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| **Instructions: Use this document to record information on external audit/inspection at the time of initial contact (email, telephone).** | | | | | | | | |
| **Notification Date:** | | |  | | **Visit Start Date:** | |  | |
| **Estimated Time of Arrival:** | | |  | | **Expected Duration:** | |  | |
| **Lead Auditor/Inspector Name:** | | |  | | **Email:** | |  | |
| **Telephone:** | |  | |
| **Additional Auditor/Inspector Names:** | | | | |  | | | |
| **Request any specifics on the visit:** | | | | |  | | | |
| **Who/what/clinical trials are being inspected? (Wait for specific answers, do not make suggestions).** | | | | | | | | |
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| **Why is the inspection being done? (Wait for specific answers, do not make suggestions).** | | | | | | | | |
| **Routine** | | **Triggered** | | **Follow-up** | | **Other** | | |
| **Does the audit/inspection require availability of specific personnel? If yes, please list. Use a separate sheet if needed.** | | | | | | | | |
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| **Does the audit/inspection require availability of specific documents? If yes, please list. Use a separate sheet if needed.** | | | | | | | | |
| **Document(s) requested:** | | | | | | | | **Requested prior to inspection** |
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| **Documents requests any documents to be sent prior to the inspection obtain the following information:** | | | | | | | | |
| **Name of recipient:** |  | | | | | | | |
| **Email Address:** |  | | | | | | | |
| **Timeline:** |  | | | | | | | |