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| **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.

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

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

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| 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: |  |

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| **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: |  |

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| **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 [ ]  |

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| **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 [ ]  |
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| **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? |  |

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| **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: |  |

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

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| **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: |  |