



CORRECTIVE AND PREVENTIVE ACTION FORM (CAPA)

Sponsor:	Click here to enter text.
Protocol:	Click here to enter text.
Principal Investigator (Site #) or Vendor:	Click here to enter text.
Subject(s) Affected (if applicable):	Click here to enter text.
Date of CAPA:	Click here to enter a date.
CAPA Number:	Click here to enter text.
CAPA Completed By:	Name: Click here to enter text. Title: Click here to enter text.

Issue Description:	Issue 1: Click here to enter text.
Proposed Solution(s):	Issue 1: Click here to enter text.



Target CAPA Completion Date:	Click here to enter text.
Resolution(s):	<i>Resolution (Response) / Actual Completion Date</i> Click here to enter text.
CAPA Completion Date:	Click here to enter text.

With resolution of this item and upon signature of all parties listed below, this CAPA may be considered closed. It is critical; however, that none of these issues re-occur.

Printed Name	Signed Name	Role	Date
Click here to enter text.		CRO Monitor/CRA	Click here to enter a date.
Click here to enter text.		CRO Manager	Click here to enter a date.
Click here to enter text.		Sponsor Manager	Click here to enter a date.