

SITE APPLICATION FORM ALLG TRIALS

NAME & POSITION OF CLINICIAN MAKING THE APPLICATION:

Name: _____

Position: _____

Email: _____

Amount of time spent at the institution in EFT: _____

ALLG FULL MEMBER: YES NO

DETAILS OF INSTITUTION:

- o Major city hospital: Yes No
- o Regional hospital: Yes No
- o Rural hospital: Yes No
- o Approved for Haematology (JSAC) or Medical Oncology (SAC) training: Yes No

Hospital Name: _____

Legal Name (for contracts): _____

Address: _____

City: _____ State: _____ Postcode: _____

Country: _____ ABN: _____

DETAILS OF ETHICS COMMITTEE: *(Please attach list of current Ethics Committee members including their roles e.g. expert in law, consumer representative)*

Name of Committee: _____

Address (If private company): _____

Frequency of Meetings: _____

WHICH PATIENT GROUPS ARE TREATED?

- Acute Leukaemia
- Chronic Leukaemia
- Lymphoma
- Myeloma
- Myelodysplasia

DESCRIPTION OF CLINICAL SERVICES:

NUMBER OF HAEMATOLOGIST & MEDICAL ONCOLOGIST AT SITE:

_____ Haematologist _____ Medical Oncologist

OUTPATIENT AND DAY FACILITIES:

- Bone Marrow Biopsy
- Day Chemo
- Apheresis

INPATIENT SERVICE:

- Inpatient Chemo
- Auto Transplant
- Allo Transplant
- Matched Related Allo
- Matched Unrelated Allo

Name of Inpatient facilities where haematologists have admitting rights

(Specify Location)

ACCESS TO EMERGENCY DEPARTMENT AND ICU FACILITIES:

- Onsite
- Offsite

(Specify Location)

ARE THERE ARRANGEMENTS IN PLACE TO ENSURE CLINICIAN COVER?

- Out-of-hours: Yes No
- Weekend: Yes No
- Leave Plan: Yes No

LABORATORY FACILITIES:

Refrigerated centrifuge Onsite Offsite not available
 Comment:

-80°C storage Onsite Offsite not available
 Comment:

Access to dry ice for shipping samples

- Provided free of charge Provided at a cost No access

Access to appropriate shipping containers (e.g. Lab mailer)

- Provided free of charge Provided at a cost No access

RADIOTHERAPY SERVICE:

Onsite

Offsite _____
(Specify Location)

DIAGNOSTIC FACILITIES:

CT:

Onsite

Offsite _____
(Specify Location)

PET:

Onsite

Offsite _____
(Specify Location)

MRI:

Onsite

Offsite _____
(Specify Location)

PHARMACY FOR PREPARING CLINICAL TRIAL MATERIAL

Onsite

Offsite _____
(Specify Location)

Are there any clinical trial procedures that are routinely performed at another site? Please specify

TRIAL CONDUCT CAPABILITY:

	Number of Support Staff	EFT	Location (at site or alternative site)
Data Manager:			
Research Nurse:			
Study Coordinators:			



TISSUE BANKING:

The ALLG has a Tissue Banking facility known as the Discovery Centre.

Do you have approval to use the ALLG generic Tissue Bank consent form?

Yes, specify date of approval No Pending

Office use only: Tissue Bank generic PICF approval obtained date:

ALLG trials PLANNED to open:

OTHER TRIAL INVOLVEMENT: TRIAL SPONSOR (*TROG, MRC, GELARC, etc.*), TRIAL NAME, ACCRUAL

OTHER AFFILIATED INSTITUTIONS:

(Haematologists from major hospitals visiting smaller (regional) hospitals to conduct satellite clinics.)

Name of Institution(s): _____

Indicate whether the following are provided by the same 'Service' as the institution submitting this application.

Administration Yes No

Financial Yes No

Pharmacy for preparing clinical trial material Yes No

Indicate whether the affiliated institution requires the following in order to commence an ALLG Trial:

Individual CTN Yes No

Naming on CTRA Yes No

Local HREC approval Yes No

Local governance approval Yes No

**OTHER CLINICIANS AT INSTITUTION WITH ALLG MEMBERSHIP
(Including Registrar, Fellow, Scientist)**

Name(s): _____
