*(check  below if completed) This checklist is to be tailored to your study specific visit tasks & procedures*

Informed Consent / Re-consent Obtained

Documentation of Consent / Re-consent Completed

Demographics

Eligibility (Inclusion / Exclusion Criteria)

Medical History Review

Medication History Review

Physical Exam

Vitals Signs

Questionnaires

* <insert>
* <insert>

Blood Tests

* <insert>
* <insert>

Urine Tests

* <insert>

Pregnancy Test

* NA <insert reasons to select why not applicable>

EKG

Imaging (examples to list below X-Ray, Ultrasound, Nuclear Medicine, MRI, CT, PET, etc.)

* <insert>
* <insert>

Study Drug

* Dispensed
* Administered
* Returned

Study Device

* <insert>

Adverse Events Reviewed

Instructions / Withholds reviewed for next visit

Vincent Payment

Schedule next visit <insert visit #, ± window>

**Checklist completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**