

## 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](mailto:priment@ucl.ac.uk).

<b>Study Title:</b>	
<b>Disease Area:</b>	Choose an item.
<b>Chief Investigator:</b>	
<b>Position:</b>	
<b>Organisation:</b>	
<b>Email:</b>	
<b>Telephone:</b>	

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:	<input type="checkbox"/> Outline. <input type="checkbox"/> 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?	<input type="checkbox"/> New application. <input type="checkbox"/> 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:	<input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, please give details:
Is the study design:	<input type="checkbox"/> Unblinded. <input type="checkbox"/> Single blinded. <input type="checkbox"/> Double blinded.
Is the study type:	<input type="checkbox"/> Non-CTIMP. <input type="checkbox"/> CTIMP. <input type="checkbox"/> Medical device. <input type="checkbox"/> Other. If other, please give details:
Is the CTIMP/device licensed for this disease indication?	<input type="checkbox"/> Yes. <input type="checkbox"/> 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).**

**6. State the aims and objectives of the study. What are the principal research questions to be answered?**

**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**

**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.**

**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.)**

**12. Proposed Sponsorship for the research:**

- UCL Sponsorship request
- UCL to act as EU Legal Representative (non-EU Sponsor)
- Other external

Name 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).
- 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)**

For internal Priment use only	
Priment reference:	
Date of Steering Group meeting:	
Meeting attended by:	
Outcome of meeting:	<input type="checkbox"/> Accept <input type="checkbox"/> Request more information <input type="checkbox"/> Request presentation <input type="checkbox"/> Decline
Timelines:	
Comments/further details:	
Form completed by:	
Date completed:	