**Priment CTU Collaboration Request Form**

Please complete the form in as much detail as possible. Questions can be left blank if you are not able to provide answers currently. Please submit the form to priment@ucl.ac.uk.

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| **Study Title:** |  |
| **Disease Area:** | Choose an item. |
| **Chief Investigator:** |  |
| **Position:** |  |
| **Organisation:** |  |
| **Email:** |  |
| **Telephone:** |  |

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| **1. Funding plans and status**  |
| Name of proposed funder: |  |
| Deadline for submission of funding application: |  |
| Provide a web link to the funding call: |  |
| Type of application: | [ ] Outline. [ ] Full. If full, has an outline already been submitted and/or shortlisted: |
| Expected date of application outcome: |  |
| Estimated grant total (if known):  |  |
| Is this a new application or a resubmission? | [ ] New application. [ ] Resubmission. If a resubmission, please give reasons for previous rejection: |
| **2. Study details** |
| Anticipated study start date: |  |
| Study duration (months): |  |
| Duration of recruitment period (months): |  |
| Duration of follow-up period from baseline (months): |  |
| Anticipated number of sites (UK and international): |  |
| How many sites have already confirmed willingness to participate: |  |
| Sample size (if already performed or estimated): |  |
| Estimated date of First Patient First Visit (FPFV): |  |
| **3. Study setting, design and type** |
| Is the study in a primary care setting: | [ ] Yes.[ ] No**.** If no, please give details: |
| Is the study design: | [ ] Unblinded.[ ] Single blinded.[ ] Double blinded. |
| Is the study type: | [ ] Non-CTIMP.[ ] CTIMP.[ ] Medical device.[ ] Other. If other, please give details: |
| Is the CTIMP/device licensed for this disease indication? | [ ] Yes.[ ] No**.** If no, please give details: |
| **4. Please describe your project in terms of PICOS (Patient, Intervention, Control, Outcomes and Study/Statistical design):** |
| **P - Patient:** |
| **I - Intervention(s):** |
| **C - Control:** |
| **O - Outcomes and follow up period:**  |
| **S - Study/Statistical design (e.g. randomised controlled trial, case control study, pilot study):** |
| **5. Provide a brief summary of the research question and relevant background information (including patient or subject population/frequency of condition/problem).** |
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| **6. State the aims and objectives of the study. What are the principal research questions to be answered?** |
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| **7. Are you planning a pilot or feasibility study?**  |
| [ ] Yes. If yes, explain how this will lead to the main study:[ ] No. |
| **8. State the co-applicant names and roles** |
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| **9. If using an IMP please provide details and status of interventions (IMP, placebo and medical device etc.), including marketing authorisation, dosage, over encapsulation/manufacturing requirements, CE marking status etc.** |
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| **10. Protocol status** |
| [ ] None[ ] Outline (please attach)[ ] Full (please attach)[ ] Consort diagram (please attach) |
| **11. List any other sources of support (Drug supply, Equipment Provision etc.)** |
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| **12. Proposed Sponsorship for the research:**  |
| [ ] UCL Sponsorship request[ ] UCL to act as EU Legal Representative (non-EU Sponsor)[ ] Other externalName of external sponsor:  |
| **13. Have you engaged with a Research Design Service (RDS)?** |
| [ ] Yes. If yes, please name the RDS centre:[ ] No. If no, please complete the Support Request Form here: [www.rdslondon.co.uk](http://www.rdslondon.co.uk/How-can-we-help/Support-Request-Form.aspx). Please select UCL as the RDS Coordinating Centre. |
| **14. Have you approached any other CTUs regarding this study?** |
| [ ] Yes. If yes, what was the outcome:[ ] No. |
| **15. Have you already approached a Priment member about this study?**  |
| [ ] Yes. If yes, give details:[ ] No**.** |
| **16. Briefly describe the clinical trials experience of the Chief Investigator and the current trial team (including collaborators)** |
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| **For internal Priment use only** |
| Priment reference: |  |
| Date of Steering Group meeting:  |  |
| Meeting attended by: |  |
| Outcome of meeting: | [ ] Accept[ ] Request more information[ ] Request presentation[ ] Decline |
| Timelines: |  |
| Comments/further details: |  |
| Form completed by: |  |
| Date completed: |  |