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| **Instructions** |
| All applicants requesting either access to or support from (or both) the CR(S)U are required to complete this application. Please complete this form and return, with any queries to Siobhan Egan, Clinical Operations Manager CRSU- siobhan.m.egan@ul.ie  You may be contacted to arrange a short follow-up meeting to discuss the requirements for your study. |

1. **Principal Investigator**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Speciality** | [Click to Select Specialty] |
| **Email** |  | **Phone No.** |  |
| **Department/**  **Work Address** |  | | |

1. **Project Details**

|  |  |
| --- | --- |
| **Full Protocol Title** |  |
| **Study Title (Short)** |  |

1. **Project Description**

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| --- |
| **Please attach a copy of the current protocol and/ or a copy of the completed REC application form**  **Please provide details of any funding associated with this study:**  **Proposed start date and duration for supports requested:** |

1. **Project Type:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Research Study** | **☐** | **Study Category** |  | **If Other – please specify:**  **Identification of Genetic** |
| **Clinical Trial** | **☐** | **Trial Category** | Choose an item. |  |

1. **Research Team** *including Sub-Investigators and other Research Staff*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job Title / Role** | **Email** | **Contact Number** |
|  |  |  |  |
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1. **Type of Support Required** *(tick all that apply)*

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| --- | --- | --- | --- |
| **Nursing** | **☐** | **Statistical Support** | **☐** |
| **Sample Processing** | **☐** | **GCP Training** | **☐** |
| **Ethics Committee Application Support** | **☐** | **Regulatory Support** | **☐** |
| **Clinical Rooms** | **☐** | **Support through the HRB CRCI Feasibility & Study Start up programme** | **☐** |
| **Data entry** | **☐** | **Storage of clinical research documents and/or data** | **☐** |
| **Protocol development** | **☐** | **Assistance with grant application** |  |
| **Study document Development** | **☐** | **Other:** *please specify* | **☐** |

1. **Applicant Details (if different from PI)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name** |  | | |
| **Contact Number:** |  | **Email:** |  |

1. **Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **PI/ Applicant Signature** |  | **Date:** |  |

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| --- | --- | --- | --- |
| **CR(S)U OFFICE USE ONLY** | | | |
| **Confirmation Application reviewed prior to CRU MB submission** | **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** |  |