**unilogo**

**Project Registration Form**: Please use this form when requesting sponsorship for projects from the University of Aberdeen and/or NHS-Grampian

To ensure that Research Governance has the necessary information to register your research project and assist with your application for sponsorship please complete all sections of the following form and email, along with all study relevant information to [researchgovernance@abdn.ac.uk](mailto:researchgovernance@abdn.ac.uk).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.** | **Full Title of research project:** *(This must be the same as on the IRAS form)*  Linking AMND, PIS and SMR01. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2a** | **Name of Chief Investigator:**  **Anthony Chapman** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2b** | **Email of CI:**  **r01ac14@abdn.ac.uk** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2c** | **Substantive employer of Chief Investigator** (*The CI must be an employee of NHS-G or the UoA)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | University of Aberdeen | | | | | | | | | | | |  | | | | | | | | | | | NHS-Grampian | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **2d** | **For internally funded projects: University CIs please confirm with whom the study has been discussed** *(i.e. Head of School)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2e** | **For student projects**  *Student’s name;*  *Anthony Chapman*  *Qualification the project will lead to:*  *PhD*  *University where student is registered:*  *UoA*  *Other:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3** | **Research staff:**  **Dr Steve Turner, Dr Wei Pang, Dr Lorna Aucott** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Do any researchers on this project require a research passport | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | |  | | | | | NO | | | |  | | | | | | | |
| **4a** | **Name the funding organisation:**  **The FARR Institute** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4b | **Does the funding for this study involve a grant application?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | |  | | | | | NO | | | |  | | | | | | | |
|  | *If YES please provide the funding status*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4c | Pre-application | | | | | | |  | | | | | | Pending | | | | | | | |  | | | | | | Has grant been accepted by the grant holder or the University? | | | | YES | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5** | **Registration Contact Details**  *To assist communication, please include details of main contacts:*  Name: Email:  Name: Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6** | **Commercial investment:** *(Describe any commercial involvement in this project. If none, indicate n/a)*  **N/A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7** | **Equipment:**  *Identify all equipment to be used in this project which is* ***not*** *owned by the University of Aberdeen or NHS-Grampian and indicate insurance cover*  *N/A* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8** | **Laboratories:** *Please indicate all those required*  **Relevant only to clinical work** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8a | Not applicable | | | | |  | | | | NHS | | | | |  | | UoA | | | | | |  | | | | External *(Give details below)* | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 8b | Has the project has been discussed with the relevant laboratory managers? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | |  | | | | NO | |  | | | |
| 8c | If NO please give reason  **No lab required** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9** | **Imaging Facilities: (as related to clinical work)**  **Please Specify: (e.g MRI, PET)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9a | Owned by NHS-G | | | | | | | | | | | | | | |  | | | | Owned by UoA | | | | | | | | | | | | | | | |  | | Not applicable | | | | | | | | |  | | | | | | |
| 9b | To be operated by NHS-G staff | | | | | | | | | | | | | | |  | | | | To be operated by UoA staff | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  | | | | | | |
| **10** | **NHS Support:** *(Please list all required)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10a | Pharmacy | | |  | | | | | Radiology | | | | | | | | |  | | | Pathology | | | | | | | |  | Other | | |  | | | | | | | | | | | | | | | | | | | | |
|  | *If OTHER, give further details:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | | |  | | | | |
| 10b | If NO please give reason  None required, project regards computer analysis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11** | **Recruitment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11a | Single centre | | | |  | | | | | | Multi centre | | | | | | | |  | | | | | | Please indicate how many sites \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | * *If study is to be run in Scotland only, to be multi centre it must involve more than one Scottish health board* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | **Recruitment figures** *(Please complete all three)*   1. Anticipated recruitment numbers in Grampian: 2. Anticipated recruitment numbers in UK: 3. Anticipated recruitment in total: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13** | **Peer review** *(You must include evidence of peer review with your protocol)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13a | Has the project undergone external peer review (eg Funder) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | |  | | | | NO | | |  | | | | | | | |
| 13b | Has the project undergone internal peer review (eg CLSM process) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | |  | | | | NO | | |  | | | | | | | |
| 13c | If NO to both, please give reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14** | **Project Type:** *(The data given here must be identical to that in IRAS)*  [*https://www.myresearchproject.org.uk/Help/IrasFilterGuidance.aspx*](https://www.myresearchproject.org.uk/Help/IrasFilterGuidance.aspx) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Clinical trial of an investigational medicinal product | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Clinical investigation or other study of a medical device | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Combined trial of an investigational medicinal product and an investigational medical device | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Other clinical trial, novel intervention or randomised clinical trial to compare interventions in clinical practice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Basic science involving procedures with human participants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Study involving qualitative methods only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Study limited to working with human tissue samples, other human biological samples and/or data *(specific project only)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Study limited to working with data (specific project only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Research tissue bank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Research database | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
| **15** | **Participants:** *(Please indicate if you will be recruiting any of the below)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Children under 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Pregnant women | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Contraception | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Participants with HTLV1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Participants with HIV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Participant with hepatitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Participants with fungal infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Participants lacking capacity to consent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Genetic engineering | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Healthy volunteers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | NHS Staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | University staff and/or students | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
|  | Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES |  | |
| **16** | **Data:** *(Please indicate all that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  | Participants are contacted directly about this project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | The study will access identifiable data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | NHS data will be accessed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | Non-NHS data will be accessed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | Grampian Data Safe Haven hold or have the authority to access all data for the study | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | Data will be obtained from a National Safe Haven | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | Caldecott approval required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | Data custodian approval required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | Data will be stored on UoA computers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | Data will be stored on NHS-G computers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | A bespoke database will be or has been created for the project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
|  | Data linkage study | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | |  |
| **17** | **Precautions:** *For all projects, please list any safety, ethical and/or financial issues the sponsor should be made aware of. If none, please state n/a:*  **N/A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18** | **GCP**  *Please confirm that all those who will be taking informed consent and have participant involvement, have GCP certificates dated within the last 2 years. You will be asked to forward copies of the certificates* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes |  | No | | | |  | | | | | Booked on course | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Date course taken or anticipated: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***(To be completed by Research Governance***  **Sponsor ID number: Date registered:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |