[Current Date Long]

[Investigator Full Name], [Investigator Degree]

[Account Name]
[PI Address]

Site #: [Site Number]

Re: Protocol #: [Protocol Number] – Site Selection Visit Follow-up

Protocol Entitled: [Protocol Description]

Visit Date: [Actual Start to End Date]

Attendees: [Attendees]

Dear Dr. [Investigator Last Name],

It was a pleasure to meet with you and [SC Full Name] on [Actual Start to End Date2] during the Site Selection Visit for the above mentioned protocol. Please extend my thanks to everyone for their time and assistance.

A tour of the study facilities was done that included:

* (list areas that were visited)

The general topics that were discussed during the visit included:

**Study Overview**

* Protocol and study requirements
* Access to study subject population and study subject identification
* Investigator and site staff responsibilities
* Test Article / Intervention
* Monitoring procedures
* Data collection requirements
* Financial and contractual aspects

**Site Staff and Facilities**

* Investigator and site staff qualifications
* Investigator and site staff availability for conducting the study
* Location of facilities where subjects will be participating in clinical study activities
* Equipment required by the protocol
* Local clinical laboratory
* Test article dispensing and storage areas
* Storage areas for site study records and materials
* Access to a properly constituted IRB / Current OHRP Assurance (as applicable)
* Access to source documentation
* Basic aspects of the site’s computer system, such as security and data recovery capabilities
* Previous electronic data capture (EDC) experience (For EDC studies only)

The following is a summary of the findings and/or action items requiring resolution prior to site selection and/or initiation. Outstanding items should be completed by (insert timeline).

[Visit Issues]

You will be notified of your site’s selection status for this clinical research study as soon as possible. In the interim, should you have any questions, please 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