

### MEETING AND FILE REVIEW PLAN

Study Name: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

#### Scheduled Meetings Plan

1. At what frequency will meetings be held?	
2. Who is responsible for scheduling meetings?	
3. Who is responsible for writing meeting minutes?	

#### File Review Plan

1. At what frequency will files be reviewed?	
2. Specifically, what types of data/documentation will be reviewed?	
3. Who is responsible for file reviews?	

Principal Investigator Signature \_\_\_\_\_

Date \_\_\_\_\_