

Note-to-File

Memo To: Investigator Site File (ISF)

Date:

From:

Study:

Subject: Missing Medical License

Copies: Clinical Trial Master File

The Medical License for (*please complete*):

Study Staff Member Name: _____

Study Staff Member Role: _____

An updated medical license was not obtained for the following reason:

___ The above named staff person has left the site and is no longer available to provide this document

OR

___ Other (*please complete*):

Study Staff Signature

Date Signed