[Current Date Long]

[InvestigatorName ], [Investigator Degree]

[Account Name]
[PI Address]

Site #: [Site Number]

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

Protocol Entitled: [Protocol Description]

Visit Date: [Actual Start to End Date]

Dear Dr. [Investigator Last Name],

I had the opportunity to meet with you and [SC Full Name] on [Actual Start to End Date2] during the Site Close-out Visit for the above mentioned protocol. Please extend my thanks to everyone for their time and assistance.

During the visit, the following were reviewed:

* Outstanding Issues that Required Resolution
* Subject Recruitment & Enrollment
* 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
* (Insert other items not already listed and provide necessary detail)
* Informed Consent

[Visit ICFs]

* CRFs and Source Documents

[Visit CRFs]

The protocol deviations that were noted during this visit include:

[Visit PDs]

The following is a summary of the findings and/or action items that arose during this visit, as well as any action items that have been resolved since the last visit and the associated resolutions. Outstanding items should be completed by (insert timeline).

[Visit Issues]

On behalf of (insert sponsor name) and the DCRI, I would like to thank you and your staff for all of your hard work during this study. Should you have any questions, do not hesitate to contact 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 Name2], Study Coordinator

(Insert Lead CRA name), Lead CRA