|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study Title:** |  | | | | **CTIMP:** | **Yes**  **No** | | | |
| **R&D Ref Number:** |  | **Categorisation:** |  | | **Site:** |  | | | |
| **Initiated By:** |  | | | | **Report**  **Date:** |  | **Resolved Date:** | |  |
| **Finding:** | | | | | | | | | |
|  | | | | | | | | | |
| **Root Cause Analysis:** | | | | | | | | | |
|  | | | | | | | | | |
| **Corrective Action:** | | | | | | | | | |
|  | | | | | | | | | |
| **Preventative Action:** | | | | | | | | | |
|  | | | | | | | | | |
| **Supporting Documents:** | | | | | | | | | |
|  | | | | | | | | | |
|  | **SIGNATURE** | | | **PRINT NAME** | | | | **DATE** | |
| **Initiated By** |  | | |  | | | |  | |
| **Research Nurse Manager** |  | | |  | | | |  | |
| **Quality Assurance Lead** |  | | |  | | | |  | |
| **GCRF Manager** |  | | |  | | | |  | |

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