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| **Local Reference Number** | *Insert Alfred Health project number* |
| **Project Title** | *Insert title*  |
| **Site Principal Investigator** | *Insert name of investigator* |
| **Number of Participants** | *Number that were current during the COVID-19 period* |
| **Participants Impacted** | *List participant study codes* |
| **Remote visits** | *Describe the methods used (e.g. phone calls, tele-health, GP-assisted visits)* |
| **Alterations to drug dispensing** | *Describe the changes (e.g. use of xxxx courier, additional quantity prescribed/dispensed)* |
| **Alterations to the imaging, including service location** | *Describe the type of imaging and service that provided the imaging (e.g. MRI at Melbourne Radiology)* |
| **Alterations to pathology, including service location** | *Describe the changes to pathology collection, testing and use of central and local laboratories* |
| **Changes to scheduled study visit windows** | *Describe missed visits, early visits or extended windows for study visits* |
| **Changes to scheduled visit activities** | *Describe overall changes made e.g. inability to complete questionnaires requiring on-site presence, missed collection of biomarker samples* |
| **Problems with provision of equipment or supplies** | *Describe any difficulties with obtaining equipment and supplies, including drug supplies and the consequences* |
| **Additional staff** | *List staff that were required to assist who are not usually on the research project and the activities they undertook.* |
| **Other delays encountered** | *Describe delays to site initiation visit, recruitment, screening activities, enrolment of participants, submission of amendments or post approval reporting, re-consent, data entry, invoicing, close-out and archiving* |
| **Other issues** | *Describe any other issues such as difficulty with signed written consent, remote monitoring* |
| **Signature (PI)** |  |

**Study participant specific deviations**

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| **Participant Code** | **Remote visits e.g. Visit 1** | **Missed visits** | **Altered visit windows** | **Missed assessments** | **Altered medication dispensing time frames** | **Use of couriered medication** | **Changes to location of Imaging** | **Changes to location of pathology** |
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**Study participant COVID-19 related treatment alteration**

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| **Participant Code** | **Treatment postponed, suspended, or withdrawn** | **Reason (e.g. participant unable or unwilling to attend appointments, unable to assess safety adequately, participant diagnosed or suspected COVID-19 positive).**  |
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