



Patient Sharing Scenario – Site Request Form

Study Information	
Study Title	
Study Code (e.g. CO.21)	
Lead group (if applicable)	

Patient Sharing Scenario: Please describe what is being requested including details of what trial activities are proposed to occur at each sharing site

Enrolling (Primary) Site Information	
Enrolling site name	
Enrolling CCTG site code	
Study Qualified Investigator	

Secondary Site(s) Information	
Name(s)	
CCTG site code(s) if applicable	
Does secondary site(s) have a participating centre agreement with CCTG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the secondary site(s) be activating the trial at their site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the secondary site(s) be available for monitoring and auditing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the patient data from the secondary site(s) and documentation of QI oversight at these site(s) be available to CCTG monitoring/auditing (and inspectorate if required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event of a Health Canada inspection, will inspectorate be permitted access to site if requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship Between Sites	
Is there a common electronic medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, is there a data sharing agreement between the sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a research agreement between the sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the sites share a Research Ethics Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information for Request	
Contact name	
Contact email	
Contact phone number	
Request date	

Patient Sharing Scenario – What activities will occur at each site?		
	Enrolling (Primary) Site	Secondary Site(s)
Enrollment/screening		
Standard of care treatment – specify:		
Non-standard of care treatment (CTA agents) – specify:		
Standard of care investigations – specify:		
Non-standard of care investigations – specify:		
Safety/adverse event assessment		
Follow up – Standard of care – specify:		
Follow up – Non-standard of care – specify:		
Data entry		
Endpoint assessment		
Is your institution (i.e. your site’s legal entity) aware, and in agreement, that these activities will be completed at an outside institution in the context of a research study? <input type="checkbox"/> Yes <input type="checkbox"/> No, not yet		