**Trial prioritisation and enquiry form**

Please complete this form with details of yourself, your research interest and proposed trial idea.

|  |
| --- |
| **Contact details**  |
| **Name** |  |
| **Job title** |  |
| **Email** |  |
| **Telephone** |  |
| **Current employer** |  |
| **Professional background** |  |
| **Disease / Area of interest** |  |
| **Details of proposed research study** |
| **Proposed research title** |  |
| **Proposed research question and rationale**(please provide a brief summary of the existing evidence to justify your research question) |  |
| **Have you identified a proposed funder? If so, please indicate potential deadlines for submission** (Please indicate whether this is a commissioned call and whether or not this project has been submitted for funding previously) |  |
| **Has any preliminary work / feasibility study taken place?** (If yes, please provide details) |  |
| **Has the proposal been previously discussed with the CTRU?** (If yes, with whom and what was the outcome?) |  |
| **Proposed design details for your trial idea**  |
| **Type of proposed design** (Pilot/feasibility, phase III) |  |
| **Will the study be randomised?** |  |
| **Description of patient group** |  |
| **Description of Intervention(s)** |  |
| **Description of control treatment / standard care** |  |
| **Outcomes** (Possible endpoints) |  |
| **Has a sample size been calculated?** |  |
| **Are you planning to include any Health Economics?** (If yes, please provide details) |  |
| **Are you planning to include a process evaluation?** |  |
| **Location of research**(local, UK, International)(single or multi-site) |  |
| **Planned collaborations / other advice received**  |
| **Have you involved members of the public / patients in the research design?** |  |
| **Has a research team been convened?** (If yes, please provide names & institutions) |  |
| **Has the proposal been discussed with a Clinical Studies Group?**(If yes, which one, date and outcome) |  |
| **Has the proposal been discussed with RDS?** (If yes, which one, date and outcome) |  |
| **How did you hear about us?** |  |
| **Other relevant info** |  |

**Please return this form to** **CTRU\_CID@leeds.ac.uk**