Type of Document	Naming Convention	Example
Abstract/Summary	Abstract	Abstract
Action Plan	Action Plan	Action Plan
Adverse Event Form	AE Form__2-3 word description_Date (MM.DD.YYYY)	AE Form_Broken Wrist_09.03.2025
Advertisement	Type of Ad. (ex. Flyer, Script, Facebook ad, etc.)_Target Audience(if multiple)_Version#_Date (MM.DD.YYYY)	Flyer_Springfield Residents_Version 1_09.03.2025
Amendment/Modification	Amendment Form or Modification Form_Type of Amendment_Date (MM.DD.YYYY)	Amendment Form_Protocol_09.03.2025
Application Form	Type of Application (ex. HSRD, Exempt, Basic APP 2)	Exempt Application
Budget	Budget	Budget
Closure/Final Report	Closure	Closure
Conflict of Interest - Declaration	Last Name_COI_ Acronym (optional)	Smith_COI_LunAIRo
Conflict of Interest - Other	Last Name_COI	Smith_COI
Consent Form	ICF Type (if multiple include target population)_Version#_ Date (MM.DD.YYYY)_Tracked or Clean	ICF Main_Version 1_09.03.2025_Clean
Continuing Review/Progress Report	CR_Year (YYYY)	CR_2025
Correspondence	Date (MM.DD.YYYY)_Document; Date (MM.DD.YYYY)_Email Subject	02.14.2025_Newsletter; 02.14.2025_Sponsor Correspondence enrollment numbers
CV/Resume/Biosketch	Type of document_Last Name First Name_Expiration Date (expMM.DD.YYYY)	CV_SmithAmy_exp10.05.2025
Data Collection	Data Sheet (Include source of data)	Data Sheet (REDCap)
Drug Document	Package Insert_Drug_Version Number_Date (MM.DD.YYYY)	Package Insert_Ibuprofen_V1_10.29.2025
Device Document	Information for Use_Device_Version Number_Date (MM.DD.YYYY)	Information for Use_Glucometer_V1_10.28.2025
FDA Document	Type of Document_Date Signed (MM.DD.YYYY)	1572_10.16.2025
HIPAA Consent /Authorization	HIPAA Authorization_Version#_Date (MM.DD.YYYY)	HIPAA Authorization_Version 2_09.03.2025
Investigator Brochure	IB (drug name or device name)	IB_Viagra
Laboratory	Type of document_Laboratory Location_Expiration Date (expMM.DD.YYYY)	CLIA_80 Wason_exp10.16.2026
Laboratory - Reference Range	Reference Range_Name of Laboratory	Reference Range_Baystate Reference Lab
Letter	Date (MM.DD.YYYY)Type of Letter (ex. Approval, DSMB, etc.)	01.01.2026_DSMB Letter
License	Type of License_Last Name First Name_Expiration Date (expMM.DD.YYYY)	MD_SmithAmy_exp10.05.2025
Log	Name of Log_Research Title	Delegation of Authority Log _ABC trial
Note to File	Date (MM.DD.YYYY)_Note To File Description	10.29.2025_NTF Location of Training Materials
Other	Should include a description that informs the content (1572, Translation Certificate, DSMB report)	External IRB Approval
Protocol	Protocol_Version#_Date (MM.DD.YYYY)	Protocol_Version 2_09.03.2025 Clean; Protocol_Version 2_09.03.2025 Redline;Tracked
Protocol Deviation/Violation Report	Deviation_2-3 word description or Type	Deviation_Signed expired consent(s): Deviation_Protocol Deviations
Publication Materials	Type of Publication (ex. Poster, Journal, etc.)_2-3 word description	Poster_2 to 3 word description
Questionaire/Survey	Survey or Questionaire (include name/title of survey)_Version#_Date (MM.DD.YYYY)	PSQ Pediatric Sleep Questionnaire_Version 1_09.03.2025
Reportable Event	Reportable Event_2-3 word description_Date (MM.DD.YYYY)	Reportable Event_Breach of Confidentiality_09.03.2025
Training Documents	Type of Training_Last Name First Name_Expiration Date (MM.DD.YYYY)	GCP_SmithAmy_exp10.05.2025
Training Log(s)	Training Log _Subject_ (Date_MM.DD.YYYY if referencing version of protocol, consent etc...)	Training Log_ Protocol Version 3_09.03.2025
Unanticipated Problem Report	Unanticipated Problem Report_2-3 word description_Date (MM.DD.YYYY)	Unanticipated Problem Report_Unanticipated Drug Reaction_09.03.2025