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| **Study Details** |
| Study Title |  |
| Chief Investigator  |  |
| Protocol *(version / date)* |  |
| Current Dose |  |
| Proposed next dose *(as defined by protocol / DMC Charter)* |  |
| Data Monitoring Committee (DMC) Data Review Report*(version / date)* |  |
| DMC Open Minutes (*date)* |  |

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| **Part 1: Co-Sponsor authorisation to proceed with dose escalation** *(to be completed by Sponsor Representative, or designee)* |
| (✓) | **Yes** | **No** |
| DMC Data Review Report Received |  |  |
| DMC Open Minutes Received |  |  |
| Dose progression should continue in line with DMC recommendations |  |  |
| Comments |  |
| Print Name (Title) |  |
| Signature |  | Date |  |

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| **Part 2: CI authorisation to proceed with dose escalation** *(to be completed by CI)* |
| (✓) | **Yes** | **No** |
| DMC Data Review Report Received |  |  |
| DMC Open Minutes Received |  |  |
| Dose progression should continue in line with DMC recommendations |  |  |
| Comments *(include description of clinical basis for agreement or disagreement to escalate)* |  |
| Print Name |  |
| Signature |  | Date |  |

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| **Part 3: PI authorisation to proceed with dose escalation** *(to be completed by PI)* |
| Site Name |  |
| (✓) | **Yes** | **No** |
| DMC Data Review Report Received |  |  |
| DMC Open Minutes Received |  |  |
| Dose progression should continue in line with DMC recommendations |  |  |
| Comments *(include description of clinical basis for agreement or disagreement to escalate)* |  |
| Print Name |  |
| Signature |  | Date |  |

**DOSE PROGRESSION CANNOT PROCEED AT SITE UNTIL AUTHORISED BY THE DMC, SPONSOR, CI AND PI.**

**ALL SIGNATURES MUST BE COMPLETED AND DECISION CIRCULATED AT SITE PRIOR TO DOSING**

*Please send completed form to* resgov@accord.scot

*Completed form to be filed in section 7 of the Investigator Site File (ISF), copy in section 7 of the Trial Master File (TMF) and / Sponsor File. Associated DMC minutes and dose progression DMC Report should be appended.*