**Study Title (Long Title):**

**Study Title (Short Name):**

**Principal Investigators:**

|  |  |  |
| --- | --- | --- |
| **Department/Therapeutic Area (select one):** | | |
| Anaesthesiology  Cardiology  Dermatology  Emergency Medicine  Endocrinology  Gastroenterology  ICU  Infectious Diseases  Metabolic  Nephrology  Neurology | Nursing  Nutrition and Dietetics  Obstetrics & Gynaecology  Occupational Health  Oncology  Ophthalmology  Palliative Medicine  Pathology  Paediatrics  Physiotherapy  Plastic & Reconstructive Surgery | Psychiatry & Mental Health  Radiology  Respiratory  Rheumatology  Speech & Language Therapy  Surgery  Urology  Other |

|  |  |
| --- | --- |
| **Study Type:** | **If Study Type is Clinical Trial, please provide:** |
| Clinical Trial (*Interventional Study*) **🡺**  Observational Study (*Non-Interventional Study*)  Device Study  Biobank Only Study  Registry  Multiple/Mixed Methods  Qualitative  Quantitative | **EudraCT No.:**  **Sponsor:**  **Indicate Phase (select one):**   |  |  | | --- | --- | | Phase 1  Phase 2 | Phase 3  Phase 4 | |

|  |  |  |
| --- | --- | --- |
| **Funder Name(s):** | **Funder Type:** | **Funder Amount (€):** |
|  | Academic Research Grant  Public Agency Funding  Industry Funded Study  Charity Funded Study  Multiple Funding Sources  Other |  |

**Anticipated / Actual Start Date:**       (DD / MMM / YYYY)

**Anticipated End Date:**       (DD / MMM / YYYY)

**Anticipated Recruitment:**  (number of patients/participants)

|  |  |
| --- | --- |
| **IRB Details *(Completed Centrally)*** | |
| **IRB Review Required.**  Yes **🡺**  No | **IRB Approval Date:**        (DD / MMM / YYYY) |