

Study Startup Sheet

PI:	Sponsor:	
SC:	Protocol #	
Back-up SC:	Protocol Name:	
Site #:		
CRO:		
Site Monitor:	CRA:	
Phone #:	Phone:	
FAX #:	FAX #:	
Email:	Email:	
IRB/Contact:	Project Mgr:	
Phone:	Phone:	
FAX:	FAX:	
Email:	Email:	
Lab/Contact:	Medical Monitor:	
Phone:	Phone:	
FAX:	FAX:	
Email:	Email:	
Phone:	Phone:	
FAX:	FAX:	
Email:	Email:	
Enrollment Goal:	Initiation Date:	
Screening #'s:	M T W T H F (circle one) Method:	
Randomized:	Support:	
EDC:Y/N Vendor:	Support:	
Diaries: Paper/Electronic/None Vendor:	Support:	
Location of lab kits:	Resupply:	
Equipment:	Location:	
Documents		
	Y N	Notes:
1. Study Startup Sheet		
2. Screening & Enrollment Log		
3. Protocol Synopsis		
4. Eligibility Criteria		
5. Schedule of Events		
6. Delegation of Authority/Signature Log		
7. Training Documentation		
8. Copy of ICF version(s)		
9. Randomization Manual		
10. Unblinding Instructions		
11. Sealed Envelope with Computer Passwords		
12. Special Instructions		
13. Closeout Worksheet		
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