1. **STUDY DETAILS**

|  |  |
| --- | --- |
| **Short title:** |  |
| **Research title:** |    |
| **Protocol:** |    |
| **Ethics approval reference:** |   |
| **R&D number:** |  |
| **NIHR CRN Portfolio study?** |   |
| **Is this a Clinical Trials of an Investigational Medicinal Product study? ( CTIMP )**  |   |
| **Principal investigator:** |  |
| **PI contact details:** |   |
| **Department:** |  |
| **Study contact details:** |   |
| **Out of hours contact name:** |   |
| **Out of hours contact number:** |   |
| **Date of initial enquiry:** |  |
| **Proposed analysis start date:** |  |
| **Proposed analysis end date:** |  |
| **Results to (provide NHS.net address. If using anonymisation, results will be issued by email only).** |   |
| **Funding origin:****Commercial / NHS / Other** |   |
| **Details of funder:** |   |
| **Invoice to:****Include Study Reference:** |  |

1. **SPECIMEN DETAILS**

|  |  |
| --- | --- |
| **Subject origin** | **Patient / Volunteer** |
| **Identification** | **Hospital number / Anonymised** |
| **Receipt of samples** | **As taken / Batch** |
| **Retention of specimens?****If yes, please specify** |  |
| **Minimum number of subjects** |  |

Please include:

* All additional tests required as part of a research study
* Any tests which are part of a standard care pathway, but are being paid for within a research study’s budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** | **Sarstedt tube / Specimen** **(Lab staff only)** | **Standard visits** | **Research visits** |
|  |   |   |   |
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|   |   |   |   |
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|   |   |   |   |

1. **COSTINGS / FINANCE -** TO BE FILLED OUT BY LAB STAFF

|  |  |  |
| --- | --- | --- |
| **Name of test** | **Test code** | **Price per Test £** |
| Registration Fee (one off) |  | 200 |
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Please note that test prices are subject to an approximate 5% increase every 1st April. Includes VAT.

1. **AGREEMENT**

Invoices will be raised quarterly in arrears/on completion of analysis.

This agreement will only cover the specimens listed in section 2 and will remain in effect until date xx/xx/xxxx.

I have read and understand sections 1 to 4 and agree to abide by the terms thereof.

Signature:

**Principal Investigator**

Date:

|  |  |
| --- | --- |
|  |  |
|  |

**Please send the completed form to:**

Steve Tucker, Operations Manager for Blood Sciences: steve.tucker3@nhs.net

Nick Kirk, Pathology Services Manager: nkirk@nhs.net