This template for the QA Plan for a CTN protocol contains standard wording that a lead node may, if it wishes, use in its QA Plan.

- For some sections, alternative wording is offered, depending on whether the protocol is a behavioral study or a pharmaceutical (medication) study.
- Throughout this document, instructions to the authors of the QA Plan are in blue font within square brackets [ ]. The authors of the Plan should delete these instructions before submitting it.
- Areas that merely require "filling in the blanks," are in black font within square brackets [ ].
- Areas which require "filling in the blanks," but for which the QAS has a recommended value are in black font within curly brackets {}.
- Required monitoring frequency and quantity requirements that must be included in all QA Plans in order to receive QAS approval are denoted by **[R]**. If the Lead Node team chooses to adopt an alternative QA Plan structure, these required monitoring elements cannot be changed or omitted.

[Protocol Name Here]

[shorter version of protocol name here]

NIDA-CTN-[xxxx]

Quality Assurance Plan

[Name of Lead Node] Node (#[2-digit number of lead node])

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Quality Assurance Plan for NIDA-CTN-[XXXX] Protocol

1.0 Introduction

This document describes the quality assurance (QA) procedures that will be used for the CTN protocol entitled **[protocol name]**, NIDA-CTN**-[xxxx],** in the **[List the Participating Node(s)].** The Quality Assurance (QA) Plan for this protocol has been developed to ensure that the implementation of the protocol at every participating CTN site is in compliance with the study design as well as in adherence with regulatory/human subject safety requirements and the philosophy of the Clinical Trials Network. This document provides specific directions for the minimum frequency and timing of the local quality assurance monitoring visits and specific instructions for the quality assurance monitoring of this protocol. It is written to comply with any applicable CTN- and QAS-approved SOPs. Monitors for this protocol are required to comply with this QA Plan, to follow any related CTN and QAS SOPs, and to use the QAS-approved monitoring reports when reporting on the findings of their visits in order to ensure a standardization of QA monitoring procedures across all participating nodes. This QA plan is designed so that adequate time will be dedicated to ensuring protocol compliance, quality and integrity of clinical data, and human subject safety at the participating Node site(s) for this study.

In the sections that follow, the responsibilities of the participating node QA staff to ensure compliance with all requirements during the site initiation, interim, and closeout phases will be described. This plan also describes how the Lead Node will oversee the study to ensure that standards of protocol compliance, data quality, and safety are met.

2.0 Monitoring Roles and Responsibilities

The roles and responsibilities for QA monitoring of this protocol include those persons responsible for providing monitoring direction and oversight, receiving and reviewing monitoring reports, and participating in monitoring visits. A Contact List containing contact information and research personnel in specified roles is located in the appendix of this document for this protocol.

3.0 Monitoring Guidelines and Instructions

The Lead Node will provide direction for QA monitoring of this protocol through this protocol-specific QA Plan, the attached protocol-specific monitoring instructions, and through training of the QA monitors for this study. The local QA monitor is responsible for compliance with monitoring guidelines approved by the QAS, those provided by the Lead Node, and those contained in other CTN- and QAS-approved documents, as applicable for this protocol. The local QA monitor should also refer to the QA Monitoring Guidelines in the QAS-approved documents on Livelink for monitoring guidance. Protocol-specific monitoring instructions are provided **[Protocol-specific monitoring instructions, including monitoring of the intervention fidelity, should be provided by the Lead Node]** in appendix **[XXX].** Other resources and monitoring tools that can be used by the QA monitor to monitor this protocol

[Other monitoring resources maybe provided by the Lead Node and/or Participating Node] are listed in Appendix **[XXX].** The local monitor may supplement this QA Plan with their own monitoring documentation, tracking processes, and tools, provided they are in compliance with this plan.

4.0 Monitor Reports

The QAS-approved Site Initiation, Interim and Closeout Monitor Reports are the official monitoring reports for CTN studies and must be used to report all local QA monitoring visits except in situations where a follow-up letter is an acceptable replacement for the report, such as responding to unresolved issues in a Site Initiation or Closeout Monitoring Report.
Following local QA site monitoring visits, the local QA monitor will prepare a QA Monitoring Report and disseminate the monitoring report within the participating node according to local guidelines. The timeliness and report distribution outside of the node must follow the specifications in the "Flow of Information Resulting from Node QA Monitor Site Visits," approved by the Quality Assurance Subcommittee (QAS) and posted in the QAS folder on Livelink. A monitoring report distribution list is attached as an addendum to this plan. The NIDA Contract Monitoring visits and report distribution will occur as directed by NIDA. Currently these reports are sent to the PI of the participating node and to the node's QAS representative. The recipient(s) of these reports are responsible for distributing them to the participating CTP and to other members of the node per policy.

