# 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** |  |