**NICRF Booking Template**

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|  **NICRF Room Booking request** |  |
| **Name of Study** |  |
| **Name of patient** |  |
| **Date of Visit** |  |
| **Time of Visit/length of visit** |  |
| **Visit number** |  |
| **Is this a Dosing Visit?** |  |
| **Name of researcher** |  |
| **Equipment requirements e.g****Centrifuge, Freezers, ECG, Spirometry,****Trust computer, Optom machines** |  |
| **Will there be Spirometry/Feno/LCI/any other respiratory tests completed? [Insert times of respiratory procedure if known]** |  |
| **FFP3 mask required?****How many? Model?** |  |
| **Is there additional NICRF clinical/administrative/technical support required for this visit** |  |
| **COVID-19 screening: Patients and visitors contacted prior to visit to ascertain whether visitors/ patients or family member have COVID symptoms. Who will be completing this?** |  |
| **Any additional comments**  |  |