



WORKSHEET 320 Quality Assurance Program and Audits

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The purpose of this worksheet is to provide support for the HRPP team in the conduct of Quality Assurance Audits. This worksheet should be completed and maintained with the audit file.

1 Details

PI Name
IRB#
Initial Approval Date
Funded/ Funding Source
Enrollment Cap
Vulnerable Populations
Audit Date

2 Regulatory Documentation

<input type="checkbox"/> Yes <input type="checkbox"/> No	Regulatory documents organized, completed and available. Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff training records available Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Study training manual for new team members available Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	All staff approved by IRB prior to initiating work Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	All amendments tracked and approved prior to implementation Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Correspondence with IRB, sponsor, and collaborators in file Comments

3 Study Conduct

<input type="checkbox"/> Yes <input type="checkbox"/> No	Inclusion/Exclusion criteria met per IRB approved protocol Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Screening, study treatment/procedures, performed per IRB approved protocol Comments
<input type="checkbox"/>	



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Comments	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Compensation is documented and concurs with IRB approval for compensation in the informed consent Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	All Adverse Events (AE) reported to the IRB and appropriate regulatory agency within required time requirements Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Serious Adverse Events (SAE) followed to resolution, return to baseline, or judged acceptable by the IRB and Principal Investigator Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	All adverse events recorded in participant record Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	All protocol deviations reported to the IRB and appropriate regulatory agency within required timeline Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	