TRIALSNEST RESOURCE HUB PDF

Clinical trial site startup checklist for recruitment operations

A practical site startup checklist for research teams preparing recruitment ownership, source routing, study materials, visit capacity, records workflows, and sponsor reporting before activation.

How to use this checklist

Recruitment startup works better when the site confirms ownership, intake routing, source expectations, records workflows, visit capacity, and reporting rhythm before patient interest starts arriving.

Quick checks

- [ ] Define the recruitment owner, backup owner, study handoff, and escalation path before activation.
- [ ] Confirm intake sources, prescreening boundaries, records requests, visit capacity, and reporting cadence before the first inquiry.
- [ ] Treat startup as an operations checklist, not only a regulatory milestone.

Confirm ownership before opening recruitment

- [ ] Before a study opens, the site should name the coordinator owner, backup owner, site lead, investigator review contact, and sponsor-facing escalation path.
- [ ] That ownership map should cover new inquiries, prescreen review, records follow-up, scheduling, no-response outreach, and weekly status reporting. If a task has no named owner, it will usually become a queue delay.

Map every intake source

- [ ] List every expected source before launch: study listing pages, site website forms, referral partners, sponsor campaigns, call-ins, provider referrals, community events, and manually entered leads.
- [ ] For each source, confirm where the inquiry lands, which fields arrive with it, how duplicates are handled, who receives alerts, and what the first action should be.
- [ ] The goal is to avoid a launch where patient interest exists in several places but no one can see the complete queue.

Prepare prescreening and records workflows

- [ ] The startup checklist should separate prescreening questions from final screening decisions. Coordinators need a clear path for early fit review, missing information, records requests, and investigator or study-team review.
- [ ] Records readiness should include which records may be needed, who requests them, how missing records are tracked, and what status means a patient can move toward scheduling.

Check visit capacity and scheduling constraints

- [ ] Sites should compare expected inquiry volume with visit availability, staff coverage, visit windows, required procedures, and any known blackout dates before recruitment goes live.
- [ ] Scheduling constraints should be visible in the recruitment workflow so coordinators do not keep moving candidates toward appointment slots that cannot realistically happen.

Set the sponsor reporting rhythm

- [ ] Before activation, agree on the recurring report cadence and the fields that matter: new inquiries, reviewed leads, prescreen movement, records blockers, scheduled visits, stale leads, source quality, and decisions needed.
- [ ] A startup checklist should make sponsor reporting a built-in workflow output rather than a manual spreadsheet rebuild at the end of the week.