

Sponsor Number:		EudraCT Number:	
Study Title:		IRAS Number:	
Chief Investigator:		EDGE Number:	

The trial must not start until Sponsor Green Light has been issued

Site Initiation Visit

1. Site Information

Site Number:	
Site Name:	
Principal Investigator:	
Date of Site Initiation Visit:	
Conducted by:	
Initiation Visit Method:	Onsite <input type="checkbox"/> Remote <input type="checkbox"/>

2. Key Site Personnel

Key Site Personnel to be listed below. All those in attendance must sign the SIV Attendance Log. Those unable to attend the SIV must ensure they undergo appropriate trial training prior to conducting any trial-related activities.

Name	Title

3. Study Overview/Protocol Overview

Items discussed/verified	Comments
Background and purpose of study	
Study IMP/s	

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4. GCP and Regulatory Compliance

Items Discussed/verified	Yes	No	N/A	Comments
Investigator obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sponsor obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standard Operating Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethics reporting requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MHRA reporting requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sponsor reporting requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amendments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study record storage requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Archiving arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Trial Master File/Investigator Site File

Items Discussed/verified	Yes	No	N/A	Comments
Site File = created, sent to site and complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delegated Individual for Site File maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secure Location/limited Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Study Approval Status/Essential Documents

Items Discussed/verified	Yes	No	N/A	Version/ Comments
MHRA Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REC Favourable opinion/HRA approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Composite of REC committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R&D/R&I Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Signed Sponsor/CI Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signed Financial Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indemnity/Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approved Reference Safety Information (RSI): Investigator Brochure/SmPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol (+ protocol signed by PI?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol deviation/Serious Breach reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Information Leaflet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Invitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GP Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Advertisement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other study documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Have any contact numbers on PIS been checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. Investigator Site Personnel

Items Discussed/verified	Yes	No	N/A	Comments
Adequate site staff to conduct the study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signed and dated CV for all study team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GCP Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Process for training new staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All study team members listed on Delegation of Authority and Signature Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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8. Recruitment

Items discussed/verified	Yes	No	N/A	Comments
Planned Number of Trial subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methods for identifying Subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requirement to complete Subject Screening and Enrolment logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedure for Withdrawn Subjects/Lost to Follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. Informed Consent/Enrolment

Items Discussed/verified	Yes	No	N/A	Comments
Informed consent procedures/documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eligibility criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
100% consent audit requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Randomisation procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. Investigational Medicinal Products

Items discussed/verified	Yes	No	N/A	Comments
QP release document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labelling and packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dispensing procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Return of IMP procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reordering procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug Destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unblinding procedure/code break envelopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. Safety Reporting/Pharmacovigilance

Items Discussed/verified	Yes	No	N/A	Comments
AE / SAE reporting procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SUSAR reporting procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notification process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urgent Safety Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data Safety Monitoring Board meeting and reporting requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. Data Collection

Items Discussed/verified	Yes	No	N/A	Comments
Format and timelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRF completion guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Queries and corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MACRO Database training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
File notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Statistical Analysis Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. Source Documentation

Items Discussed/verified	Yes	No	N/A	Comments

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Source Data Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRFs as source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Document retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. Equipment List

Items Discussed/verified	Yes	No	N/A	Comments
Equipment list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calibration of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance/service record requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

15. Specimen Collection

Items Discussed/verified	Yes	No	N/A	Comments
Specimen Collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sample result verification/CS/NCS status and required actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specimens to be obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specimen Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specimen storage and tracking logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sample shipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory training/manual/SOPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lab kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lab Accreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lab Normal Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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16. Communications

Items discussed/verified	Yes	No	N/A	Comments
Format and frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recruitment updates to sponsor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17. Monitoring

Items discussed/verified	Yes	No	N/A	Comments
Site monitoring Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Monitoring response requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Visit Overview

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Outstanding Actions

Site Number:	
Site Name:	
Sponsor Reference Number:	
Short Study Title:	

No.	Outstanding Issue & Action Required	Action Taken/Response	Signature & Date	Sponsor Sign-off & Date

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

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