Organization

Address

Phone

Note to File

Study:

PI:

Sponsor:

Protocol Number:

Date:

**RE: Brief Description/purpose of NTF**

Note, including, corrective action plan (CAPA), if applicable.

Thank you,

Printed Name:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: