|  |  |
| --- | --- |
| **Please refer to *Young Adult Access to Paediatric Cancer Clinical Trials Standard Operating Procedure* for further information.** | |
| **Patient details:** | |
| Name: |  |
| Date of Birth (Age): |  |
| Diagnosis: |  |
| Prognosis: |  |
| Current treating hospital: |  |
| Current treating Clinician: | *Name:* |
| *Email:* |
| Proposed paediatric Clinician: | *Name:* |
| *Email:* |
| **Clinical Trial details:** | |
| HREC Reference |  |
| Trial Name |  |
| Principal Investigator | *Name:* |
| *Email:* |
| Contact person | *Name:* |
| *Email:* |
| Does the patient meet all clinical trial eligibility requirements? Please provide detail and comments as needed e.g. pending final screening post consent. | Age:  YES  NO |
| Diagnosis:  YES  NO |
| Prior treatment:  YES  NO |
| Molecular screening:  YES  NO |
| Other, please state: |
| Comments: |
| If no to any of the above, has a protocol deviation been approved by the sponsor and HREC? | YES  Not Applicable  Comments: |
| What is the primary reasoning for seeking access to the clinical trial? | No other remaining treatment options  No relevant clinical trials available at adult centres  Potential for improved prognosis  Other, please state |
| Please provide detail on potential benefit to patient |  |
| **Resourcing Requirements:** | |
| Proposed model of ongoing care | Full transfer  Shared Care  ‘Secondment’  Other, please state  Comments: |
| Staffing required |  |
| Services required |  |
| Space required |  |
| Is in-patient stay required? If yes, provide details\* |  |
| Plan for post-trial transition back to adult care |  |
| Funding sources, please provide detail e.g. Sponsor, Medicare, Referring hospital, Receiving hospital |  |

|  |  |
| --- | --- |
| **APPROVALS** | |
| **Director, Paediatric Cancer Centre** | |
| Signature: | Date: |
| **Director, Research Ethics & Governance** | |
| Signature: | Date: |
| **Chief Medical Officer** | |
| Signature: | Date: |
| **\*Chief Operating Officer (only where in-patient resources are required)** | |
| Signature: | Date: |