



Foundation for Atlanta *Veterans* Education and Research

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CLINICAL TRIAL CLOSEOUT CHECKLIST

Principal Investigator:	
Sponsor:	
Study Title:	
FAVER Grant ID:	

Section 1 to be completed by Principal Investigator and/or Coordinator and submitted to the FAVER Grants and Contracts Specialist.

Section 1
<u>Confirmation of Funds and Expenses</u>
<input type="checkbox"/> Sponsor has been notified of all services performed and all appropriate CRFs have been submitted
<input type="checkbox"/> All subject visits have been entered in CTAR
Were any above standard of care procedures (i.e., for research purposes only) performed at the VA?
<input type="checkbox"/> Yes (PI and/or Coordinator must provide a list with the subject ID, CPT code and date of each procedure per subject)
<input type="checkbox"/> No
<u>Study Participants</u>
Of the total of consented subjects, how many:
Completed the study: _____
Were drop-outs: _____
Were screen failures: _____
<input type="checkbox"/> Confirm total number of subjects that participated in this study: _____

Section 2 to be completed by FAVER Grants and Contracts Specialist and Accounting Manager.

Section 2
<u>Contract Terms</u>
<input type="checkbox"/> Reviewed terms of agreement and verified any remaining balance is not required to be returned to sponsor
<input type="checkbox"/> All reimbursements for subject visits have been received
<input type="checkbox"/> All close-out invoices have been submitted
<u>Accounting Terms</u>
<input type="checkbox"/> Encumbrances have been cleared
<input type="checkbox"/> All invoices have been paid
<input type="checkbox"/> Transfer unobligated balance to PI's unrestricted account

Principal Investigator

Date

FAVER Executive Director

Date