5.0 Monitoring Visit Types and Requirements

5.1 Site Initiation Visit and Endorsement Requirements

The Node QA Monitor will conduct a Site Initiation Monitoring Visit for each CTP participating in this study using the QAS-approved site initiation report (on Livelink). For further information on the site initiation process, please refer to and follow the QAS-approved "CTP Protocol Initiation Requirements" document (QAS folder on Livelink) and the RAS-approved Regulatory Files document (RAS folder on Livelink). Other resources include the NIDA contract monitor Site Initiation Checklist and the QA Monitoring Guidelines located on Livelink.

[Provide more specifications per lead node protocol requirements, if necessary]

5.2 Interim Monitoring Visit

For the duration of the study, the local QA monitor will conduct regular on-site monitoring of the clinical research and data collection to ensure compliance with protocol and CTN requirements, participant safety, Good Clinical and/or Research Practice and all applicable regulatory requirements, and IRB and institutional requirements. The QA monitor will comply with and ensure compliance with QAS-approved documents.

[Delete one of these next sections depending on the protocol type: 5.2.1[1] or 5.2.1[2]]

[The Lead Node can provide justification to go below the minimum requirements for approval by the QAS and the OCC for survey and quality improvement studies.]

5.2.1[1] Minimum Frequency Requirements [Behavioral]

The **minimal** interim monitoring visit frequency is as follows:

- **[R]** The first interim-monitoring visit will be performed no more than **{8}** weeks **[Cannot exceed 8 weeks]** after the NIDA Representative's signature date on the CTP Initiation Endorsement Form for the participating site.
    - Continue every **{8}** weeks until the first participant is randomized (or until completion of the randomization-monitoring visit), at which time the schedule specified below will begin.
- A randomization-monitoring visit **[may be called enrollment for some protocols with or without study participant randomization later on]** will be performed after the first **{(1-3) participant(s) or first cohort}** are randomized.
    - A minimum of **{2}** cycles of **{8}** weeks (**{16}** weeks) will be completed after the 1st participant or 1st cohort has been randomized.
    - **[R]** Continue with every **{8}** weeks or shift to every **{12}** weeks: **[Interval between visits cannot exceed every 12 weeks.]** In consultation with the Node and Protocol PI, the QA Monitor will evaluate the site's study performance and will determine if the monitoring visits can be decreased to every **{12}** weeks. The **{12}**-week monitoring frequency may remain in place for the duration of the study contingent upon the study site performance and data integrity.
- An intervention-monitoring visit, **[if appropriate per protocol,]** will be performed after the first **{(1-3) participant(s) or first cohort}** have started the study intervention and/or TAU. Depending on the nature of the protocol, it may be possible to combine the intervention and randomization monitoring visits. **[Lead Node can provide more specifications for intervention monitoring]**
- Visits should occur more frequently than every **{8}**-weeks (**{12}**-weeks if applicable) if problems occur, or if designated by local node policy or guidelines.
- All monitoring visits should be coordinated with the study site personnel allowing for agreeable time schedules, and indicating which staff and materials should be present during the visit.
- **[Lead Node can request an increase in the requirements above the minimum based on a justification of their assessment of the risks involved with their study, and can provide more specifications to the requirements above, if necessary]**

5.2.1[2] Minimum Frequency Requirements – [Pharmaceutical]

The **minimal** interim monitoring visit frequency is as follows:

- **[R]** The first interim-monitoring visit will be performed no more than **{6}** weeks **[Cannot exceed 6 weeks]** after the NIDA Representative's signature date on the CTP Initiation Endorsement Form for the participating site.

