**Vendor Assessment Questionnaire**

The CI or delegate to complete one form for any potential Vendor of a clinical trial as described in STU-SOP-TS-004 Vendors to assess the suitability of the vendor to perform the delegated tasks.

This does not replace a contract/agreement which will be required for all vendors to ensure that all parties are clear on their responsibilities and can complete the required work, standards and timescales.

|  |  |  |
| --- | --- | --- |
| Evaluation | Applicable Assessment (document as required) | Comments |
| Previous positive experience of the vendor |  |  |
| Approved Swansea University or NHS supplier (as applicable) |  |  |
| Recommendation from other credible users or UKCRC registered Clinical Trials Units |  |  |
| Recommendations from the funding body or sponsor |  |  |
| Vendor confirms ability to meet clinical trial needs within specified timeframe |  |  |
| Successful CE marking (for medical devices) |  |  |
| Review of Marketing Material to explore standards vendor uses |  |  |
| Assessment of CVs and relevant experience of staff members |  |  |
| Obtain references from past /current clients to assess suitability |  |  |
| Review of the vendors quality management system and written procedures |  |  |
| Completion of the Competency Questionnaire  |  |  |
| Conducting an audit of the vendor’s facilities |  |  |