

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	1 of 19	Approval Date: 24/02/2026
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**ARCHIVING OF CLINICAL TRIAL AND RESEARCH STUDY DATA:
STANDARD OPERATING PROCEDURE**

Introduction and Aim

Archiving is the long-term storage of all essential records which individually and collectively permit the evaluation of the conduct of a clinical trial or research study and the quality of the data produced.

This Standard Operating Procedure (SOP) aims to regulate the way in which essential records from research studies and trials that are sponsored by or hosted by Cardiff and Vale University Health Board (CAVUHB) are managed and archived under the UK Policy Framework for Health and Social Care Research 2017, ICH-GCP E6 (R3) and the Medicines for Human Use (Clinical Trials) Regulations 2025 (SI 2025 No.538) and subsequent amendments. It will ensure the Research Governance Policy (UHB 099) is being implemented and that the Health Board delivers its objectives in relation to the safe handling and long-term storage of data generated during research activity.

Objectives

To clarify the responsibilities of the Chief or Principal Investigator (CI/PI) for archiving study data, other study related material and participant medical records of CAVUHB sponsored or hosted CTIMPs (including devices) and to describe the procedure for archiving CAVUHB sponsored or hosted non-CTIMP study records.

Scope

This procedure applies to all individuals undertaking or involved in CAVUHB sponsored or hosted research studies within CAVUHB where the individual has any responsibility for record keeping and archiving. This includes those individuals:

- holding substantive or honorary contracts/titles with CAVUHB;
- holding 'letters of access' to CAVUHB;
- undertaking clinical research involving UHB patients or staff undertaking clinical research on CAVUHB premises

Any procedure developed by a Clinical Trials Unit (CTU) should comply with this SOP in the case of CAVUHB sponsored studies, unless otherwise specified within the contract. Hosted studies where the Sponsor has arranged external archiving is not covered by this SOP, although the expectation is that same standards will be applied and it is the responsibility of the PI in conjunction with the designated archivist at CAVUHB to ascertain this.

Equality Health Impact Assessment	An Equality Impact Assessment has been completed on the Research Governance policy (UHB099) under which this SOP
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Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	2 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

	sits. The Equality Impact Assessment completed for the policy found there to be a no impact.
Documents to read alongside this Procedure	Research Governance Policy (UHB099) Data Management For Clinical Trials SOP (UHB449) Record Management Policy (UHB142)
Approved by	Joint Research Governance Group
Accountable Executive or Clinical Board Director	Medical Director
Author(s)	Research Governance

Disclaimer

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
2	20/01/2015	23/03/2015	<p>This is a revised document the content was previously included within the Archiving of Clinical Trial Research Study Data (SOP) UHB121 now written in the new format in compliance with the Policies, Procedures and Other Written Control Documents Management Policy. The following sections have been updated:</p> <p>Objectives now include bullet points Section 2.0 wording changed to “<i>but may be delegated to the Chief Investigator (CI), Principal Investigator (PI), member of the research team and/or R&D office staff including Designated Archivists (R&D Officers).</i>”</p> <p>Section 2.6 second last paragraph the word <i>spreadsheet</i> replaces <i>database</i> Section 2.8 End of 1st paragraph the wording “<i>For Hosted CTIMPs this SOP should be referred to at study start up and again as soon as practicable, within 12 months of the end of the research study.</i>”</p>

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	3 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

			<p><i>The PI should contact the R&D office to request the appropriate archiving paperwork.”</i></p> <p>Section 3.0 see 2nd paragraph wording altered “<i>as detailed in section 2.1 above, the CI/PI should contact the R&D office to request the appropriate archiving paperwork.”</i></p> <p>Section 3.0 see 3rd paragraph wording altered “<i>the CI/PI must prepare the essential documentation for archiving.”</i></p> <p>Section 3.1 see 1st paragraph wording altered “<i>at study start and again as soon as practicable, within 12 months of the end of the research project. The PI should contact the R&D office to request the appropriate archiving paperwork.”</i></p>
3	06/02/2018	01/05/2018	<p>Minor changes throughout document removing reference to Cardiff University until the Clinical Trial Regulation (EU) No536/2014 as Article 58 comes into force. Please note that this SOP will require further updating when the new Clinical Trial Regulation comes into force. Regulation (EU) No536/2014 as Article 58 within the revised regulation states that the sponsor and the investigator shall archive the content of the clinical Trial Master File for at least 25 years after the end of the clinical trial. However the medical files of subjects shall be archived in accordance with national law.</p> <p>The EU Clinical Trial Regulation will come into application during 2019 instead of October 2018, as previously scheduled.</p> <p>Therefore this SOP has received minor updates to ensure fit for purpose until the new EU Clinical Trial Regulation come into force and general update as an interim measure</p>
4	14/07/2021	25/01/2022	<p>The new EU Clinical Trial Regulation has not come into application so has not been updated in this iteration.</p>

