

DATABASE UNLOCK APPROVAL FORM

< Name of Study >

Reason for Unlocking and Updating

Following persons give their approval of the above mentioned study and site (if applicable). This refers to Interim lock Database lock (final)

Local Data Manager	
Name: _____	Signature _____
Date: ____/____/____ (DD/MMM/YYYYY)	

Central Data Manager	
Name: _____	Signature _____
Date: ____/____/____ (DD/MMM/YYYYY)	

Statistician	
Name: _____	Signature _____
Date: ____/____/____ (DD/MMM/YYYYY)	

Study Management

Name: _____

Signature _____

Date: ___/___/___
(DD/MMM/YYYYY)