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| **CRF Approval Form** | | | | | | |
|  | | | | | | |
| Project  Short Title/Acronym: |  | | Sponsor: | | | |
| CRF Version: | | | Protocol Version: | | | |
| *For completion by Trial Manager/Data Manager:* | | | | | | |
| Do the CRFs meet the Protocol requirements? | | | | Yes | No | |
| Protocol approved by REC and/or MHRA where applicable?\* | | | | Yes | No | |
| Outcome measures in line with objectives? | | | | Yes | No | |
| Version and date of standard questionnaires documented in the study protocol? | | | | Yes | No | |
| Safety – Expected AE’s listed and the last time point of SAE capture? | | | | Yes | No | |
| Questionnaires and participant diaries ethically approved? | | | | Yes | No | N/A |
| **Comments** | | | | | | |
|  | | | | | | |
| **Summary of Changes** | | | | | | |
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|  | | | | | | |
| **Approvals** | | | | | | |
|  | | | | | | |
| Trial Manager: | |  | | | | |
| Signature | |  | | | | |
| Date | |  | | | | |
|  | | | | | | |
| Project Statistician: | |  | | | | |
| Signature | |  | | | | |
| Date | |  | | | | |
|  | | | | | | |
| Chief Investigator: | |  | | | | |
| Signature | |  | | | | |
| Date | |  | | | | |