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| **Form Title:** | External Sponsor Collaboration Form |  |
| **Form Ref.:** | HSCR-FORM003 |  |
| This form should be completed for all research projects that will be sponsored by an organisation other than Lancaster University. Please complete, save and return this form with a copy of your IRAS application, participant materials, supporting documents and your HRA and NHS REC (if applicable) approval letters. The email should come from or be copied to the Lancaster University Chief Investigator’s/lead investigator’s work email address. |
| **Section 1 - Proposal Overview** |
| **Full title of study (as it appears on IRAS)**  |  |
| **Documents attached** | IRAS application [ ]  |
|  | Protocol [ ]  |
|  | Participant Information Sheets [ ]  |
|  | Consent Forms [ ]  |
|  | Any other documents submitted with your IRAS [ ]  |
|  | Letter or email confirming sponsorship [ ]  |
|  | NHS REC favorable opinion letter [ ]  |
|  | HRA&HCW approval letter [ ]  |
|  | Other (please specify): |
| Section 2 – Chief Investigator Details |
| **Chief Investigator details** | Title | Prof. [ ]  Dr [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  |
|  |  | Other (please specify):  |
|  | Forename |  |
|  | Surname |  |
| **Work email address** |  |
| **Lancaster University department**  |  |
| **Substantive employer of Chief Investigator** | Lancaster University [ ]  |
|  | Other (please specify):  |
| **NHS employment details** | Not applicable [ ]  |
|  | NHS organisation:  |
|  | Substantive Contract [ ]  Honorary Clinical Contract [ ]  |
| Section 3 – Lancaster University Lead Investigator Details (if not the CI) |
| **Chief Investigator details** | Title | Prof. [ ]  Dr [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  |
|  |  | Other (please specify):  |
|  | Forename |  |
|  | Surname |  |
| **Work email address** |  |
| **Lancaster University department**  |  |
| **Substantive employer of Chief Investigator** | Lancaster University [ ]  Other, please specify: |
| **NHS employment details** | Not applicable [ ]  |
|  | NHS organisation:  |
|  | Substantive Contract [ ]  Honorary Clinical Contract [ ]  |
| **Section 4 – Sponsorship** |
| **Please name the sponsor of the research** |  |
| **Sponsor contact details** | **Title** | **Prof.** [ ]  **Dr** [ ]  **Mr** [ ]  **Mrs** [ ]  **Ms** [ ]  |
|  |  | **Other (please specify):**  |
|  | **Forename** |  |
|  | **Surname** |  |
| **Sponsor contact email address** |  |
| **Section 5 – About the Study** |
| **Study type** *(please indicate with an X)* | Research database |[ ]
|  | Study limited to working with data (specific project only) |[ ]
|  | Research tissue bank | [ ]   |
|  | Study limited to working with human tissue samples (or other human biological samples) and data (specific project only) | [ ]   |
|  | Study involving qualitative methods only  |[ ]
|  | Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology  |[ ]
|  | Basic science study involving procedures with human participants |[ ]
|  | Combined trial of an investigational medicinal product and an investigational medical device |[ ]
|  | Clinical investigation or other study of a medical device |[ ]
|  | Clinical Trial of an Investigational Medicinal Product (CTIMP) |[ ]
|  | Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice |[ ]
|  | Other study – please specify here |[ ]
| **Will this study involve storage of human tissue that would fall under the remit of the Human Tissue Act at Lancaster University?**  | Yes [ ]  No [ ]  (If yes, please be aware that Lancaster University does not have a Human Tissue license, therefore, to store human tissue on campus, you must have project specific NHS REC favorable opinion, even if exempt under normal circumstances. If you are obtaining material from a human tissue bank with generic NHSREC approval, you will not need project specific NHS REC review, but you may still require a project specific Faculty REC review via REAMs and should check the requirements with the Faculty Ethics Officer.) |  |
| **Will you be obtaining HRA approval?** | Yes [ ]  No [ ] (Please be aware that if you only require HRA approval, and are exempt from project specific NHS REC approval, you will need to check if you require Faculty REC approval via REAMs. ) |  |
| **Do you have an NHS REC favourable opinion?**  | Yes [ ]  No [ ]  |  |