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	4 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

			<p>The structure of this SOP has been changed significantly to simplify the archiving process for researchers involved in all types of clinical research carried out in the UHB.</p> <p>Accompanying forms have been changed and standardised across all types of clinical research and should be used by all research teams in the UHB for each study that is archived, where provision for third party archiving is not made by the sponsor. This change allows the R&D office to have increased oversight of the archiving processes undertaken within the UHB and our external storage provider.</p>
5	02/11/2023	28/11/2023	<p>The offsite storage facility has been updated to the Maltings.</p> <p>All studies will now be archived offsite and invoiced through the JRO for storage, boxes and security tags.</p> <p>Slight change to the documentation required for archiving, which will now apply to all studies within CAVUHB.</p> <p>Naming convention for the R&D office in CAVUHB standardised.</p> <p>Device regulations updated and retention times aligned with CTIMPs. Other minor clarifications and formatting.</p>
6	24/02/2026	17/04/2026	<p>The new Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025 come into force on 28 April 2026. This change has increased the retention time for CTIMPs for TMF and participant medical records to a minimum of 25 years and updated the terminology from 'essential documents' to 'essential records'. It also allows electronic records to be archived electronically to align with modern eTMF systems. This will only apply to CTIMPs that will be approved from 28 April 2026.</p>

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	5 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

Contents Page

1	Background	6
2	Responsibilities	7-8
3	Standards for Archiving	8-13
4	Procedures for Archiving Site Records	13-16
5	Funding for Archiving	16
6	Retrievals	16
7	Destruction of Archived Materials	16-17
8	Related Documents	17
9	Abbreviations and Definitions	17-18
	TABLE 1: RETENTION TIME AND RESPONSIBILITIES FOR DIFFERENT TYPES OF STUDIES	19

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	6 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

1.0 BACKGROUND

During the set up and active phases of a research study, the CI/PI has a responsibility to ensure the safekeeping of all study related data and documentation and must guard against their premature destruction. After a research study has closed, any data queries are resolved, the data is analysed and the final report produced. The study Sponsor is responsible for advising the CI/PI of the arrangements for archiving the study data. Archived material comprises of project documentation for closed studies (i.e. studies where all patient activity and data analysis are completed) and which are no longer in the custody of the CI/PI.

Archiving clinical trial data must be carried out in compliance with the EU Clinical Trials Directive (2001/20/EC), Volume 10 of Eudralex - The Rules Governing Medicinal Products in the European Union, International Conference for Harmonisation - Good Clinical Practice (ICH-GCP) Guidelines (CPMP/ICH/135/95) and GCP Directive. Whilst the ICH-GCP Guidelines do not explicitly define 'archive' in the Glossary (Section 1), they state that, "*Clinical trials should incorporate efficient and robust processes for managing records (including data) to help ensure that record integrity and traceability are maintained and that personal information is protected, thereby allowing the accurate reporting, interpretation and verification of the relevant clinical trial related information*" (Section 9.4). ICH-GCP states that "The investigator/institution should retain the essential records for the required retention period in accordance with applicable regulatory requirements or until the sponsor informs the investigator/institution that these records are no longer needed, whichever is the longest. The investigator/institution should take measures to ensure availability, accessibility and readability and to prevent unauthorised access and accidental or premature destruction of these records" (Section 2.12.12).

It is a legal requirement of the Medicines for Human Use (Clinical Trials) Regulations 2025 (SI 2025 No.538) and subsequent amendments that essential records and the medical records of trial participants are retained following the end of a Clinical Trial of an Investigational Medicinal Product (CTIMP) in order to allow reconstruction of a trial, potential further analysis of project data and to enable MHRA or any other inspection and monitoring. Device trial regulations (The Medical Device Regulations [2017/745]) do not explicitly state archiving requirements and retention times but detail is provided in 4.1 on CVUHB's expectations for these studies.

Archived data must conform to the "Data Protection Legislation" which means all (i) applicable laws governing the processing of personal data, including the UK GDPR (as defined in section 3(10) of the Data Protection Act 2018), the Data Protection Act 2018, and the Privacy and Electronic Communications (EC Directive) Regulations 2003, as may be amended, re-enacted or replaced from time to time; and (ii) all guidance and codes of practice issued by the Information Commissioner's Office or other regulatory body which are relevant to the processing of personal data in relation to the activities associated with this SOP.

In addition, for trials involving a medicine for which a Marketing Authorisation application dossier will be required, Annex 1 of Directive 2003/63/EC (*Analytical, Pharmacotoxicological and Clinical Standards and Protocols in respect of the testing*

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	7 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

of Medicinal Products, Module 5: Clinical Study Reports) must be complied with. This will usually only apply to commercially sponsored CTIMPs being run at CAVUHB.

