RA-205 Use of Florence for Electronic Records and Electronic Signatures

1. PURPOSE:

1.1. Federal regulations require documentation of all study-related activities. Investigators are responsible for maintaining study documents in accordance with applicable federal regulations, International Conference on Harmonization (ICH) Good Clinical Practice (GCP) Guidelines, Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, state and local law, and University and departmental policies and procedures.

1.2. At all times, study documents must be readily accessible for review and/or inspection by the regulatory agency (i.e., US Food and Drug Administration (FDA), National Institutes of Health (NIH), National Cancer Institutes (NCI), or any other applicable regulatory agencies) approving Institutional Review Board (IRB), study sponsors and/or organizational personnel as appropriate.

1.3. This Standard Operating Procedure (SOP) describes the identification and storage of regulatory Essential Documents for clinical research studies and trials in Florence eISF and establishes the process by which roles and responsibilities are delegated to applicable personnel.

2. SCOPE:

2.1 This SOP applies to all electronic records for clinical research studies and trials where Florence eISF is utilized by the University of Texas Rio Grande Valley (UTRGV). Documents with more than one purpose or that are applicable to more than one study (e.g., investigator professional licenses, site facility information, laboratory normal ranges, etc.) may be stored centrally, in a non-study specific location.

2.2 This SOP applies to personnel engaged in the collection, creation, retrieval, modification, maintenance, transmittal, and/or storage of Essential Documents from the planning and study startup stage through study completion/archival. This SOP does not apply to legacy studies.

2.2.1 Legacy studies are defined as studies that began patient accrual prior to the rollout of Florence at UTRGV. The accrual status of the study determines whether legacy documents will be imported or not imported.

2.2.1.1 Imported: If the Principal Investigator of a legacy study chooses to import legacy documents into Florence, they may do so by scanning and uploading all original documentation, verifying all documents for completeness and signing off on the scans within Florence as certified copies (see SOP reference section). Once all documentation for a study has been uploaded into Florence, the study will comply with this SOP.

2.2.1.2 Not imported: Legacy documents will be maintained following the organization's current SOPs. (See SOP reference section)

2.3 This SOP excludes the following Essential Documents which will be maintained following the organization's current SOPs. (See SOP reference section)

- Original, wet-ink signed documents (i.e. signature logs, authorized prescriber logs, signed consent forms, etc.)

2.4 This SOP includes the following records with Protected Health Information (PHI). Site staff are trained on, and responsible for, following the proper masking procedures.

2.4.1 Patient medical records

2.4.2 Consent forms

2.4.3 Research specific patient records

3. RESPONSIBLE INDIVIDUALS:

3.1. All users must have the appropriate **training, education, experience, and access** (e.g., roles and permissions) to perform their assigned tasks.

3.2. The System Administrator or designee is responsible for ensuring new Users (including any external auditors, monitors or inspectors) are trained on Florence eISF prior to granting access to the system.

3.3. The System Administrator or designee is responsible for **assigning** Role permissions based on designated study related tasks.

3.4. The System Administrator or designee is responsible for the **creation, modification, and termination** of User accounts for all users (including any external auditors, monitors or inspectors) assigning Roles and managing access dates in Florence eISF.

3.4.1. Upon a change in employment status for a User that discontinues the need for specific Team access and/or all Florence eISF use, the System Administrator or designee is responsible for removing all permissions for the User and removing the User from each appropriate Team in Florence eISF.

3.4.2. Temporarily inactive Users can have access dates turned OFF and Roles maintained without access. Examples of temporarily inactive Users include Users on a leave of absence, with plans to return.

3.5. The System Administrator or designee is responsible for **periodically reviewing** all roles and permissions to ensure that all Users (including any external auditors, monitors or inspectors), are authorized to perform the available task(s).

3.6. All users are responsible for maintaining a **unique, secure, and private password.**

3.6.1. For users using Single Sign-On (SSO) for authentication, Florence signing Personal Identification Numbers (PINs) are used to sign documents. Passwords and signing PINs are to be periodically checked, recalled, and revised as necessary.

3.7. Each user's identification code (e.g., email address or username) and **password/PIN** must be periodically checked, recalled, or revised.

3.8. When granting external Sites with access to Florence, Site Users have sole control of their site records. To ensure sole control of a site's electronic records and protect the availability of the site's records that are created, modified, maintained and/or signed in Florence, the System Administrator or designee will ensure that an agreed-upon procedure is in place with each site if and when the site no longer has access to Florence (e.g., sites retain ongoing access to view and download and/or sites are trained to export/download records at study closeout/completion/closure, etc.).

3.9. The System Administrator is responsible for facilitating the creation, approval, and termination of any new Team. The request will specify any requests for document management and archiving.

3.10. The System Administrator or designee is responsible for developing the Binder structure template for indexing the storage of electronic study documents.

