**Appendix 1B
End of Sponsor Green Light Checklist – Collaborating site**

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| **Sponsor Number [EDGE number]:** |
| **Study Name:** |
| **Site:**  |
| **Principal Investigator Name:** |
| **Actions to be verified:** |
| Please confirm the following: YES NO |
| End of study Declaration and acknowledgement from REC/Sponsor. Confirm filed in Investigator site file |[ ] [ ]
| REC Final report. Confirm filed in Investigators site file |[ ] [ ]
| Please confirm that the Investigator site file has been updated to reflect study closure |[ ] [ ]
| Please confirm that the Pharmacy folder has been updated to reflect study closure and that any IMP has been returned/destroyed as per the Sponsor requirements | YES[ ]  | NO[ ]  | N/A[ ]  |
| Please confirm that all personal identifiable data not held within the ISF has been removed from:Paper documentsElectronic documents | YES[ ] [ ]  | NO[ ] [ ]  | N/A[ ] [ ]  |
| Please confirm that all study participants have been thanked for their participation |[ ] [ ]
| 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 at your site 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 for personnel responsible for sample/specimen maintenance. \***Please be aware that once specimens /samples are not covered by this ethical application, they must be stored in a HTA licensed area.**Contact Details:Location: |
| If NO: please confirm sample destruction for ALL samples has been undertaken: | 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 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 contact details and location of paper/electronic ISF/ Pharmacy records |
| Contact Details:Location: |
| Please confirm all study specific equipment/supplies (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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| --- |
| PI sign off: |
| I confirm that I have reviewed the checklist and that the information provided is accurate |
| Name of PI |  |
| PI signature |  |
| Date |  |