2.0 RESPONSIBILITIES

The archiving of research study and clinical trial data rests with the Sponsor, but may be delegated to the CI, PI, member of the research team and/or Cardiff and Vale University Health Board (CAVUHB) research and development (R&D) office, which is part of the Cardiff Joint Research Office (JRO) staff including the Designated Archivist. Refer to Table 1 for a summary of archiving responsibilities for different study types.

2.1 SPONSOR

- The Sponsor has overall responsibility for ensuring that the Trial Master File (TMF) (comprising of the Sponsor TMF and the Investigator Site File [ISF]) are archived appropriately.
- The task of ensuring that the ISF at each host site are prepared for archiving and placed into a storage facility (as applicable) is delegated to the host site and should set out in the Site Agreement/Organisation Information Document (OID)/Protocol.
- The Sponsor, or the CI/CTU or CRO if delegated by the Sponsor, is responsible for notifying sites when archived material may be destroyed. Until such notice is received, measures should be taken by the CI/PI to prevent accidental loss or destruction of the ISF. Dates for destruction of the TMF for all CAVUHB sponsored studies should be documented in ReDA by the CAVUHB R&D office.

2.2 DESIGNATED ARCHIVIST

- The Sponsor of a CTIMP must have in place a Designated Archivist, defined as the person/s who has oversight for the archiving of sponsored CTIMP records.
- At CAVUHB, the role of Designated Archivist is undertaken by an R&D Manager. These Designated Archivists will delegate tasks set out in section 2.4 to other members of the R&D Office.
- The archivist is not responsible for the content of the archived material. Further details are show in 2.4 of their responsibilities.

2.3 CI/PI

- The CI/PI is responsible for archiving the data generated by CAVUHB in accordance with this SOP and applicable legislation.
- If the CI/PI leaves their employing organisation during the designated archiving period s/he is responsible for ensuring that there is a documented handover of responsibility to another clinician or appropriate member of the research team and informing the CAVUHB R&D office of the handover arrangements.
- For multi-centre trials sponsored by CAVUHB, the site agreement/OID/protocol should delegate responsibility to the participating sites for archiving and for ensuring that data and documentation are available for the purposes of monitoring and inspection.

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	8 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

2.4 JOINT RESEARCH OFFICE

- The CAVUHB R&D office maintains a record in its research management system of all its archived studies which includes a List of Archived Documents and Archiving Label, the location of the ISF and Sponsor TMF (for CAVUHB sponsored studies) and the due date of destruction.
- The CAVUHB R&D office is responsible for recouping archiving costs and raising invoices for commercial studies requiring local archiving.
- The CAVUHB R&D office is also responsible for funding archiving boxes and security tags for all studies on CAVUHB premises and paying for offsite storage.
- The day-to-day responsibilities of the Designated Archivists are delegated to a named person in the CAVUHB R&D office. These responsibilities include:
 - Ensuring there is a completed, List of Archived Documents and Archiving Label provided to the CAVR&D office for all closed CAVUHB sponsored and hosted studies. These documents should be stored in the relevant R&D e-study folder and the information entered on ReDA.
 - Maintaining a record of the transfer of the ISF and Sponsor TMF (CAVUHB Sponsored studies) into external storage. (The external storage facility used by the CAVUHB is The Maltings, details in section 3.4)
 - Maintaining a record of due destruction dates for all studies.
 - Oversight of arrangements for destruction of the ISF and sponsor TMF of CAVUHB sponsored studies at CAVUHB and other participating sites.
 - Ensuring Sponsor confirmation of authorisation for study records destruction of CAVUHB hosted studies obtained in a timely manner before due destruction date and entered on ReDA. Further details of this are documented in section 7.

2.5 CLINICAL BOARD/DIRECTORATE

- The Clinical Board/Directorate are responsible for maintaining an archiving log (TPL-003-11) (summarised in section 4.5) for their clinical area.
- Contacting CAVUHB R&D office to inform them of any archiving requirements.

2.6 RESEARCH DELIVERY TEAM

- If the research delivery team are involved in supporting a study, they can be delegated the task of archiving by the CI/PI.
- A member of the research delivery team must be suitably trained and delegated the task on the delegation log in order to proceed with archiving.
- This must be agreed as part of discussions surrounding research delivery support at the start of the study.
- The CI/PI still holds overall responsibility for the archived material.

3. STANDARDS FOR ARCHIVING

3.1 PREPARATION OF SPONSOR TMF AND ISF- OVERVIEW

- Appendix C of ICH-GCP defines the minimum set of records to be archived. A 'List of Archived Documents form' (FRM-003-05) for researchers outlining the types of record which should be archived must be completed and returned to the CAVUHB R&D office before off-sites archiving is initiated.

