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| Evaluation of a trial as a teletrial checklist |
| Use this checklist to guide the decision making about whether a clinical trial is suitable to be conducted as a teletrial. |
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This evaluation form should accompany the **site feasibility form** for new trials proposing a teletrial or if considering introducing Satellite Sites into an already approved clinical trial.

This form may also be submitted to the Sponsor when seeking approval to have the trial conducted under the Australian Teletrial Model.

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| Trial Details | |
| Trial title | Enter trial title |
| Sponsor type | Choose an item. |
| Sponsor representative | Enter name |
| Enter phone number |
| Enter email address |
| Primary Site name and contact details | Enter Site name |
| Enter Site contact |
| Enter phone number |
| Enter email address |
| Principal Investigator contact details | Enter name |
| Enter phone number |
| Enter email address |
| Date this form was completed | Click or tap to enter a date. |

\* This form has been adapted from the Australian Teletrial Program *Evaluation of a Trial as a Teletrial Checklist.*

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| **Pharmacy and Investigational Medicinal Product (IMP)** | |
| How is the IMP administered? | Choose an item. |
| If other, please specify | Provide details |
| Is special equipment required to administer IMP or other study medication?  e.g specific giving sets | Provide details |
| If special equipment is required to administer IMP, who supplies the equipment? | Choose an item. |
| Is special training required for Site Staff to administer IMP? | Choose an item. |
| If yes, please specify | Provide details |
| Does the IMP have specific storage or preparation requirements? | Choose an item. |
| If yes, please specify | Provide details |
| If IMP requires reconstitution, who can do this? | Provide details |
| Will IMP be sent to the Primary Site only or will the Sponsor also send IMP to Satellite Sites? | Provide details |
| Can IMP be easily transported to Satellite Sites? | Provide details |
| Who will meet these costs? | Provide details |
| Does the dose vary throughout the trial or is the same dose given throughout? | Provide details |
| Where will the IMP be stored and who is responsible for the accountability log?  Who will dispense IMP? | Provide details |
| Is IMP supplied per participant for the entire study at the outset?  Or is it sent in batches throughout the study? | Provide details |
| If doses vary, what are they based on and is there a sufficient visit window to allow for dispensing of new IP? | Provide details |
| What are the requirements or instructions for destruction of the IMP? | Provide details |
| Is IMP to be assigned via a pharmacy portal?  If yes, when can this be assigned?  e.g IMP assigned on day of study visit or in advance | Provide details |
| What are the identified adverse events and suspected unexpected serious adverse reactions for the IMP? | Provide details |
| **Pathology** | |
| Are specimens processed locally or through a Central Laboratory? | Provide details |
| Are there specific pathology processing requirements?  *e.g centrifuge process, -80 C freezer* | Provide details |
| If additional training for processing specimens is required, who provides this training? | Provide details |
| If dry ice is required, who provides this? | Provide details |
| Are there specific specimen transport requirements?  *e.g in batches or on day of study visit* | Provide details |
| Will Sponsor pay costs associated with transporting specimens from Satellite Sites? | Provide details |
| **Imaging** | |
| Is there complex and specific imaging required for this clinical trial?  Is there an imaging protocol for the study? | Provide details |
| If so, are the scanners or other required imaging equipment available in rural and remote areas? | Provide details |
| Is there an uploading requirement for the imaging?  What is the data file transfer platform? | Provide details |
| Are there specific training requirements for imaging? | Provide details |
| Are sites required to pass qualification testing for imaging? | Provide details |
| **Trial Design and Study Visits** | |
| Are there additional investigations or tests not mentioned above that are required in this clinical trial?  *e.g specific respiratory function tests* | Provide details |
| Is there specific testing or measuring equipment required for this clinical trial?  *e.g Intravascular Ultrasound* | Provide details |
| If specialist equipment is required for this clinical trial, is it available at all potential Satellite Sites or will Sponsor agree to provide it to all Satellite Sites? | Provide details |
| Does the trial design allow for some or all visits to be undertaken at a Satellite Site? | Provide details |
| Are there specific timepoints or procedures that must be done at the Primary Site? | Provide details |
| Will the Sponsor contribute to participant travel costs from Satellite Sites to Primary Site? | Provide details |
| How will monitoring be undertaken? | Provide details |
| Where will Satellite Site study documentation be stored during the trial? | Choose an item. |
| Where will study documentation from Satellite Sites be archived at the end of the study? | Provide details |
| **Regulatory Requirements** | |
| What contract(s) is intended to be used for this trial? | Provide details |
| Who will provide indemnity to any potential Satellite Sites? | Provide details |
| Will the Sponsor provide Site Investigator File to Satellite Sites or will Primary Site have the only SIF and Satellite Sites have a subset of documents? | Provide details |
| Will this trial be conducted under the CTN / CTA scheme? | Choose an item. |
| **Other comments** | |
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**If the site Trial Coordinator or Sponsor is uncertain about any of the processes detailed in this form, further assistance is available from the Study Start-up Specialist.**

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