# 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** |
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| 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: |