**Laboratory Close Out Checklist**

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| --- | --- | --- | --- |
| **Activity** | **Comment** | **Date completed** | **Confirmed by** |
| Evidence that all laboratory work is completed. |  |  |  |
| Any remaining samples disposed/ shipped or returned as per protocol and agreements |  |  |  |
| Results/ Datasets/reports transferred to allocated person |  |  |  |
| Result +/- report received and acknowledged |  |  |  |
| Sample log end of trial activities documented |  |  |  |
| All monitoring , audit or inspection finding, and actions completed and closed |  |  |  |
| Archiving agreement to include location and duration. |  |  |  |
| REC end of trial notification and acknowledgment received. |  |  |  |
| MHRA End of trial notification and acknowledgment received. |  |  |  |