**Date of Report:**

**Person Reporting**:

**Reporting Period:**

**A. Summary of ICF Activities and Study implementation being reported:**

**QA Activities:**

1. Number of ICF observations conducted: xx
2. Number of ICFs reviewed: xx
3. Number of mentoring meetings held (Specify sites): xx (site names)
4. Number of QAQC sites: xx (site names)

**B. Problems/Trends Identified:**

For each of the following provide, brief introduction, context, direct observations, document review findings.

1. Eligibility form
2. Consent form
3. Enrolment form
4. Data collection forms
5. Laboratory requisition forms
6. Filing
7. Correction of errors

**C. Corrective Action Recommended/ Implemented**

**D. Improvement Noted:**

1. **QC problems/ trends identified:**
2. **Plans for next Reporting Period:**

**G. General comments and Recommendations:**

**Signature:** **Date:**

Reviewed by Assistant Study Coordinator/ Manager:

**Name/ Signature:** **Date:**