Soundtoscript
TRANSCRIPTION

SAMPLE DELIVERABLE
STS-SAMPLE-MEDICAL-FULL

MEDICAL TRANSCRIPTION SAMPLE · CLINICAL RESEARCH INTERVIEW

Protocol MR-208 Site Review Interview

Clinician and study coordinator · adverse event documentation

PREPARED FOR
Study team MR-208
Clinical operations · fictional

RECORD
Scripted illustration
Approx. five minutes of the interview

INTERVIEW DATE
28 OCT 2026
Video call · site 03

WHO ORDERS THIS

Clinical research teams, sites, sponsors and healthcare organisations who need interviews and site discussions documented, with medical terms and identifiers handled carefully.

FILES DELIVERED

PDF DOCX TXT

FORMATTING APPLIED

- Protocol details and confidentiality note
- Subjects referred to by ID only
- Timestamp at every speaker change
- Terminology list and adverse event table

NOTATION KEY

[00:00:00]	Elapsed time at the start of each turn
Subject 0412	Study ID only; no names transcribed
[phonetic]	Drug or term spelling not confirmed
[inaudible]	Cannot be heard; time given
ALT, grade 1	Terms and values as spoken

Fictional sample

This is a fictional sample created to show the Soundtoscript clinical research transcript format. The protocol, subjects, medicine and values are invented. No real patient or study is depicted.

INTERVIEW DETAILS

PROTOCOL	MR-208 · Phase II study of a fictional investigational drug
INTERVIEW	Site process review: adverse event documentation
SITE	Site 03 (fictional)
DATE AND MODE	28 October 2026 · video call
CONFIDENTIALITY	No patient names; subjects identified by study ID only
RECORD	Verbatim, speaker-labelled, timestamp at every speaker change

PARTICIPANTS

INTERVIEWER	**Study coordinator** Clinical operations, study team MR-208	COORDINATOR
INTERVIEWEE	**Principal investigator** Site 03, clinician	CLINICIAN

TOPICS COVERED

TOPIC	STARTS AT
Site process: adverse event documentation	[00:00:00]
Subject examples	[00:00:41]
Serious adverse events	[00:01:58]
Concomitant medicines and consent	[00:02:53]
Follow-up	[00:03:59]

Timestamps are elapsed time from the start of the recording.

SITE PROCESS · ADVERSE EVENT DOCUMENTATION

[00:00:00] **COORDINATOR:** Thank you for making time, Doctor. This interview is for the protocol MR-208 site review, and it is recorded for the study file. Can you walk me through how you are currently documenting adverse events?

[00:00:14] **CLINICIAN:** Of course. The form is completed at the visit, in the room, with the subject. The event is described in plain words first, and then I enter the onset date and the severity grade.

[00:00:28] **COORDINATOR:** And who confirms the grade?

[00:00:31] **CLINICIAN:** I do, but the severity grading gets revisited when the labs come back. A grade can go up or down once we see the numbers.

SUBJECT EXAMPLES

[00:00:41] **COORDINATOR:** Could you give me an example, without using any names? Subject IDs only, please.

[00:00:48] **CLINICIAN:** Yes. Subject 0412 started the study drug, Veltrimab `[phonetic]` , at twenty milligrams. At week three she reported a headache and some nausea. At the visit, I graded both as mild, grade one.

[00:01:01] **COORDINATOR:** And then the labs?

[00:01:03] **CLINICIAN:** Her ALT came back at sixty-two units per litre. The upper limit of normal at our laboratory is forty, so that is raised, but under two times the upper limit. I amended the entry to note a mild elevation in liver enzymes, still grade one.

[00:01:22] **COORDINATOR:** Was the sponsor informed?

[00:01:24] **CLINICIAN:** Not at that point. It did not meet the reporting threshold. But it is recorded, and it is flagged for the repeat test in two weeks.

[00:01:35] **COORDINATOR:** Understood. Is there an example where the grade changed?

[00:01:39] **CLINICIAN:** Subject 0419. A rash, first described as mild. When the photographs were reviewed, it covered more of the body than I had judged in the room, so it went to grade two, and we started a `[inaudible 00:01:54]` topical treatment. I documented the reason for the change.