  - Continue every **{6}** weeks until the first participant is **{inducted or randomized}** (or until completion of the **{induction or randomization}**-monitoring visit), at which time the schedule specified below will begin.
- A **{induction or randomization}**-monitoring visit **[may be called enrollment for some protocols with or without study participant randomization later on]** will be performed after the first **{(1-3) participant(s)}** are **{inducted or randomized}**.
  - A minimum of **{2}** cycles of **{6}** weeks (**{12}** weeks) will be completed after the 1st participant has been **{inducted or randomized}**.
  - **[R]** Continue with every **{6}** weeks or shift to every **{8}** weeks: **[Interval between visits cannot exceed every 8 weeks.]** In consultation with the Node and Protocol PI, the QA Monitor will evaluate the site's study performance and will determine if the monitoring visits can be decreased to every **{8}** weeks. The **{8}**-week monitoring frequency may remain in place for the duration of the study contingent upon the study site performance and data integrity.
- A **{medication or intervention}**-monitoring visit, **[if appropriate per protocol,]** will be performed after the first **{(1-3) participant(s)}** have started the study **{medication or intervention}** and/or TAU. Depending on the nature of the protocol, it maybe possible to combine the **{medication or intervention}** and **{induction or randomization}** monitoring visits. **[Lead Node can provide more specifications for {medication or intervention} monitoring]**
- Visits should occur more frequently then every **{6}**-weeks (**{8}**-weeks if applicable) if problems occur, or if designated by local node policy or guidelines.
- All monitoring visits should be coordinated with the study site personnel allowing for agreeable time schedules, and indicating which staff and materials should be present during the visit.

[Lead Node can request an increase in the requirements above the minimum based on a justification of their assessment of the risks involved with their study, and can provide more specifications to the requirements above, if necessary]

5.2.2 Minimum Quantity Requirements

The **minimum** interim monitoring quantity and other requirements for this study are as follows:

- **[R]** 100% of study materials for the 1st **5** enrolled **[may be defined as randomized, but LN may define differently]** participants will be reviewed.
- **[R]** 100% of study related materials (CRFs/source documents) for an additional **{10-20%}** **[Cannot be less than 10%]** of the randomized participants for this study will be monitored.
  - One method for meeting this goal: the monitor can select approximately 1-2 of every 10 participants
  - Select those participants that are farthest along in the study including those that have already completed.
- 100% of study materials (CRFs/source documents) for the 1st **2** randomized participants who terminated early (i.e. participant- or investigator-initiated withdrawals) will be reviewed. Reasons should be globally monitored for all early terminations.

- 100% of study materials for the 1st **2** non-randomized (i.e. screen-fails, withdrawals, lost to follow-up) participants will be reviewed for inclusion/exclusion criteria. Reasons should be globally monitored for all screen-fails.
- **[R]** 100% of inclusion/exclusion and Lead Node identified assessments to crosscheck study eligibility for all participants.
- **{100%}** of primary outcome measures of randomized participants. **[Please indicate each Primary Outcome measure that is to be reviewed, what specifically is to be reviewed, any crosscheck requirements, and the quantity of the review.]**
- **[R]** 100% informed consent forms
- **[R]** 100% of HIPAA authorizations, if required, and if separate from the informed consent. **[If HIPAA does not apply to your study, please omit.]**
- **[R]** 100% Drug Accountability – All drug received from the sponsor's supplier including undispensed medication, dispensed medication, and returned medication. (Refer to "QAS Interim Monitoring Report Instructions" for details on monitoring drug accountability).
    - 100% drug accountability, including related source and CRF documentation, actual medication counts, and written medication orders per protocol.
    - Comprehensive review must occur every **{16}** weeks to **{6}** months. **[Interval between reviews cannot exceed 6 months.]**
    - **[Please delete this section if this is a Behavioral protocol.]**
- **[R]** 100% of expedited reportable Adverse Events/SAEs and pertinent related documentation and reporting. The monitor should report all expedited reportable Adverse Events/SAEs, not previously reported, on the monitor report with an indication of the participant study status.
- **[R]** 100% of protocol violations and pertinent related documentation and reporting. The monitor should report all protocol violations, not previously reported, on the monitor report with an indication of the corrective action plan and follow up on the effectiveness of the plan in subsequent reports.
- The monitoring focus should be given to new study phases and interventions (including TAU) as they occur, given that there is lower accuracy when conducting new study phases.
- Additionally, of the participants selected for monitoring, careful consideration should be taken when reviewing AE's, inclusion/exclusion criteria, outcome measures, data query resolution and randomization. If significant, concerning, or recurring problems are found in these areas, 100% primary monitoring of participant research records should continue until the monitor is assured that the issues have been addressed and the research staff is conducting the study in compliance with the protocol. If errors are limited to a specific area, that area may be 100% monitored and other areas may not require 100% monitoring.
- **[R]** 100% Regulatory File Review.
    - Comprehensive regulatory file reviews are to occur at site initiation, site closeout, and at least every **12** months after site initiation.
    - Between comprehensive Regulatory file reviews, the QA monitor will track regulatory files as needed for:

