**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](mailto:rsm-mcrf@mft.nhs.uk) and include a protocol copy.

|  |  |  |
| --- | --- | --- |
| \* 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.* |  | |