

Site Monitoring Visit Report

Protocol Number:	Date of the Visit:
Study Title:	
Principal Investigators:	Phone:
Institute:	Address:
Sponsor:	Address:
Total number of expected subjects:	Total subjects enrolled:
Are site facilities appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
Are Informed Consents of approved version? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
Any adverse events found? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
Any protocol non-compliance /violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
Are all Case Record Forms up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
Are storage of data and investigating products locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
How well are participants protected? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not good	Comment:
Any outstanding tasks or results of visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Give details:
Duration of visit:hours	Starting from: Finish:
Name of REBH member/ representatives and accompanier:	
Completed by:	Date: