# Clinic Application Form

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| 1. **Clinic name / patient group** | | |  |
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| **2. Contact details** | | |  |
|  | **Principal Investigator** | **Main Study Contact** | |
| **Name** |  |  | |
| **Phone** |  |  | |
| **Email** |  |  | |
| **Address** |  |  | |
| **3. PI’s research interests** | | | |
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| **4. Scientific justification** |
| *Please provide the scientific justification for enrolling the patient group to the Cambridge BioResource* |
| **5. Recruitment** |
| *Please describe how the proposed recruitment to the Cambridge BioReosurce will take place e.g run alongside recruitment to other studies, clinic nurses taking consent* |

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| **6. Relationships with industry** |
| *Please provide details of any working relationships or connections that you have with industry* |
| **7. Inclusion/exclusion criteria** |
| *Please provide details of any inclusion and exclusion criteria for enrolling patients to the Cambridge BioResource.*  *Please note that patients who lack the capacity to consent are currently excluded from joining the Cambridge BioResource.*  **Inclusion:**  **Exclusion:** |

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| **8. Clinic details** |
| |  |  |  |  | | --- | --- | --- | --- | | Number of clinics per week |  | | | | Day and times of clinics | Monday | AM | PM | | Tuesday | AM | PM | | Wednesday | AM | PM | | Thursday | AM | PM | | Friday | AM | PM | | Location of clinics | **Single Site** | **Location:** | | | **Multi-Site** | **Day** | **Location(s):** | | Monday |  | | Tuesday |  | | Wednesday |  | | Thursday |  | | Friday |  | | Approximate number of eligible patients *(total)* |  | | | | Approximate number of eligible patients attending *each clinic* |  | | | | Is the clinic Consultant led, or specialist nurse led? | Consultant | Specialist Nurse | Both | | Are there suitable facilities available within clinic for recruitment? | Yes | | No | | Do you have Research Nurses to support recruitment? | Yes | | No | | Are blood samples routinely collected during clinic appointments? | Yes | | No | | If Yes, where are blood samples taken? | Clinic | Phlebotomy Department | Other location: | | Approximately how often do the patients attend clinic? | Once a month | Six monthly | Once a year or less | | Other (please detail): | | | |

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| **9. Recruitment timeline** |
| *Please provide details of the anticipated timeline for recruitment with potential start & end dates* |
| **10. Signature of Principal Investigator** |
| *Please send us this form electronically as a Word document*  Print name:  Signature (optional):  Date: |
| **11. Cambridge BioResource Decision** |
| *To be filled in by the CBR team*    This application has been APPROVED  DECLINED  by SAB  INTERNAL REVIEW  (*state names of internal reviewers*)  Date: |