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| Study Title |
| P0 number |
|  |
|  |
| **SITE FEASIBILTY QUESIONNAIRE**  The attached questionnaire asks questions about your current service, which will enable us to ensure appropriate consideration of site specific set-up requirements and successful delivery of the trial.  Upon receipt of a completed questionnaire the *INSERT STUDY TITLE* Trial Management Group will review the details provided. We will then contact you to discuss study set-up further. A site visit may be scheduled if appropriate.  **If you want any advice or guidance completing the form, please contact:**  *PI NAME* (PI) (*email address*)  *TRIAL MANAGER NAME* (Trial Manager) (*trial manager email address and phone number*)  *CLINICAL PROJECT MANAGER NAME* (*Clinical Project Manager) (trial manager email address and phone no*.)  Royal Papworth Trials Unit Collaboration (PTUC)  **Please return completed forms to:**  *Add study specific email address if set up* |

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| **Institution details** | |
| Institution Name |  |
| Type of Institute |  |
| Address |  |
| City |  |
| Country |  |
| Telephone |  |
| Website |  |
| Research & Development contact name |  |
| Email of R&D contact |  |
| **Type of Facility** | |
| No. of Beds (Hospital ward/ICU) |  |
| **Trust specific Statistics** | |
| On average how many patients undergo [*insert patient characteristics*] per year at your Trust? |  |
| What is the average (mean, SD, median) length of stay for [*insert patient type*] patients? |  |
| What is the average (mean, SD, median) length of stay for patients that are [*insert patient type*]? |  |

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| **Research and Development Infrastructure** | | |
| Does the site have a separate R&D department? | Yes ⁯ | No ⁯ |
| Has your hospital been involved in trials in *insert type of study* (e.g. Cardiac Surgery) in the past? | Yes | No |
| If so please name: | Name of trial:  Date:  Name of trial:  Date: | |
| Do you have CRN supported studies at your hospital? | Yes ⁯ | No |
| How many clinical research studies are currently active at your (site/Dept.)?  Are these conflicting or similar studies/CTIMPS to this trial (please provide monthly recruitment numbers) | ⁯ | |
| Do you have Clinical Research Staff in post available to support the study | Yes | No |
| If Yes Sub Investigator/CRC/Research Nurse Name: |  | |
| Do the Staff have experience with EDC/eCRF | Yes ⁯ | No |

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| **Agreements** | | |
| Name and contact details of Contract’s Manager  Name and contact details of Governance lead |  | |
| Is there staff in place to review the Clinical Trial Agreement (CTA/OID/mNCA)? | Yes ⁯ | No |
| If 'Yes', what are the normal estimated timelines of this review |  | |
| What are your Governance procedures for committee/departmental approvals/estimated timelines? |  | |

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| **Financial** | |
| Are there any R&D Study set up fees? |  |
| Fees for specific directorate study set up |  |
| Set up fees for Pharmacy (*if applicable*) |  |
| Set up fees for Pathology (*if applicable*) |  |
| Fees per box for archiving |  |
| Bed Charges |  |
| ICU Charges (*if applicable*) |  |
| Any Other fees or charges that would be applicable for the trial ( *Please Specify*): |  |

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| **Space & Equipment** | | |
| Does the site have dedicated area for Clinical research | Yes ⁯ | No |
| Does the site have a secure dedicated area for the storage of study documentation | Yes | No |
| Does the site have space for storage of study related materials (lab kits etc.?) | Yes ⁯ | No |
| Centrifuges - Do you have cooling centrifuge | Yes | No |
| Do you have a non-cooling centrifuge | Yes | No |
| Do you have freezer facility -80°C for storing samples?  If Yes does this have constant temp monitoring with alarm | Yes  Yes | No  No |

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| **Monitoring** | | |
| Does the site have capacity for hosting Monitors | Yes ⁯ | No |
| Please provide details of your current policy for  monitors | On site monitoring  Remote only  Mix of Remote & On site  Please explain your process for remote monitoring: | |

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| **Archiving** | | |
| Does the site have space for Archival of data after completion of trial? | Yes ⁯ | No |
| If yes provide the details and procedures?  If No. Specify a location where the documents can be archived |  | |

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| **Pharmacy** *(if applicable)* | | |
| Does the site have a dedicated clinical trials pharmacist? | Yes | No |
| If yes, please provide name and contact details |  | |
| Does the site have dedicated areas for the storage of IMP?  Room temp  Refrigerator (2–8◦C)  Freezer (-70°C and/or -80°C) | Yes | No |
| Do the dedicated storage areas for IMP have constant temp monitoring with alarm | Yes | No |

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| **Cardiac/Thoracic Surgery Pathway** | |
| Does your Trust run a cardiac/thoracic surgery pre-admission clinic? | Yes No |
| If yes, how many days before surgery is attendance to pre-admission clinic? |  |
| Where do patients go after cardiac/thoracic surgery in your hospital (ICU, HDU, specialised recovery unit) |  |

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| **Study Specific Requirements** | | |
| Does the trial specific inclusion/exclusion criteria (see below), limit your Trust’s ability to recruit patients to this trial? | Yes ⁯ | No |
| Please detail/provide rational if any of the incl/excl criteria listed below may pose any problems in recruiting patients |  | |
| Inclusion Criteria:  *Complete your inclusion criteria*  Exclusion Criteria:  *Complete your exclusion criteria* | | |
| Is there any reason why your Trust would not be able to reach a recruitment target of at least *x* patients per month? If so, why? | Yes  No if so why? | |
| Do you have any concerns regarding supporting delivery of the *Name of study*? | Yes, please specify  No | |

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| **Timelines** | | |
| Would your site be able to start patient recruitment from *Date*  (Please consider feasibility of site specific approvals, training, staffing etc.) | Yes ⁯ | No |
| If you have any other comments, please specify here: |  | |
| Please note staff will need to be GCP trained prior to commencing recruitment.  Which GCP training program do you use? (e.g. NIHR) |  | |

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| **Investigator Profile: *Please provide a CV*** | |
| Investigator Name |  |
| Telephone (Office) |  |
| Email address |  |
| **Sub-Investigator Profile: *Please provide a CV*** | |
| Investigator Name |  |
| Telephone (Office) |  |
| Email address |  |
| **Other Profile: *Please give details of any other relevant staff*** | |
| Name |  |
| Telephone (Office) |  |
| Email address |  |

Thank you for taking your time to complete this form.