**SOP for the data transfer of enter name here trial data**

|  |  |
| --- | --- |
| Consultant: | Clinical Trial POC and email address: |
| Commercial/Non commercial: | R&D reference number: |
| Sponsor: | Estimated number of participants: |
| Start date: | Projected study end of recruitment date:  Projected end of support department involvement date: |
| Confirmation that Radiology have approved to support the trial –  Also please supply Ionising and non-ionising radiology proforma’s | |
| Authorising Radiologist: | PACS Protocol completed by: |

1. Background:

Brief description to be entered here

1. Data Required: ***(Please note we can only transfer UHBristol data – NOT other trusts)***

Imaging required

Frequency

1. Agreed method of transfer:

Electronic transfer or CD

1. Protocol for data transfer PACS TEAM to complete

Select the correct data set(s) from Insignia and anonymise as required on DICOM Cleaner

* Remove all details apart from DOB.
* Label the scans with the following: Study Name and ID number
* Save into a relevant folder
* Upload to ODIE

1. Data Collection

* 2 emails will be sent to the recipient:
  + 1) The link to the images in ODIE –to download the images locally and upload to the sponsors Portal
  + 2) The password to access the images
* Update the Ontime task

1. Data Collection

Requests will be made using the following template that can be copied and pasted into an email and sent to [PACSSupport@UHBW.nhs.uk](mailto:PACSSupport@UHBW.nhs.uk)

**Record of Data Export From UHBristol PACS for clinical trial – Enter name**

* Transfer Mechanism:

Electronically via ODIE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of Trial** | | | | |
| **Name of Clinical Trial** |  | | | |
| **Patient & Exam details** | | | | |
| **Patient Name** |  | | **DOB** |  |
| **RA7 Number** |  | | | |
| **Date and Name of Requested examination(s)**  **(please specify all)** |  | | | |
| **Does the data need to be anonymised?** | **YES** | **As per protocol** | | |
| **Please specify the Study ID number to be used for this patient** |  | | | |
| **Date transfer required by:** |  | | | |
| **Email address for data to be sent to:** |  | | | |