

Source Data Agreement

Sponsor Reference Number:	Site:
Short Study Title:	Principal Investigator:

Study Data Category (e.g. demographics, eligibility, medical history, adverse events, blood samples)	Source (e.g. hospital record, clinic chart, lab report)	PI Initials



Principal Investigator Source Data Agreement Approval:

By signing this Source Data Agreement, you are confirming that this is the complete source and that the monitor and auditor (if applicable) will be provided with all available source data when requested.

Investigator Name:	
Signature:	
Date:	

Sponsor Source Data Agreement Approval:

Sponsor Representative:	
Title:	
Signature:	
Date:	