Report Forms

SDMC will provide the DataFax case report forms (CRFs) to each site. Each study site must document the source documentation for each CRF item by completing Table 3-1, submitting a copy to the HPTN CORE CRM, and maintaining the original document in the site's administrative and regulatory files. The comments section of Table 3-1 should be modified to accurately reflect the source documentation for each CRF item at your site. Table 3-1 will be finalized and signed at each site prior to site activation. CTU staff must follow the designations in Table 3-1 consistently for all study participants throughout the study.

In the event that it is not possible to record data directly onto forms designated as source documents, the following procedures should be followed:

- Record the data onto an alternative source document.
- Enter the alternative source document into the participant's study chart.
- Transcribe the data from the alternative source document onto the appropriate case report form.
- Enter a chart note stating the relevant study visit code and date and the reason why an alternative source document was used.

Table 3-1: HPTN 061 CRFs as Source Documentation

(NOTE: This table is an example document. Each site must complete a site-specific table after protocol-specific training.)

CRF Name	Acronym	Source			Comments
		Yes	No	Mixed	
Demographics	DEM 1-4	X			
Enrollment	ENR 1-2			X	CRF is source for items 2, 3, 5, 7, 7a, 8, 8a, 8b, 9, 9a. ICF is source for item 1. Chart notes are source for 4a-4d3 except for 4b and 4c, where chart notes or HIV Test Results CRF is source. Chart notes are also source for item 6. Referral card will be source for 5a.
Enrollment STI Laboratory Results	ELR 1			X	CRF is source for 2, 2a, 3, 5a, 5b. Laboratory reports ¹ will be source for 1, 1a, 1a1, 1b, 4a, 4b.
Baseline Prevention Research Questionnaire	BPR 1	X			
Health Care Utilization	HCU 1-4	X			
HIV Test Results	HTR 1			X	CRF is source for 1, 2, 5a, 6a, 7. Laboratory reports are source for 2a, 3, 4, 4a, 5, 5b, 5c, 6, 6b, 6c
Peer Health Navigation Encounter	PHE 1-3			X	CRF is source for 1, 2a-2u including 2b1, 3, 5. Chart notes are source for item 4.
Medical Records Review	MRR 1		X		Medical records will be source for all items.
Referral Log	RL 1			X	CRF is source for outcome of referral. Encounter form is source for encounter number. Progress notes are source for all other items.
Additional HIV Test Results	AHT 1-2			X	CRF is source for 1, 1a, 2, 2a, 3, 3a, 4 and all tests that were not done. Laboratory reports are source for all other items.
Follow-up Visit	FUV 1-2			X	Chart notes are source for item 6. CRF is source for all other items.
Follow-up STI Laboratory Results	FLR 1			X	CRF is source for 2, 2a, 3, 5a, 5b. Laboratory report will be source for other items.
Follow-up Prevention Research Questionnaire	FPR 1-3	X			
Interim Visit	IV 1		X		Prior forms are source for this item.
Social Impact Log	SIL 1		X		Chart notes are source for all items.
Participant Transfer	PT 1		X		Chart notes source for 1, 2, 4. Previously completed CRFs are source for item 3.
Participant Receipt	PRC 1			X	Chart notes are source for 1 & 2, ICFs are source of all other items.
Missed Visit	MV 1		X		Retention logs are source for these items.
End of Study Inventory	ESI 1		X		Previously completed CRFs will be source for all items.
Termination	TM 1		X		Chart notes will be source for all items.

¹ A designated study staff member must review all study laboratory reports, as well as reports of information pertinent to the study from non-study providers, and sign and date the reports to document his/her review.

Signature of Investigator of Record

Date

3.3.3.4 Eligibility Criteria

It is essential that source documentation be provided to demonstrate that each inclusion and exclusion criterion contained in the protocol has been met before enrolling a participant. Failure to document that the criteria have been met may result in an enrollment violation.

Sites are encouraged to use Table 3-2 (Source Documentation for Eligibility Criteria) to show how they will document that all eligibility criteria have been met for each enrolled participant. As with Table 3-1, Table 3-2 should be modified to accurately reflect the source documentation being used at the site and it should be signed and dated by the Investigator of Record, included in the regulatory files, and followed consistently for all participants throughout the study. This example table is reflective of the inclusion/exclusion criteria in Version 2.0 of the protocol.

