**Study Registration Form**

Please complete this form - missing information may result in delays to the setup process.

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| --- | --- | --- |
| **Study title** |  | |
| **IRAS number** |  | |
| **Local Principal Investigator (PI) Co-PI/Local Collaborator** If known |  | |
|  | If you do not have a Local PI/CI would you like help to identify one?  Yes  No | |
| **Key contact for the study**  Please include name, work, role in the study, address, email address and telephone number | **Internal** |  |
|  | **Sponsor** |  |
| **Do you have any approvals in place for the study**  (HRA, NHS REC, CUREC, CAG) | YES  NO  If YES, please list with date obtained: | |
| **Will you require support from Oxford Health Research Delivery Teams or the NIHR cognitive health Clinical Research Facility?** | YES  NO  If YES, please note requirements: | |

**Date completed and submitted:**

**Submitted by:**