**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*](mailto:Rich.Hopes@nbt.nhs.uk)*), copying in Herty Narcho (*[*Herty.Narcho@nbt.nhs.uk*](mailto:Herty.Narcho@nbt.nhs.uk)*)*

*and Katy Lomas (*[*Katy.Lomas@UKHSA.gov.uk*](mailto:Katy.Lomas@UKHSA.gov.uk)*) for Virology requirements, Christopher Wragg (*[*Christopher.Wragg@nbt.nhs.uk*](mailto:Christopher.Wragg@nbt.nhs.uk)*) for Bristol Genetics Lab requirements and Adrian Heaps (*[*Adrian.Heaps@nbt.nhs.uk*](mailto: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)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **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.

|  |
| --- |
| **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:** |
|  |

|  |  |
| --- | --- |
| **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:** |