**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](mailto: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:** |

|  |  |
| --- | --- |
| **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](mailto: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**

|  |  |  |
| --- | --- | --- |
| **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) | |