B I C O L U N I V E R S I T Y
College of Medicine
Institutional Review Board
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ISO 9001:2008
Certificate No. TUV 100 05 1782

SITE VISIT REPORT (FORM 3.7)

IRB Protocol No.		Date of the Visit:	
Study Title:			
Principal Investigators:		Phone:	
Department:		Address:	
Sponsor		Address:	
Total number of expected subjects:		Total subjects enrolled:	

Are site facilities appropriate? ☐ Yes ☐ No — Comment:

Are Informed Consents Recent? ☐ Yes ☐ No — Comment:

Any adverse events found? ☐ Yes ☐ No — Comment:

Any protocol non-compliance/violation? ☐ Yes ☐ No — Comment:

Are all Case Record Forms up to date? ☐ Yes ☐ No — Comment:

Are storage of data and investigating products locked? ☐ Yes ☐ No — Comment:

How well are participants protected? ☐ Good ☐ Fair ☐ Not good — Comment:

Any outstanding tasks or results of visit? ☐ Yes ☐ No — Give details:

Duration of visit: (hours)		Starting from:		Finish:	
Name of IRB member/representatives and companion:					
Completed by:		Date:			