

# TAMOXIFEN TRIAL SITE INITIATION VISIT REPORT

## DETAILED CHECKLIST ITEMS:

<b>A. Confirm information provided to the site</b>	Yes	No	N/A
1. Confidentiality agreement signed by Investigator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Protocol received and reviewed by Investigator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Understanding of relevant scientific background information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Study timeline, initiation, subject accrual rate and completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Roles and responsibilities of all key Investigator personnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Monitoring schedule, types of visits, agenda and attendees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Investigational product inventory management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Reporting and record-keeping requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Potential for Investigator's clinical study audit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<b>B. Clinical study regulatory requirements</b>	Discussed?		
	Yes	No	N/A
1. <i>Obligations of Investigator and key study personnel</i>			
• Conduct study according to written protocol, local regulations, IRB and other applicable regulatory requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Document all unanticipated events and immediately contact the CTS OR study Monitor for follow-up instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Accurately report all data and observations of anticipated and unanticipated adverse events/device malfunctions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Observe Good Clinical Practice (GCP), and Good Laboratory Practice (GLP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <i>Human subject safety and confidentiality</i>	Yes	No	N/A
• Conduct informed consent process according to regulatory and IRB requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Participant identifiers will be properly masked and samples will be coded per protocol requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Storage of participant records secure, protects their confidentiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <i>Reporting of study results</i>	Yes	No	N/A
• Results of investigational device use cannot be used for patient diagnosis or management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stipulations for scientific publications and presentations at professional meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>C. Study management and record-keeping requirements</b>	Discussed?		
	Yes	No	N/A
1. <i>Data collection, verification and transmission procedures</i>			
• Timely completion of case report forms (CRF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• CRF review and verification for accuracy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Contents of Investigator's study file</i>	Yes	No	
• Investigator's records, e.g., signed study contract, names of site personnel participating in the study and their qualifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Protocol, CRF and amendments, source documents/participant case histories	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Communication and site visit logs, product inventory logs, copies of relevant correspondence (Investigator, IRB, MRCZ, and MCAZ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <i>Investigational product inventory requirements</i>	Yes	No	N/A
• Research pharmacist available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Receipt log of all investigational product	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accurate and current records of investigational product use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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• Verification of investigational product accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Record retention and accessibility	Yes	No	N/A
• Administrative and subject records maintained for at least two years after the study is closed out and/or (as applicable) MCAZ clears/approves the product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Requirement for review of records by institutional Monitors, Auditor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Requirement for review of records by government officials (MCAZ)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

D. Adverse event reporting requirements		Discussed?		
1. Contact CTS, or if applicable Investigator, by telephone to report serious, life-threatening or fatal unanticipated adverse events immediately	Yes	No		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. File written reports as stipulated by Investigator and IRB (MRCZ)	Yes	No	N/A	
• Unanticipated serious, life-threatening or fatal adverse event to Investigator and IRB	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
• Unanticipated, non-serious adverse events in required progress reports to Investigator and IRB	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
• Anticipated serious adverse events to Investigator	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
• Equipment malfunctions immediately to Investigator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Other required reports	Yes	No	N/A	
• Periodic participant accrual status reports to Investigator	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
• Final study report to Investigator and IRB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Required progress reports to IRB and MCAZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

E. Reviewed protocol with Investigator and key study personnel		Yes	No	N/A
1. Purpose of the study	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Inclusion/exclusion criteria	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Dosing regimen for drug studies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Specimen collection, storage and processing procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Required clinical information needed for study	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Performance evaluation and interpretation of results	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Data collection and completion of case report forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Criteria for study completion or termination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Documenting protocol violations (deviations from the protocol)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F. Conducted qualification site visit (personnel and facilities)		Yes	No	N/A
1. Investigator has sufficient time and adequate training and experience to conduct the study.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Investigator has adequate staff, patient population and other resources for timely conduct of study.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. A key study contact has been identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Other personnel will be participating in the study (to review the staff delegation log)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Changes are expected to the study team and/or its schedule	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Investigator and staff have experience with FDA-regulated human subject research (list number and types of studies in summary section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Regulatory issues or problems in prior study (list and describe in summary section below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8. Facilities appear adequate for the study (space, equipment, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Storage for participant and study files is adequate and secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Adequate written standard operating procedures are available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Sufficient eligible participants (patients, samples) are available	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Secure storage of specimens and source documents is available	<input checked="" type="checkbox"/>	<input type="checkbox"/>		



