***FRM097: Royal Papworth Hospital Research Tissue Bank Application Form – DATA ONLY***

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| **Project Title:** |  |
| **Brief Project Description and detailed study protocol** |  |
| **Names of Investigators:** |  |
| **Name of any Project Collaborators outside the Recipient centre:** |  |
| **Is this project supported by the Cambridge BRC?** |  |

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| Detailed description of Data required | Minimum Quantity (number of patients) | *Detailed description of patient cohort* |
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| Please give the contact details of the person who will receive the data  |  |
| Please give details of how the data will be securely stored |  |
| Will data be transferred to a **Project Collaborator outside of the Recipient?** If Yes, please give details, including how the data will be transferred. |  |

Research Governance checks:

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| **Please complete the following table by ticking the appropriate Yes or No box** | **Yes** | **No** |
| Does the research already have project specific Research Ethics Committee approval?*If ‘Yes’ please provide a copy of the REC approval letter and all approved documents*.. |  |  |
| Has the research been peer reviewed and approved as part of a grant application? *If ‘Yes’ please provide proof of grant award.* |  |  |
| Is the project Papworth funded research that has been reviewed and supported by the Research and Development Directorate? |  |  |
| Is the research an industrial collaboration that has been reviewed and supported by the Research and Development Directorate? |  |  |
| Is the data for student research that is supported by an academic and clinical supervisor? |  |  |
| Will the research produce data that will be clinically relevant to the individuals donating to Papworth Research Tissue Bank? *The terms of PHRTB’s ethics approval does not allow data produced from research supplied to be used to inform clinical care*.  |  |  |

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| **List of Supporting Documents Reviewed** |
| *Document* | *Version* | *Date* |
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| **Outcome of review by Tissue Bank Operational Group (TBOG)** |
| **Meeting date:** ***to be entered at Papworth*** |
| **Meeting outcome and project costs: *to be entered by Papworth post TBOG meeting*** |
| **Costs for project under BRC funding criteria: *to be entered by Papworth once eligibility confirmed*** |

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| **Total number of data set to be supplied:** |  | **Proposed end date, or date of review** |  |

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| **Papworth Hospital Research Tissue Bank receives limited core funding to support investigators contributing to the BRC Cardiovascular and Respiratory research themes. Therefore, Tissue Bank is able to charge reduced fees (which are calculated on a cost recovery basis) when it supports these projects. Once confirmation is received that a project meets this criteria the fees will be adjusted accordingly**. **I confirm that the project is part of the Biomedical Research Centre’s Cardiovascular & Respiratory research themes and is therefore eligible for Tissue Bank BRC support.** |
| **Authorised by applicant:** |  | **Date** |  |

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| **I agree that this application fully describes the proposed project and I agree to the conditions of approval as described above.** |
| **Signed by applicant:** | ***Form will be returned to applicant for signature after TBOG meeting*** | **Date** |  |

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| **Approved by TBOG:** |  | **Date** |  |