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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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