**SECTION 1 – CONTACT DETAILS**

|  |  |
| --- | --- |
| **Chief Investigator / Lead Applicant** | **Key Contact Person** (if different) |
| **Title:** | **Title:** |
| **Name:** | **Name:** |
| **Job Title:** | **Job Title:** |
| **Employer:** | **Employer:** |
|  |  |
| Please specify which HSC Trust, University or Other organisation: | Please specify which HSC Trust, University or Other organisation**:** |
| **Address:** | **Address:** |
| **Postcode:** | **Postcode:** |
| **Email:** | **Email:** |
| **Telephone Number:** | **Telephone Number:** |

**SECTION 2 – SUPPORT REQUESTED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What support does your project require from the NICTU?** (please tick all that apply) | | | | | |
|  | |  | | | |
| Study Design |  | Trial Management |  | Other |  |
| Sample Size |  | Data Management | (please specify) | | |
| Randomisation |  | Monitoring |  | | |
| Statistics |  | Health Economics |  | | |
| If CTU support is not required for all of the above, please advise who will provide support/undertake these activities: | | | | | |

**SECTION 3 – FUNDING STATUS/DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding status of your project:** | |  |  | |
|  | | | | |
| **Name of Funder/Proposed Funder** (e.g. NIHR-HTA, EME etc.) | | | | |
| **Type of Application:** |  | |  |  |
|  | | | | |
| **Deadline Date for Submission:** | | | | |
| ***If your proposed trial is in response to a specific call, please include a copy of the call when you submit the NICTU Collaboration Request form.*** | | | | |

**SECTION 4 – OUTLINE OF RESEARCH PROPOSAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Research Proposal:** | | | |
| **What is the principal research question?** | | | |
| **Have you performed or is there a systematic review on this topic?** | | | |
| **What is the population which you plan to recruit?** | | | |
| **What is the intervention (including duration of treatment) which you plan to test?** | | | |
| **What is the comparison if appropriate (eg. placebo, standard care)?** | | | |
| **What are the proposed outcome measures and how will they be measured?** | | | |
| **Study Design:** |  |  |  |
|  |  |  | |
|  | (Please Specify): | | |
| **What is the frequency and duration of follow up?** | | | |
| **Potential Number of Sites:** | | | |
| **Geographical location of Sites:** | | | |
| **Briefly describe the clinical trials experience of the Chief Investigator and the current trial team:** | | | |
| **What engagement have you had, if any, with Patient and Public Involvement (PPI)?** | | | |
| **Proposed Sponsor:** | | | |
| **Other Relevant Information:** | | | |

Please email the completed Collaboration Request Form to the NICTU at: [info@nictu.hscni.net](mailto:info@nictu.hscni.net)

You should receive an acknowledgement of receipt within 2 working days.

***For CTU Internal use only***

|  |  |
| --- | --- |
| NICTU Reference Number: | Review Outcome: |
| Date Collaboration Request Received: | Reviewed by: |
| Investigator informed (acknowledged): | Investigator Meeting Participants: |
| Investigator Informed by: | Date Investigator Notified of Outcome: |
| Date of SAC Meeting: | Date of Investigator Meeting: |
| Date Sent to NICTU AG: |  |
| Date Response from NICTU AG: |  |