3.11. The Regulatory Coordinator or designee is responsible for maintaining study documents in a timely and organized fashion.

3.12. All users utilizing **electronic signatures** shall ensure the following:

3.12.1. Credentials are unique, secure, and remain confidential (i.e., not reused by, not reassigned to, and not shared with other individuals).

3.12.2. Their user profile is complete to assure their **signature manifestation** includes all components required per applicable governing regulatory bodies.

3.12.3. Signatures are performed only by the authenticated user.

3.12.4. For clinical trials regulated by the US FDA, the System Administrator or designee will complete and submit a non-repudiation letter to the FDA **prior** to the use of electronic signatures on any clinical trial document attesting to the fact that their electronic signatures are legally binding equivalents of their traditional hand-written signatures.

3.12.5. This SOP serves as documentation to hold individuals accountable and responsible for actions initiated under their electronic signatures, in order to deter record and signature falsification.

4. RELATED TERMS AND DEFINITIONS:

eISF
Essential Documents
Florence
Signature Log

Please reference the Standard Operating Procedures Glossary of Terms for complete definitions of terms in this SOP.

5. POLICY STATEMENT: All processes pertaining to Florence must be maintained per this outlined procedure.

6. PROCEDURES:

6.1 Site Personnel Training

6.1.1 When a new user needs access to Florence, the new user or designee will send the following information to the System Administrator:

- First and Last Name
- Department
- Study Team
- Role on Study Team
- Authorized Organization Email Address

6.1.2 The System Administrator or designee will send the appropriate training links and invitation to the Florence UAT to the new user.

6.1.3 Upon completion of the training, the new user shall submit acknowledgement of completed training to the System Administrator or designee.

6.1.4 The System Administrator or Designee will request the new user's signature on the Florence Training Attestation within the UAT. *Note: The Florence Training Attestation form serves as additional evidence that a user's specific electronic signature is the legally binding equivalent of the signer's handwritten signature.*

6.1.5 Once the Attestation is signed, the System Administrator or designee will file the signed Attestation appropriately within Florence and send the new user an invitation to the Florence Production environment.

7. Policies & Procedures –Electronic Document Management

7.1 Requirements for documentation, record keeping, and record retention apply to electronic records as they do for paper systems.

7.2 Key study documents will be managed, stored, and presented electronically.

7.2.1 Sponsors and auditors should be notified of this policy prior to study initiation and before any audits or inspections.

7.3 Documentation of Florence's electronic security controls, secure backup schedule, and routine vulnerability testing are available and maintained by Florence Healthcare, Inc in the Florence Compliance Team.

7.4 Retention and/or destruction of electronic documents in Florence eISF at the conclusion of the study is performed in accordance with local institution/IRB/IEC policies and procedures as established in U.S. Federal Regulations.

7.5 Upon completion of a study, records will be archived within the Florence system. Archived records will remain in Florence in perpetuity. If there comes a time when UTRGV no longer uses or has access to Florence, the archived records will be downloaded from the system and stored within the department that conducted the study or archived as paper records. All downloaded and/or hard copy records will be archived according to the UTRGV Clinical Research Document Management SOPs. (See SOP reference section).

7.6 Electronic certified copies

7.6.1 Electronic documents may include a blend of original and certified copies. Electronic certified copies are defined as copies that have been created and verified against the original and tracked with a dated signature. Electronic signatures with an audit trail demonstrate evidence of authenticity. Per ICH E6(R2), the data is to include the context, content, and structure, as the original. For studies regulated by the US FDA, the copy is to have all of the same attributes and information as the original.

7.6.2 Only the User who possesses the original copy may create the Electronic Certified Copy.

7.6.3 The User who possesses the original copy of the Document will upload an electronic copy of the Document into Florence eISF review and verify the uploaded Document for completeness and readability and then sign the Document as a Certified Copy.

7.6.4 The audit trail will track and record the timestamp, reason, and author for authenticity and responsibility.

7.7 Central Documents and General Files

7.7.1 Documents that will be used across studies can be maintained centrally.

7.7.2 Document duplications or shortcuts may be utilized allowing Users to access central documents as appropriate based on the User's access controls assigned. When Florence's "duplicate" feature is used, a version-specific copy is created. When Florence's "shortcuts" feature is used, a new document is created that always reflects the current version of the document.

7.7.3 Central documents may include, but are not limited to CVs, medical licenses, CAP/CLIA, lab normal, SOPs, and training.

7.8 Document Version Control

7.8.1 Version tracking within Florence eISF can be utilized for draft documents, completed forms, logs, redacted documents, etc.

7.8.2 Designated "Archive" folders can be used for version tracking of approved documents such as IRB approved Informed Consents, Protocol Versions, etc.

7.8.3 The version tracking tool maintains each version of the document and the audit trail logs, the action of modification by authorized Users, date of modification, as well as the time stamp of modification to verify compliance with GCP.

