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| --- | --- | --- | --- |
| **Study Title:** |  | **PI:** |  |

***Customize the information below to reflect the protocol requirements***

**Pre-Study Planning**

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|  |
| **Activity** | **Yes** | **No** | **Comments** |
| Schedule Appointment with Subject |  |  |  |
| Schedule Radiology |  |  |  |
| Book Room |  |  |  |
| Order Dry Ice |  |  |  |
| Prep-Lab Kit |  |  |  |
| Confirm Appt. with Subject *must call 1-2 days before appointment to ensure no changes has occurred from last communication that would now cause the subject to be ineligible)* |  |  |  |

**Study Checklist**

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|  |
| **Activity** | **Yes** | **No** | **Comments** |
| **Consent** |
| Current Consent Version Provided |  |  |  |
| Consent fully completed prior to other study activities |  |  |  |
| Copy of signed consent provided to the subject |  |  |  |
| Consent Process documented in the Medical Record |  |  |  |
| **Protocol Related Tasks** |
| Inclusion/Exclusion review completed and documented by study coordinator and PI |  |  |  |
| Medical History Review (both from chart and patient reported) |  |  |  |
| Con/Meds Review (Ensure no history of prohibitory medication) |  |  |  |
| **Procedures Completed** |
| Vital Signs |  |  |  |
| Physical Exam |  |  |  |
| Blood Specimen Collection |  |  |  |
| Urine Test Completed |  |  |  |
| Pregnancy Test (if applicable) |  |  |  |
| Questionnaires Fully Completed |  |  |  |
| MRI Completed |  |  |  |

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| **Visit Completed By:** |  | **Date:**  |  |