**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 |

***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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