**Imperial Investigators (College or Trust) should complete this form if:**

* **They are carrying out any health-related research project and would like to request sponsorship from the Joint Research Compliance Office, Academic Health Science Centre (Trust or College)**.

**OR**

* **They are involved in a study sponsored by another organisation, but would like to have Imperial College negligent harm cover for the Imperial College staff working on the study.**

You should be able to complete this form in **5 minutes.** Information can be copy and pasted where necessary.

|  |
| --- |
| **Sponsorship or Insurance** |
| **What do you wish to do:** Choose an item.  If you are requesting negligent harm insurance cover only for your non-Imperial sponsored project then please declare your research sponsor: Click here to enter text.  \*If Imperial College London is designated the sponsor of your study then your project will be automatically registered for Imperial college negligent and non-negligent harm insurance cover.  \*If Imperial College Healthcare NHS Trust is designated the sponsor of your study then **only** the normal NHS indemnity will apply. |
| **Project Details** |
| **Faculty:** Choose an item.  **Division/Department:** Choose an item.  **Clinical Programme Group:** Choose an item.  **Project Title:** Click here to enter text.  **Start date:** Click here to enter a date. **End date:** Click here to enter a date.  **External Funding Source**:Yes  No  If yes please specify the organisation: Click here to enter text.  **Internal Funding Source:** Yes  No  If yes please specify Click here to enter text.  **InfoEd Reference Number:** Click here to enter text.  (i.e. P00000 (for externally funded projects). Internally funded studies must have a cost code provided)  **Is this project part of an Imperial College educational qualification: PhD**  **MSc**  **No**  **Type of project:** Medical device study  Investigational Medicinal Product study    Other  Please specify: Click here to enter text.    **Has the manufacturer provided indemnity (ABPI for Medical device or IMP studies):**Click here to enter text. |
| **Chief Investigator Contact Details** |
| Name: Click here to enter text.  Work Address: Click here to enter text.  Email: Click here to enter text. Telephone:Click here to enter text.  Substantive Employer: Choose an item. If you selected Other please specify: Click here to enter text.  Honorary Contract Employer (if applicable): Choose an item. If you selected Other please specify: Click here to enter text. |
| **Principal Investigator at ICHT Contact Details (if different from CI)** |
| Name: Click here to enter text.  Work Address: Click here to enter text.  Email: Click here to enter text. Telephone: Click here to enter text. |
| **Location of Research** |
| **Imperial College Campus:**  *Please click the boxes as appropriate:*  St Mary’s Hospital  Hammersmith Hospital  Charing Cross Hospital  NW London Hospitals  Royal Brompton Hospital  Chelsea and Westminster Hospital  **Please specify ALL other sites (UK and abroad):**  Click here to enter text. |
| **Brief Summary of Study – attach separate sheet if necessary**  (**Must** include details of any clinical procedures human subjects will undergo including any imaging).  Click here to enter text. |
| **Participant Information** |
| **Participant Type:** Choose an item. **Anticipated Number of Participants:** Click here to enter text.  **Will your research involve:**  *Please click the boxes as appropriate:*  Pregnant women  Children under five  Genetic engineering  Contraceptives  Administration or use of medicinal substances, devices or equipment manufactured by Imperial College  **Will any of the research participants have the following conditions:**  *Please click the boxes as appropriate:*  HIV  Hepatitis  CJD  **PLEASE NOTE**: If you check any boxes above then please provide full details of the proposed involvement on a separate page as approval will be required from the College’s Insurers before ‘no fault’ cover can be provided |
| **Additional Details** |
| Are there any other factors that should be brought to the Insurer’s attention? If so, please specify.  Click here to enter text. |
| **To be completed by JRCO only**  Designated Sponsor organisation: Imperial College London  Imperial College Healthcare Trust  Other (please specify) Click here to enter text.  Registered for Negligent Harm Cover Only : Yes  No  If Yes please specify date: Click here to enter a date.  Referral to Insurance Manager: Yes  No  If Yes please specify date: Click here to enter a date.  JRCO Staff member: |

This declaration of information is required to streamline information flows between College and Trust units. It is important to ensure that this study is sponsored by the correct legal organisation. This information is also required by the College’s Insurers to confirm insurance for the study.