

**SAN JUAN DE DIOS EDUCATIONAL FOUNDATION, INC.  
INSTITUTIONAL REVIEW BOARD**

**SITE VISIT REPORT (SJDEFIIRB FORM 8.1)**

IRB Reference Number					
Protocol Number					
Protocol Title					
Principal Investigator					
Sponsor/CRO					
Date of visit					
Total number of expected subjects		Total subjects enrolled			
Are site facilities appropriate?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS:					
Are Informed Consents recent?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS:					
Any adverse events found?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS:					
Any protocol non-compliance/violation?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS:					
Are all Case Report Forms up to date?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS:					
Are storage of data and investigational products locked?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS:					
How well are participants protected?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS:					
Any outstanding tasks or results of visit?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS:					
Duration of visit (hours)		Start		End	
IRB Members					
Completed by					
Name	Signature		Date		