NHS National Institute for Health Research **WAIT** mcrn PCRN Primary Care Research Network

## T0 TRIAL ENTRY CRF – PART A

(Copy 1 – Trial Manager, Copy 2 – Local Site File)

Serial number: I__I__I__I__I__I Site: I__I__I (e.g. AB, LE, LO etc. ) Subject Number (IMP): I__I__I__I__I

Patient Initials: I__I__I__I Researcher Initials:I__I__I Date of THIS Visit: I__I__/__I__/__I__I

### 1) CRF Documentation

Tick if you have seen the signed and countersigned:

- ☐ i) Consent Form
- ☐ ii) CRF T-2
- ☐ iii) Prescription Form

### 2) Samples

Tick if you have:

- ☐ i) Collected DNA sample
- ☐ ii) Collected urine sample
- ☐ iii) Explained the need for additional urine samples on attendance at ED

### 3) Diary Card

Tick if you have:

- ☐ i) Provided and labelled diary cards (x5)
- ☐ ii) Explained their usage
- ☐ iii) Explained procedure for return

### 4) Medication

Tick if you or soemone else have (on this or a prior visit)

- ☐ i) Checked salbutamol MDI and spacer availability
- ☐ ii) Checked MDI/spacer technique
- ☐ iii) Checked understanding of appropriate salbutamol usage
- ☐ iv) Checked IMP number matches number written by pharmacy on prescription
- ☐ v) Provided and explained use of IMP
- ☐ vi) Explained procedure for return of IMP
- ☐ vii) Explained procedure for replacement of IMP

### 5) Communication

Tick if you have:

- ☐ i) Provided local contact number and email
- ☐ ii) Explained indications for contact (solely trial-related and **including suspected drug reactions**, contact local NHS for acute health advice).
- ☐ iii) Provided pre-addressed jiffy bag for return of IMP/empty salbutamol canisters/diary cards

Researcher Signature:_____ Print Name:_____ Date: I__I__/__I__/__I__I

I have reviewed all data in this CRF and verify that the contents are consistent with observations and source records.

PI Signature:_____ Print Name:_____ Date: I__I__/__I__/__I__I