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| *Guidance: template to be modified on a study specific basis. Highlighted items relevant to CTIMP only should be removed if not applicable.* |
| **GREEN FOR GO CHECKLIST** |
| **Study Title:** |  |
| **Study Acronym:** |  |
| **Chief Investigator:** |  |
| **Sponsor:** |  |

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| **Site Name:** |  |
| **Full postal Address:** |  |
| **Principal Investigator:** |  |
| **Telephone No:** |  |
| **Email address:** |  |

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| **Key contact at site** **(Name/ designation):** |  |
| **Telephone No:** |  |
| **Email Address:** |  |
|  |  |
| **Local R&I Contact (Name/designation):** |  |
| **Telephone No:** |  |
| **Email Address:** |  |
|  |  |
| **Local Pharmacy Contact Details *CTIMP only – delete section if not applicable*** |
| **Name:** |  |
| **Designation:** |  |
| **Tel:** |  |
| **Email:** |  |
| **IMP/ Pharmacy Delivery Address:** |  |
| **IMP Contact for delivery (if different from above):** |  |
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| **Site Informed of GFG Process (receipt of LIP, ISF index/ requirements)** | **Date:** |
| **Study Site File forwarded to site (if applicable)** | **Date:** |

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| **Site Set Up Checklist (Pre-GFG)** |
| Acknowledgment of receipt of LIP, ISF index/Site File (as applicable) | [ ]  | Yes, Date: |
| Site Delegation Log completed (Form 56.002D) | [ ] ☐[ ]  | Yes, Date: |
| PI CV | [ ] [ ]  | Yes, Date: |
| PI GCP *mandatory for CTIMP / agree with Sponsor if required for non-CTIMP* | [ ] [ ]  | Yes, Date: |
| Protocol Approval Page (Form 56.001E) | [ ] [ ]  | Yes, Date: |
| OID completed | [ ] [ ]  | Yes, Date: |
| Site Agreement fully executed  | [ ] [ ]  | Yes, Date: |
| Any other fully executed contracts required for the study (written confirmation by Sponsor) – please detail here as needed | [ ] [ ]  | Yes, Date: |
| Any other requirements between Sponsor and site as deemed necessary for the study (written confirmation by Sponsor) – please detail here as needed | [ ] [ ]  | Yes, Date: |
| Local R&I Approval / Confirmation of Capacity and Capability (C&C) | [ ] [ ]  | Yes, Date: |
| Site Initiation Visit completed | [ ]  | Yes, Date: |
| Pharmacy Initiation Visit completed and no outstanding actions *CTIMP only* | [ ] [ ]  | Yes, Date: |
| Pharmacovigilance Training completed (if applicable) | [ ] [ ]  | Yes, Date: |
| eCRF Training completed (if applicable) | [ ] [ ]  | Yes, Date: |
| Any other training required for study (Training Log: Form 56.002F) | [ ] [ ]  | Yes, Date: |
| Monitoring arrangements agreed and in place (Source Data Plan: Form 56.002M if applicable) | [ ] [ ]  | Yes, Date: |
| Any other study specific requirements agreed and in place (list below) | [ ] [ ]  | Yes, Date: |
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| ***ONCE THE ABOVE HAVE ALL BEEN TICKED AS ‘YES’, GREEN FOR GO CAN BE GIVEN*** |
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| **Site Set Up Checklist (GFG Issued)** |
| Green For Go email sent (Form 56.001D) | [ ] [ ]  | Yes, Date: |
| IMP Release Email sent to Sponsor Pharmacy (Form 56.001C) *CTIMP only – delete if N/A* | [ ] [ ]  | Yes, Date: |
| User Access Request sent to DC Centre (if applicable) | [ ] [ ]  | Yes, Date: |
| GFG Email Acknowledgement from PI | [ ] [ ]  | Yes, Date: |

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| **Sign Off** |
| PM Name |  |
| PM Signature |  |