**Site Resources Checklist**

**Clinical Trials outside MMMC by non-MMMC Personnel**

**SELF-ASSESSMENT FORM**

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

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

**Kindly fill out this form accordingly**

|  |  |
| --- | --- |
| MMMC-RERC Code: |  |
| Study Protocol Title |  |
| Principal Investigator | <Title, Name, Surname> |
| Contact Number |  |
| Contact Number |  |
| External Site Name |  |
| External Site Address |  |
| External Site Medical Director  | <Title, Name, Surname> |
| Contact Number |  |
| Study Sponsor |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Remarks |
| 1. Does the study site 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 the study site provide ICU care?
 |  |  |  |
| 1. Does the ICU have a functioning cardiac monitor?
 |  |  |  |
| 1. Does the ICU have a fully loaded e-cart?
 |  |  |  |
| 1. Does the ICU have a functioning defibrillator?
 |  |  |  |
| 1. Does the ICU have functioning ventilators?
 |  |  |  |
| 1. Does the study site have an office space in the hospital that is conducive to the conduct of the clinical trial?
 |  |  |  |
| 1. Does the study site have a telephone line?
 |  |  |  |
| 1. Does the study site have a fax machine on 24 hrs?
 |  |  |  |
| 1. Can the sponsor commit to pay for expenses for site visit by the MMMC-RERC (1 visit per one year duration of study by two MMMC-RERC members and 1 Staff doing the site visit)?
 |  |
| 1. Is the administrator of the study site willing to have a Memorandum of Agreement (MOA) with MMMC regarding the review of the study protocol and monitoring of the conduct of study by MMMC-RERC?
 |  |
| 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** |  | Signature  |  |
| Date: <dd/mm/yyyy> |  | Name | <Title, Name, Surname> |
| **ADMINISTRATOR** |  | Signature |  |
| Date: <dd/mm/yyyy> |  | Name  | <Title, Name, Surname> |