**NICRF Room Booking Request**

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| --- | --- |
| **Name of Study** |  |
| **Name of patient / participant**  |  |
| **Date of Visit** |  |
| **Time of Visit / Length of visit** |  |
| **Visit number** |  |
| **Is this a Dosing Visit?** |  |
| **Name of researcher(s) carrying out the visit at the NICRF** |  |
| **Contact number for researcher (Mobile preferred)** |  |
| **Equipment requirements****For example - Centrifuge, Freezers, ECG, Spirometry, Trust computer, QUB computer, Optom machines** |  |
| **NICRF Staff requirements** **Is there additional NICRF clinical/administrative/technical/lab support required for this visit?** |  |
| **Any additional comments**  |  |