**[Study no. or nickname] MONITORING VISIT REPORT**

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| **SITE NUMBER** |  | **VISIT DATE(S)** |  |
| **SITE NAME** |  | | |
| **MONITOR NAME** |  | | |

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| **I. SITE PERSONNEL** | | **Met with Monitor?** | | |
| **TITLE** | **NAME** | **YES** | **NO** | **N/A** |
| **Site Investigator** |  |  |  |  |
| **Co-Investigator** |  |  |  |  |
| **Site Coordinator** |  |  |  |  |
| **Other** |  |  |  |  |
| Changes in personnel since last visit? | |  |  |  |
| Training provided to new personnel? | |  |  |  |
| **Comments:** | | | | |

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| **II. FACILITY AND OPERATIONS ASSESSMENT** | | **YES** | | **NO\*** | | **N/A** | |
| A. Case Report Forms and Site/Regulatory Files are securely stored  with limited access. | |  | |  | |  | |
| B.Site facilities (clinical space, office space, etc.) are appropriate. | |  | |  | |  | |
| C. Site operations/resources (staffing, knowledge base, etc.) adequate. | |  | |  | |  | |
| **Comments** *(\*any "no" response requires comment)***:** | | | | | | | |
| **III. PROTOCOL/AMENDMENTS** | | **YES** | | **NO\*** | | **N/A** | |
| A. Is the current protocol on file? | |  | |  | |  | |
| B.Have all protocol amendments and amended ICFs been submitted  for REB approval? | |  | |  | |  | |
| C. Are the amendments on file? | |  | |  | |  | |
| D. Are the following REB approvals on file?  Date of Approval  Original Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amendment #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amendment #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amendment #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amendment #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amendment #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Original ICF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Version #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Version #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Version #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Version #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Version #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |  | |
| **Comments** *(\*any "no" response requires comment)***:** | | | | | | | |

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| **IV. SITE / REGULATORY FILE REVIEW** | **YES** | **NO\*** | **N/A** |
| A. Qualified Investigator Undertaking on file. |  |  |  |
| B. Research Ethics Board Attestation on file. |  |  |  |
| C. All REB approved consents on file. |  |  |  |
| D. All REB approvals/yearly renewals on file. |  |  |  |
| E. Current Laboratory certifications on file. |  |  |  |
| F. Laboratory normal ranges on file. |  |  |  |
| H. Curriculum Vitae of Investigators & Sub-Investigators on file. |  |  |  |
| I. All Safety reports on file. |  |  |  |
| J. All versions of the Investigator's Brochure on file. |  |  |  |
| K. All versions of the Operations Manual on file. |  |  |  |
| L. Screening Log on file, up-to-date & accurate. |  |  |  |
| M. Randomization Log on file, up-to-date & accurate. |  |  |  |
| N. Monitoring Log on file. |  |  |  |
| O. Standard Operating Procedures on file and up-to-date. |  |  |  |
| P. Study Signature Log on file and up-to-date. |  |  |  |
| **Comments** *(\*any "no" response requires comment)***:** | | | |

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| **V. LABORATORY/SPECIMEN INFORMATION** | **YES** | **NO\*** | **N/A** |
| 1. All versions of the Lab Manual on file (if applicable). |  |  |  |
| 1. Specimen storage log on file and up-to-date? |  |  |  |
| 1. Specimen shipment completed in a timely fashion. (if applicable) |  |  |  |
| 1. Specimen shipment log completed, accurate and up-to-date. |  |  |  |
| 1. Were copies of Lab Reports available for review? |  |  |  |
| 1. Are the original Lab Reports being reviewed by the Investigator and are clinically significant abnormalities being noted? |  |  |  |
| 1. Are Lab Reports reviewed/assessed by the Investigator in a timely fashion? |  |  |  |
| **Comments** *(\*any "no" response requires comment)***:** | | | |

