# On Study Visit Checklist – Sample

**STUDY NAME**

**Site Name:**

**Pt\_ID:**

**Visit Date:**

/ /    .

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**Visit Name:** Checkbox. Wk1 Checkbox. Wk2 Checkbox. Wk4 Checkbox. Wk8 Checkbox. Wk12…..etc.

1. Did the participant attend this visit? Checkbox. Yes (if yes, continue) Checkbox. No
2. Please check all assessments completed at this visit:

Checkbox. Blood Draw Checkbox. Fasting Checkbox. Not fasting

Checkbox. Study Questionnaires Checkbox. Completed by participant Checkbox. Completed by staff

Checkbox. Vital Signs

Checkbox. Physical Exam

Checkbox. Concomitant Medications

Checkbox. No change

Checkbox. Change from last visit (explain in Comments and record on adverse event (AE) log/case report form (CRF)

Checkbox. Signs and Symptoms

Checkbox. No change

Checkbox. Change from last visit (explain in Comments and record on AE log/CRF)

If this was an AE, was it serious? Checkbox. Yes Checkbox. No

If yes, what was the date it was reported to the institutional review board (IRB)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checkbox. Other (specify in Comments)

1. Is the participant continuing in the study? Checkbox. Yes Checkbox. No

If no, remember to complete a STUDY COMPLETION form.

If yes, schedule next visit.

Comments:

Signature: Date: