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| --- | --- | --- | --- |
| Form number | **57.014B** | Version | **2.0** |
| Title | **Early Phase Clinical Trial Contact Sheet** | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Study Title** |  | | | **R&D Reference** |  | |
| **Principal Investigator** | **Mobile** | **Tested Y/N** | **Landline** | **Tested Y/N** | **Back-up** | **Tested Y/N** |
|  |  |  |  |  |  |  |
| **PI Secretary** | **Contact Number** | | | | | |
|  |  | | | | | |
|  | | | | | | |
| **Co-investigator** | **Mobile** | **Tested Y/N** | **Landline** | **Tested Y/N** | **Back-up** | **Tested Y/N** |
|  |  |  |  |  |  |  |
| **Co-I Secretary** | **Contact Number** | | | | | |
|  |  | | | | | |

**MEDICAL STAFF COVER**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **NAME** | **Mobile** | **Tested Y/N** | **Page** | **Tested Y/N** | **Secretary** | **Tested Y/N** | **Out of hours landline/back-up** | **Tested Y/N** |
| **Visit No………** |  |  |  |  |  |  |  |  |  |
| **Visit No………** |  |  |  |  |  |  |  |  |  |
| **Visit No………** |  |  |  |  |  |  |  |  |  |
| **Visit No………** |  |  |  |  |  |  |  |  |  |
| **Visit No………** |  |  |  |  |  |  |  |  |  |
| **Visit No………** |  |  |  |  |  |  |  |  |  |

**STAFF - Visit No………**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Visit No………** | **NAME** | **Phone Number** | **Tested Y/N** | **Page** | **Tested Y/N** | **Secretary** | **Tested Y/N** | **Out of hours landline/back-up** | **Tested Y/N** |
| **Sponsor/IMP Contact** |  |  |  |  |  |  |  |  |  |
| **Lead Nurse (Medical/surgical)** |  |  |  |  |  |  |  |  |  |
| **Intensive Care** |  |  |  |  |  |  |  |  |  |
| **Porters** |  |  |  |  |  |  |  |  |  |
| **Security** |  |  |  |  |  |  |  |  |  |
| **Kitchen** |  |  |  |  |  |  |  |  |  |
| **Domestic Services** |  |  |  |  |  |  |  |  |  |
| **Nightshift Coordinators** |  |  |  |  |  |  |  |  |  |

**Guidance Notes**

* Record reason telephone number not tested.
* Record any issues with testing and corrective actions.
* Complete table with telephone numbers for each named contact.
* Numbers may change with subsequent visits, table to be updated for each visit if numbers change.

|  |
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