**SITE QUALIFICATION VISIT SUMMARY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of visit:** |  | | |
| **Sponsor of protocol:** |  | | |
| **Protocol number:** |  | | |
| **Protocol title:** |  | | |
|  | | | |
|  | | | |
| **Primary sponsor/CRO contact information:** | | | |
| Contact name: | | | |
| Address: | | | |
| Telephone: | | | |
| **Sponsor CRO/representative(s) present:** | | |  |
| **Site representative(s) present:** | | |  |
| **Summary of meeting:** | | | |
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| **Action items:** | | None | |
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| **Any other follow-up required?** | | No  Yes | |
| **Outcome:** | | | |
| Site selected to participate | | | |
| Site declined to participate because: | | | |
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|  | | | |
| Sponsor declined site participation because: | | | |
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| Signature of person completing this form | Date |