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| --- | --- |
| Meeting Date |  |
| Meeting Attendees |  |
| Meeting Forum | In-person  Teleconference  Email  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Recruitment and Retention |  |
| Data Issue (timeliness and quality) |  |
| Noncompliance / Deviations  Do these need to be reported to an oversight agency such as the IRB, FDA or funding source? |  |
| Adverse Events  Do these need to be reported to an oversight agency such as the IRB, FDA or funding source? |  |
| Confidentiality Issue |  |
| Change in Risk Benefit Ratio |  |
| Other Topic or Issue |  |

Recorder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_