**Database Acceptance Form**

Study Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am satisfied that the eCRF(s) for the trial have met the following performance criteria:

* The database system flows correctly and is presented in a way that is consistent with study/protocol/pCRF.
* The links between screens function correctly.
* Fields accept the correct type of data (for example, if designed to hold numerical data, it should reject entry of letters or symbols).
* Field lengths are appropriate (for example, comment fields have the ability to input many characters).
* On-entry validation edit checks are functional (field accepts only valid answers or ranges and warning flags appear if the value appears to be unexpected).
* All data fields required for any calculation of a score or other derived value (for example, body mass index) are present.
* The export fields are correct for any statistical analysis which may be required.
* I have inserted a minimum of 2 dummy records in each eCRF. (Or this was delegated to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.)

**I am aware that any changes in the future to the database may incur a cost.**

Acceptance signed by:

Chief Investigator

Print name

Ward/Department

Date