

**Co-chairs: Prof Vincent Thijs**

**Dr Candice Delcourt**

# TRIAL REVIEW REQUEST FORM

**Trial Review Requests to be forwarded to:**

ASTN Secretariat

C/0 245 Burgundy St

Heidelberg VIC 3084

Australia

Email: admin@astn.net.au

**Applicant Details**

|  |  |  |
| --- | --- | --- |
| **Requested by:**  |   | **Request Date**:  |
| **Affiliation/** **Organisation:**  |   |
| **Address:**  |   |
| **Email Address:**  |   |

**Study Details**

|  |  |
| --- | --- |
| **Study Title:**  |   |
| **Protocol Number:**  |   |
| **Sponsor:**  |   |
|  **Indication:**  |   |
| **Investigational** **Product:**  |   |
|  **Number of Subjects:**  |   |
|  **Number of Sites:**  |   |
|  **Study Duration:**  |   |
|  **Recruitment Period:**  |   |
| **Current Phase of Study:** (e.g. feasibility, site selection, recruiting etc.)  |   |



**Co-chairs: Prof Vincent Thijs**

**Dr Candice Delcourt**

|  |  |
| --- | --- |
| **Hypothesis/Primary** **Objective of Study:**  |   |
| **Study Endpoints:**  |   |
| **Study design:**  |   |
| **Safety monitoring:** **(reporting and ? DSMB)**  |   |
| **Study Budget:** (Please outline approximate proposed per patient or other site payments)  |   |

**What are the key areas that you would like ASTN assistance or support with?**

|  |  |  |
| --- | --- | --- |
| Protocol input ☐ Feasibility of trial ☐ Selection of sites ☐ Budget review/negotiation ☐  |   | Increase profile of trial ☐ Selection of additional sites ☐ Education and support of trial sites ☐ Other:  |