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	9 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

- Essential records should be complete, legible, accurate, unambiguous, authentic and as appropriate, certified after verification. Sections 5.1.1 and 5.1.3 of ICH-GCP state the responsibilities of the Sponsor for implementing quality assurance and quality control to assure the quality of essential records. It is the PI's responsibility to ensure that the archived material complies with the standards set out in this SOP. For CAVUHB multi centred sponsored studies, the CI must retain oversight and ensure that PIs at external sites are aware of their responsibilities to archive appropriately.
- The CI/PI, by signing off the List of Archived Documents, is providing confirmation that they are satisfied that these standards have been met.
- The Sponsor TMF may comprise records held by the main study team, the CAVUHB R&D office, support departments and external suppliers. When the study is ready to be archived, the TMF should ideally be brought together as a single file. If it is not possible to physically store all the records in one place (for example, research data held on electronic databases), then the location of these records should be clearly flagged in the TMF, and arrangements should be made so that they can be readily accessed for the purpose of monitoring and inspection.
- Databases and associated records may be archived separately from the main TMF for CAVUHB sponsored studies. It is anticipated that the database would usually be held by the CTU or study team on their university or NHS server.
- Trial prescriptions for Investigational Medicinal Products (IMP), IMP accountability records and documentation of IMP destruction included in the pharmacy site file need to be archived together with other trial-related records in the TMF/ISF. The clinical trials pharmacist should not archive the pharmacy records separately.
- The transfer of study records between parties (i.e. the CI/PI and the external storage facility) should be properly documented. This is also known as 'the chain of custody'.
- The following issues need to be considered when archiving electronic filing ('e-filing'):
 - Access to software which allows the data to be read for the duration of the period of retention
 - Controlled access to data
 - Disaster Recovery Plan in the event of loss of data
 - Sponsor permission for use of e-filing or conversion of paper filing into e-files, which should be detailed in the site agreement/OID/protocol.
 - Any alteration to records should be traceable. Particular attention needs to be taken when records are stored on electronic, magnetic, optical or other non-indelible media, in which case suitable controls should be implemented to ensure that these records cannot be altered without appropriate authorisation and the creation of an audit trail.
 - When original records are copied or transferred to other media for archiving, the system of copying or transfer should be validated to ensure that information will not be lost or altered. Such copies or transfers should be certified for accuracy and completeness by someone with appropriate authority (e.g. Trial Manager/medical records staff), as part of the quality control / quality assurance procedures.

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	10 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

- For media that require processing in order to render records into a readable format, the availability of appropriate equipment should be ensured so that this processing can be done.

3.2 PREPARATION OF RECORDS

- Records should be removed from ring binders or lever arch files, if possible, to keep storage space to a minimum.
- Records may be held together by plastic archiving clips, which CAVUHB R&D office will provide, but plastic wallets and all paper clips, staples or metallic means of combining sheets should be removed to prevent rusting or other chemical deterioration. It may not always be practical to remove metallic staples therefore (and in accordance with Sponsor requirements) they may not be removed unless it is considered that there is a reasonable risk of damaging the records.
- Duplicate copies of records should be destroyed.
- Post-it notes may be mis-placed and should therefore be removed and typed up as file notes as appropriate.
- Records vulnerable to deterioration should be identified and appropriate arrangements put in place. For example, thermochromic paper should not be put into storage as this will deteriorate; instead, certified copies should be made or alternative arrangements made for long term storage.
- Consideration should be given to potential risk of obsolescence of data held in non-paper format e.g. film or magnetic tape and whether this can, or should, be transferred to a different media format before putting into archiving.
- Specialised archiving boxes should be used for the long-term storage of all essential clinical trial records (excluding information contained within the Health Record). These will be specific boxes provided by the Maltings and ordered through the CAVUHB R&D office. Each box should have an archiving label attached in a visible location on the side of the box and the box should be secured with two security tags provided through the CAVUHB R&D office.
- If an external Sponsor wishes to archive the site ISF within their own archiving facility, all patient identifiable data (e.g. consent forms, screening logs, etc) should still be retained and archived within CAVUHB's archiving facility. This can be discussed with the CAVUHB R&D office on a case-by-case basis.

3.3 STORAGE FACILITIES

- Storage facilities should ensure that essential records are maintained in a legible condition and can be retrieved promptly. Any change in the location and ownership of the record should be documented in order to allow tracking of the stored records.
- Personal data must be stored in compliance with the requirements of the Data Protection Legislation.
- Adequate and suitable space should be provided for the secure storage of all essential records from completed studies. The facilities should be secure, with appropriate environmental controls and adequate protection from fire, flood and unauthorised access. A reputable external storage facility provider should be able to satisfy these criteria.

