# 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** |
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
| **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:  |