



Attachment –5

Template for EC Monitoring Annual Calendar and Tracker

Month & Year (For e.g.: January 2022)

(Please use separate sheet for next month of the year)

Sr. No.	Study Number	Actual EC monitoring visit Dates# (DD-MMM-YYYY)	Type of Monitoring (Please check (X) the applicable box)	EC monitor's Name and Designation*	Monitoring Status	Report Issued Date (Please check (X) the applicable box)
			Onsite monitoring <input type="checkbox"/> Remote monitoring <input type="checkbox"/> For Cause Monitoring <input type="checkbox"/>	EC monitor 1: Name: _____ Designation: _____ EC monitor 2: Name: _____ Designation: _____	Completed <input type="checkbox"/> Rescheduled on: <u>MMM YYYY#</u> Reason: _____ Cancelled: Reason: _____	Yes <input type="checkbox"/> Issued on date: DD/MMM/YYYY# No: <input type="checkbox"/> DD/MMM/YYYY# Reason: Not Applicable: Reason:
			Onsite monitoring <input type="checkbox"/> Remote monitoring <input type="checkbox"/> For Cause Monitoring <input type="checkbox"/>	EC monitor 1: Name: _____ Designation: _____ EC monitor 2: Name: _____ Designation: _____	Completed <input type="checkbox"/> Rescheduled on: <u>MMM YYYY#</u> Reason: _____ Cancelled: Reason: _____	Yes <input type="checkbox"/> Issued on date: DD/MMM/YYYY# No: <input type="checkbox"/> DD/MMM/YYYY# Reason: Not Applicable: Reason:

Note: This document needs to be updated as and when the activities are completed

*EC monitor's Name and Designation can be added as needed, #Follow date convention as per institution and hospital