

Setting up a Clinical Trial

IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED

All staff should regularly check the R&I Department's website and/or Q-Pulse for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.

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<https://www.research.yorkhospitals.nhs.uk/sops-and-guidance-/ml> and/or Q-Pulse

SOP Reference:	Pharm/S45
Version Number:	4.0
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Implementation date of current version:	7 th April 2026

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	Date:	3 rd March 2026
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	Date:	10 th March 2026

This SOP will normally be reviewed every 3 years unless changes to the legislation require otherwise

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Implemented	Reviewers	Details of significant changes
1.0	31 st July 2017		
2.0	31 st August 2020		Change of author. Change of link to R&D website. Appendix A removed repeated information in SOP. Added in section about pharmacy complexity calculator. Removed reference to principal pharmacist. Altered to accommodate for pharmacy location on one site. Removal of reference to template emails. Added section about check list on Pharmacy Clinical Trial Set Up form.
3.0	30 th March 2022		Additional author. Removal of any Batch labelling processes. Minor changes.
4.0	7 th April 2026	Arran Fletcher	Minor changes to tie in with F14 review

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1 Introduction, Background and Purpose

All clinical trials where medicines classed as Investigational Medicinal Products (IMPs) are involved must be reviewed, approved and set-up by the Pharmacy Department prior to the study being approved for conduct in the organisation. This is to ensure that pharmacy can support the trial, taking into account additional costs, workload and other resource implications and practical aspects of the management of IMPs.

In relation to trials sponsored by York and Scarborough Teaching Hospitals NHS Foundation Trust, pharmacy must be involved in discussions with the Chief Investigator and the Research & Innovation (R&I) Department at an early stage of protocol development and a formal review will be required.

The purpose of the SOP is to ensure that each trial has an appropriate review and is set-up in a timely manner and within the HRA time period.

2 Who Should Use This SOP

This SOP should be followed by all members of the clinical trials team within York and Scarborough Teaching Hospitals NHS Foundation Trust.

3 When this SOP Should be Used

This SOP should be used as follows: -

- Upon receipt of a clinical trial protocol
- Prior to attending a Selection Visit (SV)
- Setting up a new clinical trial
- To confirm feasibility of a clinical trial
- To review and authorise a clinical trial
- To confirm pharmacy readiness to the R&D Department
- To confirm pharmacy green light

4 Procedure(s)

When setting up a clinical trial the Pharmacy Clinical Trial Set up Guide (in Appendix A) should be used in conjunction with Pharm/F14 Pharmacy Clinical Trial Set Up form.

There are four main stages of Clinical Trial Set-up:

Stage 1 – Feasibility

This is performed when an Investigator or Research Nurse has expressed an interest in taking part in a clinical trial (often call an Expression of Interest). There is normally a limited amount of information regarding this study available, so Pharmacy are really assessing whether it is feasible for us to set up this clinical trial.

Stage 2 – Review & Authorisation

This is performed once the hospital has been selected to open the study. Pharmacy will review the clinical trial protocol and pharmacy manual and confirm that pharmacy are able to proceed with setting up the clinical trial.

Stage 3 – Pharmacy Readiness

Once all of the Pharmacy documents have been created and approved, pharmacy will confirm readiness with the Research Facilitator.

Stage 4 – Pharmacy Green Light

Pharmacy Green Light is the confirmation that pharmacy is ready for the first patient to be recruited into the clinical trial. Pharmacy Green Light may be given at the same time as Pharmacy Readiness if we do not get the initial shipment of IMPs until the first patient is in screening otherwise Pharmacy Green Light is not issued until we have received the IMPs and they are fit for use.

4.1 Stage 1 – Feasibility

Pharmacy will be notified of an Expression of Interest by the R&I Department or by the Research Team.

