

**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.) |  |



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| **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: |