



VA Research Study Monitor Report

Date:

Study Name:

Was this visit-prearranged? NO YES, **if Yes**, how: phone e-mail previous visit

What is the reason for this visit?

Who was consulted during the review? (List names below)

Principal Investigator:

Study Coordinators:

Pharmacist:

Other staff:

Were there any protocol deviations noted during the monitoring visit?

None Minor, Major, Serious

(IF yes to major or serious, summarize findings that must be addressed or attach a copy of findings)

Will a follow-up report be sent? NO YES

Signature of monitor: _____

Print Name of monitor: _____

Signature of Research Compliance Office Personnel: _____

Print Name (Research Compliance Office Personnel): _____

Do you have an anticipated date of next visit? NO YES, **if yes** date _____