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| **PI** |  | **JT#** |  |
| **Sponsor** |  | | |
| **Protocol Title** |  | | |

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| --- | --- | --- |
| General | Complete | N/A |
| Identify the regulatory coordinator |  |  |
| Create contact list for binder |  |  |
| Confirm receipt of MDG approval |  |  |
| Confirm receipt of PRC approval |  |  |
| Confirm receipt of IRB approval letter |  |  |
| Read protocol |  |  |
| Protocol Impact Statement completed and sent for review |  |  |
| Coordinate training for nurses at 925 Chestnut and other locations |  |  |
| Create personal notes – study highlights |  |  |
| Pharmacy/Drug |  |  |
| Send protocol to pharmacy to create chemo order template |  |  |
| Create chemo template/ nursing fact sheet (infusion drugs only) |  |  |
| Drug has shipped and has been inventoried |  |  |
| Confirm receipt of pharmacy manual |  |  |
| Verify pharmacy template is accurate |  |  |
| Confirm how to get drug |  |  |
| Confirm receipt of drug |  |  |
| Confirm IDS has IVRS access for drug reconciliation |  |  |
| Laboratory |  |  |
| Confirm receipt of lab manual |  |  |
| Confirm receipt of lab kits |  |  |
| Complete yellow sheet |  |  |
| Data |  |  |
| Identify the data manager |  |  |
| Create progress notes |  |  |
| Confirm necessary staff have IVRS access |  |  |
| Create CRFs |  |  |
| Confirm necessary staff have completed eCRF training |  |  |
| Confirm necessary staff have eCRF access |  |  |

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| Miscellaneous | Complete | N/A |
| Arrival of sponsor equipment (EKG machine, BP cuff, etc.) |  |  |
| Confirm equipment functions properly |  |  |
| Training of equipment operation is completed |  |  |
| Confirm biopsy setup |  |  |
| Confirm receipt of radiology manual |  |  |
| Confirm receipt of radiology supplies |  |  |
| Confirm radiology setup |  |  |
| Financial/Contract |  |  |
| Obtain standard of care determination |  |  |
| Verify MCA is accurate |  |  |
| Confirm grant/account number was assigned |  |  |
| Confirm contract is fully executed |  |  |
| Review billing grid for accuracy |  |  |
| Study calendar is in JeffTrial |  |  |
| Site Initiation Visit |  |  |
| Schedule SIV |  |  |
| Create SIV slides |  |  |
| Confirm SIV occurred |  |  |
| Activation |  |  |
| Confirm ready to activate with sponsor |  |  |
| Confirm ready to activate internally (all boxes are checked) |  |  |
| Send activation email |  |  |

**Completed By:**

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| --- | --- | --- |
|  |  |  |
| **Printed Name** | **Signature** | **Date** |