**Pro-forma for Lab Services hosted at NBT**

(Virology, Bristol Genetics Laboratory, Immunology and Immunogenetics)

R&D Number:       Date of Discussion:

*This form should be completed and agreed with Rich Hopes (**Rich.Hopes@nbt.nhs.uk**), copying in Herty Narcho (**Herty.Narcho@nbt.nhs.uk**)*

 *and Katy Lomas (**Katy.Lomas@UKHSA.gov.uk**) for Virology requirements, Christopher Wragg (**Christopher.Wragg@nbt.nhs.uk**) for Bristol Genetics Lab requirements and Adrian Heaps (**Adrian.Heaps@nbt.nhs.uk**) for Immunology/Immunogenetics requirements.\** ***Please also contact the RMF assigned to the study to discuss whether a framework agreement annex is needed.***

**\* For Cellular Pathology and Microbiology requirements**, please use department-specific proformas (TMPL\_068 / TMPL\_078)

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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:      /     /      |
|  |  |  | Estimated number of participants:       |

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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 Rich Hopes, Herty Nacho or Katy Lomas for Virology requirements, Christopher Wragg for Bristol Genetics Lab requirements, or Adrian Heaps for Immunology/Immunogenetics requirements.The form may either be signed or returned via email from the signatory’s NBT email account. |
|  I confirm that the NBT Lab Services (specified above) will support this study based on the information outlined above.Not Applicable [ ]  I agree [ ]  I do not agree [ ]  Date:      /     /      |
| **Name:** | **Signature:** |