Sites are encouraged to use Table 3-3 (Individual Participant Eligibility Verification Checklist) to verify the eligibility of each participant immediately following enrollment into HPTN 061. Use of this checklist ensures that the Investigator of Record at the site (or designee) has reviewed the eligibility of that participant and confirmed that the criteria have been met. Sites should modify the checklists to be site-specific before using them. Whichever approach the site uses, the investigator signature component must be retained on each checklist. Sites are encouraged to contact their CORE CRM(s) for help with the task of modifying the checklist.

For each participant, staff will use the Individual Participant Eligibility Verification Checklist to verify each enrollment criterion for the appropriate group checking “yes” or “no” to indicate whether the requirement was met. The staff member verifying eligibility will write their initials and the date at the bottom of the checklist. If more than one staff member is involved in completing verification of the participant’s eligibility, then each eligibility criterion must be individually initialed and dated by the staff member performing the confirmation. It is important that each item on the checklist is completed. No item should be left blank. For example, if there are no applicable comments to include in the comment section, please write “N/A” to indicate that that section was not omitted by accident. If an item on the checklist is left blank, it will be considered incomplete. For this study, the eligibility checklist will be the first place that eligibility confirmation will be captured for the majority of criteria. This will make the eligibility checklist the source documentation for that item. In these cases, the checklist is listed as source on the Source Documentation for Eligibility Criteria table (Table 3-2).

Table 3-2: HPTN 061: Source Documentation for Eligibility Criteria (EXAMPLE)

Eligibility Requirements	Source Document
Inclusion Criteria	
Self-identify as a man, or male at birth	Individual Participant Eligibility Verification Checklist
Self-identify as Black, African American, Caribbean Black or multiethnic Black;	Individual Participant Eligibility Verification Checklist
Report at least one instance of unprotected anal intercourse with a man in the past 6 months	Individual Participant Eligibility Verification Checklist
At least 18 years old	Individual Participant Eligibility Verification Checklist
Provide informed consent for the study	Informed consent form and chart note
Resides in the metropolitan area and does not plan to move away during the time of study participation	Locator form (address) and Individual Participant Eligibility Verification Checklist (non-intention to move)
Exclusion Criteria	
Co-enrollment in any other HIV interventional research study or prior enrollment in the active or an unknown arm of an HIV vaccine study	Individual Participant Eligibility Verification Checklist
Would be enrolled as a community-recruited participant in a category that has already reached its enrollment cap	Individual Participant Eligibility Verification Checklist or pre-screening questionnaire; Site log of enrollments into capped categories
Any medical, psychiatric, or social condition, or occupational or other responsibility that, in the judgment of the investigator, would make participation in the study unsafe, complicate interpretation of study outcome data, or otherwise interfere with achieving the study objectives	Individual Participant Eligibility Verification Checklist

Signature of Investigator of Record

Date

Table 3-3: HPTN 061: Individual Participant Eligibility Verification Checklist (EXAMPLE)

Participant ID: _____ Date: _____

ELIGIBILITY CRITERIA		
To be eligible for participation in the study, participants must meet <u>ALL</u> of the following criteria		
	YES	NO
Self identifies as a male, or male at birth		
Self-identify as Black, African American, Caribbean Black or multiethnic Black		
Reports at least one instance of unprotected anal intercourse with a man in the past 6 months		
At least 18 years old		
Provides informed consent for the study		
Resides in the metropolitan area and does not plan to move away during the time of study participation		
Participant is <u>NOT</u> co-enrolled in any other HIV interventional research study and has <u>NOT</u> previously been enrolled in the active or an unknown arm of an HIV vaccine trial.		
Participant would <u>NOT</u> be enrolled as a community-recruited participant in a category that has already reached its enrollment cap		
Participant does <u>NOT</u> display any medical, psychiatric, or social condition, or occupational or other responsibility that, in the judgment of the investigator, would make participation in the study unsafe, complicate interpretation of study outcome data, or otherwise interfere with achieving the study objectives		

 Initials of staff
 member verifying eligibility

 Date

I have reviewed this participant’s eligibility for HPTN 061, per the pertinent inclusion and exclusion criteria, and verify that s/he is eligible to be enrolled into the study.

