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| NT Health Feasibility Assessment Tool | | | | |
| This feasibility tool is designed to provide a practical guide for specific study elements that will inform the Site Principal Investigator and Research Governance Office of the study feasibility within NT Health facilities. | | | | |
| **Protocol Title or Short Title:** | |  | | |
| **Principal Investigator:** | |  | | |
| **Unit Name:** | |  | | |
| **Sponsor/CRG:** | |  | | |
| 1. Sponsor / Collaborative Research Group (CRG) | | | | |
| 1.1 | Type of Study Sponsor | | | Choose an item. |
| 1.2 | Do you have previous experience with the CRO/Sponsor/Partner? | | | Choose an item. |
| 1.3 | Is this a multi-site trial? | | | Choose an item. |
| 1. Resources | | | | |
| 2.1 | As the PI, do you have adequate time to commit to this trial and fulfil all ongoing obligations? | | | Choose an item. |
| 2.2 | Does your Trial Co-ordinator/Clinical Team have adequate time to commit to this trial and fulfil all ongoing obligations? | | | Choose an item. |
| 1. Population | | | | |
| 3.1 | Total number of patients expected to be recruited at this site, over how many years? | | | #patients  #years |
| 3.2 | Are the inclusion / exclusion criteria reasonable to meet? | | | Choose an item. |
| 3.3 | How many patients do you see each year that would meet the eligibility criteria? | | |  |
| 3.4 | Are you aware of any similar studies that will be recruiting from the same cohort of patients? | | | Choose an item. |
| 3.5 | * If so, are there sufficient eligible patients for this trial? | | | Choose an item. |
| 3.6 | Is the recruitment window reasonable? | | | Choose an item. |
| 3.7 | How will the patients be recruited? (i.e. electronic hospital records, referrals, database searches, advertisements, inpatients lists): | | Comment: | |
| 1. Protocol | | | | |
| 4.1 | Is the study of benefit to patients and NT Health? | | | Choose an item. |
| 4.2 | How will participants benefit from participating in the study? | | Comment: | |
| 4.3 | Can the protocol be adequately integrated with routine standards of care? | | | Choose an item. |
| 4.4 | In your opinion are you satisfied that the safety aspects of the study are adequate? | | | Choose an item. |
| 4.5 | Are participant compliance problems likely (i.e frequency/length etc of visits)? If so, will it be necessary to monitor participants' compliance with time-consuming phone calls or follow-up? | | | Choose an item. |
| 1. Procedures (please review fee schedule for cost recovery) | | | | |
| 5.1 | Will coordination with other departments/services be required for study visits or procedures? | | | Choose an item. |
| 5.2 | Is support from pathology required? | | | Choose an item. |
| 5.3 | Is support from medical imaging required? | | | Choose an item. |
| 5.4 | Will the study require an external medical imaging provider? | | | Choose an item. |
| 5.5 | Can other services (e.g. lab, radiology) meet the protocol requirements? | | | Choose an item. |
| 5.6 | Is essential equipment available? | | | Choose an item. |
| 5.7 | If an inpatient study, will ward/clinic staff need to be involved? | | | Choose an item. |
| 5.8 | Are procedures frequent? | | | Choose an item. |
| 5.9 | Are procedures inconvenient (causing participants to miss work or school)? | | | Choose an item. |
| 1. Pharmacy (please review fee schedule for cost recovery) | | | | |
| 6.1 | Will the drug be supplied by the Sponsor/CRG? | | | Choose an item. |
| 6.2 | Are drug or device storage/accountability requirements complicated? | | | Choose an item. |
| 6.3 | Will the drug or device be available for patients at the end of the study? (This can impact patient satisfaction) | | | Choose an item. |
| 6.4 | Is the dosing schedule complex? | | | Choose an item. |
| 6.5 | Is the dosing schedule outside of pharmacy’s usual hours? | | | Choose an item. |
| 1. Staff | | | | |
| 7.1 | Do you as PI have adequate time to devote to the protocol and ethics? | | | Choose an item. |
| 7.2 | Are qualified staff available? | | | Choose an item. |
| 7.3 | Is the workload manageable? | | | Choose an item. |
| 7.4 | Is adequate clinic and office space available? | | | Choose an item. |
| 1. Budget (please review fee schedule for cost recovery) | | | |  |
| 8.1 | Does the preliminary budget appear adequate? | | | Choose an item. |
| 8.2 | Does the funding cover events that are difficult to budget in advance (i.e Protocol amendments, re-consenting participants, unanticipated monitoring visits, audits, unexpectedly high number of SAEs): | | | Choose an item. |
| 8.3 | Will funding cover screen failures? | | | Choose an item. |
| 8.4 | Will the proposed payment schedule allow you to keep afloat, e.g. adequate up-front payment; payments paced according to work required by protocol? | | | Choose an item. |
| End of form | | | | |