|  |  |
| --- | --- |
| **For Keele AGP use only** Reference Number: |  |



**Keele Academic General Practice**

**Collaboration Request Form**

Please complete this form if you are requesting collaboration with Keele Academic General Practice (AGP) and submit to Keele AGP via **academicgp.wolstanton@keele.ac.uk**

Keele AGP Collaboration Guidance provides the criteria upon which decisions about Keele AGP collaboration will be made.

|  |  |
| --- | --- |
| **Study Information** | |
| Full Title: |  |
| Project acronym : |  |
| (Anticipated) Sponsor: |  |

|  |  |
| --- | --- |
| **Type of request** | |
| CRN study for consideration | Direct request to the AGP for collaboration |

|  |  |
| --- | --- |
| 1. **Chief Investigator (CI) details** | *The CI is the individual who takes overall responsibility for the design, conduct and reporting of a study.* |
| Name: |  |
| Organisation/Faculty/Institute: |  |
| Telephone number: |  |
| E-mail address: |  |

|  |  |
| --- | --- |
| **2. Key contact** | *Main point of contact details, if different from the above CI details.* |
| Name: |  |
| Organisation/Faculty/Institute: |  |
| Role: |  |
| Telephone number: |  |
| E-mail address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Study type:** | | | |
| Please tick all categories that apply to describe your research: | Randomised Clinical Trial (RCT) of an Investigational Medicinal Product (IMP).  Clinical investigation or other study of a medical device.  Other RCT to compare routine/new clinical/service interventions.  Study administering questionnaires for quantitative analysis.  Study involving qualitative methods.  Study limited to working with data (specific project only).  Student project.  Other, please specify*……………………………………………...* | | |
| Is the project an individual component of a larger research study or programme? | | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Medical devices**   N/A *If the project does* ***not*** *involve a medical device, please go to section 5.* | | | |
| Is the medical device CE marked? | | Yes | No |
| Is the device being used as per the Marketing Authorisation or manufacturer’s instructions? | | Yes | No |
|  | |  |  |
| **5. Collaborations** | | | |
| List the collaborating bodies / institutes involved in this study: |  | | |
| Where will the project be managed from? |  | | |
| Which NIHR Clinical Research Network (CRN) will be the lead? |  | | |

|  |  |  |
| --- | --- | --- |
| **6. Project detail** | | |
| Brief summary of design and research question.  *Please use the PICO format (Population, Intervention, Comparison, Outcome) where possible.* | *Please attach a detailed project abstract/summary if available.* | |
| Estimated number of participants required from Keele AGP (if applicable): |  | |
| Is the AGP contribution to the study funded? | Yes | No |
| Funding details: |  | |
| Anticipated set up start date: |  | |
| Anticipated recruitment start date: |  | |
| Total duration of study: |  | |

|  |
| --- |
| **7. AGP requirements,** *please describe*: |
|  |
| Why do you want to collaborate with the academic general practice and not a research ready practice? |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For Keele AGP use only** Reference Number: | | | | | |  |
| Date CRF Received: |  | | Date CRF Discussed: | |  | |
| Outcome of review: |  | | | | | |
| Comments to feedback: |  | | | | | |
| Appropriate for Group Practice Scheme? | | Yes | | No | | |
| If yes, participating: | | Kingsbridge | | Audley | | |
| Data sharing agreements required? | | Yes | | No | | |
| If yes, details: | |  | | | | |
| Date of outcome e-mailed to CRF originator: | |  | | | | |
| Additional notes: | |  | | | | |