

New Clinical Trial Feasibility Review Checklist

Date	
Protocol Number	
Study Title	
Final version of protocol	<input type="checkbox"/> Yes <input type="checkbox"/> No Version #: _____ Date: _____
Principal Investigator	
Sub-Investigators	
Other Facilities where research will be conducted	<input type="checkbox"/> Rex <input type="checkbox"/> Caldwell <input type="checkbox"/> Chatham <input type="checkbox"/> Johnston <input type="checkbox"/> Lenoir <input type="checkbox"/> Pardee <input type="checkbox"/> Nash <input type="checkbox"/> UNC Physicians Network <input type="checkbox"/> Rockingham <input type="checkbox"/> Wayne <input type="checkbox"/> Other _____
Phase	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Other _____
IND/IDE Number	<input type="checkbox"/> NA
Potential Enrollment	Overall _____ Annual _____ Adequate targeted patient population? <input type="checkbox"/> Yes <input type="checkbox"/> No Age requirement for potential patients _____ Comments _____
Study Schedule (Reasonable. Practical)	
Study duration	
Non-standard of care items	
Imaging requirements to consider	
Pharmacy requirements to consider	
Lab/Specimen requirements to consider	<input type="checkbox"/> Central labs <input type="checkbox"/> Local labs
Resource considerations – do operational units need resources outside of normal practice	
Adequate staff for operational units	

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Adequate and appropriate staffing	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Training requirements – Inpatient Units/Clinics	
Special Vendor Requirements (RepTrax; Purchase Orders, etc)	<input type="checkbox"/> NA Comments
Budget adequate to cover costs of trial	<input type="checkbox"/> NA Comments
Overlap or compete with current open trials	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Potential complicated inclusion/exclusion criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
CRF requirements	<input type="checkbox"/> Electronic <input type="checkbox"/> System _____ <input type="checkbox"/> Paper
Regulatory Requirements (e.g. GCP training)	
Follow up information needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overall interest in opening the protocol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

Completed By _____