STU-SOP-TM-003 – Standard Operating Procedure on Investigator Site Files

Version No:	4	**Effective Date:**	20-Mar-2026
Description of changes:	SOP reviewed in light of clinical trial regulations 2025 and GCP updates. Specific references to QPulse as the QMS have been removed. We now only refer to a QMS system.		

List of Abbreviations	
CI	Chief Investigator
CTIMP	Clinical Trial of an Investigational Medicinal Product
GCP	Good Clinical Practice
ISF	Investigator Site File
PI	Principal Investigator
PSF	Pharmacy Site File
SOP	Standard Operating Procedure
STU	Swansea Trials Unit
TM	Trial Manager
TMF	Trial Master File

1. Purpose

This Standard Operating Procedure (SOP) describes the procedure of compiling and maintaining an Investigator Site File (ISF) for trials, quantitative and qualitative studies. Consideration is given to the regulatory requirements for Clinical Trials of Investigational Medical Products (CTIMPs) and device trials. This SOP can also be used to compile Pharmacy Site Files (PSFs) when required for a research project.

2. Background

The ISF will include all trial specific documents for a trial site, which are necessary to enable the conduct of the clinical trial and to ensure the quality of the data meets relevant applicable standards. For CTIMPs, a PSF is also required and will follow the same guidelines as the ISF stated in this SOP.

The ISF evidences whether the trial is, or has been, conducted in accordance with Good Clinical Practice (GCP) or applicable regulatory requirements.

The ISF must be organised in a way that facilitates management and oversight of the trial at a site.

3. Roles and Responsibilities

The **Principal Investigator (PI)** retains responsibility for the oversight of the ISF at the trial site. This role is usually delegated to a site researcher(s).

The **Site Researcher** must ensure that the ISF contains all documents essential to that trial prior to its commencement and that the research team is using the approved versions of the documents at all times.

The **Trial Manager (TM)** is responsible for either:

a) developing an ISF for a trial site which is handed over at site initiation or

b) sending the relevant documentation to an authorised person at a trial site for the ISF to be developed locally. This includes allowing electronic access to documents if relevant.

The TM must ensure that the trial site is informed of amendments to documents as soon as possible so that the site is working to the most current approved versions.

The **Site Pharmacist** (if applicable) must ensure that the PSF contains all documents essential to that trial prior to its commencement.

External use of SOP: This SOP and Associated Documents (AD) may be used for research projects not adopted by STU where Swansea University (SU) staff and associated NHS organisations require guidance. In such instances, oversight responsibility for any associated tasks will not be the responsibility of STU.

4. Procedure

Every trial and study site must have an ISF which holds key documentation relevant to that trial/study at the site.

4.1 Preparing the ISF

The ISF must be prepared as set out in the Essential Documents Checklist (STU-AD-GDN-005).

All documents filed must be attributable, legible, contemporaneous, original, accurate and complete. Duplication of documents will be avoided by placing one copy of the document in the most appropriate section and adding file notes (STU-AD-TMP-016) in any other relevant sections to indicate its location and recording these in the file note log (STU-AD-TMP-017).

At the time of trial start up, the PI must have an ISF containing all relevant documents.

4.2 Maintaining the ISF

The TM is responsible for notifying the PI and nominated site researcher(s) of any change required to the ISF. The TM will email the updated documents / details of the change and request confirmation from the site that the change has been implemented and documents filed. The TM will file this acknowledgement in the TMF and check that the change has been implemented during any monitoring visit.

Any version changes in documents held in the ISF must be added with the most recent version appearing first in the relevant section. Superseded versions should be marked as such, typically by writing “superseded by version [xx]” on the front page of the document and must not be removed from the TMF.

The Version Control document (STU-AD-TMP-003) must be updated by the TM and forward to the site researcher(s) for filing.

The site researcher is expected to file all relevant email communications regarding decisions, queries and resolutions in the relevant sections when sent or received. This task must not be deferred until the end of the trial.

4.3 Storing the ISF

The ISF must be held in a safe and secure location at the trial site on behalf of the PI and should only be accessible to authorised personnel. Electronic ISFs can be offered by the Trial Office if deemed acceptable by the site. Where this occurs, the site eISF must only be accessible by researchers at that site and no other site and no identifiable information should be stored in the eISF where the Trial Office also have access.

Documents not filed in the ISF should have their location detailed on a file note stored in the ISF to allow them to be tracked (e.g. electronic, magnetic, optical, or other non-indelible media such as digital recordings of interviews). Suitable measures should be implemented to ensure that such files cannot be relocated or altered without appropriate authorisation.

Pseudo-anonymised or identifiable data should always be stored independently from the main ISF with their location detailed in a file note.

ISF storage conditions should ensure that documents are maintained in a legible condition and are available upon the request of the Sponsor, CI, STU, the TM or a regulatory authority where applicable.

4.4 Finalising the ISF at trial closure

At the close of a trial, the ISF contents must be checked by the PI and any other authorised person(s) before archiving can begin. Once checked the ISF can be prepared for archiving, usually in accordance with local SOPs and the trial protocol.

5. References

- Health Research Authority website (HRA) - http://www.hra.nhs.uk/
- Medicine and Healthcare products Regulatory Agency website (MHRA) - https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/services-information
- UK policy framework for health and social care research (2017) - https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/
- UK Medicine for Human Use (Clinical Trials) Regulations 2025 - https://www.legislation.gov.uk/uksi/2025/538/contents
- ICH GCP E6 R3 https://database.ich.org/sites/default/files/ICH_E6%28R3%29_Step4_FinalGuideline_2025_0106.pdf

It is assumed that by referencing the principal regulations that all subsequent amendments are included in this citation.

6. Associated Documents

Number	Title	Location
STU-AD-GDN-005	Essential documents checklist for TMF, ISF & PSF	QMS
STU-AD-TMP-003	Version Control Log	QMS
STU-AD-TMP-016	File Note Template	QMS
STU-AD-TMP-017	File Note Log	QMS