 Signature of Investigator
 of Record or designee

 Date

3.3.4 Document Organization

Study staff must make every effort to keep all research records - both individual participant records as well as logs and documents pertaining to all participants – confidential and secure. All records should be securely stored in an area with access limited to authorized staff only.

All study-specific documents and biological specimens that are transmitted to an off-site location, including DataFax CRFs, and all biological specimens processed in any way by non-study staff or transferred to an off-site location must be identified only by the participant's study identification number (PTID) to maintain confidentiality. The HPTN 061 study includes activities that may occur off-site, such as Peer Health Navigation encounters or retention efforts. Sites should not take any documents off-site that contain identifying information, nor generate documents in the field that, if lost, could reveal a person's participation in the study. Inclusion of more than one identifier on other study records that are accessible only to authorized study staff is not prohibited by DAIDS, however, such records must be stored securely with limited access. Regardless of whether the participant identifier on a particular document is the participant's name or PTID number, the original identifier may not be obliterated or altered in any way, even if another identifier is added. When necessary to maintain confidentiality, identifiers may be obliterated or altered on copies of original source documents. For example, if supporting documentation of study eligibility is to be submitted to the HPTN CORE, such as chart notes or lab reports, contain a participant's name, this should be obliterated on the copy transmitted off-site, but not on the original.

All local databases will be secured with password-protected access systems.

Log books, appointment books, and any other listings that link participant ID numbers to participant names or other personal identifiers should be stored securely in a location separate from records identified by either participant ID or name. These documents should never be left unattended or easily accessible to unauthorized individuals when in use.

3.4 Reportable Protocol Deviations

The HPTN has established a reporting system to describe individual incidents, trends or omissions that result in significant added risk to the participant, non-adherence to significant protocol requirements and significant non-adherence to GCP. These are referred to as reportable protocol deviations.

Reportable protocol deviations are closely related to what the Clinical Site Monitor (e.g. PPD) identifies as protocol non-adherence and violations, but there is not a one-to-one correlation. Protocol deviations reported by the protocol team are only those incidents that will affect patient safety and the outcome of the study. Non-adherence events and violations encompass every infraction of the protocol. For example, if a blood specimen is drawn for a CD4 cell count, but is

not processed by the laboratory, it is a non-adherence event according to the Clinical Site Monitor but it is not a reportable protocol deviation. If, however, a CD4 is to be drawn at each patient visit and is not being done at all, this is both a protocol violation as well as a reportable protocol deviation. Other examples of reportable protocol deviations are:

- enrollment of an ineligible patient
- informed consent not obtained prior to performing protocol-specified procedures
- protocol-specified procedures not followed
- breach of participant confidentiality
- a site specific laboratory assay is deliberately added to protocol requirements by the investigator to be conducted for all participants

Participant non-compliance with the study protocol, including treatment specifications, is not considered a reportable protocol deviation, but should be discussed by the Protocol Team.

All deviations that meet the above criteria, and any others not outlined above that are deemed as meeting the criteria for protocol deviations, will be reported using a protocol deviation form found in the HPTN MOP. Study staff or other protocol team members will work jointly with DAIDS to assess the deviation's severity. Protocol deviations that meet the above criteria that are identified by site staff or staff from CORE, SDMC and NL must be documented within 30 calendar days of awareness. The protocol deviation should be documented in a report containing the following information:

- date that the protocol deviation occurred
- date of site awareness of the protocol deviation
- date protocol deviation reported
- Identification (ID) numbers of participant(s) involved/affected
- brief summary of deviation (description of event, location it occurred, if relevant)
- steps taken to address the deviation
- steps taken to prevent further occurrences of the deviation
- name, title and contact information of the person completing the report

A copy of all reports for each study, regardless of author, should be maintained at the site and the list of people to whom reports should be distributed includes:

- Protocol Chair (Beryl Koblin)
- Protocol co-Chairs (Kenneth Mayer and Darrell Wheeler)
- Site Investigator of Record
- Site Study Coordinator
- Site Quality Assurance/Quality Control Coordinator(s)
- Member of the DAIDS Prevention Sciences Branch (PSB) or Office of Clinical Site Oversight (OCSO)
- CORE Clinical Research Managers/Protocol Specialists (CRMs/PRS) (Sam Griffith, Bonnie Dye, LaShawn Jones)
- SDMC Project Manager (PM) (Corey Kelly)
- NL representative (Vanessa Cummings)
- DAIDS Medical Officer (Vanessa Elharrar)

A protocol deviations distribution list for the non-site-specific personnel on the above list is available at 061ProtocolDeviations@hptn.org.

