Section 1. Protocol Pre-Assessment by Monitor

Study Details

IDD D / ID C	3 1		
IRB Protocol Refe			
Principal Investigator (PI): Title: Sponsor(s) on file:			
sponsor(s) on me.			
Project End Date (If known) Original Review Type Original Approval Date			
		☐ Exempt (Cat) ☐ Expedited	□Expedited □Full
Expiration/Admin	. Check-In Date		
1 / /14 / 14/	po , •		
mendments/Modif	iications		
	**	ents below (attach separate form if needed).	
Amend. Number	Approval Date	Brief Description	
		Brief Description Example	
		-	

Personnel

Please include any current personnel listed in the study record prior to the monitoring visit.

1. Are any external investigators currently included in the research?

 ☐ Yes, other institutional affiliations (Authorization ☐ Yes, with other IRB or Ethics Committee approva ☐ Yes, Independent Investigators (Independent Inve ☐ No, all personnel are affiliated with Purdue Unive 2. If external investigators are included, are all agreement ☐ Yes ☐ No ☐ N/A 	als estigator Agreements) ersity
Name (Include PI and Key Personnel) List any external affiliations	CITI Training Status
	☐ Current ☐ Expired
	☐ Current ☐ Expired
Exampl	€ Current □ Expired
1	☐ Current ☐ Expired
	☐ Current ☐ Expired

☐ Current

☐ Expired

Pre-Visit Summary

Provide a brief description of the research study prior to conducting the monitoring visit.

Recruitment and Consent/Assent

1.	What form(s) are used for participant consent/assent in the study? Check all that apply.
	 □ Informed Consent (Signed) □ Informed Consent (Signature Waived) □ Child Assent (signed) □ Study Information Sheet □ HIPAA Release Authorization □ Participant Debriefing Form □ None (exempt study or waiver of consent authorized) □ Other(s)-Describe
2.	Are multiple versions of consent approved for use in the study? If yes, please summarize the versions. \square Yes \square No \square N/A Summary:
3.	Which data collection methods are used for the study? Questionnaires or Surveys (Non-electronic) Questionnaires or Surveys (Electronic [e.g. Qualtrics, RedCap, etc.]) Physical or Biometric measurements and present the present the present the present the study? MRI, EEG, ECG Other(s)-Describe
4.	Does the study population include vulnerable populations? ☐ No vulnerable populations ☐ Children ☐ Prisoners ☐ Pregnant women/fetuses ☐ Other(s)-Describe
5.	Have any adverse events been reported to the IRB prior to the monitoring visit? ☐ Yes ☐ No
6.	Does the IRB electronic file have current copies of all documents? ☐ Yes ☐ No
7.	If any protocol-specific questions exist after reviewing the record, IRB requests, and any responses from the PI. Include any additional questions below (if any) that will be addressed during the visit.

Section 2. Details of Monitoring Visit

Dat	te of Monitoring Visit:
Mo	onitoring Visit Conducted By:
Vis	sit Type: Directed Random
1.	What is the status of the enrollment for the protocol? □ Currently Enrolling □ Data Analysis Only □ Not Started/Paused □ Closed or Complete
2.	Are the materials and methods used to recruit participants approved in the protocol? \Box Yes \Box No
3.	Are all personnel correct and current in the protocol record? ☐ Yes ☐ No
4.	Do the recruitment materials and methods match the IRB approved documents? \Box Yes \Box No \Box N/A
5.	As of the date of the monitoring visit, how many participants were enrolled/consented for the study?
6.	Where the use of signed consent form is required, what is the number of signed consent forms signed by unique study participants?
7.	Do/es the current consent form(s) match the HRPP/IRB-approved version(s)? ☐ Yes ☐ No ☐ N/A
8.	Are all assent documents, HIPAA release forms, and/or participant debriefing forms signed and retained when applicable for consented participants or their legally authorized representatives? \Box Yes \Box No \Box N/A
9.	Do all data collection instruments match the IRB approved documents? \square Yes \square No \square N/A
10.	Did the Monitor observe any consent or data collection processes with participants? \Box Yes \Box No
11.	Does the PI have access controls in place for any hard copy or electronic study records? \Box Yes \Box No \Box N/A
12.	Summarize the data and study record storage processes.

13.	Are documents and data stored in the method approved in the IRB protocol? \Box Yes \Box No
14.	Do any special IT or other security parameters apply for protected data (e.g. PHI or FERPA)? \Box Yes \Box No
15.	Is/are the funding source(s) current and accurate for the study record? \Box Yes \Box No \Box N/A
16.	Does the study involve the use compensation for the participant enrollment, eligibility, participation and/or completion? \Box Yes \Box No
17.	If compensation is permitted, are accurate records kept to document payment practices and IRB approved amounts? □ Yes □ No □ N/A (no compensation)
18.	Are there any changes or deviations from the approved compensation amount (or practice of no compensation)? \Box Yes \Box No
19.	Are there any other items not otherwise addressed here that may require clarification, guidance or reporting to the IRB? If yes, document in Yes No
Mo	onitoring Visit Dialogue and Best Practice Refresher
1.	Did the Monitor provide information on reporting adverse events? ☐ Yes ☐ No
2.	Did the Monitor review guidance provided on the IRB website related to general SOPs, guidance documents, forms, metrics, and contacts with the PI? ☐ Yes ☐ No
3.	Did the Monitor generate and review a list of all active protocols to review with the PI? \Box Yes \Box No \Box N/A
4.	Were any protocols found to be ready for closure or renewal due to expiration or inactivity? \square Yes \square No \square N/A
5.	Did the monitor review document retention guidelines with the PI during the visit? \Box Yes \Box No
6.	Does the PI have any further questions about Purdue HRPP/IRB processes or procedures? ☐ Yes ☐ No

Monitoring Visit Notes:

Example