Upon notification of an Expression of Interest the Pharmacy Clinical Trials Lead/Senior Pharmacy technician for clinical trials will set up an electronic folder on the x-drive in the Expression of Interest folder and transfer any trial related documents to the relevant sub-folders.

The clinical trial name will then be added to the Expression of Interest board which is located in the Clinical Trials office (this will cover York, Scarborough and external units).

Print off a Pharmacy Clinical Trial Set Up Form (Pharm/F14) from the R&I Website and complete the trial information on page 1 as far as possible.

Complete Stage 1 – Feasibility on the form. If you do not have all the information at this time to complete stage 1 communicate this to the person who sent you the EOI. Complete the stage 1 at a later date when more information is available.

- **Date of notification of the study and from whom** – the Research Nurse or the Research Facilitator may have notified pharmacy that there has been interest in the study.
- **Date of Selection Visit** – some clinical trials will have a Selection Visit where the Sponsor will come to site and meet with the Research Team, The Investigator and pharmacy.
- **Drugs involved** – this information can be found in the trial summary and the trial protocol (if provided).
- **Who is supplying the IMP/nIMPs** – pharmacy need to obtain the information about where the drugs are being supplied from and if they are being supplied free of charge. If the drugs are being provided from hospital stock or that there is a charge for the drugs, the cost must be compared to the cost of what the treatment a patient would routinely get if they were not taking part in a study. If there is an excess drug cost this must be recorded in this section.
- **Temperature requirements for the storage of IMPs** – What is the storage temperature for the IMP? Do pharmacy have adequate space and are we able to offer storage at the required temperature range?

- **Aseptic involvement** – do any of the drugs need to be prepared by aseptics, if so inform aseptics of a possible trial that may be opening.
- **Satellite involvement** – Does the clinical trial involve chemotherapy, and will the prescription be validated by the satellite unit and will there be any dispensing that they will undertake?
- **Number of dispensing episodes per patient** – number of items per visit and the total number of visits. Some trials will have a set number of dispensing visits for other trials this may be unknown as the patient may continue treatment until disease progression.
- **Frequency of dispensing** – How often will pharmacy be expected to dispense medication for a patient.
- **Number of patients expected** – how many patients are the Research Nurses planning to recruit into the study?

Do not invest too much time in the study at this point, as it is not guaranteed that we will be selected to open the study. We are only really checking that it is feasible for pharmacy at this stage.

Any printed documents for this study should be placed in a folder clearly named for that study along with the Pharmacy Clinical Trial Set Up Form (Pharm/F14) in the EOI studies folder in the clinical trials office

The Clinical Trials Lead will assess whether it is feasible to undertake the clinical trial and sign the bottom of the Stage 1 form. They will also use the pharmacy study complexity calculator to determine how demanding the study will be for the pharmacy service (the score can be added to the front page and updated as more information is made available). Once stage 1 is complete inform the Research Facilitator by scanning a copy of the completed stage one and sending an email confirming stage 1. Print this email and store with the Pharmacy Clinical Trial Set Up Form (Pharm/F14).

Pharmacy will be notified of the date of the Selection Visit (if applicable) and should ensure that a member of the pharmacy clinical trials team can attend (ideally this should be the person who is involved in setting up the clinical trial), so that any questions or queries can be addressed before we are selected. Some Sponsors may wish to visit pharmacy during this visit.

Amend the Expression of Interest board to indicate that stage 1 has been completed.

4.2 Stage 2 – Review & Authorisation

Stage 2 will commence once the hospital has been selected by the Sponsor and pharmacy have been notified by the R&I Research Delivery Facilitator. The Research Delivery Facilitator will send a confirmation email to confirm that pharmacy are to progress with stage 2. The Pharmacy Clinical Trials Lead will nominate a member of staff to complete stage 2. The trial details should be removed from the Expression of Interest board and added to the Pending Trials board.

