**Study Title:
IRB#:
Principal Investigator:**

**Sponsor:**

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| **Visit date** | **Study team member signature** | **Monitor signature** | **Reason for visit**  | **Date site received monitoring report\*** | **Date site replied to monitoring report** | **Date site sent monitoring report to CTAC\*\*** |
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*\*Monitoring report maintained at site should be initialed and dated upon receipt and review.
\*\* Within 10 days of receiving the report, study teams must submit all monitoring reports to the Emory Clinical Trials Audit and Compliance (CTAC) listserv at* *ctcompliance@emory.edu* *. Please include corrective and preventive actions in the body of the email, as applicable.*