

## Certification Letter for Scanned Documents: Remote Monitoring

Name of Protocol:

Name of VA Facility:

Study Site Number:

Name of Principal Investigator:

Subject ID:

### **Certification Statement**

**The following documents are a complete and accurate printout of the following subject records supporting:**

Protocol inclusion and exclusion criteria  
Protocol study visits  
Adverse event report  
Medication or Device Administration  
Other  
Specify

Date and Signature of Certifier: