**Study Registration Form**

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

|  |  |
| --- | --- |
| **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 [ ]  NOIf 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 [ ]  NOIf YES, please note requirements: |

**Date completed and submitted:**

**Submitted by:**