**Form 53.006A: Research & Innovation Monitoring Handover Checklist**

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| **Current Trial Monitor:** |  | **New Trial Monitor:** |  |
| **Face-to-face Meeting Date:** |  | **Handover Period** | From:  To: |

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| **Trial Background** |

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| **Trial Title (short name)** |  | | |
| **Research Title:** |  | | |
| **R&I Reference:** |  | **Trial Status:** |  |
| **Sponsor:** | NHS GGC  NHS GGC & UoG  UoG  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **RGL Date (first site):** |  | **Proposed Trial End Date:** |  |
| **Chief Investigator:** | Informed  Date\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Project Manager:** | Informed  Date\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CT Pharmacist:** | Informed  Date\_\_\_\_\_\_\_\_\_\_\_\_\_ | **R&I Coordinator:** | Informed  Date\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Site Information** | **Number of sites open:** | **Number of Sites to Open:** |
| **Recruitment Information** | **Current recruitment:** | **Target recruitment:** |
| **Next visit as per Monitoring Plan (confirm if Scheduled or to be):** | **Visit type:** | **Site:** |

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| **Sponsor Contact Information** |

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| **Chief Investigator** | **Print name:** | **Contact email/phone:** |
| **Project Manager** | **Print name:** | **Contact email/phone:** |
| **Pharmacist** | **Print name:** | **Contact email/phone:** |
| **R&I Coordinator** | **Print name:** | **Contact email/phone:** |
| **Other key contact/print designation:** | **Print Name:** | **Contact email/phone:** |

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| **Have working documents been fully updated/maintained/closed?** | |
| **Study Monitoring Folder** | Yes  No Tasks Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Protocol Deviation log** | Yes  No Tasks Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Site Contact List** | Yes  No Tasks Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Q-Pulse Actions (transferred by QA)** | Yes  No Tasks Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Trial Issues/ Ongoing Problems** | | | | |
| **Site Name/Number** | **Status/Outstanding Issues** | | **Date Resolved/ Reason Issue was not resolved prior to Handover** | |
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| **Essential Study Monitoring Documents** | | | | |
| **Document** | **Version** | **Location** | | **Handed Over?** |
| **Protocol** |  |  | | Yes  No |
| **Informed Consent Form** |  |  | | Yes  No |
| **Patient Information Sheet** |  |  | | Yes  No |
| **Monitoring Plan** |  |  | | Yes  No |
| **Monitoring Risk Assessment** |  |  | | Yes  No |
| **Monitoring Checklist Template** |  |  | | Yes  No |
| **Sponsor Risk Assessment** |  |  | | Yes  No |
| **Protocol Deviation Log** |  |  | | Yes  No |
| **Completed Deviations** | n/a |  | | Yes  No |
| **MV Follow-up Documentation** | n/a |  | | Yes  No |
| **Additional information helpful to monitoring the trial:** | | | | |

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| **Signatures** |

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| **Outgoing Trial Monitor** | Print Name: | **Date:** | Signature: |
| **Incoming Trial Monitor** | Print Name: | **Date:** | Signature: |
| **Line Manager Sign Off** | Print Name: | **Date:** | Signature: |