

**Subject In-person Visit Checklist:  
Return to Clinical Research at CHOP  
v February 14, 2022**

| <b>In-person Visit Checklist:</b>   |           |            |
|---|-----------|------------|
| This checklist is designed as a tool for study team use when scheduling in-person subject encounters.   |           |            |
| <b>PI</b> _____<br><b>IRB#</b> _____<br><b>Subject ID</b> _____<br><b>Visit Date</b> _____  |           |            |
| <ul style="list-style-type: none"> <li>• All Research Subject Visits</li> </ul>   |           |            |
| If research samples are to be collected, laboratory team or designated Core lab can accept the samples  | <b>No</b> | <b>Yes</b> |
| Study team has confirmed availability of necessary clinical services for the required observations/endpoints  | <b>No</b> | <b>Yes</b> |
| Where necessary, the Division/Department/Lab is accepting research personnel accompanying research subjects   | <b>No</b> | <b>Yes</b> |
| Sufficient PPE is available for study staff   | <b>No</b> | <b>Yes</b> |
| Study Staff PPE use training has been documented  | <b>No</b> | <b>Yes</b> |
| For subjects not already at CHOP, the day prior to visit, study team contacts subject/caregiver:  |           |            |
| <ul style="list-style-type: none"> <li>• Inform them that masks are required on campus<br/><i>Note: Families can wear cloth or surgical; no bandanas, gaiters or exhalation valves. Teams can offer them a surgical masks if they have something insufficient.</i></li> </ul> | <b>No</b> | <b>Yes</b> |
| <ul style="list-style-type: none"> <li>• Subjects coming in for a clinical visit will undergo the clinical visit screening process. The research team needs to confirm that clinical screening was performed</li> </ul>   | <b>No</b> | <b>Yes</b> |
| <ul style="list-style-type: none"> <li>• If the visit is CHPS-ONLY or the subject did not undergo the clinical screening, the study team should complete a screening such as the exposure history screening listed below:*</li> </ul>   |           |            |
| 1. Has the subject, household member, or close contact been exposed to a confirmed or suspected COVID-19 individual within the last 10 days OR Measles, Chickenpox, Whooping Cough within the last 30 days?   | <b>No</b> | <b>Yes</b> |
| 2. Does the patient or anyone living with the patient have cough, shortness of breathing, difficulty breathing, other cold or flu symptoms (fever, sore throat, runny nose), loss of taste smell or a COVID-19 test pending at this time?                                     | <b>No</b> | <b>Yes</b> |

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| 3. If patient has tested positive for COVID-19, and is past the 10 day quarantine period, are their symptoms improving OR have they had a negative COVID test? | <b>No</b> | <b>Yes</b> |
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*\*Note: Studies using CHPS need to notify CHPS that the screening has been completed and any results of this screening prior to the subject visit to the CHPS unit.*

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PI/study team has received approval from each relevant Division/Department/Lab that resources are available for this encounter

| <b>Division/Department/Lab</b>      | <b>Approval</b> | <b>Date</b> |
|-------------------------------------|-----------------|-------------|
| Anesthesia                          |                 |             |
| Apheresis                           |                 |             |
| Audiology                           |                 |             |
| Behavioral Health                   |                 |             |
| Biorepository Lab                   |                 |             |
| Cardiology (ECHO, EKG, Cardiac MRI) |                 |             |
| Cardiac Care Unit (CCU)             |                 |             |
| Cardiac ICU                         |                 |             |
| Cardiac Prep & Recovery             |                 |             |
| Cellular Therapy                    |                 |             |
| CHPS                                |                 |             |
| Day Medicine                        |                 |             |
| Dialysis                            |                 |             |
| EEG/Neurology                       |                 |             |
| Fetal Surgery                       |                 |             |
| Genetics                            |                 |             |
| GI Suite                            |                 |             |
| IDS/Pharmacy                        |                 |             |
| IV Team/Vascular Services           |                 |             |
| Laboratory/Pathology                |                 |             |
| Occupational Therapy                |                 |             |
| Oncology Day Hospital               |                 |             |
| Operating Room                      |                 |             |
| Ophthalmology                       |                 |             |
| Post Anesthesia Care Unit (PACU)    |                 |             |
| Progressive Care Unit (PCU)         |                 |             |
| Physical Therapy                    |                 |             |
| Pulmonary/PFT                       |                 |             |
| Radiology                           |                 |             |
| Respiratory                         |                 |             |
| Sedation                            |                 |             |
| Speech Pathology                    |                 |             |