Move the electronic trial folder that is currently in the Expression of Interest folder to the Pending (in set-up) section of the x-drive. As electronic documents are received, they will need to be saved in the electronic trial folder and then printed

and filed in the file marked for that study which should be stored in the Pending Trials section in the clinical trial dispensary/office

Complete Stage 2 of the Pharmacy Clinical Trial Set Up form (Pharm/F14).

- **Date of Selection** – this can be found on correspondence confirming that the location has been selected.
- **Any additional drug cost** – if pharmacy are having to procure any drugs that are not standard of care that the sponsor is not reimbursing.
- **Any additional cost to pharmacy** – e.g are we having to provide taxis to transport the drug?
- **Additional equipment required** – fridges, denward loggers, cool bags etc.
- **Commercial costing template reviewed and approved** – only applicable to commercial studies, check that dispensing fees, set up fees are correct, this will then need to be approved by the Pharmacy Clinical Trials Lead/Principal Pharmacist (this can be done at the same time that the Pharmacy Clinical Trials Lead /Principal Pharmacist signs off stage 2)
- **Open label/single blind/double blind** – if blinded how will drugs be allocated at each dispensing, will it involve an IXRS system, or a randomisation list held within pharmacy
- **Drug supply after completion** – who will fund the study drug after completion of the trial, this may not be applicable to all trials.
- **IXRS/IWRS/other web-based program to be used by pharmacy, if yes what for?** – will pharmacy acknowledge receipt or dispensing
- **Is manual ordering involved** – will pharmacy have to complete order forms for initial and further supplies of medication.
- **Is pharmacy involved with unblinding** – will pharmacy have to unblind, if so, how is this done?
- **Additional sponsor training required** – Are pharmacy staff expected to perform on-line training for study specific training, and the estimated time for each staff to complete the training. Are there any additional funds available for training if the training will take longer than one hour per staff member.
- **Estimated date of opening** – confirm with the Research Team and the Research Delivery Facilitator the date planned for opening, considering HRA time limits and the date of the Initiation Visit (IV).
- **Aseptic approval** – Send a copy of the protocol and pharmacy manual to Aseptics, once approved by Aseptics the form must be signed by a senior member of Aseptics. Aseptics/Satellite Pharmacist will also have to create a chemocare prescription.
- **Trial Monitoring Company** – if different from Sponsor.
- **Details of Trial CRA or Monitor** – Name, email and telephone of CRA or Monitor
- **IMP dispensing requirements** – any tear-off labels to be applied to the accountability logs, controlled drug etc.
- **Stability/storage requirements of reconstituted IMP** – after aseptic preparation, or a liquid that has been reconstituted with water the expiry date and storage will differ from the original. Consider if any additional paperwork will be required to maintain the coldchain. For Scarborough trials consider the transportation between locations if Aseptics are involved.

Create a plan for setting up the pharmacy file, review what documents will need to be created, for example: -

- Dispensing Instructions
- Drug Maintenance
- Trial Summary/Unblinding
- Accuracy/ Clinical Checking Checklist
- Master Labels
- Accountability Logs
- Prescriptions

Once Stage 2 of the Pharmacy Clinical Trial Set Up form has been completed the Pharmacy Clinical Trials Lead will sign, print and date.

Scan a copy of the completed stage two and send an email confirming stage 2 to the Research Facilitator. Print this email and store with the Pharmacy Clinical Trial Set Up Form (Pharm/F14).

Amend the Pending Trials board to indicate that Stage 2 has been completed.

4.3 Stage 3 – Pharmacy Readiness

The Research Delivery Facilitator will send a confirmation email to confirm that pharmacy are to progress with stage 3 or it will be discussed at a prioritising studies meeting. The Pharmacy Clinical Trials Lead will nominate a member of staff to complete stage 3.