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	11 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

- The storage of the Sponsor's records may be transferred to a sub-contractor (e.g. a commercial archive) but the ultimate responsibility for the quality, integrity, confidentiality and retrievability of the records resides with the Sponsor (ICH-GCP C.2.4).
- For currently archived studies which have not been put into external storage, access to the research data should be restricted to authorised personnel with controlled access, for example in a locked cabinet within an area with swipe card access.
- CAVUHB holds a contract with the Maltings, an external storage facility, for storing research records. An NHS tenure process, supported by information governance and the CAVUHB R&D office, was used to procure the facility. The head office details for the Maltings are:
The Maltings DSS Limited
The Maltings
East Tyndall Street
Cardiff
CF24 5EA
The storage facility details are:
The Maltings DSS Limited
Wentloog Corporate Park
Wentloog
Cardiff
CF3 2ER
- CAVUHB expects the Maltings, as an archiving facility, to maintain the necessary standards for storing records. CAVUHB conducts monitoring visits at the Maltings routinely. CAVUHB may undertake checks which cover but are not limited to suitability of the physical environment, security of records during transportation and storage, authorised movement of records, timely destruction of archived material and General Data Protection Regulation (GDPR) compliance.
- External Sponsors may choose to make their own arrangements for the storage of ISFs. They should provide evidence to the CAVUHB R&D office that the necessary regulatory standards are being adhered by their chosen archiving facility.
- It is preferable that arrangements for archiving are identified and addressed at study set up by the study team, in consultation with the Sponsor. For CAVUHB sponsored CTIMPs, this should be documented in the roles and responsibilities section of the contract.
- For Hosted studies the PI should contact the CAVUHB R&D office to request the appropriate archiving paperwork.
- For CAVUHB Sponsored CTIMPs and medical device studies, the functions of storage and archiving should be specified and the role assigned to an identified archivist(s). Access to archives should be restricted to authorised personnel, which will be recorded on ReDA. At CAVUHB these roles are undertaken by Designated Archivists.

3.4 DURATION OF RETENTION OF ESSENTIAL RECORDS

- Records must be retained for the minimum length of time stipulated in Table 1 whilst at the same time taking full account of the principles enshrined in data

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	12 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

protection legislation that personal data should be held for no longer than is absolutely necessary.

- In accordance with the Medicines for Human Use (Clinical Trials) Regulations 2004 and subsequent amendments CAVUHB stipulates that essential records should be retained for at least 25 years for CAVUHB sponsored CTIMPs.
- CAVUHB Sponsored device studies should be retained for at least 25 years.
- There is no legal requirement to archive records for non-CTIMPs, but for CAVUHB Sponsored non-CTIMPs, archiving is advised and the retention period of 5 years is acceptable.
- For CAVUHB hosted studies, Table 1 stipulates that the retention time should be in accordance with the Sponsor's requirements. These should be stipulated in the agreement between the Sponsor and CAVUHB or the protocol. This will not necessarily be in line with the time scales indicated for CAVUHB sponsored studies. The archiving duration stipulated in the site agreement should take precedent.
- Some studies are abandoned before they start or before a patient is consented into the study. In such cases, the PI should seek guidance from the Sponsor about archiving requirements and/or follow any advice as set out in the protocol and/or the site agreement/OID between the Sponsor and CAVUHB.
- For trials that include regulatory submission, they will be archived in accordance with the Sponsor's regulatory submissions and approvals in compliance with the legislation at the time.

3.4.1 DURATION OF RETENTION OF PATIENT MEDICAL RECORDS

- For CTIMPs, the Clinical Trials Regulations as amended stipulate that the medical records of clinical trial participants must be retained for at least 25 years after the official end of the trial (longer for paediatric studies).
- Medical notes should be marked with a label stating that the records should not be destroyed until 25 years after the close of the study for CTIMPs and device studies regulated by the MHRA. The date until which the notes are to be maintained must be clearly specified on the label, which should be placed where it can be readily seen (usually inside the front cover). In addition, the existence of this internal label must be flagged by the CI/PI placing an orange sticker stating 'do not destroy' on the outside front cover of the medical notes. A Label for Patient Medical Notes (FRM-003-06) is available from the CAVR&D Office, but researchers must provide their own orange stickers.
- Electronic Health Records should also be labelled in a similar manner to the paper records and retained for the same time period before destruction can be authorised.
- In general, patient healthcare records should be retained in accordance with the Records Management Code of Practice from the conclusion of treatment or last patient contact, as a minimum requirement.
- Patient medical notes are no longer digitised at CAVUHB; instead, the medical records are archived 18 months after the last patient contact (retained at an external archiving facility) until the retention period has expired.
- In all cases of retaining patient medical notes, the principles of the Data Protection Legislation will apply.

