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

# Site and Visit Information

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| --- | --- | --- | --- |
| **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

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| **No.** | **Outstanding Issue/Action Required** | **Action Taken/Response** | **Review/Sign-off\*** |
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\* Individual responsible for completing the task to add initials alongside the date of task completion

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| --- | --- | --- |
| 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: |