*(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**