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Essential Documentation and the Creation and Maintenance of Trial Master Files

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1. PURPOSE

This SOP describes the essential documentation that should be maintained within a Trial Master File (TMF), as required under the International Conference on Harmonisation Good Clinical Practice ([ICH GCP](#)).

The primary focus of the SOP is clinical trials of investigational medicinal products (CTIMPs) that fall under the remit of the [Medicines for Human Use \(Clinical Trials\) Regulations 2004](#) ("the Clinical Trials Regulations"), as amended by the [Medicines for Human Use \(Clinical Trials\) \(Amendment\) Regulations 2025](#) (called "Clinical Trials Regulations"). However, it is also relevant for any project conducted within the NHS, which has to meet the [UK Policy Framework for Health and Social Care Research](#), and other clinical investigations that may have an impact on the safety and well-being of human participants.

2. INTRODUCTION.

A TMF is a standard filing system which allows the effective storage and location of essential documents, the large volume of regulatory and approvals documents needed for clinical research. The filing system can be in the form of a single project file or a number of files/filing cabinets, depending on what is deemed most appropriate. The regulatory and approvals documents within the TMF should be maintained alongside case report forms and source documentation.

The requirement to maintain a set of essential documents within a TMF comes from ICH GCP, an internationally recognised standard for the initiation, conduct, recording and reporting of clinical research involving human participants, particularly drug trials. The principles of which were adopted into UK law in the Medicine for Human Use (Clinical Trials) Regulations 2004. As a consequence, it is a legal requirement to maintain a TMF for all clinical trials of Investigational Medicinal Products (IMPs) within the scope of the Regulations. However, the principles should still apply for the filing of study related documentation for all research projects within the NHS, which have to meet the UK Policy Framework for Health and Social Care Research, and any other clinical investigations which may have an impact on the safety and well-being of human participants.

Although the Regulations do not indicate that all detailed aspects of ICH GCP must be followed, it is widely recognised that essential documentation is the primary quality system for validating the safe and appropriate initiation and conduct of clinical trials of IMPs. Furthermore, the filing of regulatory and approval documents in an orderly manner greatly assists the smooth running of a project and any research evaluation and/or audit by a sponsor or regulatory authority (such as the MHRA).

Please note, however, that not all documents will be of relevance to every project. The content of the TMF will therefore differ according to the nature of the study. For example, clinical trials of IMPs, most of the essential documents must legally be maintained whereas, for solely observational studies, certain documents will not be applicable. We have tried to indicate this wherever possible. You should therefore interpret the guide in the context of your own individual project.

If after reading the guide anything is unclear or you would like to discuss study documentation in greater detail, please contact a member of the [Research Governance and Integrity Team](#).

3. PROCEDURE

3.1. Essential Documents and TMF Initiation and Maintenance

A TMF should be established as soon as possible after an outline protocol/proposal is available and/or first contact is made with a research sponsor. The Chief Investigator is responsible for setting up, maintaining, storing and archiving the Trial Master File. This duty may be delegated to another member of staff on the Delegation and Signature Log.

Appendix 1 (RGIT_TEMP_012) lists the essential documents that should be maintained within a TMF. As noted above, the specific documents filed will differ according to the nature of a study. The list is not exhaustive and it is strongly recommended that any approvals and communication not listed here should also be retained. This would cover all pertinent documents that should be filed. The TMF should be held at the lead investigation site and copies of relevant documents should be kept at participating sites. For multi-site studies, each site should hold their own investigator site file (ISF) where the principles within this SOP should also be followed to maintain this. The sponsor should also hold their own sponsors file storing relevant essential documents for sponsor oversight. There is an example checklist of essential documents in **Appendix 2 (RGIT_TEMP_013)** that you could include with each project file.

Document management

As documents may need to be modified during a project, it is important that modification chronologies are kept, indicating changes and the dates they are implemented. Please remember that any substantial modifications to documents, such as the protocol or informed consent forms, should be approved by the relevant authorities (the research Sponsor, RECs, HRA, MHRA etc.), as appropriate, **prior** to implementing any changes to the project/trial. Original versions of documents continue to act as source data and must always be retained. Old versions of study documents should be struck through and marked as superseded to ensure they are not mistaken for current documents.

If any documents are filed separately from the TMF, a File Note should be kept in the TMF detailing where the document is filed (e.g. drugs details may be filed in the pharmacy).

3.2. Storage

As some documents within a TMF will be originals and/or contain confidential data, it is important they are retained in a secure place, with restricted access. All members of the research team should have access to the TMF. It is recognised best practice to store documents in a locked cupboard within a locked room. Documents should be maintained in a legible condition, with prompt retrieval possible. For Imperial sponsored CTIMP studies and studies subject to MHRA inspections, e-TMFs are not permitted by the Sponsor unless approved or as part of the ICTU portfolio, it is necessary to print and retain hard copies of all documents.

For non-CTIMP studies, e-TMFs may be considered, provided they are readily available (including to auditors and monitors) for the entire duration of the study and throughout the archiving period. They must contain accurate documents and ensure all study information is recorded, handled and stored in a way that allows accurate reporting, interpretation and verification of all study data and meet the requirements and standards set out in this SOP and the e-TMF management SOP 051.

3.3. Archiving

It may be necessary for the results of a clinical research project/trial to be examined and checked after it has finished so essential documents should be archived in an easily

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accessible way and readily available on request. For clinical trials of IMPs, archiving should occur after the trial has undergone a final closeout visit (this may be initiated by the Sponsor if they feel it is warranted) and the closeout report is issued and resolved.

Although there are legally required retention times, the [Imperial College London Retention Schedule](#) states that primary research data should be retained for a minimum period of 10 years following completion of the study. This refers to all forms of research and not just clinical trials. For Imperial College Healthcare NHS Trust sponsored studies, the retention period is 5 years following completion of the study. Further details on archiving can be found in RGIT_SOP_019, Archiving Study Documents. Researchers must also be aware that for advanced therapy trials of IMPs ATIMPS all trial-related documents should be kept for a minimum of 30 years.

4. REFERENCES

[ICH E6 Good clinical practice - Scientific guideline | European Medicines Agency \(EMA\)](#) (cited 24 Feb 2026)

[The Medicines for Human Use \(Clinical Trials\) \(Amendment\) Regulations 2025](#) (cited 24 Feb 2026)

[UK Policy Framework for Health and Social Care Research](#) (cited 24 Feb 2026)

[RGIT - About Us](#) (cited 24 Feb 2026)

[Clinical Trials Toolkit - TMF](#) (cited 24 Feb 2026)

[Clinical Trials Toolkit. Archiving](#) (cited 24 Feb 2026)

5. APPENDICES

The following Appendices list the following Templates associated to this SOP which can be found on the [SOP, Associated Documents & Templates page](#).

Appendix 1: Essential Documents to be maintained with a TMF – RGIT_TEMP_012

Appendix 2: Example Checklist for Inclusion with Research Project Files – RGIT_TEMP_013

Appendix 3: RGIT & Site Contact Details – RGIT_TEMP_014