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| Study Title |
| P0 number |
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| **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 ManagerName 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 | YesYes | NoNo |

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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 monitoringRemote onlyMix of Remote & On sitePlease 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? | YesNo 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.