7.9 Florence import via email function may be used to ensure all relevant study- and trial-related correspondence (email and related attachments) with subjects, sponsors, sites, and study team members are retained in appropriate locations within Florence eISF.

7.10 Applicable electronic Records may be marked as Protected Health Information (PHI) to prevent certain users (e.g., Sponsor) from any unintended/accidental visibility of records containing PHI that the Florence system identifies as not containing PHI:

7.10.1 Users who upload PHI are to be trained on the use of Florence, including appropriate masking procedures and available functionality (e.g., Florence redaction tool and/or flag record as containing PHI) and the roles and permissions related to documents with or without PHI.

7.11 Florence eLogs may be utilized to create and maintain traditionally paper logs within Florence. This includes, but is not limited to, Delegation Logs, Training Logs, Adverse Event logs, Deviations Logs, and Conmed Logs.

7.11.1 Users must have the required permissions to create, manage, annotate/sign, and update eLogs.

7.12 The SSO functionality will be used to login users affiliated with UTRGV Clinical Research.

8 Policies & Procedures – Electronic Signatures

8.1 This section applies to all documents and clinical research studies and trials where Florence eISF is utilized by UTRGV and where electronic signatures and handwritten signatures executed to electronic documents are intended to be equivalent to paper records and handwritten signatures.

8.2 Users are responsible for reviewing their accounts for pending signature requests on a regular basis.

8.3 Electronic signatures may be used for all documents stored in Florence eISF except:

- Original, wet-ink signed informed consent documents
- Signature Logs

8.4 Signatures only apply to the version of the document signed. Any updates to a version of the document do not carry over signatures from the previous version. Any updates which require review, acknowledgment, and/or approval must be signed by the appropriate Users.

8.5 Documents can be signed in Florence through use of stamp or Addendum signatures. Use of the Addendum (invisible) signature option and the Stamp (visible) signature option are seen as equivalent and can be utilized on all electronic documents interchangeably as both signature types maintain the details required by US FDA 21 CFR Part 11.

8.6 Signature requests can be made by individuals with the appropriate permission and access to do so within Florence eISF.

8.7 Signing Documents

8.7.1 The individual signing the document reviews the document and the requested reason for their signature in Florence eISF.

8.7.2 If s/he agrees, the username (authorized organization email address) and password (or signing PIN) are entered, and the system confirms that they match the user's verified secure credentials.

8.7.3 The signature addendum page and audit trail for the document are updated to reflect the new electronic signature, its reason/meaning, and the date and time of execution.

9. Policies & Procedures – Signature Logs

9.1 This process includes the completion and maintenance of the Signature Log for any clinical research studies and/or trials that include wet-ink handwriting for Florence eISF documents.

9.1.1 The purpose of the Signature Log is to have a record of the handwriting sample of every individual involved in study-related activity.

9.1.2 An individual Signature Log should be maintained for each team member who participates on a study or trial that uses wet-ink handwriting.

9.1.3 The Signature Log will include:

- Printed name
- Signature
- Initials
- Numbers 0-9
- Date when the signature log was completed

9.1.4 The Study Coordinator or Regulatory Coordinator will initiate the Signature Log with each new user.

9.1.5 Each Team member should provide a complete handwritten copy of the Signature Log to the Study Coordinator or Regulatory Coordinator.

- Each completed Signature Log will be uploaded and stored in Florence eISF by the Study Coordinator or Regulatory Coordinator.
- In case of a name change for a Team member, a new Signature Log must be created and uploaded to Florence eISF.

10. **REFERENCES:**

- Florence Compliance Team Key Training Resources: FDA (Part 11 Predicate Rules) ICH, GCP EU/UK GDPRand More!

https://florencehealthcare.zendesk.com/hc/en-us/articles/360048969714

- US FDA 21 CFR Part 11 Electronic Records; Electronic Signatures (here)
  - General Principles of Software Validation; Final Guidance for Industry and FDA Staff (here)
  - Part 11, Electronic Records; Electronic Signatures – Scope and Application (here)
  - Use of Electronic Records and Electronic Signatures in Clinical Investigations Under 21 CFR Part 11 - Questions & Answers (here)
- US FDA 21 CFR Part 312.62(c) – Investigational New Drugs – Drugs for Human Use (here)
- US FDA 21 CFR Part 812 – Investigational Device Exemption (here)
- US FDA Industry Guidelines and Information Sheets (here)
- FDA Compliance Policy Guidance Programs (here)
- E6(R2) Good Clinical Practice: Integrated Addendum to ICH E6(R1), Guidance for Industry (here)
- UTRGV RA-201
- UTRGV RA-206
- UTRGV DM-502
- UTRGV DM-503

- UTRGV DM-504
- UTRGV DM-505
- UTRGV GA-105
- UTRGV QA-604

11. FORMS OR ATTACHMENTS:

Individual Signature Log