



**RESEARCH PROJECT INITIATION REPORT
(For studies requiring NHS R&D Approval only)**

To be completed in typescript and submitted to the SEHSCT IRD Office by the Principal Investigator/Local Collaborator following study initiation.

1. Details of Principal Investigator/Local Collaborator

Name:	
Address:	
Telephone:	
E-mail:	

2. Details of study

Full title of study:	
SEHSCT Reference Number:	
Date of favourable Research Governance Committee opinion:	
Sponsor:	

3. Commencement Dates *(Please complete for applicable category)*

Clinical Research Project

Date of First Patient Consented	
Date of First Patient, First Visit	

Questionnaire Based Project

Date of First Questionnaire Sent	
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Data Trawl Project

Date Data First Accessed	
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4. Safety of participants

Have any concerns arisen about the safety of participants in this study? <i>If yes, give details and say how the concerns have been addressed.</i>	Yes / No
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5. Other issues

Are there any other developments in the study that you wish to report to the IRD Office?	Yes / No
Are there any issues on which further advice is required? <i>If yes to either, please attach separate statement with details.</i>	Yes / No

6. Declaration

Signature of Principal Investigator/Local Collaborator:	
Print name:	
Date of submission:	