3.5 Documenting Implementation Issues That Are Not Protocol Deviations

When a site becomes aware of an issue in the implementation of HPTN 061 at their location that is a protocol deviation, they should follow the procedure described above in Section 3.4. For issues that arise during study implementation that are not protocol deviations, but should be documented and shared with entities outside of the site, they should follow the procedures described below for completing either a Laboratory Note-to-File, or an Implementation Issues form. These forms should be completed in addition to whatever chart notes or memos-to-file the site completes in their local documentation.

- If the issue is laboratory related, a laboratory Note-to-File is completed and submitted to NL.
- If the issue is not a protocol event and is not directly laboratory-related, the site completes an Implementation Issues form. This will allow the site to get guidance from study leadership if they have questions, or to document a situation that the study team should know about.

The NL has distributed the Laboratory Note-to-File, including instructions for use, separately from this SSP Section. The procedures below pertain to when and how the Implementation Issues Form should be used.

3.5.1 When to Use the Implementation Issues Form:

- Implementation issues that should be documented using this form include the following:
- Participant self-report of HIV status differs from rapid test result affecting enrollment category or caps. Examples of this situation may include:
 - Participant self reports as HIV positive, but his rapid test result is non-reactive.
 - Participant self reports as HIV negative, but his rapid test is positive and it becomes clear that this is not a new diagnosis based on counseling, laboratory results or other information.
- An uncertainty regarding Enrollment Category for participant that cannot be resolved at the site level.
- An HIV positive participant with a prior diagnosis is classified as being “not-in-care” because it has been more than six months since his last regular visit, but the site feels that this is a mis-categorization.
- Loss of internet access during completion of the Social and Sexual Networking Questionnaire leading the site to complete the offline version.
- Other situations during Enrollment or Follow-Up which are not protocol violations, but which should be raised to the attention of the study team and documented because:
 - they require a decision on the part of the implementation issues team on how to proceed,
 - they document an unusual situation that may be relevant to other sites conducting 061, or
 - they document an unusual situation that may have relevance for understanding the results of this study or informing the conduct of a follow-up trial.

3.5.2 Implementation Issues Form Procedures

Site staff are responsible for completing and submitting the Implementation Issues form to the email address 061ImpIssues@hptn.org whenever an issue is uncovered that meets the criteria above, or when a site PI or someone on the implementation issues team requests that a form be completed.

Study co-chairs are responsible for reviewing Implementation Issues forms as soon as they are received and determining whether an immediate response is needed. Co-chairs will then inform other team members what response is needed from them and by what deadline. If an immediate response is needed by the team to the reporting site, the Implementation Issues team will discuss the issue over email or by telephone and provide a response to the site within three working days

of receipt of the form from the site. If a non-immediate response is needed to the issue, study co-chairs will confirm receipt of the form to the site within three working days and then determine the deadline for input from the Implementation Issues team. The study co-chairs will have the final decision on the response and for writing and communicating the response.

Members of the Implementation Issues team will provide their input on issues according to the timelines determined by the study co-chairs. The co-chairs may solicit the input of another person from an organization (e.g. SCHARP, NL, FHI) if the primary Implementation Issues team member from that organization is unavailable.

FHI CORE will be copied on all correspondence regarding implementation issues and will maintain documentation of the discussion and resolution.

The Incident Documentation Form should be emailed by site staff to 061ImpIssues@hptn.org, which includes:

- Beryl Koblin, Protocol Chair
- Kenneth Mayer, Protocol Co-Chair
- Darrell Wheeler, Protocol Co-Chair
- Vanessa Elharrar, DAIDS Medical Officer
- Sam Griffith, FHI CORE Clinical Research Manager
- LaShawn Jones, FHI CORE, Prevention Research Specialist
- Bonnie J. Dye, FHI CORE, Prevention Research Specialist
- Vanessa Cummings, Network Lab
- Corey Kelley, SCHARP

The Implementation Issues Form should be submitted by site staff within one business day of site awareness of the incident. If the site requires a response, they should check the “response requested” box and the Protocol Chair will respond within an appropriate timeframe (three working days for an issue requiring immediate response). If the Protocol Chair is unavailable, the Protocol Co-Chairs will respond on the Chair’s behalf. If the response requires Network Lab or SCHARP input, the Protocol Chair (or Co-Chairs) will coordinate with the appropriate individuals.

