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| SECTION 1: Feasibility Assessment |
| SITE INFORMATION |
| Institution | Please enter name of institution |  | Type of Site | Please select |  |  |
| Site Address | Address Line 1 |  |  |  |  |  |
|  | Address Line 2 |  | Contact | Please enter name of main site contact |
|  | Town or City |  | Telephone | Main contact telephone number |
|  | Postcode |  | Email | Main contact email |  |
| PRINCIPAL INVESTIGATOR INFORMATION |
| PI Name | Please enter PI name | Telephone | Enter PI contact number |  |
| Email | Enter PI email address |  |  |  |
| 1. Does the PI have experience of being a PI on a CTIMP study in the past 3 years? | Please select |  |  |
| 2. What percentage of the PIs time will be dedicated to this trial? *Minimum sponsor requirement is 5%, please provide justification if <5%* | Enter % |  |  |
| 3. Does the PI have current GCP training? |  |  | Please select |  |  |
| 4. Is the PI based at the site detailed above? | Please select | If no, please state % of time spent at site | Enter % |
| *Please enclose a copy of PI’s current CV and GCP when returning this questionnaire* |  |  |
| SITE RESOURCES |
| 1. Will there be a research nurse/study coordinator at site? | Please select |  |  |
| a) If yes please confirm what % of their time will be dedicated to this trial | Enter % |  |  |
| 2. Will there be involvement from a Clinical Research Facility at site? | Please select |  |  |
| 3. Is there a dedicated Clinical Trials Pharmacy on site? |  | Please select | Pharmacy email | Enter email address |
| RECRUITMENT |
| 1. Based on the information above are there any aspects of the trial which will be difficult to complete at this site? | Please select | If yes please specify |
| 2. What is the total population seen at this site for patients with twins on an annual basis? | Number of patients |  |
| 1. How many of these participants do you estimate will meet the study eligibility criteria of twin pregnancy and a planned birth scheduled between 35+0 and 38+6 weeks gestation?
 | Number of eligible patients |  |
| 1. Based on the information above how many patients do you realistically expect to enrol on an annual basis?
 | Number of patients |  |
| 1. Are there any clinical trials currently running or

planned at site which could compete for the same patient population? | Please select | If yes, please list name of competing trial |

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| SITE FACILITIES |
| 1. Are there any aspects of the trial which are not standard care at this site? | Please select |  |
| a) If yes please list |  |  | List tests which are not standard care at site |
| 2. Does the site usually administer antenatal corticosteroids prior to planned birth of twins at any gestation between 35+0 and 38+6 weeks gestation as part of clinical care? | Please select |  |
| 3. Are there any aspects of the protocol which will be difficult to complete at this site? | Yes |  |
|  b) If yes please list |  |  | Enter tasks which are difficult to complete at site |
| c) Are the tasks listed above regularly outsourced by this site? | Please select |  |
| d) If yes please state where | Company name | Is there a contract inplace for this service? | Please select |
| 4. What format are the medical records at site? | Please select |  |
| If electronic health record (EHR) system is in use please record name (if more than one system please list) | Enter name of EHR system(s) in use at site |
| a. Is there direct access to the EHR by external parties for onsite monitoring? | Please select |  |
| b. Is there an audit trail built into the EHR which is turned on and viewable? | Please select |  |
| 5. Is there a local process for pharmacy to risk assess the external IMP storage area? | Please select |  |
| STOPPIT-M |
| 1. Does the site wish to participate in the nested mechanistic study?
 | Please select |
| 1. If yes, is there capacity and capability to collect the biological samples at the site?
 | Please select |
| SIGNATURE |
| To the best of my knowledge the information contained within this questionnaire is correct |
| Feasibility assessmentcompleted by | Name | Position |
| Signature |  | Click or tap to enter a date. |

Thank you for taking the time to complete this questionnaire.

Please return the completed questionnaire to **Stoppit.Trial@ed.ac.uk**

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| SECTION 2:FOR TRIAL MANAGEMENT USE ONLY |
| Site suitability assessment | Pleaseselect one |
| The site meets the pre-defined criteria and will be taken forward |  |
| The site does not meet the pre-defined criteria but is able to obtain these with additional support |  |
| The site does not meet the pre-defined criteria and will not be taken forward |  |
| Assessment made by |  | Position |  |
| Signature |  | Date |  |

Please return the completed questionnaire and site assessment to resgov@accord.scot

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| SECTION 3:FOR SPONSOR USE ONLY |
| Sponsor site suitability review | Pleaseselect one |
| Site suitability review completed, site accepted |  |
| Site suitability review completed, site rejected |  |
| Site suitability review not required as CI, or designee, has selected not to take site forward |  |
| Where site suitability review completed | Yes | N/A |
| Any outsourcing of trial procedures/additional vendors flagged to QA |  |  |
| Any un-accredited labs processing samples flagged to QA |  |  |
| Comments: |
| Sponsor Review completed by |  | Position |  |
| Signature |  | Date |  |

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| SECTION 4:FOR MONITORING USE ONLY |
| Site Specific risk level assigned *(low, medium, or high according to GS013-T02)* |  |
| Risk level assessed by |  | Position |  |
| Signature |  | Date |  |