

The following information is required for sites enrolled on PhEAST

Site name	
Hospital name	
R&D Contact	Name: Email: Phone:
PI	Name: Email: Phone:
Research nurse	Name: Email: Phone:
Does your site have a specific stroke research nurse or is there a generic research team that covers all emergency trials?	Yes /No
Do devices need to be checked by your onsite Medical Physics team before use and long does this usually take?	Yes/No If yes, how long is this likely to take?days
Do you repatriate to other sites?	Yes/No If yes which sites:
Is your site currently recruiting patients for non-COVID trials?	Yes/No Comments:
Are you currently recruiting stroke patients for other clinical trials?	Yes/No If yes, please provide details:
Does your site have prior experience working with PES?	
How many stroke admissions does your site have per year? Please use SSNAP data from previous year	