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

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

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

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