**INVESTIGATOR COMPLIANCE SEARCH FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **ICON Project Number:** | - | **Sponsor Protocol No.:** | - |
| **Institute Name:** | - | **Address:** | - |

**Investigators:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ROLE** | **INVESTIGATOR NAME**  **(As per 1572/Info received)** | **Medical License Number**  **(if applicable)** | **INVESTIGATOR NAME**  **(All Combination Searched)** |

**Relevant sources of Investigator information, against which this Investigator has been checked.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SOURCE #** | **SOURCE NAME** | **SOURCE DATE** | **WEBLINK** | **ISSUES IDENTIFIED** |

**Please list all Sponsor / Country Specific checks, against which the review has been completed for the Investigator(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SOURCE #** | **SOURCE NAME** | **SOURCE DATE** | **WEBLINK** | **ISSUES IDENTIFIED** |

**If issues are identified (Yes checked above), please provide additional details. Details may be printed and attached.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE #** | **INVESTIGATOR NAME** | **DATE OF INSPECTION/ ACTION** | **DESCRIPTION OF FINDINGS** |

**Search Performed By:**

|  |  |
| --- | --- |
| **Printed Name:** | **Signature:** |
| **Date:** |