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| **Instructions** |
| Please complete this form and return, with any queries to Derval Reidy, Assistant Director of Nursing (ADON) at: [reidyde@tcd.ie](mailto:reidyde@tcd.ie)  You will be contacted to arrange a short follow-up meeting to discuss the requirements for your study |

1. **Principal Investigator**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Speciality** | [Click to Select Specialty] |
| **Email** |  | **Phone No.** |  |
| **Department/**  **Work Address** |  | | |

1. **Project Details**

|  |  |
| --- | --- |
| **Full Protocol Title** | Click here to enter text. |
| **Study Title (Short)** | Click here to enter text. |

1. **Project Description**

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| **Please attach a copy of the current protocol and/ or a copy of the completed REC application form** |

1. **Project Type:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Research Study** |  | **Study Category** | Choose an item. | **If Other – please specify:** |
| **Clinical Trial** |  | **Trial Category** | Choose an item. |  |

1. **Research Team** *including Sub-Investigators and other Research Staff*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job Title / Role** | **Email** | **Contact Number** |
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1. **Type of Support Required** *(tick all that apply)*

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| **Nursing** |  | **Isolation Room (positive pressure)** |  |
| **Pharmacy Services** |  | **Statistical Support** |  |
| **Sample Processing/Laboratory Services** |  | **Data Management** |  |
| **Neurophysiology/EEG** |  | **Regulatory Support** |  |
| **Exercise Physiology** |  | **GCP Training** |  |
| **Clinic Room** |  | **Kitchen** |  |

1. **Applicant Details (if different from PI)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name** |  | | |
| **Contact Number:** |  | **Email:** |  |

1. **Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **PI/ Applicant Signature** |  | **Date:** |  |