**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 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 [x]  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 characteristicsList 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 characteristicsList 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)
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| **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 and cc l.z.dow@dundee.ac.uk