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| Teletrial Registration Form  Australian Teletrial Program (ATP) |
| **Complete this form and email to RCCC-VIC at** [**rccc@safercare.vic.gov.au**](mailto:rccc@safercare.vic.gov.au) |
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The 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 |
| **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) | Enter details |
| **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. |
| **Will this trial only be conducted as a clinical trial at this Victorian Hub, with no intention to run this trial as a Teletrial?** | 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 |
| **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 |
| **Enter the number (1 – 7) of the following activities in the order they were undertaken when exploring the potential for this trial to be conducted as Teletrial**  (Please complete every box in the table in the order of occurrence. If the activity did not take place, select NA [Not Applicable]. | |  |  | | --- | --- | | **Number** | **Activity** | | Choose a number | Sponsor asks for the trial to be run as a Teletrial | | Choose a number | Potential trial participant identified from a regional, rural or remote area | | Choose a number | Protocol reviewed to ascertain its suitability to be conducted as Teletrial | | Choose a number | Site contacted Sponsor to seek agreement to run as the trial as a Teletrial | | Choose a number | Principal Investigator contacted to seek agreement to manage a Teletrial cluster | | Choose a number | Potential Satellite Site Associate Investigator contacted to seek agreement to join a Teletrial cluster as a Satellite Site | | Choose a number | Evaluated potential Satellite Site to ascertain their ability to conduct a Teletrial | |

\* 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)](mailto:rccc@safercare.vic.gov.au) <rccc@safercare.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, September 2024. |