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	13 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

- It is recognised that CAVUHB are in a period of change concerning Health Records, but where electronic health records are used as source data, they should be at least as good and secure as paper. This included audit trail of data entries, corrections and the CI/PI should be able to 'sign' to indicate s/he has seen the data to demonstrate oversight. Electronic health records should be kept on up to date, viewable media for the specified archiving period.

4.0 PROCEDURES FOR ARCHIVING SITE RECORDS

- For CAVUHB sponsored studies, the CI or CTU has delegated responsibility for initiating archiving procedures of the ISF at all participating sites.
- The CI/PI is responsible for undertaking the following procedures or delegating them to appropriately qualified staff in their team if appropriate.

4.1 CAVUHB SPONSORED CTIMPS AND DEVICE STUDIES

The Medical Devices Regulations 2017 do not include any express legal requirement to archive trial data gathered from clinical investigations of Medical Devices (ciMDs). However, for CAVUHB Sponsored CTIMPs and ciMDs the below process must be followed.

1. Liaise with the CAVUHB R&D office Designated Archivists to initiate archiving procedures. In order to demonstrate compliance with GCP in this respect, CAVUHB must retain responsibility for archiving trial material for its Sponsored CTIMPs and ciMDS.
2. Ensure that the essential records listed in the TMF/ISF index are present and appropriately filed.
3. The CI/PI is responsible for ensuring that clinical trial data and records are placed in archiving boxes with the contents of each box fully documented via the List of Archived Documents (FRM/003/05).
4. Place a copy of the List of Archived Documents inside the archiving box or attach to the inside lid of the box. A copy of this log should also be held in the site research team's office
5. Complete an Archiving Label (FRM-003-04) and attach this to the side of each archiving box
6. Return the completed List of Archived Documents and Archiving Label to the JRO with the completed archiving boxes.
7. The archiving boxes must be sealed by the Designated Archivist. Once sealed, these boxes and their contents will become the responsibility of the CAVUHB R&D Office.
8. The CAVUHB R&D office is responsible for restricting access to any archived material, and to permitting access, upon receipt of a written request to access specific archived material and only to those individuals who are named on the List of Archived Documents as being eligible to do so. Responsible person(s) to whom the archiving box may be released for the UHB-Sponsored CTIMPs will always be the CAVUHB's Designated Archivist.
9. All storage boxes going into The Maltings should be coordinated with the CAVUHB R&D office to ensure appropriate labelling.
10. CAVUHB R&D office will then arrange pick up and storage of the archiving boxes in The Maltings.

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	14 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

4.2 CAVUHB SPONSORED NON-CTIMPS

There is no legal requirement to archive records for non-CTIMPs. It is good practice to archive research records for all non-CTIMP studies and therefore CAVUHB Sponsored non-CTIMP records should be archived following the procedure below.

1. Liaise with the CAVUHB R&D office Designated Archivists to initiate archiving procedures.
2. Ensure that the essential records listed in the ISF/TMF index are present and appropriately filed.
3. Request archiving boxes from the CAVUHB R&D office, which will be delivered by the Maltings to the appropriate department.
4. The CI/PI is responsible for ensuring that study data and records are placed in archiving boxes with the contents of each box fully documented via the List of Archived Documents (FRM/003/05).
5. Place a copy of the List of Archived Documents inside the archiving box or attach to the inside lid of the box. A copy of this log should also be held in the site research team's office
6. Complete an Archiving Label (FRM-003-04) and attach this to the side of each archiving box
7. Return the completed List of Archived Documents and Archiving Label to the CAVUHB R&D office
8. The archiving boxes must be sealed using security tags provided by the CAVUHB R&D office.
9. Once the CAVUHB R&D office have checked and confirmed all information related to the archived study, a collection through the Maltings will be arranged for offsite storage.

4.3 CAVUHB HOSTED NON COMMERCIAL STUDIES

For externally Sponsored studies carried out at CAVUHB, responsibility for archiving rests with the Sponsor. This is often delegated to the host organisation through the site agreement/OID/protocol. Any funding for archiving will have been agreed and paid to the CAVUHB R&D office from the Sponsor, but if there was no stipulation for this, the CAVUHB R&D office will fund the offsite storage. The archiving arrangements must be agreed with the Sponsor before commencing the study. The PI is responsible for making appropriate arrangements with the Sponsor for archiving local trial materials e.g. ISF. If the sponsor doesn't stipulate archiving requirements for a non-CTIMP, it is still recommended that the below procedure is followed, but this is not a legal requirement.

