**DIRECTORATE OF RESEARCH AND INNOVATION**

**Annual Leave Study Handover**

* Discuss with your line manager your workload and any potential problems/difficulties with cover prior to completing this template
* Complete this annual leave study handover and email the appropriate study teams and/or colleagues at least one working day before your leave – this will ensure there is time to clarify anything before your leave starts. Copy and paste more blank rows as needed. This handover is mandatory for R&I Delivery Team staff with direct responsibility for study delivery and may be helpful for other R&I staff with study specific responsibilities.
* Enable out of office email – this should include the following details: 1. That you are away and will not be responding to telephone messages or email, 2. the date you will return to work, and 3. suitable alternative contacts (who must not be on leave while you are away) with appropriate email and phone numbers.
* If necessary, divert mobile phone to agreed contact
* Additional tasks for Research Delivery staff with direct responsibility for study delivery:
* Notify the CRA and PI/Sub-I that you will be on leave and inform them who will provide cover for studies/clinics while you are away, with appropriate email and phone numbers for those contacts.
* Ensure EPIC is updated with recruitment and notes
* Enjoy your leave!!

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| **Name:** | **Team:** | **Leave dates:** |
| **Key handover points:** | **Additional Points:** |

*Research Delivery staff with direct responsibility for study delivery should complete all columns but may delete specific headings in each column if not applicable for a study. Other R&I staff may delete columns as appropriate.*

| **Study** | **Key Contacts****(delete headings as appropriate)** | **Delivery Contacts****(delete headings as appropriate)** | **Logistics to note** **(delete headings or column as appropriate)** | **Patient information (delete headings or column as appropriate)** | **Issues to note** **and****Contacts covering while on leave** |
| --- | --- | --- | --- | --- | --- |
| Study Name: R&D Number:Site Number:Stage: Set up/Open/FW | **PI** Name:Email:Number:Secretary:**Sub-Investigator** Name:Email:Number:<Add more if required>**Medical Monitor Only add if direct contact with them previously**Name:Email: Number:**CRA** Name:Email:Number:**CNS Speciality contact** Name:Email:Number: | **Data Manager** Name:Email:Ext:**Study Co-ordinator** Name:Email:Ext:\*\*If a blinded study please put contacts for both blinded and unblinded teams\*\***Trust contacts** <Add as required>Eg, Echo, ECG, MRI, PsychologyName:Email:Number:**Expenses co-ordinator/Charity support** Name:Email:Number: | Protocol Version:Lab Manual version:Pharmacy Manual Version:**Equipment:**Lab kits: ECG: Special or CRF, Location: Diaries<Add more if required>**Lab:**Special requirements for samples?**Pharmacy:**Special requirements?Paper prescription charts?Particular dosing requirements/training required?**Recruitment data:**EPIC up to date: Y/NEdge up to date: Y/N**Systems:***Lab kit ordering:*Access required?*IWRS:*Who has access:*Consortium etc:*Who has access:*EDC:*Who has access:*E-Diary access:**SAE Reporting:*<Add more if required> | **Only use identifiable data (initials, MRN, DOB) if you are only sending internally. If this handover is going between GOSH and UCL/ICH or other external parties, then you must use participant study IDs ONLY.****Patients:**Study ID:*Initials:**MRN:**DOB:*Last visit date:Last visit name:Dosing: Y/NFrequency of visit:Next Study visit date:Next study visit name:Relevant medical information: eg immunosuppressed, steroids, Device/port in-situ, wheelchair user, seizure plan in place<Add more if required> |  |