

Title: Research Study Handover Tool	Version Number: 01	Effective Date: Dec 2024	Page 1 of 6
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Revision History		
Version No.	Effective Date	Description
V1	18APR2025	Revised and expanded tool to accommodate observational studies, including clarifications and N/A options for study-specific applicability.

Purpose:

The Research Project Handover Tools is designed to ensure a smooth and comprehensive transition of responsibilities between outgoing and incoming research staff. It serves as a centralized summary of essential study details, status updates, subject progress, vendor access, pending task, and study-specific considerations.

This tool promotes continuity, data integrity and regulatory compliance by capturing all critical operational elements during staff transitions.

Scope and Responsibilities:

This Standard Operating Guidance applies to Clinical Research Coordinators, Study Managers and Research Assistances as well as to Principal Investigators and any staff involved in research operations and handovers.

Procedures

1. Complete all sections with the most current and accurate information available at the time of handover.
2. Use the checkboxes and free-text field to indicate the current study status, pending tasks, and important contacts.
3. For each category (e.g. vendors, subject status, training records), indicate the relevant details and mark *N/A* when not applicable.
4. The outgoing staff member is responsible for initiating and filling in this tool, and the incoming staff member should review and confirm the information provided is clear and that all questions have been answered before signing and finalizing the tool.
5. Recognizing that observational studies often have fewer operational and regulatory requirements, the form includes “N/A” options, as such should be marked as not applicable when justified.

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Applicability Across All Study Types

This handover tool is suitable for all types of research studies, including:

- Interventional/Therapeutic Trials (e.g. drug/device trials)
- Observational Studies (e.g. chart reviews, longitudinal studies)

Document Approval

- Name and Title of Approver
- Date in the format (MM/DD/YYYY)
- Insert Name and Title below Signature

Approved By:

Date:

Insert Name and Title

1. Handover Details	
Date of Handover:	
Last Working Day:	
Name of Outgoing Study Coordinator:	
Name of Incoming Study Coordinator:	Signature:

2. Project Information	
Protocol Name/Number:	
Study Type:	<input type="checkbox"/> Observational <input type="checkbox"/> Interventional/Therapeutic
IRB of Record:	<input type="checkbox"/> UCSD/Kuali Research <input type="checkbox"/> Advarra <input type="checkbox"/> WCGI <input type="checkbox"/> Other
IRB Number (UCSD/RCHSD):	#
Key Staff /Sponsor Contact(s): (include name, role, email address and other relevant details):	Clinical Research Associate (CRA), if applicable:
	Sponsor/Funder/PI Contact:
	Invoicing Contact, if applicable:
Other key contacts:	

3. Project Status		
Site Initiation Visit (SIV) Date:	___/___/___	
Enrollment Target:	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	
Current Study Phase:	<input type="checkbox"/> Start-Up	<input type="checkbox"/> Active (Enrolling)
	<input type="checkbox"/> Active (Closed Enrollment)	<input type="checkbox"/> Closing/Close-Out
Enrollment Progress: Subject Status and Counts	Status	Number of Subjects
	<input type="checkbox"/> In Screening	
	<input type="checkbox"/> Enrolled	
	<input type="checkbox"/> Completed	
	<input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> Screen Failed	
	<input type="checkbox"/> Other	
Next Scheduled Monitoring Visit (IMV), if applicable	___/___/___ N/A <input type="checkbox"/>	
Has CRA Scheduled IP Review with Pharmacy for Next IMV?, If applicable	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If <i>No</i> , request CRA to coordinate directly with the pharmacy	

4. Study Staff Contacts

Principal Investigator	
Main Study Coordinator	
Email Main Study Coordinator	
Back-up Coordinator	
Email back-up coordinator	
Other Relevant Contact	
Email relevant contact	
Other Relevant Contact	
Email relevant contact	

5. Vendors Access Details: (Include contact for access credentials for each platform/tool)		
EDC Name	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
IRT/IXRT	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Local Lab	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Central Lab	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Clarion/ECG	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
RedCAP	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Other:		
Other:		
Other:		

6. Critical Pending Items: (Items that require urgent attention or follow -up)		
Task	Completed?	Notes/Next Steps
Sponsor and Vendors Notified of Staff Change	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Updated CITI Certifications & CV shared with Sponsor	Yes <input type="checkbox"/> No <input type="checkbox"/>	
New Staff Added to DOA Log?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
All Required Trainings/CVs from New Staff Collected	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Study Protocol Reviewed and Training Log Updated by New Staff	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Budget Update Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, describe:		
Contract Update Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, describe:		
Additional Pending Tasks		
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7. Subject-Related Activities (e.g. upcoming scheduled visits, upcoming deadlines, data entry in Velos or EDC, submission of OPRX to pharmacy, AE assessment and PI signature, etc.)

