Stephenson
CANCER CENTER
The UNIVERSITY *of* OKLAHOMA

Monitor Request Form

Personal Information

Name   Email Address

Organization   Protocol Number

Will your visit **REQUIRE** a Co-Monitor?   No   **Yes**   *Co-Monitor requests require special permission*

Co-Monitor Name

Reason for request

Check this box if you are requesting to reschedule a previously scheduled visit.

Requests

Which system access and documents do you need while on campus?

Velos (regulatory system)

Electronic Medical Record

Original ICFs

Screen-failure documents

Visit Details

Duration of your visit (ex: 1 day)

Preferred visit dates (please list 3 potential date options)

First Choice

Second Choice

Third Choice

Which staff members do you need to speak with during your visit?

Data Specialist

Pharmacy Representative

Principal Investigator or Sub-Investigator

Other

Are there any additional details that we need to know about your visit?

Please e-mail this completed form to the Data Specialist for your study.