

# PRE-SITE SELECTION VISIT CHECKLIST

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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 <i>in years</i>							
NUMBER OF TRIALS COMPLETED							
NUMBER OF TRIALS ONGOING							
EXPERIENCE IN CLINICAL TRIALS (PAST)				COMPETITIVE TRIALS (ONGOING)			
YES		NO		YES		NO	

## SITE ATTRIBUTES

LIST SITE <b>POSITIVE</b> ATTRIBUTES	
LIST SITE <b>NEGATIVE</b> 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*

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*Signature of SMO Representative* *Date*

**APPROVED BY:**

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*Print Name of Reviewer*

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*Signature of Reviewer* *Date*

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*Print Name of Approver*

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*Signature of Approver* *Date*

COMMENTS	
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