|  |
| --- |
| **Site Initiation Visit Outstanding Actions** |
| **Title:** |  |
| **Chief Investigator:** |  | **IRAS Number:** |  |
| **Sponsor Reference Number** |  | **EDGE Number:** |  |

# Site and Visit Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Site Number:**  |  | **Site Name:** |  |
| **Principal Investigator:** |  | **Main Site Contact:** |  |
| **Site Initiation Visit Date:** |  | **Initiation Visit Method:** | [ ]  Onsite [ ]  Remote  |
| **Visit Conducted by:** |  | **Date Responses Due** |  |

# Outstanding Actions

|  |  |  |  |
| --- | --- | --- | --- |
| **No.**  | **Outstanding Issue/Action Required** | **Action Taken/Response** | **Review/Sign-off\*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\* Individual responsible for completing the task to add initials alongside the date of task completion

|  |  |  |
| --- | --- | --- |
| Responses Completed by: | Principal Investigator Pharmacy Lead Sign-off:  | Site Initiation Visit and Report Closed by: |
| Name:  | Name: | Name: |
| Role:  | Role:  | Role:  |
| Email:  | Email: | Email: |
| Signature:  | Signature: | Signature: |
| Date:  | Date:  | Date: |