**PRE-SITE SELECTION VISIT CHECKLIST**

|  |  |
| --- | --- |
| STUDY TITLE |  |
| NAME OF SITE INVESTIGATOR |  |
| SITE ADDRESS |  |
| SITE CONTACT INFORMATION |  |
| STUDY CODE |  | VISIT DATE |  |
| SITE PERSONNEL PRESENT |  | ROLE |  |
| SITE MANAGEMENT ORGANIZATION (SMO) REPRESENTATIVE PERSONNEL |  |

**INVESTIGATOR INFORMATION**

|  |  |
| --- | --- |
| EXPERIENCE IN SPECIALTY *in years* |  |
| NUMBER OF TRIALS COMPLETED |  |
| NUMBER OF TRIALS ONGOING |  |
| EXPERIENCE IN CLINICAL TRIALS (PAST) |  | COMPETITIVE TRIALS (ONGOING) |
| YES |  | NO |  |  | YES |  | NO |  |

**SITE ATTRIBUTES**

|  |  |
| --- | --- |
| LIST SITE **POSITIVE** ATTRIBUTES |  |
| LIST SITE **NEGATIVE** ATTRIBUTES |  |

**SITE QUALIFICATION AND RECOMMENDATIONS** *select* YES *or* NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Requalification site visit should be conducted | YES |  | NO |  |
| A site qualification visit has been conducted within the past year and this site is recommended for the current study. | YES |  | NO |  |
| I do not recommend this site. | YES |  | NO |  |
| This site is not suitable for this study but should be considered for others in the future. | YES |  | NO |  |

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| --- |
|  |
| *Print Name of SMO Representative*  |
|  |  |
| *Signature of SMO Representative*  | *Date* |

# **APPROVED BY:**

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| --- |
|  |
| *Print Name of Reviewer* |
|  |  |
| *Signature of Reviewer* | *Date* |

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|  |
| *Print Name of Approver* |
|  |  |
| *Signature of Approver* | *Date* |

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| COMMENTS |  |

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