- **Expiration dates**, such as on IRB and consent approvals, CVs and licenses, Laboratory certificates and CLIAs, training and certifications, and Certificates of Confidentiality and FWAs;
- **Significant study related changes**, such as protocol amendments and changes in study procedures, changes in research site personnel and/or facilities, and receipt/destruction of investigational product and/or study supplies; and
- **Significant trigger events**, such as protocol violations or serious or expedited reportable AEs, IRB correspondence and reports, and LN/NIDA correspondence related to study procedures or clarifications.

- Local Nodes are encouraged to monitor more than is minimally required.

[Lead Node can increase the requirements above the minimum based on their assessment of the risks involved with their study, and can provide more specifications, if necessary]

The QAS approved Interim Monitoring Report will be completed by the local QA monitor in order to document the results of each interim site visit. The local monitor should refer to the Instructions for completing the Interim Monitoring Report.

5.3 Final Drug Accountability Procedures [Please delete this item if this is a behavioral protocol. For pharmaceutical protocols, please tailor this section to the needs of your study.]

Prior to, or as part of, the study closeout monitoring visit, a complete accounting of all medications involved in this study must be made and documented using the forms, procedures, and instructions provided by the lead node **{in Appendix XXX of this QA plan}**. This accounting includes

- Medication received from the supplier
- Written medication orders per protocol
- Medication dispensed to and returned by each participant
- Medication returned to **{the supplier}** or destroyed.

5.4 Study Closeout Monitoring Visit

The QA Monitor will conduct a Site Closeout Monitoring Visit for each CTP participating in this study using the QAS-approved Closeout Monitoring Report. For further information on the site closeout process, please refer to and follow the CTN-approved "Closeout SOP and Timeline" documents and the RAS-approved Regulatory Files document. Other resources include the Research Record Storage and Unused Supply Guidance and the QA Monitoring Guidelines located on Livelink.

6.0 QA Monitor Training

QA monitors should attend the National Protocol Specific Training at study inception. If a monitor is unable to attend the National Protocol Specific Training, they will be required to

complete protocol-specific training and prove competency as established by the Lead Node. In addition, the QA monitors for this study should attend the [National Protocol/Data and QA/RA/Counselor as appropriate] conference calls. **[Note: The Lead Node may refer to the QA Monitor Selection and Training Guidance QAS-approved document on Livelink for further monitor training guidance.]**

7.0 Monitoring Resources

Documents that provide assistance for effective monitoring can be found in the QAS folder on Livelink.

Addendum
NIDA-CTN-[XXXX] QA Plan Monitoring Contact and Report Distribution List
[Date]

Name	Title	E-Mail Address	Telephone Number	Fax Number
NIDA (*As directed by NIDA)				
Carmen Rosa	NIDA Staff	crosa@nida.nih.gov	(301) 443-9830	(301) 443-2317
CTN Reports	CTN Reports Department	ctnqareports@nida.nih.gov	NA	NA
Lead Node (*As indicated in the LN QA Plan Template)				
	Lead Investigator			
	LN QA Representative			
	Lead Node Protocol Coordinator/Director			
QAS (*Consult your QAS Representative for the Current Chair Contact Information/Terms are from 10/01-9/30)				
	QAS Chair			
Local Node/CTP (*Local Node distribution per your Node General QA Policy)				
	CTP Director / Site Investigator			
	CTP Study Coordinator			
	Regulatory			
Local RRTC (*Local Node distribution per your Node General QA Policy)				
	Node PI / Protocol PI			
	Node Protocol Coordinator			