**NHMRC GOOD PRACTICE PROCESS**

**Clinical Trials Feasibility Assessment Information Form**

Please type responses.

This form is to be forwarded to Research Governance Office with Clinical Trials submission package for signing.

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| **MYIP No** |  |
| **Protocol Number** |  |
| **Principal Investigator** |  |
| **Was feasibility confidentiality covered by an overarching CDA with sponsor?** |  |
| **Date CDA sent to PI** |  |
| **Date completed CDA returned to sponsor** |  |
| **Date sponsor releases study protocol and feasibility assessment for to PI** |  |
| **Date PI returns the completed feasibility assessment to the sponsor** |  |
| **Date of the site selection visit** |  |
| **Date of the site selection notification by the sponsor** |  |