**SHARE Study Application Form**

Application number SHARE\_

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| **Important Please Note**: Please complete ***ALL*** fields.  Please call 01382 383235 or email [studies@registerforSHARE.org](mailto:studies@registerforSHARE.org) if you need help to complete this form. | | | | |
| **Project Working Title/Acronym:** | Click here to enter text. | | | |
| **Do you have NHS ethics and R&D approval for eligible subjects using the SHARE register for this study?**  **SHARE should be mentioned in Protocol.** | Yes | No | Please state R&D number:  Please include a copy of ethics and R&D approval letters as well as your Protocol and PIL as an appendix | |
| **Ethics is not required** | tick |  | Please provide correspondence from ethics to say why ethics is not required. | |
| **How many participants do you hope to recruit from SHARE?** |  | | | |
| **Which NRS nodes do you plan to recruit from?**  *Please note R&D approval is required from every Health Board you intend to conduct the study in. Additionally, a local P.I. must be identified****.*** | All Scotland  North (Grampian, Highlands & Islands)  East (Tayside, Fife, Forth Valley)  Southeast (Lothian, Borders)  West (Glasgow & Clyde, Ayrshire & Arran, Lanarkshire, Dumfries & Galloway) | | | |
| **Duration of study** | Start date: ASAP | | | End date: End of 2024 |
| **Type of study:** | Recruitment  Other | | | |

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| **Study Co-ordinator Details**: | | | |
| Title/Full Name: |  | | |
| Address: |  | | |
| Daytime Telephone Number: |  | | |
| Email: |  | | |
| **Chief Investigator Details**: | | | |
| Title/Full Name: |  | | |
| Address: |  | | |
| Daytime Telephone Number: |  | | |
| Email: |  | | |
| Local PI (s): |  | | |
| Project Details: | | | |
| **Study Summary** (~500 words) *(please note this needs to summarise the study, but also explain what you are looking for in terms of participant selection. SHARE needs to understand what exactly is required)* | | | |
| **Patient INCLUSION Criteria - MANDATORY**  **Please include all relevant ICD 10/BNF/GP READ (or SNOMED) codes that will be used to search SHARE**  ***(please be as comprehensive as possible)***    Demographic characteristics  List all relevant characteristics (e.g. age range, gender) e.g.   * Males aged 45-79 (inclusive at selection)     Diseases (if required)  List all relevant ICD-10 Codes e.g.   * Insulin dependent diabetes ICD-10 (E10) * Identifiable from: [ICD 10 2016 version](https://icd.who.int/browse10/2016/en#/) * Or GP read/SNOMED codes, identifiable from [GP Read/SNOMED at NHS England](https://nhsengland.kahootz.com/t_c_home/viewDatastore?dsid=407588&adv=&showAllColumns=N&datViewMode=list&showSingleItem=N&cardColNo=)     Medicines (if relevant)  List all relevant BNF codes e.g.   * BNF codes: Short acting insulin 6.1.1.1, and Intermediate and long-acting insulin 6.1.1.2 * Identifiable from: [Open Prescribing BNF codes](https://openprescribing.net/bnf/) | | **Patient EXCLUSION Criteria - MANDATORY**  **Please include all relevant ICD 10/BNF/GP READ (or SNOMED) codes that will be used to search SHARE**  ***(please be as comprehensive as possible)***  Demographic characteristics  List all relevant characteristics (e.g. age range, gender) e.g.   * Males 18-44 inclusive     Diseases (if required)  List all relevant ICD-10 Codes e.g.   * Major psychiatric illness ICD-10 (F00–09, F20-29, F30-31)      Medicines (if relevant)  List all relevant BNF codes e.g.   * Insulin (BNF Section 6.1.1.) * Anti-Parkinsonian agents (4.9) | |
| **Funding Details:** | | | |
| **Funder**: (*please state source of funding)*  [**Eligibly Funded**](http://www.sspc.ac.uk/spcrn/ELIGIBLE%20FUNDERS.pdf):  (NHS support/NHS Support for Science/Eligible Funders/Research Councils/Charities)  **Commercial:**  **Other** :  (e.g. Endowment) Please explain:  ………………………………………………………………………………………………………………….. | | | |
| Funding Amount  £ | | | **Funding Award Date**: |
| **Name of Sponsor**: | | | |

*Form to be signed off by the C.I. / P.I. and dated.*

**Signed** ………………………………………………………………………. **Date**…………………….......

Please return your completed application form in *Word* format and signed PDF. Please attach Protocol, Ethics/ R&D approval, and PIL (if being given to participants) ensuring that the Inclusion and Exclusion Criteria sections are fully completed.

Please email completed application and all required paperwork to: [studies@registerforshare.org](mailto:studies@registerforshare.org) and cc [l.z.dow@dundee.ac.uk](mailto:l.z.dow@dundee.ac.uk)