## TAMOXIFEN TRIAL SITE INITIATION VISIT REPORT

### 3. SITE CONTACT INFORMATION

Address: CHITUNGWIZA CENTRAL HOSPITAL

Phone numbers: (024) 31138

e-mails: comfort.kanji.aibst

### 4. FACILITIES AND EQUIPMENT

Are there adequate facilities and equipment available? Yes

Comments: The site has adequate and appropriate space with a dedicated participant waiting area, counseling room, examination room and an appropriately equipped admission area.

### 5. INVESTIGATIONAL PRODUCT

Please clarify in comment section if the investigational product already has marketing approval in Zimbabwe and who supplies the investigational product for the investigator. If the product is imported to Zimbabwe for research purposes, who is responsible for the import.

5.1 Name(s) of Investigational Product(s) TAMOXIFEN 20MG TABLETS

5.2 Who is responsible for the IP Import? Blessing DZINGIRAI

5.3 Where is the IP stored? Study Pharmacy located within the CHITUNGWIZA CENTRAL HOSPITAL premises

5.4 Are the dispensing and accountability procedures adequate? Yes but the pharmacy requires a study pharmacy specific standard operating procedures.

Comments: A valid current premises license was not available on the day of visit.

### 6. STUDY PROCEDURES

6.1 Has the informed consent procedure been discussed? Yes, this was discussed during protocol training but site to share their slides for verification.

6.2 Have the protocol required procedures been discussed? Yes, the Co-investigator to develop and share the protocol specific manual of procedures.

6.3 Have the randomisation and unblinding procedures been discussed? N/A

6.4 Are there any written SOP's available? Yes, the Co-investigator will develop the protocol specific data management standard operating procedures.

Comments: The study leadership team must clarify the roles and responsibilities of the study coordinator and the clinical trial manager.



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### 7. ADVERSE EVENT REPORTING

7.1 Have the protocol requirements for AE-reporting been discussed? Yes

7.2 Have SAE- and SUSAR-reporting procedures been discussed? Yes

Comments:

### 8. SOURCE DATA AND CRF

8.1 Have the source data requirements been discussed? Yes

8.2 Has the completion of CRF's been discussed? Yes. CRF completion instructions and guidelines were discussed during protocol training.

Comments: I received a copy of the Manual of Procedures (MOP) from Comfort KANJI after the visit, the MOP is detailed but requires a few revisions. Will share a template to use as reference..

### 9. INVESTIGATOR'S TRIAL FILE

9.1 Are the GCP-required essential documents available at the site? Yes

9.2 Has the filing and archiving of the study documents been discussed? Yes

Comments: The revised data management plan to incorporate standard operating procedures for filing and archiving of study documents.



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## 10. Other CTS Observations

Describe general impressions of Investigator, staff and facilities to elaborate on elements documented on checklist. The investigator is qualified and experienced to perform the study, the study site has enough space and appropriate facilities for screening and performing the required study procedures. The investigator was advised to pay attention to the following:

1. Redoing the delegation log after correcting the spellings of names and surnames of some of the study personnel with appropriate version control.
2. Getting current practicing certificates for the research nurses.
3. Performing protocol training for the study coordinator Miriam MANGEYA.

## 11. Discuss Significant Concerns

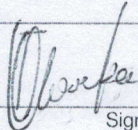
All significant concerns were discussed with the investigator during the debrief, these included redoing the filing system, creating a dedicated file for clinical research regulatory reference materials and sharing all study related standard operating procedures with all study personnel.

The CTS will share an example template of a data management plan with the principal investigator for use as reference in revising the study data management plan.

## 12. Summary and Conclusion

The study site is ready for activation once all the issues mentioned in the comments section under each item, in addition to item 10 & 11 have been addressed, followed by a subsequent successful dry run of a screening and enrolment visit.

Gift Tafadzwa CHAREKA  
Clinical Trials Specialist's Name (print)



Signature

30 APR 2019

Date

Comfort Ropafadzo KANJI  
Investigator's Name (print)



Signature

30 APR 2019

Date