[00:01:58] **COORDINATOR:** How do you decide when something becomes a serious adverse event, rather than an ordinary one?

[00:02:05] **CLINICIAN:** There is a checklist in the protocol. Death, hospitalisation, a life-threatening event, persistent disability, or a birth defect. If any of those apply, it is serious, whatever the grade. And then the clock starts: twenty-four hours to notify the sponsor.

[00:02:22] **COORDINATOR:** And has that happened at this site?

[00:02:25] **CLINICIAN:** Once, in the first quarter. A subject was admitted overnight for an unrelated infection. We reported it within the day, and the sponsor classified it as not related to the study drug.

[00:02:38] **COORDINATOR:** Who completes that report?

[00:02:41] **CLINICIAN:** I do, with the coordinator's help. The coordinator pulls the dates and the hospital summary, I write the clinical narrative, and a second person checks it before it goes out.

CONCOMITANT MEDICINES & CONSENT

[00:02:53] **COORDINATOR:** Does the form also capture what else the subject is taking?

[00:02:58] **CLINICIAN:** It does. There is a separate concomitant medication log. The coordinators complete it from the subject's own list and from the pharmacy record, and I review it at every visit.

[00:03:11] **CLINICIAN:** That log is also where we catch interactions. If a new antibiotic appears, I check it against the protocol's list before the next dose.

[00:03:21] **COORDINATOR:** Have you had any problems with missing entries?

[00:03:25] **CLINICIAN:** Occasionally. One subject forgot to mention an over-the-counter pain reliever, and that mattered, because we were watching for liver enzymes. We now ask a direct question about those at every visit.

[00:03:38] **COORDINATOR:** That is a helpful change. Let me ask about consent. Is it re-checked if the protocol is amended?

[00:03:46] **CLINICIAN:** Yes. When version three of the protocol came out, every active subject was re-consented before their next dose. The signed pages went into the file the same day, and I countersigned.

FOLLOW-UP

[00:03:59] **COORDINATOR:** Thank you. Two follow-ups from me. First, I will send you the updated grading guide to check against your current form. Second, can you confirm the repeat test date for Subject 0412?

[00:04:12] **CLINICIAN:** The repeat is booked for the twelfth of November. I will send you the result as soon as it comes back, and I will update the entry the same day.

[00:04:25] **COORDINATOR:** One last question. If you could change one thing about the current process, what would it be?

[00:04:32] **CLINICIAN:** A single screen where the grade, the labs and the photographs sit together. Right now I move between three systems, and that is where mistakes can creep in.

[00:04:44] **COORDINATOR:** I will pass that on to the data team. Perfect. That is everything from my side. Thank you, Doctor.

END OF FICTIONAL SAMPLE TRANSCRIPT

The recording ended at the close of the interview. The terminology list, adverse event table and follow-up actions follow on the next page.

TERMINOLOGY, EVENTS & FOLLOW-UP

TERMINOLOGY AND SPELLINGS

TERM	MEANING	FIRST USED
Veltrimab [phonetic]	Fictional investigational drug; spelling to be confirmed against the protocol	[00:00:48]
ALT	Alanine aminotransferase, a liver enzyme	[00:01:03]
Grade 1 / grade 2	Severity grade for an adverse event (mild / moderate)	[00:00:48]
Upper limit of normal	Laboratory reference limit (40 U/L at this lab)	[00:01:03]
Concomitant medication	Any other medicine the subject is taking	[00:02:58]

ADVERSE EVENTS DISCUSSED

SUBJECT	EVENT	GRADE	AT
0412	Headache and nausea	1 (mild)	[00:00:48]
0412	Raised ALT, 62 U/L	1 (mild)	[00:01:03]
0419	Rash, regraded after photo review	1, then 2	[00:01:39]
Unnamed	Overnight admission for an unrelated infection (serious; not related)	Serious	[00:02:25]

FOLLOW-UP ACTIONS

OWNER	ACTION	WHEN
Coordinator	Send updated grading guide to the clinician	Not stated
Clinician	Repeat ALT for Subject 0412; send result and update entry	12 November

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