# 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 |