**CRIS Study Registration Form**

*Please complete* ***Part A*** *of this form as fully as possible. While information can be added at a later date, missing information may result in delays to the setup process. Return form to* CRIS.Admin@oxfordhealth.nhs.uk

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| **Project Details** |
| **Study title** |  |
| **Project Type** |  |
| **Will a reverse search take place? Y/N (please note – ethical approval will be required)** |  |
| **Summary, Research and Scientific Justification** |
| **Summary of the Study** |  |
| **Principle research question** |  |
| **Secondary research question** |  |
| **Scientific justification** |  |
| **Proposed design and methodology** |  |
| **Publication targets** |  |
| **IRAS Reference Details (if applicable)** |
| **Do you have any approvals in place for the study (HRA, NHS REC, CUREC, CAG)** | **Research Reference numbers:****Ethics Reference:** |

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| **Project Users** |
| **Local Principal Investigator (Project Lead)** |  |
| **Key contact for the study followed by all study team members (Project user names and role)** |  |
| **Additional Information** |
| **Funder(s)** *If multiple funders, please specify each. This may affect the cost, for example if VAT is required or not.* |  |
| **What is your hypothesis?** – what are you predicting/hope to prove or disprove? |  |
| **Lay Summary**This will be sent to a Patient and Public Involvement representative who will review this prior to it being added to the Oxford Health CRIS website, as a summary of ongoing CRIS research. |  |
| **Are you linking with external data (outside of CRIS)?** |  |

**This section For Office Use only**

**PART B. CRIS Feasibility**

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| **Has a CRIS feasibility / data plan been completed?** | ☐ YES ☐ In progress ☐ NO (Please arrange with CRIS.Admin@oxfordhealth.nhs.uk for this to be completed  |
| **Feasibility search criteria** | *To be completed by CRIS Team* |
| **CRIS feasibility search numbers located** | *To be completed by CRIS Team* |

**Pre CRIS Oversight meeting preparation and outcome**

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| **Important additional information**   |   |
| **Further info needed?**     |   |
| **Pre CRIS-Oversight input required from:**    | ​​☐​  Adult ​​☐​  CAMHS ​​☐​  Older Adults ​​☐​  Learning Disabilities   | ​​☐​  IAPT ​​☐​  Pharmacy ​​☐​  Eating Disorder    |
| **Meeting Outcome**    | ☐  Approved to be sent to CRIS Oversight  ☐  Approved to move to C&C (only if a re-identification study) ☐  Stay on agenda for next meeting (More info needed)  |