**Pro-forma for Laboratory Medicine – Blood Sciences Registration**

R&D Number:       Date of Discussion:

*This form should be completed and agreed with Kirsty Phillips,* *Kirsty.Phillips@UHBW.nhs.uk in conjunction with the study protocol. The form should then be sent electronically to ResearchApprovals@UHBW.nhs.uk*

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| **Study Title:** | | | | | | | | | | |
| **Principal Investigator (PI) at UHBW:**        Tel: | | | | | | | **Point of Contact (PoC) at UHBW:**        Tel: | | | |
| **Sponsor:** |  | | | | | | **Funding organisation:** |  | | |
| Is this a commercially sponsored study? | | | | Yes | | No | How will the costs outlined below be met? | | | |
| Estimated study start date (at this site):      /     / | | | | | | | Projected study end of recruitment date:      /     /  Projected end of support department involvement date:      /     / | | | |
| Do the current negotiations relate to: | |  | Feasibility (e.g. for funding application or sponsorship request)  Trust R&D Approval | | | | | | Estimated number of participants: | |
| Does this study require flow cytometry / molecular? | |  | Yes  No | | If yes has an appropriate proforma been completed? | | | |  | Yes  No |

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| **Test\*** | **Cost per unit**  **(if above routine care)**  *To be completed by Lab Medicine* | **Cycle / Visit\*\*** | | | | | | | | | |
|  |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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|  | **Total Cost per Cycle / Visit:** |  |  |  |  |  |  |  |  |  |  |

\*Please record all lab tests to be done for the protocol, whether part of routine clinical care, or required in addition to routine clinical care.

\*\*Please specify for each Cycle or Visit if each parameter is considered routine care (RC) or over and above routine care (X) in the boxes provided.

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| **Any Special Arrangements/Requirements (e.g. time constraints, remuneration, storage requirements) should be indicated below. Trust Approval for this research study will be based on the information as provided:** |
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| **Resource Authorisation**  To be completed by Kirsty Phillips. The form may either be signed or returned via email from the signatory’s UHBW email account | |
| *If you have any queries or concerns please contact Kirsty Phillips in the first instance.*  *Other contacts: Dr Andrew Day – Head of Department of Clinical Biochemistry or Mr Adrian Brown - Head of Service.*  [*Andrew.Day@UHBW.nhs.uk*](mailto:Andrew.Day@UHBW.nhs.uk)*and* [*Adrian.Brown@uhbw.nhs.uk*](mailto:Adrian.Brown@uhbw.nhs.uk) | |
| Laboratory Medicine will support this study based on the information outlined above  Not Applicable  I agree  I do not agree  Date:      /     / | |
| **Name:** | **Signature:** |