1. Liaise with the sponsor to confirm initiation of archiving procedures. The CAVUHB R&D office will require evidence before providing the archiving records.
2. Ensure that the essential records listed in the ISF index are present and appropriately filed.
3. Request archiving boxes from the CAVUHB R&D office, which will be delivered by the Maltings to the appropriate department.
4. The PI is responsible for ensuring that study data and records are placed in archiving boxes with the contents of each box fully documented via the List of Archived Documents (FRM-003-05).
5. Place a copy of the List of Archived Documents inside the archiving box or attach to the inside lid of the box. A copy of this log should also be held in the site research team's office

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	15 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

6. Complete an Archiving Label (FRM-003-04) and attach this to the side of each archiving box
7. Return the completed List of Archived Documents and Archiving Label to the CAVUHB R&D office
8. The archiving boxes must be sealed using security tags provided by the CAVUHB R&D office.
9. Once the CAVUHB R&D office have checked and confirmed all information related to the archived study, a collection through the Maltings will be arranged for offsite storage.

4.4 CAVUHB HOSTED COMMERCIAL STUDIES

In the case of commercially sponsored clinical trials, the TMF and information/activities external to CAVUHB and not part of the local Investigator/Trial Site File will be organized by the Sponsor or agent (e.g. contract Research organization managing the trial) at an external facility and do not form part of local study records.

CAVUHB will retain and archive the local ISF unless a specific arrangement for external archiving for the local ISF is agreed and documented in the site agreement with the Sponsor. No patient identifiable data or patient medical record will be sent to the Sponsor for archiving. This will be retained in a dedicated study- specific archiving box at the Maltings following the procedures for hosted CTIMPs trials. Local archiving will be at the Maltings and the cost will be met by the Sponsor. The fees associated with local archiving will be documented in the site agreement.

1. The study team should liaise with the Sponsor to confirm that archiving procedures can be initiated. The CAVUHB R&D office will require evidence before providing the archiving records.
2. The study team should ensure that the essential records listed in the ISF index are present and appropriately ordered.
3. The study team should confirm the number of boxes with the archivist so that an invoice to cover the costs of the entire duration of archiving (usually 25 years) may be raised before financial study close out.
4. Request archiving boxes from the CAVUHB R&D office, which will be delivered by the Maltings to the appropriate department.
5. The PI or delegated individual within the study team, is responsible for ensuring that entire study records are placed in archiving boxes and the contents of each box fully documented via the List of Archived Documents (FRM-003-05).
6. A copy of the List of Archived Documents should be placed inside the archiving box or attached to the inside lid of the box. A copy of this log should also be retained by the research team for future reference.
7. Complete an Archiving Label (FRM-003-04) for each box and attach this to the outside of each archiving box
8. Return the completed List of Archived Documents and copy of the completed Archiving Label(s) to the CAVUHB R&D office.
9. The archiving boxes must be sealed using security tags provided by the CAVUHB R&D office.
10. Once the CAVUHB R&D office has checked and confirmed all information related to the archived study, a collection through the Maltings will be arranged for offsite storage.

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	16 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

4.5 ARCHIVING LOG

It is the responsibility of each research active Directorate to ensure records of archiving are kept. All archived material arising from any study carried out at the UHB, whether UHB Sponsored or Hosted, should be recorded using an Archiving Log (TPL-003-11). A central log will be held within the CAVUHB R&D office.

5.0 FUNDING FOR ARCHIVING

The CAVUHB R&D office will pay for all offsite storage at the Maltings, specific archiving boxes from the Maltings, security tags and archiving tags for any study held within CAVUHB. These costs will be recuperated through commercial income and non-commercial grant funding.

6.0 RETRIEVALS

- Any post-archiving access to archived material must be fully documented by the CI/PI, giving reasons for access and describing which records have been accessed, and the Sponsor notified. When an archiving box is resealed a new security tag should be used.
- The retrieval of records from external storage should be kept to an absolute minimum. Retrieval is controlled by the designated archivist (or delegated person) for all CAVUHB studies and they require authorisation from the Sponsor before records can be taken out of storage.
- After authorisation has been obtained, the research team completes a Researcher Request to Access Archived Material Form and returns the form to the CAVUHB R&D office to organise a delivery.
- When the records are ready to return to storage, the research team need to contact the CAVUHB R&D office to arrange pick up to the external storage facility.
- For UHB sponsored CTIMPs or medical device studies where archiving has been arranged by another party (eg the CTU or CI), any retrievals should only be arranged in consultation with the UHB's designated archivist (or delegated person).
- The movement of records in and out of storage will be recorded by the CAVUHB R&D office.

