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| Form number | **53.006A** | Version  | **3.0** |
| Title | **Research & Innovation Monitoring Handover Checklist** |

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| **Current Trial Monitor:** |  | **New Trial Monitor:** |  |
| **Face-to-face Meeting Date:** |  | **Handover Period**  | From:To: |

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| **Trial Background** |
| **Trial Title (short name)** |  |
| **Research Title:** |  |
| **R&I Reference:** |  | **Trial Status:** |  |
| **Sponsor:** | [ ]  NHSGGC [ ]  NHSGGC & UoG [ ]  UoGOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **RGL Date (first site):** |  | **Proposed Trial End Date:** |  |
| **Chief Investigator:** | [ ]  InformedDate\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Project Manager:** | [ ]  InformedDate\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CT Pharmacist:** | [ ]  InformedDate\_\_\_\_\_\_\_\_\_\_\_\_\_ | **R&I Co-ordinator:** | [ ]  InformedDate\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Site Information** | **Number of sites open:** | **Number of Sites to Open:** |
| **Number of sites closed:** | **Number of sites to close:**  |
| **Recruitment Information** | **Current recruitment:** | **Target recruitment:** |
| **Next visit as per Monitoring Plan (confirm if Scheduled or to be):** | **Visit type:**  | **Site:** |
| **TMG information:**  |  |
| **Data reports type (please list) / Frequency:**  |  |

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| **Sponsor Contact Information** |
| **Chief Investigator** | **Print name:** | **Contact email/phone:** |
| **Project Manager** | **Print name:** | **Contact email/phone:** |
| **Pharmacist** | **Print name:** | **Contact email/phone:** |
| **R&I Coordinator** | **Print name:** | **Contact email/phone:** |
| **Data Centre** | **Print Name:** | **Contact email/phone:** |
| **Other key contact/print designation:** | **Print Name:** | **Contact email/phone:** |

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| **Have working documents been fully updated/maintained/closed?** |
| **Study Monitoring Folder** | [ ]  Yes [ ]  No Tasks Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Trial Master File Status** | Is filing up to date?[ ]  Yes [ ]  No Tasks Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Protocol Deviation log** | [ ]  Yes [ ]  No Tasks Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Site Contact List**  | [ ]  Yes [ ]  No Tasks Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Q-Pulse Actions Outstanding (transferred by QA)** | [ ]  Yes [ ]  No Tasks Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Trial Issues/ Ongoing Problems** |
| **Site Name/Number** | **Status/Outstanding Issues** | **Date Resolved/ Reason Issue was not resolved prior to Handover** |
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| **Essential Study Monitoring Documents** |
| **Document** | **Version** | **Location** | **Handed Over?** |
| **Protocol** | **Version:****Is an update required:** |  | [ ]  Yes [ ]  No  |
| **Informed Consent Form** | **Version:****Is an update required:** |  | [ ]  Yes [ ]  No  |
| **Patient Information Sheet** | **Version:****Is an update required:** |  | [ ]  Yes [ ]  No  |
| **Monitoring Plan** | **Version:****Is an update required:** |  | [ ]  Yes [ ]  No  |
| **Monitoring Risk Assessment** | **Version:****Is an update required:** |  | [ ]  Yes [ ]  No  |
| **Monitoring Checklist Template** | **Version:****Is an update required:** |  | [ ]  Yes [ ]  No  |
| **Sponsor Risk Assessment** | **Version:****Is an update required:** |  | [ ]  Yes [ ]  No  |
| **Protocol Deviation Log** | **Version:****Is an update required:** |  | [ ]  Yes [ ]  No  |
| **Completed Deviations** | n/a |  | [ ]  Yes [ ]  No  |
| **MV Follow-up Documentation** | n/a |  | [ ]  Yes [ ]  No  |
| **ISF tracker** |  |  | [ ]  Yes [ ]  No  |
| **Additional information helpful to monitoring the trial:**  |

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| **Signatures** |
| **Outgoing Trial Monitor** | Print Name:  | **Date:** | Signature: |
| **Incoming Trial Monitor** | Print Name: | **Date:** | Signature: |
| **Line Manager Sign Off** | Print Name: | **Date:** | Signature: |

**Form signatories**

|  |  |
| --- | --- |
| Prepared by | Sheila McGowan |
| Signature |  | Date |  |
| Approved by | Caroline Watson |
| Signature |  | Date |  |

**Document history**

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| **Version** | **Date** | **Description** |
| 1.0 | 11/12/2018  | First Release  |
| 2.0 | 25/08/2022  | Minor clarification of terms, inclusion of site details  |
| 3.0 | 08/09/2025 | Addition of new sections and clarifying details |

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