**Microbiology (PHE) Pro-forma**

v1.5 22/MAR/2023

**R&D Ref Number:** ………………

**Project Title:** ……………………………………………………………………

|  |  |
| --- | --- |
| **Responsible Laboratory Section** | **LAB USE** |
| **Responsible Laboratory Person** | **LAB USE** |
| **Principal Investigator (PI)** |  |
| **Responsible Study/Project person** |  |
| **Contact Address** |  |
| **Contact Telephone No / Bleep No** |  |
| **Sample type(s)** |  |
| **Sample identification** | **Trial organisers usually create a highly visible label with the trial name on to identify samples and paperwork-please confirm this will happen** |
| **ICE requesting** | **Sample requesters to put trial name in clinical details-please confirm this will happen** |
| **LIMS Booking in** | **Sample requesters to put trial name in clinical details on form if samples not requested on ICE-please confirm this will happen**  **LAB USE: Lab to put trial name in clinical details when booking in to LIMS** |
| **Study Code for LIMS** | **LAB USE** |
| **Costing undertaken / agreed**  [Remove this row if not applicable] | **Indicate here if costing information needs to be provided by the lab** |
| **Reports** | **Will there only be lab reports issued, if so is there a specific consultant to send them to? Will there be additional paperwork accompanying the samples than needs to be completed?** |
| **Isolates** | **Do the lab need to retain samples or isolates? Will these need to be sent anywhere? If so where, how often and who will be responsible for this?** |
| **Invoicing**  *Who to invoice & frequency* |  |
| **Study / Project Background**  *Study organisers to provide a synopsis here & protocol to be attached* |  |
| Laboratory SOP *Lab to give synopsis- bullet points* | **LAB USE** |
| **Likely No. of samples / patients** |  |
| **Likely Start date** |  |
| **Likely study end of recruitment date** |  |
| **Likely end of support department involvement date** |  |
| **Other info** |  |

**Agreed by:** …………………………… **(*signature) Print Name:*** ………………………………

**Date:** …………………

**Date started first sample(s) received:** …………………

To be sent to Nicola Childs, Assistant Infection Sciences Service Manager and Bacteriology Laboratory Manager at Southmead for authorisation: [Nicola.Childs@nbt.nhs.uk](mailto:Nicola.Childs@nbt.nhs.uk)