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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 |   |
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| **A5** | Lead University (if applicable) |   |
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| **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