**Study Adoption Request Form**

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| **Study name:** |  |
| **Contact details:** |  |
| **Study funded by:** |  |
| **Date of application** |  |

**Background**

**Primary study objective(s):**

**Study timeline:**

|  |  |
| --- | --- |
| **Funding status** |  |
| **Ethical approval status** |  |
| **HPRA status** |  |
| **Current status of study** |  |

**If you wish to recruit practices through the HRB Primary Care CTNI, please specify:**

|  |  |
| --- | --- |
| **Number of practices** |  |
| **Country, region** |  |
| **Specific requirements (size, PN required? Etc)** |  |
| **What does study require practice staff to do?** |  |
| **Target recruitment per practice** |  |
| **Financial and other supports to practices** |  |
| **When will practice recruitment begin?** |  |

**Who are potential participants**?

|  |  |
| --- | --- |
| **Main patient inclusion criteria** |  |
| **Any significant exclusion criteria** |  |
| **What does the study involve for participants (number of visits/where to/IMPs/other interventions)?** |  |

Please include here any other significant study information that will help the Study Adoption Panel understand the study. Please also forward the study protocol with this Study Adoption Request form.

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