**INVESTIGATOR COMPLIANCE SEARCH FORM**

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

**Investigators:**

|  |  |  |  |
| --- | --- | --- | --- |
| **INVESTIGATOR NAME** | **QUALIFICATION** | **MEDICAL LICENSE NUMBER** | **ROLE** |

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

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

**Additional details for issues (Yes) identified above:**

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

**Search Performed By:**

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