[Current Date Long]

[Investigator Full Name], [Investigator Degree]

[Account Name]
[PI Address]

Site #: [Site Number]

Re: Protocol #: [Protocol Number] – Periodic Monitoring/Close Out Visit Follow-up

Protocol Entitled: [Protocol Description]

Visit Date: [Actual Start to End Date]

Attendees: [Attendees]

Dear Dr. [Investigator Last Name],

The periodic monitoring visit for the [Protocol] trial was performed on [Actual Start Date2]. Please extend my thanks to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for his/her assistance with the visit.

During the visit, case report forms (CRFs) and source documents were reviewed for subject(s):

[Visit CRFs]

I would like to address the following issues from the visit for your reference:

Follow-Up Issues:

[Visit Issues]

It is expected that these outstanding issues will be resolved prior to our next visit, which is expected to be in \_\_\_\_\_\_\_\_\_\_\_\_ time.

Protocol Deviations:

[Visit PDs]

I also reviewed and updated the Regulatory Binder as needed, with the findings listed below:

Document Issues:

Thank you again for your time and assistance during the visit. If you should have questions regarding any of the items listed above or if you would like to further discuss your randomization goals and strategies, please do not hesitate to contact me at [CRA Phone] or e-mail [CRA Email].

Sincerely,

[CRA Full Name], (insert degrees/any certifications)

Clinical Research Associate

Duke Clinical Research Institute

DCRIElectronicSignaturePlaceHolder-DONOTDELETE

cc: [SC Full Name], Study Coordinator

 (Insert Lead CRA name), Lead CRA