

SITE CLOSE OUT REPORT

Trial Name		Investigator	
Protocol No		Site Number	
Visit date (if applicable)		TCC Representative (if applicable)	
Status	Task	Completed by	Comments
1.	All CRF/data forms completed and returned to TCC		
2.	All data queries resolved		
3.	Instructions given for completion of Site Study files/reviewed for completeness.		
4.	All study drug accounted for		
5.	All study-related supplies that are no longer needed returned or destroyed (if applicable)		
6.	All AEs / SAEs appropriately reported		
7.	Any instances of emergency breaking of the blind appropriately documented		
8.	IRB/EC (both Local and national if required) notified that the study has terminated at this site.		
9.	Report submitted to the IRB.		
10.	TCC copied on IRB correspondence.		
11.	Delegation of responsibility log copy sent to sponsor (if required)		
12.	Study files prepared for long-term storage?		
13.	Final payment received and accounts payable reconciled.		
14.	All payments completed?		
15.	Any equipment on loan returned.		

Comments (cross-reference to the Item Number)

Note: [9] Study report can only be submitted after the end of the trial.

TCC Representative		TM / Designee name	
Signature		Signature	
Date		Date	