


Form Title:	External Sponsor Collaboration Form		
Form Ref.:	HSCR-FORM003		
<p>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.</p>			
Section 1 - Proposal Overview			
Full title of study (as it appears on IRAS)			
Documents attached	IRAS application <input type="checkbox"/>		
	Protocol <input type="checkbox"/>		
	Participant Information Sheets <input type="checkbox"/>		
	Consent Forms <input type="checkbox"/>		
	Any other documents submitted with your IRAS <input type="checkbox"/>		
	Letter or email confirming sponsorship <input type="checkbox"/>		
	NHS REC favorable opinion letter <input type="checkbox"/>		
	HRA&HCW approval letter <input type="checkbox"/>		
Other (please specify):			
Section 2 – Chief Investigator Details			
Chief Investigator details	Title	Prof. <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	
		Other (please specify):	
	Forename		
	Surname		
Work email address			
Lancaster University department			
Substantive employer of Chief Investigator	Lancaster University <input type="checkbox"/>		
	Other (please specify):		
NHS employment details	Not applicable <input type="checkbox"/>		
	NHS organisation:		
	Substantive Contract <input type="checkbox"/> Honorary Clinical Contract <input type="checkbox"/>		
Section 3 – Lancaster University Lead Investigator Details (if not the CI)			
Chief Investigator details	Title	Prof. <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	
		Other (please specify):	
	Forename		
	Surname		
Work email address			
Lancaster University department			

DOCUMENT IS UNCONTROLLED WHEN PRINTED

HSCR-FORM003

Version: v1

Version date: 07/11/2024

Substantive employer of Chief Investigator	Lancaster University <input type="checkbox"/> Other, please specify:	
NHS employment details	Not applicable <input type="checkbox"/> NHS organisation: Substantive Contract <input type="checkbox"/> Honorary Clinical Contract <input type="checkbox"/>	
Section 4 – Sponsorship		
Please name the sponsor of the research		
Sponsor contact details	Title	Prof. <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):
	Forename	
	Surname	
Sponsor contact email address		
Section 5 – About the Study		
Study type (please indicate with an X)	Research database	<input type="checkbox"/>
	Study limited to working with data (specific project only)	<input type="checkbox"/>
	Research tissue bank	<input type="checkbox"/>
	Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	<input type="checkbox"/>
	Study involving qualitative methods only	<input type="checkbox"/>
	Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology	<input type="checkbox"/>
	Basic science study involving procedures with human participants	<input type="checkbox"/>
	Combined trial of an investigational medicinal product and an investigational medical device	<input type="checkbox"/>
	Clinical investigation or other study of a medical device	<input type="checkbox"/>
	Clinical Trial of an Investigational Medicinal Product (CTIMP)	<input type="checkbox"/>
	Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	<input type="checkbox"/>
	Other study – please specify here	<input type="checkbox"/>
Will this study involve storage of human tissue that would fall under the remit of the Human Tissue Act at Lancaster University?	Yes <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/> No <input type="checkbox"/> (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.)	

DOCUMENT IS UNCONTROLLED WHEN PRINTED

Do you have an NHS REC favourable opinion?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
---	--	--