**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.

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| --- |
| \* Required field.  |
| **General Study Information** |
| Full study title\* |  |
| Short title/acronym\* |  |
| RPeak Registration Number\* |  |
| IRAS number |  |
| CPMS number  |  |
| Study Phase\* |  |
| 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. |  |
| Expected impact\* | Choose an item. |
| **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**  |
| Have Sub-Investigators been identified to support this study? \* | [ ] Yes  | [ ] No  |
| If yes, please provide their full name and contact information (*please add more rows if required)*  |  |
| Full name\* |  |
| Email/telephone\* |  |
| If no, please provide the reason/rationale \* |  |
| **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\* |  |
| Participant Type\* | Choose an item. |
| Will any participants be recruited from the NHS \* | Choose an item. |
| **Manchester Clinical Research Facility Resources** *If you require the use of the CRF at The Christie NHS Foundation Trust or the CRF at Salford Royal NHS Foundation Trust, an alternative application is required, please contact rsm-mcrf@mft.nhs.uk for more details* |
| **Which Manchester Clinical Research Facility site/s are you applying to? \*** | [ ] MFT CRF at Manchester Royal Infirmary (MRI)[ ] MFT CRF at North Manchester General Hospital (NMGH)[ ] MFT CRF at Royal Manchester Children's Hospital (RMCH)[ ] MFT CRF at Wythenshawe Hospital (WTWA) |
| **Which resources do you require? \* Please select all that apply** | [ ] Nurse [ ] Medic & Advanced Clinical Practitioner [ ] Advanced Clinical Practitioner[ ] Physiologist[ ] Play Specialist [ ] Administrative Support for study delivery [ ] Room [ ] Research & Innovation Biospecimen Service (RIBS)[ ] Ultrasound/Echo[ ] Minor Procedures Suite *ONLY AVAILABLE AT MFT CRF AT MRI*[ ] 3T MRI Scanner (requires an additional application to UoM) *ONLY AVAILABLE AT MFT CRF AT MRI*[ ] Audiology Booth *ONLY AVAILABLE AT MFT CRF AT RMCH* [ ] Physiology lab *ONLY AVAILABLE AT MFT CRF AT WTWA* |
| Additional Information:  *Please include additional information that may support this application, such as the number of visits and/or specific assessments requiring MCRF support.*  |  |