# Study Application Form

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| 1. **Study name** | | | **Version:** |
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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. Study type** | | | | | | | | |
| *Please define the type of study this will be* | | | | | | | | |
| **Recall of volunteers** |  | | **Pre-existing CBR stored samples only** | |  | **Pre-existing CBR data only** | |  |
| **Total number requested:** |  | | **Total number requested:** | |  | **Data requested on X volunteers:** | |  |
| **5. Recall by genotype** *(if applicable)* | | | | | | | | |
| *Please list the SNP(s) and genotype groups of interest that will inform the recall* | | | | | | | | |
| **rs number** | | **Homozygotes only** | | **Heterozygotes only** | | | **Both** | |
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| **Genotype groups to be matched? Yes  No** | | | | | | | | |
| If yes:  **By gender** | | **By age (< 5yrs)** | | **By age (5 – 10yrs)** | | | **Other**  (give details) | |
| **Please state any further details regarding how volunteers will be grouped for recall** *e.g matched on same day. Give details for each group.* | | | | | | | | |
| **Frequency of marker(s) in normal population:** | | | | | | | | |
| **6. Current knowledge** | | | | | | | | |
| *Please detail the current knowledge regarding the functional significance of the marker(s) of interest and their likely associations with disease including risk estimates or absolute risks.* | | | | | | | | |

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| **7. Study summary** |
| *Please provide an overview of the proposed study including the commitment required by each study participant (1 A4 side maximum).* |

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| **8. Scientific justification** |
| *Please give the scientific justification for the proposed study, including relevant statistical support and previous results (2 A4 sides maximum).* |

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| **9. Data required *(pre-existing)*** | |
| *Please detail the pre-existing CBR data that you require (if applicable)* | |
| **10. Samples required *(pre-existing)*** | |
| *Please detail the type (e.g serum) and exact volume of each pre-existing CBR sample required (if applicable). Please note that we have very limited stocks and we do not operate as a Research Tissue Bank.* | |
| **11. Volunteer recall** | |
| **Total blood volume required per volunteer: ml**  *Please give details for each visit* | |
| *If >50ml per volunteer is required please provide clear justification for the amount requested* | |
| *Please detail any other clinical interventions required (e.g blood pressure, height, weight).* | |
| **Will volunteer participation be conducted at the Cambridge BioResource? Yes  No**  *If ‘no’ please provide further details on where study participation will take place* | |
| **Please indicate possible options for days and times of volunteer participation** | |
| **Days** | **Times** |
| Monday | Before 09:00 |
| Tuesday | 09:00 – 13:00 |
| Wednesday | 13:00 – 17:00 |
| Thursday | Other time requirements: |
| Friday | **Can samples be received on consecutive days?** Y/N |
| **Maximum number of samples/day:** | **Maximum number of samples/week:** |
| **Please indicate any other limitations** | |
| **Please outline any payments volunteers will receive and when these will be made** | |
| **Researchers are responsible for all study travel expenses. We expect that you offer to**  **reimburse expenses for all volunteers in addition to any payment they receive.** | |

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| **12. Previous studies** |
| *If the Cambridge BioResource has previously supported any of your studies, please detail the name, CBR study number and any applicable results* |
| **13. Study timeline** |
| *Please provide details of the anticipated timeline with potential study start & end dates* |
| **14. Ethics** |
| **Is there currently ethical approval in place for this study? Yes  No**  *If ‘yes’ please attach copies of your Protocol, Patient Information Leaflet, Consent Form and letter of favourable opinion to this application* |
| **15. Signature of Principal Investigator** |
| *Please send us this form electronically as a Word document*  Print name:  Signature (optional):  Date: |
| **16. 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: |