Subject Identifier	Action Needed
• Subject ID:	
• Subject ID:	
• Subject ID:	

8. Recurring Study Specific Meetings & Communication Channels (e.g. Weekly Study Meetings with PI, Sponsor Calls, Communication Tools Used, MS Teams, Email).

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9. Identified Challenges or Risks

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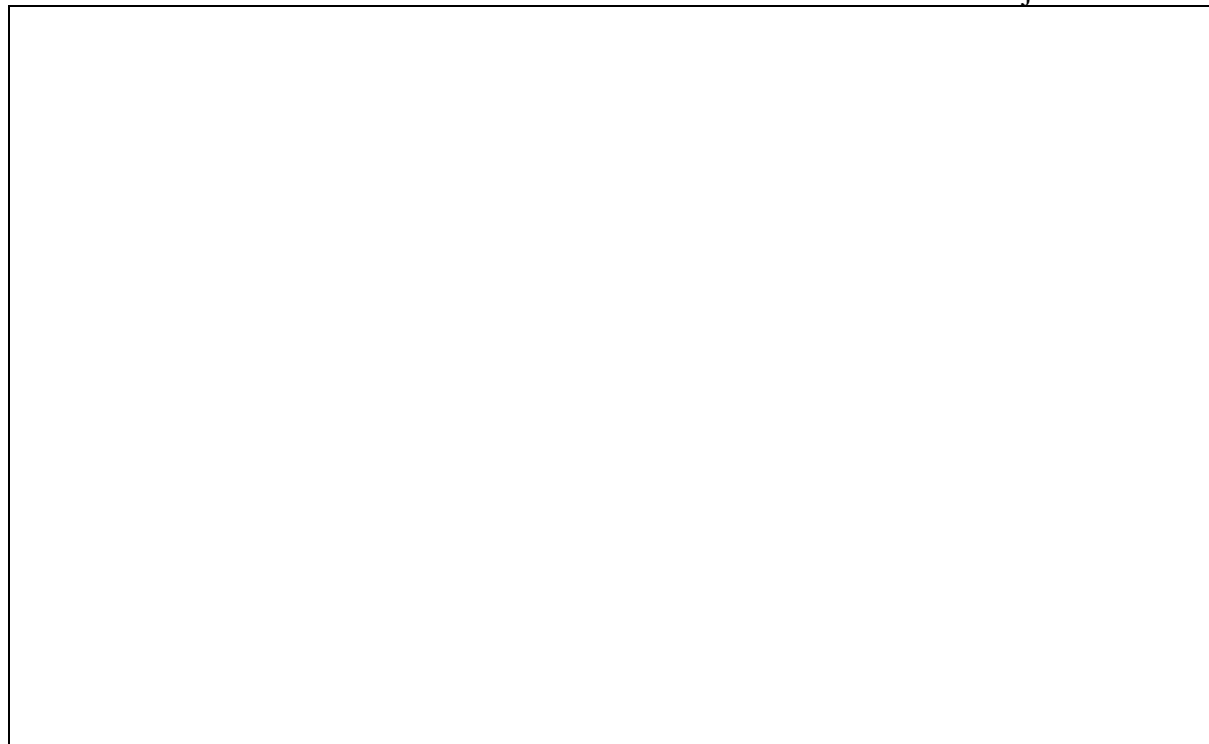
10. Key Documents & Storage Location (e.g. ISF and Subject Binders , Training Materials , Cabinet or Cubicle Number)

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11. Study-Specific Equipment & Tools (Include access instructions, locations and use of all items (e.g. tablets, ECG device, Access Tokens, etc.)

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12. Additional Notes & Recommendations (e.g. Visits workflows, vendor URLs, lessons learned, suggestions for improved operations, upcoming concerns)

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