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

**Collaborator’s outline proposal of a project to use Head & Neck 5000 data and/or biological samples.**

**1. Applicants**

|  |  |  |
| --- | --- | --- |
| Principal applicant | Name: |  |
|  | Title: |  |
|  | Affiliation: |  |
|  | Email: |  |
|  | Telephone: |  |
|  | Address: |  |
|  |  |  |
|  |  |  |
| Co-applicants | Title, Name and Affiliation: |  |

**2. Project**

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

**The data provided by Head & Neck 5000 is only to be used for the project listed above**

**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?** A detailed variable request form will be sent to successful applicants.

|  |  |
| --- | --- |
| Questionnaire data | Yes  No |
| Data Capture Form Data | Yes  No |
| Mortality Data | Yes  No |
| Plasma (minimum volume & number of cases) | Yes  Volume: \_\_\_\_\_ Number: \_\_\_\_\_ No |
| Saliva (minimum volume and number of cases) | Yes  Volume: \_\_\_\_\_ Number: \_\_\_\_\_ No |
| Tissue (number of FFPE blocks or digital images) | Yes  FFPE: \_\_\_\_ Digital images: \_\_\_\_ No |
| Germline DNA | Yes  No |

**5. 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.**

|  |
| --- |
|  |

**6. Ethical approval**

Ethical approval is required for all projects unless classified as part of the Head & Neck 5000 Study. If you are unsure if your project requires ethical approval, please contact the Head & Neck 5000 team before submitting your application.

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

**7. Laboratory analysis**

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

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

**8. 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 lay summary with keywords that will be uploaded to the Head and Neck 5000 website**.

|  |
| --- |
|  |

**9. Publication**

The Director and/ or one or more nominated member(s) of the Head and Neck 5000 Executive should also be included as an author on papers using data from Head and Neck 5000 resource. All full papers must be sent to the Head and Neck 5000 Executive for approval ([headandneck5000@uhbw.nhs.uk](mailto:headandneck5000@uhbw.nhs.uk)) along with a completed papers checklist prior to journal submission.

Researchers should let the Head and Neck 5000 Executive know when a paper is accepted and send through an electronic copy of the final published version.

All press releases on research arising from the resource should be seen and approved by the Head and Neck 5000 Executive ([headandneck5000@uhbw.nhs.uk](mailto:headandneck5000@uhbw.nhs.uk)).

The following is a standard acknowledgements section that should be included in all papers:

*“This publication presents data from the Head and Neck 5000 study. The study was a component of independent research funded by the National Institute for Health and Care Research (NIHR) under its Programme Grants for Applied Research scheme (RP-PG-0707-10034).* *The views expressed in this publication are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. Core funding was also provided through awards from Above and Beyond, University Hospitals Bristol and Weston Research Capability Funding and the NIHR Senior Investigator award to Professor Andy Ness. Human papillomavirus (HPV) serology was supported by a Cancer Research UK Programme Grant, the Integrative Cancer Epidemiology Programme (grant number: C18281/A19169).”*

**10. General Data Protection Regulation (GDPR) Information**

University Hospitals Bristol and Weston (UHBW) is the sponsor for this study based in Bristol, United Kingdom.

We will be using information from you to allow us to facilitate the approval of any collaboration, and any future sharing of the requested study data. UHBW and the University of Bristol act as joint data controllers for this study; this means that we are responsible for looking after your information and using it properly.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways to complete the project approval process. If you withdraw from the application process, or your project request is rejected, we will keep the information about you that we have already obtained, which can include the name, email address, phone number and institution details of any lead applicant, as well as the names of any co-applicants.

To safeguard your rights, we will use the minimum personally identifiable piece of information possible.

The only people at UHBW and the University of Bristol who will have access to information that identifies you, will be people who need to contact you to provide study updates, audit the project approval process or provide any requested data.

You can find out more about how we use your information under the UHBW and University of Bristol’s GDPR statements: -

http://www.uhbristol.nhs.uk/about-us/privacy/

<http://www.bristol.ac.uk/secretary/data-protection/policy/research-participant-fair-processing-notice/>

**11. Agreement**

Please sign below to confirm your agreement to the terms and conditions set out in this document, including the GDPR statement 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@uhbw.nhs.uk](mailto:headandneck5000@uhbw.nhs.uk)

**Head and Neck 5000 Executive  
26th April 2022  
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