**Study Visit Checklist – Instructional**

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| **Purpose/Guidance:**This checklist should be used to ensure consistency of study visits and adequately document what occurs at each study visit. |

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| **Customization:*** Include any relevant study information, including but not limited to:
	+ Sponsor name
	+ Study identifier (protocol number)
	+ Site #
* Include all study procedures listed in the protocol/consent form, per visit
* Can create one checklist per visit, so each visit #/name has a separate checklist to complete for each participant
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***The template starts on the next page.***

**Study Visit Checklist**

**Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant ID:\_\_\_\_\_\_\_\_\_\_**

**Study Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Informed Consent:**

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| Reminder: Valid consent documents contain the IRB approval watermark across the top of each page. Use the current IRB approved consent documents from the eIRB+ system. They are PDF versions located in the “Documents” tab under “Site Related Documents” in the **Final** column on the right. |
| [ ]  Participant or LAR signed consent *(check if yes)* | Date Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| [ ]  Valid consent version used *(check if yes)* | Version:\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_ |
| If participant did not sign consent, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| [ ]  Copy of consent offered to participant *(check if yes)* |
| **Study Visits:**  |  |  |  |  |
| ***\*\*Please customize this form to meet the visit requirements of your specific study.*** |
| **Study Visit 1:***(check if completed)* | Date Completed: | PI/Staff Initials | If participant did not complete test or completed test on different date, please explain: |
| *[ ]  e.g. Complete Blood Count* |  |  |  |
| *[ ]  e.g. Pulmonary Function Test* |  |  |  |
| *[ ]  e.g. EKG* |  |  |  |
| *[ ]  e.g. Chest x-ray* |  |  |  |
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| **Study Visit 2:***(check if completed)* | Date Completed: | PI/Staff Initials | If participant did not complete test or completed test on different date, please explain: |
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| **Study Completion:** |  |  | If participant did not complete study, please explain: |
| [ ]  Participant Completed Study *(check if yes)* | Date Completed: |  |  |
| [ ]  If applicable, study reimbursement was dispensed *(check if yes)* | Date Given: |  |  |
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