**SITE QUALIFICATION VISIT SUMMARY**

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| --- | --- |
| **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: |
|  |
|  |
| [ ]  Sponsor declined site participation because: |
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| Signature of person completing this form | Date |