**Head and Neck 5000 Resource Research Proposal Form**

**Collaborator’s outline proposal of a project to use existing Head and Neck 5000 data and / or biological samples or for the collection of new data.**

**1. Applicants**

|  |  |  |
| --- | --- | --- |
| Principal applicant | Name: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Telephone: |  |
|  | Address: |  |
|  |  |  |
|  |  |  |
| Co-applicants | Names: |  |

**2. Project**

|  |  |
| --- | --- |
| Project title (no more than 120 characters with spaces): |  |
| Start date: |  |
| End date: |  |

**3. Funding**

|  |  |
| --- | --- |
| Has the project been or will it be peer reviewed? | Yes  No |
| If yes, by what organisation? |  |
| Has funding been sought? | Yes  No |
| If yes, what is the funding source? |  |

**4. What is being requested?**

|  |  |
| --- | --- |
| Questionnaire data |  |
| Data Capture Form Data |  |
| Mortality Data |  |
| Blood |  |
| Saliva |  |
| Tissue |  |
| Germline DNA |  |

**6. Justification**

Please state below the rationale for using Head and Neck 5000 data for this study (including aims and hypotheses) - **limit to half an A4 page.**

|  |
| --- |
|  |

**7. Ethical approval**

|  |  |
| --- | --- |
| Does the study have ethical approval from a recognised Institutional Review Board / Ethics Committee? | Yes  No  N/A |
| If yes, please append a copy of the approval. | |
| If no, please specify arrangements for obtaining appropriate approvals: | |

**8. Laboratory analysis**

If the study involves analysis of biological samples, please give details of the laboratory where analysis will be carried out.

|  |  |
| --- | --- |
| Laboratory: |  |
| Contact person in laboratory: |  |
| Is this laboratory covered by a HTA licence? | Yes  No  N/A |
| If ‘Yes’, please give contact details of the designated individual: |  |

**9. Scientific outline**

Please provide a 1 – 2 page outline of your proposal, highlighting the specific requirements of the project for the Head and Neck 5000 data specified above. This needs to include a 250 word summary with keywords that will be uploaded to the Head and Neck 5000 website.

|  |
| --- |
|  |

**10. Agreement**

Please sign below to confirm your agreement to the terms and conditions set out in this document and to certify that the details you have provided are correct.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |
| Name (on behalf of applicants) |  |

If you are sending this form by email then you should note that in the absence of this signature, the emailing of this proposal constitutes your personal certification that the details are correct.

Please send completed forms to [headandneck5000@uhbristol.nhs.uk](https://mail.google.com/mail/?view=cm&fs=1&tf=1&to=headandneck5000@uhbristol.nhs.uk)

**Head and Neck 5000 Executive  
March 2015  
Version 1.2**