

# QUARTERLY CLINICAL TRIAL MONITORING QUESTIONNAIRE

Grant # \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator/Project Director Name: \_\_\_\_\_

Study Coordinator Name & Contact: \_\_\_\_\_

Dept. Business Manager Name & Contact: \_\_\_\_\_

Project Title: \_\_\_\_\_

I. **Basis of Project Timeline and Budget**- How are payments from the sponsor initiated? **Please check the method.**

A. **Billings / Invoices** Clinical Coordinators or Department Administrators are to send copies of all invoices to OSP.

B. **Case Reports Submitted** When were case reports last submitted? \_\_\_\_\_

C. **Monitor Visits** Date of last Monitor visit \_\_\_\_\_  
Date of next Monitor visit? \_\_\_\_\_

D. **Milestones** Date of last required Milestone submission \_\_\_\_\_ Date of next required Milestone submission \_\_\_\_\_

E. **Other** Please Explain \_\_\_\_\_

II. Is the study still open to enrollment? Yes No

III. **Please indicate the total number of participants enrolled and projected to be enrolled.**

a. \_\_\_\_\_ **Current Number of Project Participants Enrolled**  
**(REQUIRED INFORMATION)**

b. \_\_\_\_\_ **Number of Participants Projected to be Enrolled**  
**(REQUIRED INFORMATION)**

IV. Current amount per participant enrolled: \_\_\_\_\_

V. Current amount per participant completed: \_\_\_\_\_

VI. Current amount for screen failures: \_\_\_\_\_

