**Appendix 1A
End of Sponsor Green Light Checklist**

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| --- |
| **Sponsor Number [EDGE number]:** |
| **Study Name:** |
| **Chief Investigator Name:** |
|  |
| **Actions to be verified:** |
| Please confirm the date of submission of the final study report |  / /  |
| Please confirm that you have received an acknowledgement of the final study report submission from the following: YES NO  |
| REC (copy sent to Sponsor) |[ ] [ ]
| MHRA (copy sent to Sponsor) where applicable N/A [ ]  |[ ] [ ]
| Sponsor |[ ] [ ]
| Please confirm that you have uploaded a copy of the final study report/study publication to the regulatory databases e.g. ISRCTN, clinical trials.gov. Where appropriate please confirm that you have completed full submission on EudraCT database |[ ] [ ]
| Please confirm that all study participants have been thanked for their participation, as agreed |[ ] [ ]
| Please confirm that all study participants have been given a copy of/access to the final study results/invited to study result dissemination event (as agreed) |[ ] [ ]
| Please confirm if any samples are to be held for future research | YES[ ]  | NO[ ]  | N/A[ ]  |
| If YES: please confirm where ALL samples are to be stored and give details of the point of contact: |
| Locally: |
| Externally: |
| If NO: please confirm sample destruction for ALL samples has been undertaken: | YES[ ]  | NO[ ]  | N/A[ ]  |
| Where appropriate, please confirm that ALL investigational medicinal product has been destroyed/returned to the manufacturer for destruction | YES[ ]  | NO[ ]  | N/A[ ]  |
| Where appropriate, please confirm that all devices have been returned by the participants. | YES[ ]  | NO[ ]  | N/A[ ]  |
| Please confirm that all devices have been returned  | YES[ ]  | NO[ ]  | N/A[ ]  |
| Please confirm that all personal identifiable data not held within the TMF/ISF has been removed from:Paper documentsElectronic documents | YES[ ] [ ]  | NO[ ] [ ]  | N/A[ ] [ ]  |
| Please confirm that full anonymisation of ECRFs and ALL relevant study documentation has occurred | YES[ ]  | NO[ ]  | N/A[ ]  |
| Please confirm location of paper/electronic records prior to archiving |
| Location: |
| For multicentre studies - Please confirm that all centres have been closed down | YES[ ]  | NO[ ]  | N/A[ ]  |
| Please confirm all study specific (electronic/software) have been returned/disabled | YES[ ]  | NO[ ]  | N/A[ ]  |
| Have all support services /third party vendors been notified of study closure | YES[ ]  | NO[ ]  | N/A[ ]  |

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| --- | --- |
| Name of person completing checklist |  |
| Role  |  |
| Signature |  |
| Date |  |

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| --- |
| CI sign off: |
| I confirm that I have reviewed the checklist and that the information provided is accurate |
| Name of CI |  |
| CI signature |  |
| Date |  |