# Request for CTU Support Form

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| --- |
| *Please complete the form and return by email to*: ctumanager@phc.ox.ac.uk. *We will inform you once the form is reviewed by the CTU senior management team* |

## Details of Main Contact Person

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Job title |  |
| Email address |  | Telephone |  |

## Details of Chief Investigator (if different from above)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Job title |  |
| Email address |  | Telephone |  |

## Other Collaborators/Co-applicants

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Job title |  | Affiliation |  |
| Name |  | Job title |  | Affiliation |  |
| Name |  | Job title |  | Affiliation |  |
| Name |  | Job title |  | Affiliation |  |

## Funding Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding stage | | Funded  Funding application stage | | |
| Funder | |  | | |
| Funding application deadline (dd/mm/yy) | | | |  |
| Proposed start date (dd/mm/yy) | | | |  |
| Duration of study (months) | | |  | |
| Sponsor | |  | | |
| Has RDS been consulted? | Yes Please state which RDS: | | | |
| No but would like to  No thanks | | | |

## CTU Support required

|  |  |  |
| --- | --- | --- |
| Statistics | | **Data management** |
| Randomisation (e.g. Sortition) | | **IT (e.g. information system development)** |
| Study management | | **Quality assurance** |
| Research nurse | |  |
| Any other request, please specify |  | |

## Study details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Study title |  | | | | | |
| Short title (including acronym if any) | | | |  | | |
| Study objective | |  | | | | |
| Study design | |  | | | | |
| Involving IMP? | | | | Yes  No  Not sure | | |
| IMP already licensed within the EU | | | | Yes  No | | |
| Patient group (P) | | |  | | | |
| Intervention groups to be investigated (I) | | | | |  | |
| Control/comparator (C) | | |  | | | |
| Outcomes (O): Primary  Secondary | | |  | | | |
|  | | | |
| Proposed sample size | | |  | | No. of sites / practices |  |
| Method of recruitment | | |  | | | |
| No. of follow-up | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Form Completed by |  | Date |  |

|  |
| --- |
| For INTERNAL USE ONLY: |
| Date form received: |
| Date reviewed: |
| Reviewed by: |
| Outcome of review: |
| Comments |
| Date emailed to main contact |