[Current Date Long]

[InvestigatorName ], [Investigator Degree]

[Account Name]

[PI Address]

Site #: [Site Number]

Re: Protocol #: [Protocol Number] – Site Close-Out Visit Confirmation

Protocol Entitled: [Protocol Description]

Visit Date: [Planned Start to End Date]

Dear Dr. [Investigator Last Name],

This letter serves as confirmation that the Close-Out Visit for the above mentioned protocol is scheduled for [Planned Start to End Date2] at (time). I expect the visit to last approximately (# hours)and anticipate that the following individuals will need to be available for a designated portion of this time: (insert names and if known, time needed).

During this visit, I plan to review the following:

* Outstanding Issues that Require Resolution
* Subject Recruitment & Enrollment
* Informed Consent
* Case Report Form (CRF) / Electronic Case Report Form (eCRF)
* Adherence to Protocol/Amendment(s) and Study Compliance
* Test Article Accountability
* Laboratory Procedures and Biological Samples
* Essential Documents
* Site Staff, Facilities, & Study Supplies
* Investigator Obligations
* (list additional items here)

Thank you for your contributions to this important clinical research study. I look forward to meeting with you and your staff. In the interim, should you have any questions, please do not hesitate to call me at [CRA Phone] or e-mail [CRA Email].

Sincerely,

[CRA Full Name]

Clinical Research Associate

Duke Clinical Research Institute

DCRIElectronicSignaturePlaceHolder-DONOTDELETE

cc: [SC Full Name], Study Coordinator

(Insert Lead CRA name), Lead CRA