**GI Cohort and IBD Cohort request form**

Please complete this request form and e-mail to TGU-admin@ndm.ox.ac.uk

\*Request forms are reviewed each month at the TGLU Internal Committee meeting. ***Please note that the application submission deadline is up to (not including) ONE week before the third Thursday of every month. The Lead Applicant or contact person may be required to attend this meeting which is held via Teams on the third Thursday of the month.***

|  |  |
| --- | --- |
| \*Nominated person to attend the TGLU Teams meeting if requested by the committee |  |
| Email address (*you will be sent a link to join the meeting via email)* |  |
| Is this a new request or an amendment to an existing TGLU project? (If making an amendment, please include TGLU reference here. Reference can be found on your TGLU approval letter. Please highlight any amendments to your original request in RED) |  |
| Date |  |
|  |
| Research group / department |  |
| Lead applicant *(e.g. Head of Department or Group, or clinical trial PI)* | **Name** |  |
| **Email** |  |
| Contact person *(i.e. the person who will coordinate the request(s) with TGLU)* | **Name** |  |
| **Email** |  |
| Collaborators | **Names** |  |
| Consenters and Data entry personnel (*Consenters must be GCP certified and trained using our SOP.)* | **Names** |  |
| NHS Personnel *(endoscopist, pathologists and/or surgeon)* | **Names** |  |
|  |
| Research funder (*e.g. commercial company, NHS or University)* |  |
| University Oracle grant code to be charged |  |
|  |
| Ethical approval details *(GI Ethics or your own. Please note that it is your responsibility to ensure that your project is covered by Ethics.)*  |  |
|  |
| Research project title |  |
| Planned Study Period  |  |
| Follow-up Duration |  |
| Summary of Project |  |
| Aims and objectives *(Scientific background, plan of* *investigation, methodology and any pilot data)* |  |
| Summary of the project in layman’s terms |  |
| Will your project involve any questionnaires or patient correspondence? Yes/No |  |
|  |
| Interventions (*Where will you be getting samples from? Clinics, surgery, etc.)* |  |
| Sample requirements(*Sample numbers and description of samples required)* |  |
| Full details of histology services*(e.g. number of sections required, staining, processing)* |  |
| How will material be used?Will you be shipping samples? Please give details. |  |
| Data requirements *(Specify any accompanying data you require e.g. copy of pathology reports)* |  |
| Costing (to be charged before the sample collection starts) |  |
| Ethics Approval - £600 per annum |  |
| Ethics Approval Cost - £600 x study period (in years) |  |
| Number of Samples required |  |
| Cost of Samples as per table below |  |

**Charging Model**

|  |  |  |
| --- | --- | --- |
| Ethics Approval | Ethics per annum | £600 |
|  |  |  |
| Sample Processing | Band 1 - 0-20 samples | £600 |
|  | Band 2 - 21-50 samples | £1,500 |
|  | Band 3 - 51-100 samples | £3,000 |
|  | Band 4 – 101 – 200 samples | £6,000 |
|  | For every 100 samples above 200 | Additional £3,000 |

**Charging Model (commercial rate)**

|  |  |  |
| --- | --- | --- |
| Ethics Approval | Ethics per annum | £1,200 |
|  |  |  |
| Sample Processing | Band 1 - 0-20 samples | £1,200 |
|  | Band 2 - 21-50 samples | £3,000 |
|  | Band 3 - 51-100 samples | £6,000 |
|  | Band 4 – 101 – 200 samples | £12,000 |
|  | For every 100 samples above 200 | Additional £6,000 |