# NEW STUDY APPLICATION FORM

# ACED CLINIC CAMBRIDGE

# PART A

### Applicant Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Telephone** |  |
| **Email** |  | | |
| **Address** |  | | |

### Principal Investigator or Research Centre Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Telephone** |  |
| **Email** |  | | |
| **Address** |  | | |
| **Centre** |  | | |
| **Contract Status** | □ CUH □ Honorary □ Other, please, specify: | | |
| **Is a Research Passport required?** *(For UK Investigators)* | | | □ Yes □ No |
| **UK Collaborator providing Research Passport / CUH contract?** *(For US Investigators)* | | | □ Yes □ No |

## Project Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Acronym | Short Title** |  | | **Version** |  | **Date** |  |
| **Full Protocol Title** |  | | | | | |
| **Study Summary** | | | | | | |
|  | | | | | | |
| **Principal Investigator’s Research Interest** | | | | | | |
|  | | | | | | |
| **Where will the study participation take place?** | |  | | | | |

## ACED Clinic Cambridge Access

|  |  |  |  |
| --- | --- | --- | --- |
| **Required facilities** (if applicable) | | | |
|  | | | |
| **Expertise required** | | | |
| Health economics support | Regulatory Advice | Statistical Analysis | Trial Design |
| **Other skills/expertise required** *(i.e. recruitment, consent, sample data collection, CRF completion…)* | | | |
|  | | | |
| **Samples Required** *(Please detail the type and exact volume)* | | | |
|  | | | |
| **Explain how access to ACED Clinic Cambridge will facilitate your study** | | | |
|  | | | |

### Complementary Information

|  |  |  |
| --- | --- | --- |
| **Is there currently ethical approval in place for this study?** | | Yes  No |
| **Funding Source** |  | |

|  |  |  |
| --- | --- | --- |
| **ACED Cambridge Initial Decision** *(For Official Only)* | | |
| **This application has been** | APPROVED  DECLINED | **By ACED CLINIC CAMBRIDGE** |
| **Comments** |  | |
| **Date** |  | |