**HPTN Network Laboratory**

**Study Assessment Visit Report**

**Report Date: I.** This report summarizes a: **Periodic Site Assessment Visit**

To:

Conducted by: On:

For:

**II. Overall Assessment**

**III. Action Items**

Below are items that need to be corrected or amended.

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|  | **To be completed by** | **Done** |
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**IV. Specimen Management**

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| --- | --- | --- | --- | --- |
| PID | Specimen  Collection Date | Specimen type | Storage Location | LDMS report |
|  |  |  |  |  |

**V. Inspection of Study Space, Facilities, and Equipment**

Done

No Problem Noted

Problem Noted (specify in Comments) Not Done

Not Applicable

**VI Distribution**