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**COLLABORATIVE NETWORK RESEARCH APPLICATION**

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| ***Office Use Only*** | | | |
| *Date Received* |  | *Reference Number* |  |

If you require any additional assistance or further information please contact US.

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| **PROJECT INFORMATION** | | | | | | | | | | |
| **A1** | Full title of project | | |  | | | | | | |
| **A2** | Acronym/Short Title | | |  | | | | | | |
| **A3** | Chief Investigator name | | |  | | | | | | |
| **A4** | Lead NHS Trust | | |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **A5** | Lead University (if applicable) | | |  | | | | | | |
|  | | | | | | |
| **A6** | Type of Study | 1. |  | | Clinical trial of an investigational medicinal product | | | | | |
| Phase 1 | | | | Phase 2 | | Phase 3 | | Phase 4 |
| Type A | | | | | Type B | | Type C | |
| 2. |  | | Clinical investigation or other study of a medical device (including Performance Evaluation of an in vitro diagnostic device)  *Please complete Part L of the application form* | | | | | |
| 3. |  | | Combined trial of an investigational medicinal product and an investigational medical device | | | | | |
| 4. |  | | Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice – please provide further information | | | | | |
| 5. |  | | Research Tissue Bank | | | | | |
| 6. |  | | Human tissue (tissue samples and data) [newly obtained, identifiable or obtained from surplus] | | | | | |
| 7. |  | | Human tissue samples [anonymous to investigator] | | | | | |
| 8. |  | | Basic science study involving procedures with human participants | | | | | |
| 9. |  | | Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology | | | | | |
| 10. |  | | Study involving qualitative methods only | | | | | |
| 11. |  | | Study limited to working with data | | | | | |
| 12. |  | | Research database | | | | | |
| 13. |  | | Other – please specify : Cohort cross sectional study | | | | | |
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| **RESEARCH DETAILS** | |
| **Research Question** |  |
| **Hypothesis** |  |
| **Primary Outcome Measure** |  |
| **Secondary Outcome Measure** |  |
| **Duration** |  |
| **Brief Research Summary**  **Include: Methods, Participants, Ethics, Recruitment plan**  **Sample size** |  |

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| --- | --- | --- |
| **Origin Support** | | |
| **Do you require ORIGIN to adopt your research** | Yes | No |
| **How do you want ORIGING to help** |  | |
| **Do you require Statistical support** |  | |
| **Any other information** |  | |
|  |  | |

Please email your application with the following documents if available:

1. Study Protocol

2. Ethics approval details