[Current Date Long]

[Investigator Full Name], [Investigator Degree]

[Account Name]
[PI Address]

Site #: [Site Number]

Re: Protocol #:[Protocol Number] – Periodic Monitoring/Close Out Visit Confirmation

Protocol Entitled: [Protocol Description]

Visit Date:[Planned Start to End Date]

Dear Dr. [Investigator Last Name],

I am writing to confirm the interim monitoring visit scheduled for [Planned Start to End Date2].

During this visit I will perform the following core activities:

* Drug accountability
* Verify the informed consents for all randomized subjects
* Monitor and review Case Report Forms for subject(s).  Please have all source documentation available for this subject.
* Review the Regulatory Binder
* Resolve outstanding data queries
* Collect all outstanding CRFs
* Collect outstanding CEC documents for subjects

Review all outstanding SAEs and the source documentation associated with the events.

Thank you for your assistance and we look forward to working with you.

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