**Glasgow Clinical Trials Unit Form**

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| Form number | **56.002E** | Version | **3.0** |
| Title | **Communication Plan** | | |

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| **C:\Users\wrighei306\Desktop\images.jpg** | ***STUDY LOGO*** | ***UoG LOGO, if applicable*** |

**COMMUNICATION PLAN**

In the first instance all queries should be discussed internally with the appropriate study staff members at your site. If further clarification/confirmation is required, study queries should be directed to the appropriate person detailed below.

If you are unsure who to contact with your query or you have a general study query, please contact the Project Manager on *xxxxx*.

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| **Study Title** |  | | |
| **R&I Reference** |  | | |
| **Site** |  | **Site Number** |  |
|  | | | |
| **CONTACT** | **NAME** | **TELEPHONE** | **EMAIL** |
| **Clinical Queries** |  |  |  |
| **IMP Queries** |  |  |  |
| **Sample Queries** |  |  |  |
| **eCRF Queries** |  |  |  |
| **Pharmacovigilance Queries** |  |  |  |
| **Amendments** |  |  |  |
| **Questionnaires/Study Measurements** |  |  |  |
| **Emergency Numbers**   * **Participant:** * **Unblinding:** |  |  |  |
| ***Others, add as needed*** |  |  |  |