

# CLINICAL RESEARCH AUDIT TEMPLATE



MEDICAL RECORD NO.

ADMISSION DATE

OVERSEEING PHYSICIAN NAME

REVIEWED BY

DATE OF REVIEW

| RESEARCH, EXPERIMENTS, AND TRIALS              | IS THIS APPLICABLE? |    | DOCUMENTATION PRESENT |    |
|--|---------------------|----|-----------------------|----|
|  | YES                 | NO | YES                   | NO |
| PATIENT CONSENT OF PARTICIPATION               |                     |    |                       |    |
| DESCRIPTION OF EXPECTED BENEFITS               |                     |    |                       |    |
| DESCRIPTION OF POTENTIAL RISKS                 |                     |    |                       |    |
| DESCRIPTION OF ALTERNATIVE PROCEDURES          |                     |    |                       |    |
| EXPLANATION OF CURRENT PROCEDURE               |                     |    |                       |    |
| CONSENT FORMS SIGNED                           |                     |    |                       |    |
| PATIENT'S RIGHT TO PRIVACY AND CONFIDENTIALITY |                     |    |                       |    |
| PROCEDURE MATCHES THE CONSENT FORM             |                     |    |                       |    |

IF "NO" SELECTED FOR ANY ITEM, PLEASE EXPLAIN:

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