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| Form number | **51.007A** | Version | **3.0** |
| Title | **International Site Questionnaire** | | |

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| **Study Title –**  **ISRCTN number -** |

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| Country: |  | | | | | | | | | | | | | |
| Lead PI: |  | | | | | | | | | | | | | |
| SPONSORSHIP | | | | | | | | | | | | | | |
| Would you be able to appoint a Sponsor in your country to ensure local regulations are met and have oversight for your responsibilities? | | | | | **Yes** | |  | | **No** | | | | |  |
| Please confirm who the Sponsor will be | | | | |  | | | | | | | | | |
| Please provide a contact name and e-mail for the Sponsor | | | | |  | | | | | | | | | |
| Can the Sponsor provide proof of legal entity? | | | | | **Yes** | |  | | **No** | | | | |  |
| COORDINATING CENTRE | | | | | | | | | | | | | | |
| Who will be responsible for centrally coordinating the study in your country on behalf of the Sponsor? | | |  | | | | | | | | | | | |
| Please provide a contact name and e-mail for the Coordinating Group | | |  | | | | | | | | | | | |
| There is **funding/no funding** available from the UK for international collaboration. Have you secured funding to run this study locally? | | | **Yes** |  | | **No** | |  | | | **Not**  **Required** | |  | |
| We would expect the following to be in place or coordinated centrally:   * Regulatory applications and reporting * Monitoring * Oversight of IMP handling * Management of sites (site selection, contracts and initiation) * Clinical advice to sites on eligibility and patient management (in line with UK practice) * Manage data flow (SAE/CRF return and query generation) between sites and UK * Confirmation of insurance arrangements for trial patients * Translation of any study documents as required   Full details of responsibilities will be outlined in the Intergroup Agreement. | | | | | | | | | | | | | | |
| Do you foresee any issues with undertaking these responsibilities? | | | | | **Yes** | |  | | | **No** | |  | | |
| If yes, please provide details below: | | | | | | | | | | | | | | |
| SITES AND RECRUITMENT | | | | | | | | | | | | | | |
| Anticipated number of sites? | |  | | | | | | | | | | | | |
| Anticipated number of patients per year recruited? | |  | | | | | | | | | | | | |

**Please return to:**

**Insert Contact Details for Research Co-ordinator or Project Manager**

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