*Insert trial title* Database Lock Approval Form

***Text in blue is for instruction only and should be deleted.***

***Text in black should be included if appropriate for the trial***

The following ***insert trial title*** staff members hereby confirm the outlined trial activites have been satisfactorily completed prior to database lock:

All scheduled patient follow up and final visits completed.

* All data queries and discrepanices have been resolved and entered onto the ***insert trial title*** ***insert data capture system name e.g. MACRO*** database.
* All data coding has been completed.
* All SAEs have been reconciled.
* All permissions to allow data entry and/or modifications on the ***insert data capture system name e.g. MACRO*** have been revoked.

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| ***Local Data Manager*** | |
| **Name :** |  |
| **Signature :** |  |
| **Date :** |  |

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| ***Central Data Manager*** | |
| **Name :** |  |
| **Signature :** |  |
| **Role:** |  |
| **Date :** |  |

|  |  |
| --- | --- |
| ***Study Statisician*** | |
| **Name :** |  |
| **Signature :** |  |
| **Role:** |  |
| **Date :** |  |

|  |  |
| --- | --- |
| ***Clinical Project Manager*** | |
| **Name :** |  |
| **Signature :** |  |
| **Role:** |  |
| **Date :** |  |