Complete Stage 3 of the Pharmacy Clinical Trial Set Up form with the following: -

- **Date Pharmacy File was requested** – contact the trial CRA/Monitor and request the Pharmacy File, if the file is not available as yet ask for all the relevant documents to be sent to pharmacy.
- **Date Pharmacy File was received** – in the event that the Sponsor will not be providing a Pharmacy File, ensure that all of the trial related documents have been sent to pharmacy and a local file constructed.
- **Date of Initiation Visit (IV)** – This is the date by which we should have everything written and approved by, so that Pharmacy readiness could be issued.
- **Date IB received** – if applicable record the date the Investigator Brochure was received.
- **Procedure for initial supply of IMPs/nIMPs** – pharmacy need to confirm whether IMP will be sent before the greenlight has been given or if the initial supply will be released once the first patient is being screened.
- **How will QP/Batch/C of As releases/certificates be sent to pharmacy** - confirm with the Sponsor the process for receiving QP/Batch releases or any Certificates of Analysis that are required for the IMPs.
- **Has the Pharmacy File been set up according to Pharm/F52** – The file should be indexed according to Pharm/F52 and the Sponsor's original index should be filed in the superseded section of the file so that we can archive it in its original order if we are asked to.
- **Date Trial Summary & Unblinding instructions were completed** – the date which they were written.
- **Date Trial Drug Management instructions were completed** – the date which they were written.
- **Date Trial Dispensing instructions were completed** – the date which they were written.

- **Date Master labels were created** – create master labels using SOP Pharm/S105.
- **Is a prescription supplied, if not date completed (for Chemocare prescriptions include date requested)** – if a prescription is supplied, is it suitable for use (NHS Number, allergy status etc). If we have to get the prescription amended, ask the Sponsor if they can do it as they will then be responsible for version control. If we have to amend this prescription, we will have to remove the Sponsor's version control and add our own.
- **Are the accountability logs supplied by the sponsor, if not, date they were created** – this will include drug inventory and patient specific drug accountability logs, if logs are created ensure there is version control on each one.
- **Have Pharmacy staff signed the main delegation log** – all pharmacy clinical trials staff should sign the delegation log (unless specified not to).
- **Have pharmacy received a copy of the completed delegation log** – The completed delegation log should have all staff signed off by the relevant Investigator.
- **Has the codebreak/unblinding procedure been tested** – For blinded studies where pharmacy are expected to unblind, the unblinding process has to be tested and this is recorded on form Pharm/F50 "Code Break Test Form".
- **Date documents have been reviewed and approved** – when the documents have been reviewed by a second person (Pharmacy Clinical Trials Lead or a delegate) and approved by a third person (Principal Pharmacist Clinical Research/Clinical Trials Pharmacist)

Once Stage 3 of the Pharmacy Clinical Trial Set Up form has been completed the Pharmacy Clinical Trials Lead will sign, print and date.

Scan a copy of the completed stage three and send an email confirming stage 3 to the Research Facilitator. Print this email and store with the Pharmacy Clinical Trial Set Up Form (Pharm/F14).

Complete the Checklist for study set-up (last page of the Pharmacy Clinical Trial Set Up form) as you work through the preparation of the pharmacy file. Before stage 4 is issued ensure the final check of pharmacy file is complete and sign and date the relevant section of the check list.

4.4 Pharmacy Green Light

Once the IMPs have been delivered to site and are suitable for use (i.e no temperature excursions occurred during shipping), and all Pharmacy staff training has been done complete stage 4 of the Pharmacy Clinical Trial Set Up form.

Once stage 4 of the Pharmacy Clinical Trial Set Up form has been completed the Pharmacy Clinical Trials Lead /Senior Pharmacy Technician will email the Research Facilitator and other relevant parties that everything is in place in pharmacy for recruitment to begin. Store the completed Pharmacy Clinical Trial Set Up form in the pharmacy file with all the pharmacy stages emails.

The Research Facilitator will then send an email confirming that recruiting can now start into the trial.

5 Related SOPs and Documents

Pharm/F14 - Pharmacy Clinical Trial Set Up Form