

## SITE APPLICATION FORM ALLG TRIALS

### NAME & POSITION OF CLINICIAN MAKING THE APPLICATION:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Amount of time spent at the institution in EFT: \_\_\_\_\_

ALLG MEMBER:  YES  NO

### DETAILS OF INSTITUTION:

- Major city hospital:  Yes  No
- Regional hospital:  Yes  No
- Rural hospital:  Yes  No
- Approved for Haematology (JSAC) or Medical Oncology (SAC) training:  Yes  No

Hospital Name: \_\_\_\_\_

Legal Name (for contracts): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_ ABN: \_\_\_\_\_

**DETAILS OF ETHICS COMMITTEE:** *(Please attach list of current Ethics Committee members including their roles e.g. expert in law, consumer representative)*

Name of Committee: \_\_\_\_\_  
\_\_\_\_\_

Address (If private company): \_\_\_\_\_  
\_\_\_\_\_

Frequency of Meetings: \_\_\_\_\_

### WHICH PATIENT GROUPS ARE TREATED?

- Acute Leukaemia
- Chronic Leukaemia

- Lymphoma
- Myeloma
- Myelodysplasia

**DESCRIPTION OF CLINICAL SERVICES:**

NUMBER OF HAEMATOLOGIST & MEDICAL ONCOLOGIST AT SITE:

\_\_\_\_\_ Haematologist                      \_\_\_\_\_ Medical Oncologist

OUTPATIENT AND DAY FACILITIES:

- Bone Marrow Biopsy
- Day Chemo
- Apheresis

INPATIENT SERVICE:

- Inpatient Chemo
- Auto Transplant
- Allo Transplant
- Matched Related Allo
- Matched Unrelated Allo

ACCESS TO EMERGENCY DEPARTMENT AND ICU FACILITIES:

- Onsite
- Offsite \_\_\_\_\_  
(Specify Location)

ARE THERE ARRANGEMENTS IN PLACE TO ENSURE CLINICIAN COVER?

- Out-of-hours:     Yes     No
- Weekend:         Yes     No
- Leave Plan:       Yes     No

LABORATORY FACILITIES:

- Onsite
- Offsite \_\_\_\_\_  
(Specify Location)

RADIOTHERAPY SERVICE:

- Onsite
- Offsite \_\_\_\_\_  
(Specify Location)

DIAGNOSTIC FACILITIES:

**CT:**

- Onsite
- Offsite \_\_\_\_\_  
(Specify Location)

**PET:**

- Onsite
- Offsite \_\_\_\_\_  
(Specify Location)

**MRI:**

Onsite

Offsite \_\_\_\_\_  
(Specify Location)

**TRIAL CONDUCT CAPABILITY:**

	Number of Support Staff	EFT	Location (at site or alternative site)
Data Manager:			
Research Nurse:			

**ALLG TRIALS PLANNED TO OPEN:**

\_\_\_\_\_  
\_\_\_\_\_

**OTHER TRIAL INVOLVEMENT: TRIAL SPONSOR (TROG, MRC, GELARC, etc.), TRIAL NAME, ACCRUAL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER AFFILIATED INSTITUTIONS:**

(Haematologists from major hospitals visiting smaller (regional) hospitals to conduct satellite clinics.)

Name of Institution(s): \_\_\_\_\_  
\_\_\_\_\_

*Indicate whether the following are provided by the same 'Service' as the institution submitting this application.*

Ethics  Yes  No

Administration  Yes  No

Financial  Yes  No

**OTHER CLINICIANS AT INSTITUTION WITH ALLG MEMBERSHIP  
(Including Registrar, Fellow, Scientist)**

Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_