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| Teletrial Registration FormAustralian Teletrial Program (ATP) |
| **Complete this form and email to RCCC-VIC at** **rccc@safercare.vic.gov.au** |
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RCCC-VIC will contact you for follow-up.

| Teletrial Registration Form \* |
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| **HREC Reference Number**  | Enter HREC Reference Number |
| **Full name of clinical trial as it appears in the protocol** | Enter project title |
| **Please provide a brief explanation of the interventional study** | Enter details |
| **Name of reviewing HREC** | Enter name of reviewing HREC |
| **Will this trial be**1. **conducted as a teletrial from the outset**
2. **converting to a teletrial**
3. **running as a clinical trial with the intention of converting to a teletrial at some point**
 | Choose an item. |
| **Date of HREC Approval to run this teletrial****(If the teletrial is yet to get ethics approval or yet to convert to a teletrial please leave blank** | Click to enter a date. |
| **Sponsor type** | Choose an item. |
| **What Phase or Stage clinical trial is this**(as per HREA) | Choose an item. |
| **Target disease research area**(as per HREA) | Enter target disease research area |
| **Is this condition considered to be a rare condition?** | Choose an item. |
| **What publicly accessible clinical trials registry is this clinical trial registered with?**(as per HREA) | Choose an item. |
| If Other, Enter Other Registry name |
| **Please provide the trial’s Registry Number**(as per HREA) | Enter registry number |
| **Does this clinical trial involve competitive recruitment or an agreed set target of participants per site?** | Choose an item. |
| **Which jurisdictional RCCC is registering this trial?** | Choose an item. |
| **Is the Primary Site linked to Border Oncology (NSW/Victoria) and operating under the ReViTALISE grant?** | Choose an item. |
| **Will this clinical trial/teletrial be included in the CTRSS reporting (Victorian sites only)?** | Choose an item. |
| **In which State or Territory is this Primary site located?** | Choose an item. |
| **What is the name of this Primary site?** | Enter name of Primary site |
| **In which healthcare sector is the Primary site situated?** | Choose an item. |
| **Name of the Principal Investigator for this Primary site** | Enter name of PI at Primary site |
| **What is the name of the Primary site clinical department conducting the trial / teletrial?**(e.g. Cardiology, Neurology) | Enter the clinical department name |
| **Name of the contact person for this Primary site** | Enter name of contact person at Primary site |
| **Email address for Primary site**  | Enter email address for Primary site |
| **Please enter Satellite Site names that will form part of this cluster** **If there are potential Satellite Sites, please include these on the list** | Enter Satellite Site Names |
| **Does this Primary site give permission for their contact details (email) to be visible on a list of active teletrials published and distributed by the Australian Teletrial Program?** | Choose an item. |
| **Contact details for the researcher who is registering this trial with the RCCC**(These details will not be published) | Enter name of researcher registering trial |
| Enter phone number of researcher registering trial |
| Enter email address of researcher registering trial |

\* This form has been adapted from the Australian Teletrial Program *Teletrial Registration Form.*

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| To receive this document in another format, phone 0499 810 778, using the National Relay Service 13 36 77 if required, or email Regional Clinical trial Coordinating Centre (RCCC-VIC) <rccc@safercare.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, January 2025. |