

## IMPAACT XXXX, [Full Study Title] Site-Specific Study Activation Checklist

**CRS XX: Site Name  
(City, Country)**

**Updated by IMPAACT XXXX CTS as of DD MMM YYYY**

Study Activation Requirement	Approval Date	Comments
<b>Preparatory Activities</b>		
Version X.0 protocol registration approval from the DAIDS RSC Protocol Registration Office		<i>To be confirmed by IMPAACT Ops</i>
Local Regulatory Approvals		
Institution Approvals		
National Regulatory Approvals		
Completion of protocol signature page by IoR		<i>Site IoR (or designee) to submit confirmation to IMPAACT Ops*</i>
Completion of study-specific delegation of duties log following the DAIDS Delegation of Duties Log Policy, Effective Date: 03/14/19		<i>Site IoR (or designee) to submit confirmation to IMPAACT Ops*</i>
Completion of financial disclosure forms by all persons listed on the Form FDA 1572		<i>Site IoR (or designee) to submit confirmation to IMPAACT Ops*</i>
Confirmation of clinical trial insurance per DAIDS memorandum “DAIDS Requirement for Clinical Trials Insurance” effected 10 August 2018		<i>Site IoR (or designee) to submit insurance certificate for review and approval by IMPAACT Ops</i>
<b>Pharmacy Requirements</b>		
DAIDS Pharmaceutical Affairs Branch approval of local pharmacy readiness <i>[Add any additional pharmacy requirements based on the study needs [e.g., IMPAACT 2008: DAIDS Pharmaceutical Affairs Branch approval of local pharmacy readiness, based on confirmation of the following:</i> <ul style="list-style-type: none"> <li>• -20°C freezer remains in good working order</li> <li>• Biosafety cabinet remains in good working order</li> <li>• Site PoR has completed training in aseptic technique</li> <li>• Site PoR has attended study-specific training for IMPAACT 2008 (in-person or webinar) or for the AMP study] </li></ul>		<i>To be confirmed by DAIDS Protocol Pharmacist</i>
<i>For non-US Sites: confirmation that supplies of all study drugs [or required study drug materials] are available on site</i>		<i>Site PoR to submit confirmation to DAIDS Protocol Pharmacist and IMPAACT Ops*</i>

Template, dated 29 July 2021

IMPAACT Operations Center Template for Site-Specific Study Activation Checklists

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<b>Data Management Requirements</b>		
IMPAACT Data Management Center (DMC) approval of local data management readiness, based on confirmation of the following: <ul style="list-style-type: none"> <li>• Creation of DMC portal accounts for relevant site staff with level 2 access and subject enrollment privileges</li> <li>• Creation of accounts in Medidata Rave for relevant site staff</li> <li>• Completion of required Medidata Rave eLearning courses by at least one site staff member</li> <li>• Participation in subject enrollment training by at least one site staff member</li> </ul>		<i>To be confirmed by IMPAACT DMC</i>
Translation and back-translation of study-specific questionnaires <ul style="list-style-type: none"> <li>• TBA 1</li> <li>• TBA 2</li> </ul>		<i>To be reviewed and approved by IMPAACT DMC</i>
<i>Add any additional DMC requirements based on the study needs [e.g., All materials and equipment available for ACASI]</i>		<i>To be [confirmed or reviewed and approved] by IMPAACT DMC</i>
<b>Laboratory Requirements</b>		
Approval of local laboratory site readiness, based on confirmation of all items outlined in the: <ul style="list-style-type: none"> <li>• Non-US IMPAACT XXXX Laboratory Activation Checklist Version X.0, dated DD MMM YYYY, or the</li> <li>• US IMPAACT XXXX Laboratory Activation Checklist Version X.0, dated DD MMM YYYY</li> </ul> <i>[To be sent to sites separately by the IMPAACT Laboratory Center or Westat]</i>		<i>To be confirmed by IMPAACT Laboratory Center (for NIAID sites) or Westat (for NICHD sites)</i>
<b>Study-Specific SOPs</b>		
Participant accrual		<ul style="list-style-type: none"> <li>• <i>To fulfill these requirements, sites may either prepare study-specific SOPs or add study-specific addenda (as needed) to pre-existing site SOPs.</i></li> <li>• <i>For each SOP, site IoR (or designee) to submit confirmation to IMPAACT Ops*</i></li> </ul>
Obtaining informed consent		
Eligibility determination		
Determination of blood volume to be collected at each visit		
Study drug adherence counseling		
Safety monitoring and adverse event reporting (including emergency/anaphylaxis plan)		
Critical lab value reporting and management		
Standard of care services to be provided to study participants (maternal and infant)		
Referral for evaluation/treatment/management of maternal mental health conditions		
Participant retention		

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Source documentation (to include specification of eCRFs planned to be used as source)		
Collection and processing of pharmacokinetic (PK) samples		
<b>Other Requirements</b>		
[For all registrational studies] Confirmation of <u>site-specific</u> SOP on regulatory inspection readiness		Site IoR (or designee) to submit confirmation to IMPAACT Ops*
Confirmation of <u>site-specific</u> SOP on age and identity verification		Site IoR (or designee) to submit confirmation to IMPAACT Ops*
Participation in study-specific start-up training		To be confirmed by IMPAACT Ops
Confirmation of on-site review of [Investigator's Brochures and/or Package Inserts], MOP, and LPC (minimally including IoR and clinicians responsible for participant management)		Site IoR (or designee) to submit confirmation to IMPAACT Ops*
Resolution of action items identified during study-specific training and/or other site preparatory activities		To be confirmed by IMPAACT Ops
Confirmation of site capacity to safely conduct IMPAACT research in the context of COVID-19		IMPAACT Ops to confirm whether site has previously submitted a COVID-19 attestation document for another IMPAACT study; if not, site IoR or designee to submit confirmation to IMPAACT Ops*
[Insert any other study or site-specific requirements] Example from IMPAACT 2001: Confirmation of ultrasound availability		Site IoR (or designee) to submit confirmation to IMPAACT Ops*

\*For each item confirmed by the site IoR, corresponding documentation must be on file at the site and available for inspection/monitoring at any time.

Prepared and verified by [Enter all delegated CTS names], with all elements confirmed on DD MMMM YYY