OID Appendix for Non-commercially Sponsored Studies in NHSGGC

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| --- | --- |
| **R&D/IRAS Reference** |  |
| **Study short title** |  |
| **Site\* in NHSGGC** |  |

Dear PI,

Please complete the below form to the best of your knowledge. Correct and complete details on this form will help to reduce delays in the set-up of this study.

1. Please provide the following information for the site research team. Please include details for ALL researchers/staff involved in this study locally, including nurses and researchers/medics/nurses (etc) from other Health Boards or Institutions who will be working on this study locally (This can be researchers involved who are working remotely). Please be sure to include an estimate for the time each researcher will spend on this study per week (WTE)

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| --- | --- | --- | --- | --- | --- |
| **Researcher name** | **WTE hours\*** | **Employer** | **Do they have a contract with the NHS?** | **Research role** **e.g. PI, Sub I, Research Fellow, Research Nurse, Data co-ordinator** | **Research activities** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\* Confirm here how many hours per week the researcher will be working on the study*

1. Give details of any clinical intervention(s) or procedure(s) to be received by participants as part of the research protocol. Please ensure that ALL departments involved in this study for ANY research activities are included, along with details on how many of the activities taking place there are Standard of Care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **Location** | **Intervention or procedure** | **\*Total received as part of protocol?** | **\*\*How many standard of care?** |
| ***Example*** *Ophthalmology* | *Gartnavel General Hosp* | *Fundus Photography* | *3* | *3* |
|  |  |  |  |  |
|  |  |  |  |  |

*\*Total number of interventions/procedures to be received by each participant as part of the research protocol*

*\*\* If this intervention would have been routinely given to participants as part of their care, how many of the total would have been routine?*

1. Who is the contact for recruitment data – (who will be able to provide monthly recruitment figures for this site)? If Glasgow CRF involved recruitment contact is EDGE.

|  |  |
| --- | --- |
| **a. Recruitment contact name** | **Email address** |
|  |  |

**Declaration by PI or Local Collaborator (by sending the above info by email, you’re agreeing to the below as PI)**

* The information in this form is accurate to the best of my knowledge.
* I am aware of and have agreed to discharge my responsibilities in line with the UK Policy Framework for Research and Social Care.
* I have considered and mitigated any conflicts of interest that I may have.
* I agree to work in accordance with the current NHSGGC COVID19 guidelines and principles

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