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| **CRF Approval Form** |
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| 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** |
|  |
|  |
| **Approvals** |
|  |
| Trial Manager: |  |
| Signature |  |
| Date |   |
|  |
| Project Statistician: |  |
| Signature |  |
| Date |  |
|  |
| Chief Investigator: |  |
| Signature |  |
| Date |  |