**Site Resources Checklist**

**Clinical Trials outside FEU-NRMF MEDICAL CENTER by Non-FEU-NRMF Personnel**

**SELF-ASSESSMENT FORM**

|  |  |
| --- | --- |
| **DATE** | **<mm/dd/yyyy>** |

**INSTRUCTIONS:** Complete this form if you a **non-FEU-NRMF principal investigator** applying for ethical clearance from the FEU-NRMF IERC for a **clinical trial or clinical research** that will be conducted **outside the FEU-NRMF MEDICAL CENTER** premises. This form is mandatory for the aforementioned investigator-site category. All fields should be completely filled. If necessary, supporting documentation may be required.

**Kindly fill out this form accordingly**

|  |  |
| --- | --- |
| Reference Number:[[1]](#footnote-1) |  |
| FEU-NRMF IERC Code:[[2]](#footnote-2) |  |
| Principal Investigator | <Title, Name, Surname> |
| Contact Number |  |
| Contact Number |  |
| External Site |  |
| External Site Address |  |
| Medical Director (External Site) | <Title, Name, Surname> |
| Contact Number |  |
| Study Sponsor |  |
| Study Protocol Title |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Remarks |
| 1. Does your hospital provide a 24-hr emergency room service? |  |  |  |
| 1. Does your emergency room have a fully loaded e-cart? |  |  |  |
| 1. Does your emergency room have a functioning defibrillator? |  |  |  |
| 1. Does your hospital provide ICU care? |  |  |  |
| 1. Does your ICU have a functioning cardiac monitor? |  |  |  |
| 1. Does your ICU have a fully loaded e-cart? |  |  |  |
| 1. Does your ICU have a functioning defibrillator? |  |  |  |
| 1. Does your ICU have functioning ventilators? |  |  |  |
| 1. Do you have an office space in the hospital that is conducive to the conduct of the clinical trial? |  |  |  |
| 1. Do you have a telephone line? |  |  |  |
| 1. Do you have a fax machine on 24 hrs? |  |  |  |
| 1. Will the sponsor be willing to shoulder expenses for monitoring of the study by the FEU-NRMF IERC (1 visit per one year duration of study by two FEU-NRMF IERC members and 1 Staff doing the site visit)? |  | | |
| 1. Is your hospital administrator willing to have a Memorandum of Agreement (MOA) with FEU-NRMF regarding the review of the study protocol and monitoring of the conduct of study by FEU-NRMF IERC? |  | | |
| 1. Where do you plan to recruit your research participants? | <name of site> | | |
| 1. How many patients with the condition of interest do you see per month in your clinic/hospital? | <quantity> | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRINCIPAL INVESTIGATOR** |  | Name | <Title, Name, Surname> |
| Date: <mm/dd/yyyy> |  | Signature |  |
| **ADMINISTRATOR[[3]](#footnote-3)** |  | Name | <Title, Name, Surname> |
| Date: <mm/dd/yyyy> |  | Signature |  |

1. To be issued upon RDO registration [↑](#footnote-ref-1)
2. To be issued upon initial processing by FEU-NRMF IERC [↑](#footnote-ref-2)
3. Signatory official for clinic or hospital [↑](#footnote-ref-3)