

STUDY VISIT CHECKLIST

Ensure consistency and documentation of study visits

Principal Investigator: _____	Study #: _____	Sponsor: _____
Study Title: _____		

SUBJECT ID: _____

DOB: _____

INFORMED CONSENT

<input type="checkbox"/> PI/Authorized Staff Explained Study	PI/Staff: _____	<input type="checkbox"/> Copy of consent given to subject/guardian
<input type="checkbox"/> Subject/Guardian Sign Consent	Date Signed: _____	Is Consent Valid? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> If subject did not sign consent, explain: _____		

STUDY VISITS

****Please customize this form to meet the visit requirements of your specific study.**

Study Visit 1:	Date Completed:	PI/Staff Initials	If subject did not complete test or completed test on different date, please explain:
<input type="checkbox"/> e.g. Complete Blood Count			
<input type="checkbox"/> e.g. Pulmonary Function Test			
<input type="checkbox"/> e.g. EKG			
<input type="checkbox"/> e.g. Chest x-ray			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Study Visit 2:	Date Completed:	PI/Staff Initials	If subject did not complete test or completed test on different date, please explain:
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Study Completion:	If subject did not complete study, please explain:
<input type="checkbox"/> Subject Completed Study	Date Completed: _____
<input type="checkbox"/> If applicable, study reimbursement	Date Given: _____

NOTES:
