**DCP Action Item – Site Response Form (AIF)**

**Completion Instructions for the CLO Monitor:** Complete Sections I and Section II of the form and provide it to the site for completion (in Word format) along with the final visit report. Visit findings requiring site response should be listed in Section II in order of severity.

**Completion Instructions for the Site:** Complete Section III of the form. For each action item, the response should indicate full resolution or provide a corrective action plan with projected completion date. Within thirty (30) calendar days of receipt, please return the completed AIF to the CLO Monitor.

|  |  |  |
| --- | --- | --- |
| Section I | | |
| **Name of Institution:** |  | |
| **NCI Protocol No:** |  | |
| **NCI Protocol Title:** |  | |
| **Date of Site Visit:** |  | |
| **Site Visit Type:** |  | |
|  | **Contact** | **Email Address** |
| **Principal Investigator:** |  |  |
| **Site Coordinator:** |  |  |
| **DCP Medical Monitor, Scientific Monitor and Nurse Consultant:** |  |  |

| Section II | Section III | | |
| --- | --- | --- | --- |
| **Action Item:** | **Check one:** | **Describe resolution or Corrective Action Plan (including timeline):** | **If Corrective Action Plan, provide the following:** |
|  | Resolved  Corrective Action Plan: |  | Projected resolution date:    Site Representative:  *(person responsible for action item)* |
|  | Resolved  Corrective Action Plan: |  | Projected resolution date:    Site Representative:  *(person responsible for action item)* |
|  | Resolved  Corrective Action Plan: |  | Projected resolution date:    Site Representative:  *(person responsible for action item)* |
|  | Resolved  Corrective Action Plan: |  | Projected resolution date:    Site Representative:  *(person responsible for action item)* |

**Name of site staff** submitting completed form:       **Date submitted:**

*(Note: signature is not necessary)*