**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? | [ ] [ ]  | YesNo | If yes has an appropriate proforma been completed? | [ ] [ ]  | YesNo |

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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**and* *Adrian.Brown@uhbw.nhs.uk* |
| Laboratory Medicine will support this study based on the information outlined aboveNot Applicable [ ]  I agree [ ]  I do not agree [ ]  Date:      /     /      |
| **Name:** | **Signature:** |