3.5.3 Specific Instructions for Implementation Issues Involving Enrollment Category Determination

In the event that a site is requesting assistance in determining the category into which a participant should be enrolled, the following procedures should be followed, in addition to completion of an Implantation Issues form:

Site staff should proceed with the enrollment visit based on participant self-report information until the HIV rapid test result is available. The site team should then make a determination of the participant's enrollment category (which will influence whether he is offered PHN, follow up, and index status at the end of the enrollment visit) based upon:

- Self-report
- HIV rapid test result
- Information obtained during pre- and post-test counseling

If study staff completing the enrollment visit, after consulting with the study coordinator, are not certain what enrollment category a participant should be placed in after receiving HIV rapid test results, they should consult with the site clinician and/or Investigator of Record.

3.5.3.1 If a participant self reports as HIV positive and their HIV rapid test is non-reactive, the site staff should proceed as follows:

- The participant should be classified as HIV negative if it appears likely that his belief in his HIV infection may have been unreliable (e.g. he was diagnosed by an oral test and never confirmed, he presumed he was infected because of prior exposure or symptoms but never got tested).
- The participant should be classified as preliminarily HIV positive if it appears his prior diagnosis is reliable and it seems possible that his HIV rapid test may not be reliable (e.g. may be acutely infected, may be antibody deficient.)
- The site should not re-administer the ACASI even if the participant's enrollment category changes after receipt of the HIV rapid test results.
- For participants who receive non-reactive HIV rapid tests despite believing themselves to be HIV infected, an HIV Western blot should be performed by the Network Lab and the result of this test used to provide a definitive diagnosis.
- If Western blot results conflict with the site's categorization of the participant at the end of the enrollment visit, the enrollment form will be corrected to agree with the Western blot results.

- If a participant's category changes after he has completed his enrollment visit, for example because of confirmatory test results, he should be offered any additional procedures that apply to his new category- for example, if he moves into the previously-diagnosed but not in care category and was not asked to refer his partners at the enrollment visit, he should be asked to do so. On the other hand, if a participant moves to a category with fewer procedures he should continue with the procedures he had before- for example, if he was already told he could refer his sexual partners to the study, but then moves into the HIV uninfected category, he should still be allowed to refer his partners.

3.6 Record Retention Requirements

All study-related regulatory and administrative documentation as well as participant research records must be retained on-site throughout the study's period of performance and after the completion or termination of the trial for at least two years. No records shall be destroyed without prior authorization from DAIDS.

The study-related records include but are not limited to the following:

- Study management information, including the protocol, clarifications, letters of amendment, protocol amendments, the SSP manual and associated errata, addenda, and bulletins.
- Signed informed consent forms for each study participant.
- Audio files and written transcripts of qualitative interviews and focus groups.
- CRFs for each study participant labeled by PTID.
- Source documents such as clinic notes, pharmacy records, and laboratory result reports.

3.7 Ancillary Studies

Ancillary studies or “sub-studies” are defined as secondary investigations conducted in conjunction with a primary or “main” HPTN study. The investigator proposing the ancillary study is responsible for ensuring that all necessary approvals are obtained and that all relevant HPTN and DAIDS procedures are followed. All ancillary studies (sub-studies) using HPTN funding and/or data or biological specimens from a primary HPTN study are subject to HPTN administrative approval and, if applicable, to DAIDS regulatory approval. The purpose of the review and approval process is to ensure that site and central Network resources are being used appropriately and that the rights and well being of human subjects are protected in accordance with 45 CFR 46. The administrative and regulatory requirements for the conduct of ancillary studies can be found in the HPTN Manual of Operations (MOP).

3.8 Study Publications

All manuscripts, abstracts, posters or presentations based on the results or conduct of HPTN 061 must be prepared in accordance with the HPTN MOP, and the HPTN Publication Policy (available at http://www.hptn.org/network_information/policies_procedures.htm).