

W.J. Henderson Centre for Patient-Oriented Research (WJHCPOR) Monitor Attestation Form

I attest and agree to:

- ❖ **Respect the use of time:** I understand that the room(s) booked for me can only be used for the time booked. I will ensure that the clinical trial site booked the correct amount of time as I will be asked to leave the room when the time is up if other users have the space booked. I will ensure that the clinical trial site staff that booked the space have added in a time factor for me to set up and tidy the room after use.
- ❖ **Respect the use of space:** I will keep the room(s) booked tidy and clean after use. I will return all furniture and equipment (table, chairs, computer monitor, desk) to its original location if I have moved them to in order to conduct my monitoring/auditing visit.
- ❖ **Return WJ Henderson Centre Access Card:** I will keep the access card secure throughout my visit and return it to KGHRI staff or a member of the clinical trial site staff upon departure from the site.
- ❖ **Provide confirmation of COVID-19 vaccination:** I have received 2 doses of vaccine approved by Health Canada at least two weeks prior to the on-site monitor visit. Acknowledging I will need to pass current screening processes before entry to the hospital.

Signature

Date

Contact Information:

First Name: _____

Last Name: _____

Company: _____

Telephone Number: _____

Email: _____

Principal Investigator(s) (please list all if you monitor studies for more than one PI):

Department(s): _____