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**Leicester Clinical Trials Unit**

**Collaboration Request Form**

**Please complete the information below as fully as possible. The boxes will expand to fit the text as you type.**

Please note that details of your enquiry and any funded trial will be entered into our local database. Selected data may be shared with partner organisations, for example the NIHR Clinical Research Network, Research Design Service, and Sponsor Organisations to facilitate collaboration.

**Section 1 – Enquirer Details**

|  |  |
| --- | --- |
| Name of Enquirer:   |   |
| Position:   |   |
| Organisation:   |   |
| Email:   |   |
| Telephone:   |   |

|  |  |
| --- | --- |
| Chief/Principal Investigator:   |   |
| Employing Organisation:   |   |
| Email:   |   |
| Telephone:   |   |

**Section 2 – Study/Trial Details**

|  |
| --- |
| Study/Trial Title:   |
|           |
|  Brief outline of proposal including primary endpoints, sample size, methodology etc. You may wish to consider aspects such as application structure, any known collaborators, partnering organisations and sponsorship. If your study/trial is still at an early stage, please outline your current ideas:   |
|            |

|  |
| --- |
| Please tick all that are relevant to your study/trial:   |
| [ ] Multi-site  | [ ] Single site  |
| [ ] Randomised controlled trial (RCT)   | [ ] Pilot / Feasibility  |
| [ ] CTIMP  | [ ] Non-CTIMP  |
| [ ] Devices  |   |

|  |
| --- |
| Please tick the LCTU support you may need:   |
| [ ] Design  | [ ] Data Management  |
| [ ] Statistics  | [ ] Randomisation   |
| [ ] Database build  | [ ] Trial Management  |
| [ ] Other (please provide details)  |    |

**Section 3 – Funding details**

|  |  |
| --- | --- |
| Funder:  |    |
| Call / Programme:  |    |
| Submission Deadline:   |   |

Once completed please then **email the form to us**, along with any other documents/information which may be useful to us in understanding your trial and needs.