7.0 DESTRUCTION OF ARCHIVED MATERIAL

- The CAVUHB R&D office monitors due destruction dates of studies put into archiving. The CAVUHB R&D office or the local research team will contact the CI/PI and the Sponsor before the due date for destruction to seek authorisation for destruction. If the Sponsor cannot be contacted or fails to provide a response after several attempts (usually three attempts), the CAVUHB R&D office may authorise destruction after communicating with the PI/research team.
- The CAVUHB R&D office should then arrange destruction of the archived records and inform the Sponsor and CI/PI (where contactable) that this has been done.

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	17 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

The CAVUHB R&D office will record the date of destruction in its research management system.

- For UHB sponsored CTIMPs, the CAVUHB R&D office (or delegated CI) will authorise destruction of the TMF and local ISF and is responsible for informing sites about arrangements for destruction of their ISFs.

7.1 RECORD OF DESTRUCTION

- The reasons for destruction of essential records after the expiry of the time limit should be recorded and signed by a person with appropriate authority. This record must be retained in a secure place for a further 5 years from the date that the essential records were destroyed. The record of destruction must be copied to the CAVUHB R&D office on request and recorded on ReDA.
- Archived records for CAVUHB-Sponsored CTIMPs will be destroyed at the appropriate time by the Designated Archivists after first checking with the CI/PI that they are happy for this to happen; alternatively, the CI/PI may be asked to undertake such destruction on behalf of CAVUHB, and to subsequently provide written confirmation of destruction. Archived records for Hosted CTIMPs should be destroyed by the CAVUHB R&D office only upon receipt of the Sponsor's written authorisation to do so, and such destruction confirmed to the Sponsor in writing.

8.0 RELATED DOCUMENTS

List of Archived Documents (FRM-003-05)

Researcher Request to Access Archived Material Form (FRM-009-04)

Label for Archiving Box (FRM-003-04)

Label for Patient Medical Notes (FRM-003-06)

Archiving Log (TPL-003-11)

9.0 ABBREVIATIONS AND DEFINITIONS

CAVUHB	Cardiff and Vale University Health Board
CI	Chief Investigator
ciMDs	Clinical investigations of Medical Devices (ciMDs)
CTIMP	Clinical Trial of an Investigational Medicinal Product
CTU	Clinical Trial Unit
CRO	Clinical Research Organisation
GCP	Good Clinical Practice
GDPR	General Data Protection Regulation
ICH	International Conference for Harmonisation
IMP	Investigational Medicinal Product
JRO	Cardiff Joint Research Office
ISF	Investigator Site File
OID	Organisation Investigation Document
MHRA	Medicines and Healthcare products Regulatory Agency
PI	Principal Investigator
R&D	Research and Development
REDA	Research Data Application

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	18 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

SOP	Standard Operating Procedure
TMF	Trial Master File

Document Title: <i>Archiving of Clinical Trial and Research Study Data</i>	19 of 19	Approval Date: 24/02/2026
Reference Number: UHB121		Next Review Date: 24/02/2029
Version Number: 6		Date of Publication: 17/04/2026
Approved By: Joint Research Governance Group		

TABLE 1: RETENTION TIME AND RESPONSIBILITIES FOR DIFFERENT TYPES OF STUDIES

Type of study	Responsible party	Task delegated to	Archive Location	Minimum duration	Authority for Access	Managing Access	Authority for Destruction	Managing Destruction
UHB Sponsored CTIMP/ ciMDs	UHB as Sponsor	JRO	Offsite	25 years	JRO	JRO	JRO	JRO/ CI/PI
Externally Sponsored CTIMP/ ciMDs	Sponsor	CI/PI in liaison with Directorate/Clinical Board	Office or in accordance with Sponsor's requirements	In accordance with Sponsor's requirements	Sponsor	Sponsor in liaison with CI/PI	Sponsor or JRO depending on contractual arrangements	Sponsor or CI/PI depending on contractual arrangements
UHB Sponsored non-CTIMP	UHB as Sponsor	CI/PI in liaison with Directorate/Clinical Board	Offsite	5 years	JRO	JRO	JRO	CI/PI
Externally Sponsored non-CTIMP	Sponsor	CI/PI in liaison with Directorate/Clinical Board	Office or in accordance with Sponsor's requirements	In accordance with Sponsor's requirements	Sponsor	Sponsor in liaison with CI/PI	Sponsor or JRO depending on contractual arrangements	Sponsor or CI/PI depending on contractual arrangements

N.B.

- EU Guidance on GCP for Advanced Therapy Medicinal Products 2009 requires that study records must be kept for 30 years after the expiry date of the product, or longer if required by the MHRA.
- For some studies, a longer retention period may be required (e.g. clinical genetic studies or some interventional studies involving children). In such circumstances, the appropriate retention period should be determined on a case by case basis.
- If trial data are used to support a UK marketing-authorisation application at the 25-year point, TMF must be retained for at least 2 additional years after authorisation is granted.