Study name:		**Principle Investigator:**
Date of meeting:		**Meeting location:**
Name of site personnel present:		**Name(s) of sponsor personnel present:**
Confirm items reviewed. If any items were not reviewed, state reason and follow-up plan in comment section below.		
	Protocol, protocol amendments, and CRF	
	Regulations and storage of investigational drugs	
	IRB reporting requirements	
	Informed consent requirements	
	Drug supply receipt, documentation, accounting, and records	
	Adverse event reporting requirements	
	Medical record and source documentation requirements	
	Procedures for handling missed visits, drop outs, and other protocol deviations	
	Monitoring visits	
	Laboratory procedures, including repeats and abnormalities	
	Inspection of records by sponsor and FDA personnel	
Confirm receipt of the following:		
	Investigator's Brochure	
	Protocol and amendments	
	Investigational drug and auxiliary supplies	
	Case report forms	
	Regulatory document file	
Comments:		

Monitor’s Signature		Date (MM/DD/YYYY)		Investigator’s Signature		Date (MM/DD/YYYY)