Final Check Checklist Template

(to be used in conjunction with Pharm/S50 – Preparation, Review and Approval of Pharmacy Trial Instructions)

**IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED**

All staff should regularly check the R&D Unit’s website and/or Q-Pulse for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive versions of all R&D Unit SOPs appear online. If you are reading this in printed form check that the version number and date below is the most recent one as shown on the R&D Unit website: www.research.yorkhospitals.nhs.uk/sops-and-guidance-/ and/or Q-Pulse

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| SOP Reference: | Pharm/T43 |
| Version Number: | 3.0 |
| Author: | Cheryl Donne |
| Implementation date of current version: | 8th October 2024 |

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| Approved by: | Name/Position: | Poppy Cottrell-Howe, Pharmacy Clinical Trials Manager |
| Date: | 19th September 2024 |
|  | Name/Position: | Sarah Sheath, SOP Controller |
|  | Date: | 10th September 2024 |

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| This SOP will normally be reviewed every 3 years unless changes to the legislation require otherwise |

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

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| Version | **Date Implemented** | **Reviewers** | **Details of significant changes** |
| 1.0 | 8th February 2016 |  |  |
| 2.0 | 19th February 2019 |  | Removal or protocol version number as not required. Change of author. Change of link to R&D website |
| 3.0 | 8th October 2024 | Rachel Spooner | Change of Trust name. Change of author. Change of format, Change of name of document |
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**York and Scarborough Teaching Hospitals NHS Foundation Trust**

[Study Title]

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**Final check checklist**

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| Create a checklist to assist with the accuracy checking of trial medication |  |
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| Written by: | Checked by: | Approved by: |
| Date: | Pharmacy Ref  XXXXS/XXXXY | Version no. |