**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

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: |  |