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| **Northern Ireland Clinical Research Facility (NICRF)****BLOOD SAMPLING ONLY FORM** |

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| Please complete this form as fully as possible. Boxes will expand to permit full answers. Without these details, we will be unable to process your application. Please send your completed application form, along with the supporting documentation, to NICRF@qub.ac.uk.If you require assistance, please contact us on (028) 9504 0342. Please refer to “User Guide for Blood Sampling Only Applications” on our website [www.qub.ac.uk/nicrf](http://www.qub.ac.uk/nicrf). **Please check our website to ensure that you have the most recent version of the application forms**. |

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| **1. PROJECT DETAILS** |

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| **Project Title:***[As used in Research Governance]* *[Please enter the complete Study title in this section]* |  |
| **Short Title:***[Acronym]**[The name that you will use for bookings]* |   |
| **Lay Summary:(150-200 words max)***To include:*1. *What is the problem being addressed?*
2. *Why is it important?*
3. *What is the research question / aim?*
4. *Design and methods*
5. *PPI Involvement*
6. *Contact details for more information*

 *about Study***This Lay Summary may be used to promote Studies ongoing in the NICRF. Please tick if you DO NOT agree to have information on your Study available on the NICRF website and social media (Twitter).**[ ]  I do not agree to having information on my Study made  available on the NICRF website or  social media (Twitter). |   |
| **Research Team:** *[Please include the PI and all members of the Research Team who will access the NICRF. Include full contact details and* ***please asterisk\* who will be the Point of Contact].*** |

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| **Principal / Chief Investigator** |  |
| **Email Address** |  |
| **Employer** |  |
| **Postal Address** |  |
| **Telephone Number** |  |

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| **Research Team***[Please enter names and job titles]* |  |
| **Name** |  |
| **Position** |  |
| **Email Address** |  |
| **Employer** |  |
| **Postal Address** |  |
| **Telephone Number** |  |
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| **Participants** |  |
| * **Number of participants who will attend the NICRF:**

*[If possible, give exact numbers. If exact numbers are not clear, then give an estimate].**[Include a breakdown of numbers for each treatment arm, where there is more than one].* |  |
| * **Are participants either patients or healthy volunteers?**

*[Please check relevant box, as appropriate]* | [ ]  Patient[ ]  Healthy Volunteer |
| * **Who is carrying out the procedure?**

*[Please check relevant box, as appropriate* | [ ]  Study Staff[ ]  NICRF Staff |

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| **2. FUNDING DETAILS** |

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| 1. **Main Funding Organisation:**
 | *[Please check the box against the category of the* ***main*** *funding organisation for this study]:* |
| * **Industry-led**
 | [ ]  |
| * **Investigator-led / Industry-supported**
 | [ ]  |
| * **Investigator-led** *[please specify Funder below]*
 | [ ]  |
| 1. **Health Department/NIHR Programme**
 | [ ]  |
| 1. **Research Councils**
 | [ ]  |
| 1. **EU Funding**
 | [ ]  |
| 1. **UK University** *[HEFCE/ SHEFC/ HEFCW/ DEL]*
 | [ ]  |
| 1. **Other Charity**
 | [ ]  |
| 1. **Own Account**
 | [ ]  |
| 1. **Trust**
 | [ ]  |
| 1. **Other**
 | [ ]  |

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| **Please provide the following:** |  |
| * **name and contact details of institution administering funding, for NICRF costs**
 |  |
| * **the total amount awarded, for NICRF costing**
 |  |
| * **Please state which costing Category is applicable:**

*[Read our Costing Policy online here:]*[***Download: Costing Policy***](http://www.qub.ac.uk/research-centres/TheWellcomeTrust-WolfsonNorthernIrelandClinicalResearchFacility/Filestore/Filetoupload%2C728044%2Cen.docx)  | **Pilot** [ ] **Capability/Capacity Research** [ ] **Investigator-led** [ ] **Industry-led** [ ]  |
| **Governance Approval / Sponsorship** |  |
| * **Which Institution is providing Governance approval?**
 | **BHSCT** [ ] **UU** [ ] **QUB** [ ]  |
| * **Has approval been confirmed?**
 | **Yes** [ ] **No** [ ] **Pending** [ ]  |
| * **Which Institution is Lead Sponsor?**
 | **If joint, please check the appropriate boxes:****BHSCT** [ ] **UU** [ ] **QUB** [ ]  |
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| **3. NICRF RESOURCES** |
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| * **When do you plan to commence using the NICRF?**

*[Enter date or anticipated quarter: Q1 (Jan-March), Q2 (April-June), Q3 (July-Sept), Q4 (Oct – Dec)]* | **Date:****Quarter:** |
| * **How long do you plan to use it for?**

*[Estimated final date based on end of recruitment and participant schedule]* |  |
| * **Please specify requirements:**

*Please refer to the NICRF website for resources available:*[*http://www.qub.ac.uk/research-centres/TheWellcomeTrust-WolfsonNorthernIrelandClinicalResearchFacility/ForResearchers/Facilities/*](http://www.qub.ac.uk/research-centres/TheWellcomeTrust-WolfsonNorthernIrelandClinicalResearchFacility/ForResearchers/Facilities/) |

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| **Space / Staff** | **Y** | **N** |  |
| NICRF Laboratory | [ ]  | [ ]  |  |
| Sample Storage | [ ]  | [ ]  |  |
| Nursing Support / Blood letting | [ ]  | [ ]  |  |
| **Blood Consumables to be supplied by NICRF?** | **Y** | **N** | **Total** |
| Tourniquet | [ ]  | [ ]  |  |
| Alcohol wipes | [ ]  | [ ]  |  |
| Cotton wool | [ ]  | [ ]  |  |
| Blood collection sets  | [ ]  | [ ]  |  |
| Vacutainers | [ ]  | [ ]  |  |
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