**Manchester Clinical Research Facility – Research Application Form**

The NIHR Manchester Clinical Research Facility’s main objective is to support early phase / experimental medical research. Other studies (e.g., Phase 3 or 4) may be considered, subject to the Facility’s review of scientific significance and capacity. The Principal Investigator is responsible for ensuring that the form is completed fully and accurately.

**PLEASE NOTE: It is a national requirement for use of the clinical research facilities that the NIHR is acknowledged in all resulting publications. Please** [**click the link for guidance**](https://research.cmft.nhs.uk/wp-content/uploads/2017/12/NIHR-Manchester-Poster-landscape-FINAL-1.pdf) **on how to do this:**

Please return the completed form to rsm-mcrf@mft.nhs.uk and include a protocol copy.

|  |
| --- |
| **General Study Information** |
| Full study title |  |
| Short title/acronym |  |
| RPeak Registration Number |  |
| IRAS number |  |
| Study Phase / Experimental Medicine |  |
| Sponsor |  |
| Lead centre |  |
| Are other elements of NIHR infrastructure involved in the study in Manchester or elsewhere (*e.g., BRC’s BRU’s TRC’s*)? | Choose an item. |
| If ‘Yes’, please provide further information. |  |
| **Primary day contact at main site**Best day-to-day contact, e.g., Clinical Trials Coordinator, Clinical fellow, Research nurse, secretary… |
| Full name |  |
| Email |  |
| Telephone |  |
| **Principal Investigator (PI)** |
| Full name |  |
| Email |  |
| Telephone |  |
| Which organisation does the PI have a substantive contract with?*(i.e., which organisation pays the PI’s salary)* |  |
| Which NHS organisation does the PI have a contract with? (*If different from above*) |  |
| **Sub-investigators (please add more rows if required)** |
| Full name |  |
| Email/telephone |  |
| **Funding and Billing** |
| Which organisation is the primary funder for the study |  |
| If funded by a grant, please provide the grant number. |  |
| Funder Type |   |
| If industry Contract/Collaborative, please specify industry type. |   |
| **Recruitment** |
| Estimated date for First Patient, First Visit (FPFV) |  |
| Estimated date of Last Patient, Last Visit (LPLV) |  |
| CRF Recruitment Target (if a range has been agreed what is the realistic expectation for recruitment) |  |
| Clinical Speciality |  |
| Age Range |  |
| Subject Type | Choose an item. |
| Will any participants be recruited from the NHS  | Choose an item. |
| Which Manchester Clinical Research Facility site are you applying to\* | Choose an item. |
| \*If you require the use of multiple MCRF sites, please indicate here | Choose an item. |
| Choose an item. |
| **Resources Required - Site specific***Please tick all resources required.* |
| **MFT CRF at MRI** | [ ] Nurse [ ] Medic[ ] Advanced Clinical Practitioner[ ] Research & Innovation Biospecimen Service (RIBS)[x] Room [ ] Minor Procedures Suite (*Lumbar puncture, Intrathecal administration, biopsies, etc.*)[ ] 3T MRI Scanner – (*this resource requires an additional application to UoM*)[ ] Ultrasound/Echo[ ] Administrative Support for study delivery [ ] Additional specialist requirements, such as specific equipment – *Please provide details in the additional information box below*.  |
| Additional Information:  *Please provide additional information for MCRF to review the application, such as the number of visits and/or assessments requiring MCRF support.*  |  |
| **MFT CRF at RMCH** | [ ] Nurse [ ] Play Specialist [ ] Research & Innovation Biospecimen Service (RIBS) [ ] Room [ ] Audiology Booth [ ] Administrative Support for study delivery[ ] Please provide details in the additional information box below for additional specialist requirements – such as specific equipment.  |
| Additional Information:*Please provide additional information for MCRF to review the application, such as the number of visits and/or assessments requiring MCRF support.*  |  |
| **MFT CRF at Wythenshawe**  | [ ] Nurse[ ] Medic[ ] Advanced Clinical Practitioner[ ] Physiologist[ ] Research & Innovation Biospecimen Service (RIBS)[ ] Room [ ] Administrative Support for study delivery [ ] Please provide details in the additional information box below for additional specialist requirements – such as specific equipment.  |
| Additional Information: *Please provide additional information for MCRF to review the application, such as the number of visits and/or assessments requiring MCRF support.*  |  |
| **MFT CRF at North Manchester**  | [ ] Nurse[ ] Medic[ ] Bed [ ] Research & Innovation Biospecimen Service (RIBS)[ ] Administrative Support for study delivery [ ] Please provide details in the additional information box below for additional specialist requirements – such as specific equipment.  |
| Additional Information:*Please provide additional information for MCRF to review the application, such as the number of visits and/or assessments requiring MCRF support.*  |  |
| **CRF at The Christie NHS Foundation Trust**  | [ ] Requires separate sheet for completion  |
| **CRF at Salford Royal NHS Foundation Trust**  | [ ] Requires separate sheet for completion |