**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 |

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| --- | --- | --- |
| **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)  |