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| **VI. STUDY DRUG DISPENSING PERSONNEL** | | **Met with Monitor?** | | |
| TITLE | NAME | **YES** | **NO** | **N/A** |
| **Pharmacist** |  |  |  |  |
| **Research Coordinator** |  |  |  |  |
| **Back-up Personnel** |  |  |  |  |
| **Other** |  |  |  |  |
| Changes in personnel since last visit? | |  |  |  |
| Training provided to new personnel? | |  |  |  |
| **Comments** | | | | |

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| **VII. STUDY DRUG DISPENSING / MANAGEMENT PLAN** | **YES** | **NO\*** | **N/A** |
| A. Study medication management plan on file. |  |  |  |
| B. Current Operations Manual on file. |  |  |  |
| C. Current REB approved version of the protocol on file. |  |  |  |
| D. All Investigators Brochures/Drug monographs on file. |  |  |  |
| E. Correspondence related to study/study medication on file. |  |  |  |
| F. Study medication stored in a locked room or locked refrigerator  with limited access. |  |  |  |
| G. Used/Expired study medication physically separated from  dispensable study medication. |  |  |  |
| H. Temperature Log (refrigerator/room). |  |  |  |
| I. Site complies with pharmacy section of Operations Manual. |  |  |  |
| **Comments** *(\*any "no" response requires comment)***:** | | | |

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| **VIII. STUDY DRUG ACCOUNTABILITY & INVENTORY** | **YES** | **NO\*** | **N/A** |
| A. Study medication shipments received accurately recorded. |  |  |  |
| B. Study medication dispensing log on site and up-to-date. |  |  |  |
| C. All study medications dispensed for study participants ONLY. |  |  |  |
| D. Study medication supply within expiration date |  |  |  |
| E. Used/expired medication being saved on site & appropriately  stored. |  |  |  |
| F. Consistency between record/dispensing log and actual count. |  |  |  |
| **Comments** *(\*any "no" response or inventory discrepancy requires comment)***:** | | | |

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| **IX. STUDY DRUG BLINDING/UNBLINDING** | **YES** | **NO** | **N/A** |
| A. Emergency Code-breaking Procedures in place? If “no”, please comment. |  |  |  |
| B. Emergency Code-breaking envelopes stored in a secure and accessible location? (If applicable) If “no”, please comment. |  |  |  |
| C. Emergency Code-breaking envelopes intact? (If applicable) If “no”, please comment. |  |  |  |
| D. Has a code been broken? If “yes”, please comment. |  |  |  |
| **Comments** | | | |

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| **X. ADDITIONAL COMMENTS SECTION** |
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| **XI. INFORMED CONSENT (ICF)** | | | | | |
| **Participant ID** | **Participant**  **Initials** | **Date ICF Signed** | **Version Signed** | **Date of Screening** | **Date of Treatment Start** |
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| **XII. CASE REPORT FORM REVIEW** | | | | | | | | | |
|  | | | **Targeted Monitoring Summary *(all "Yes" comments require comment)*** | | | | | | |
| **Participant ID** | **From: Visit and Date** | **To: Visit and Date** | **Consent Deviations** | **Eligibility Deviations** | **Missed Clinical Endpoints or Death** | **Missed SAEs** | **Protocol Deviations** | **Other ( if "yes", specify in space provided):** | |
|  |  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |  |
|  |  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |  |
|  |  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |  |
|  |  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |  |
|  |  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |  |
|  |  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |  |
|  |  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |  |
|  |  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |  |

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| **XIII. SUMMARY OF ACTIONS TO BE TAKEN BY SITE  (to be followed until listed as resolved)** | | |
| Date Site Notified (dd-mmm-yyyy) | Action Description / Comments | Issue Status (New, Ongoing, Resolved) |
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| **XIV. SUMMARY OF ACTIONS TO BE TAKEN BY MONITOR  (to be followed until listed as resolved)** | | |
| Date First Reported (dd-mmm-yyyy) | Action Description / Comments | Issue Status (New, Ongoing, Resolved) |
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| Prepared by (Study Monitor) |  | Signature |  | Date (dd-mmm-yyyy) |
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| Reviewed by (Study Project Manager) |  | Signature |  | Date (dd-mmm-yyyy) |
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| Approved by (Sponsor or SI) |  | Signature |  | Date (dd-mmm-yyyy) |
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