**Site Initiation Report Form**

Study name:

Study sponsor ID:

Chief Investigator:

Site name:

Site study ID:

Site address:

Principal Investigator:

Date(s) of initiation:

Method(s) of initiation: *(on site / tele conference)*

Staff present:

*Name (job title/role in study)*

*Name (job title/role in study)*

*Name (job title/role in study)*

*Name (job title/role in study)*

Topics discussed (with which staff members):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Staff Name 1* | *Staff Name 2* | *Staff Name 3* | *Staff Name 4* |
| *Topic discussed* *(i.e. Trial overview)* | √ | √ | √ | √ |
| *(i.e. Randomisation)* | √ | √ |  |  |
| *(i.e. SAE reporting)* | √ | √ |  |  |
| *(i.e. CRF completion)* | √ | √ |  |  |

Issues / Actions:

*I.e. No issues. Site to open to recruitment.*

*I.e Site to open to recruitment once outstanding paperwork returned to sponsor.*

*I.e. Need to carry out initiation with a member of pharmacy before site opens to recruitment.*

Report date:

Reported by: *(Name/signature/job title)*

Chief Investigator Signature:

Date:

Principal Investigator Signature:

Date: