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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 documents  Electronic 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 |

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

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