![NICOLA BRAND TAGLINE COLOUR[1]]()

**RESEARCH PROPOSAL FORM**

PLEASE COMPLETE THE FOLLOWING FORM USING TYPESCRIPT OR BLACK INK

**SECTION 1: TITLE OF PROPOSED RESEARCH**

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|  TITLE OF PROPOSED  RESEARCH |  |

**SECTION 2: CONTACT DETAILS**

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|  |  |
| Name of Principal Investigator (or supervisor for PhD students): |  |
|  Institution: |  |
|  Address:  |  |
|  Email address: |  |
|  Telephone contact: |  |
|  Please provide details of other members of the research team in the space below  *(please note that NICOLA do not provide statistical support)*  |
| Name | Role withinthe research | Name of Institution / Affiliation | Email address | Does this person need access to the Data and / or Samples? (please specify) |
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**SECTION 3: RESEARCH PROPOSAL DETAILS**

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|  Please provide a brief description of the proposed research in ***lay language*** (max 100 words) |
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|  Please provide a detailed description of the proposed research in the space below (max 500 words).  Please include the following headings:  *Background, Aims, Methods, Statistical tests, Sample size, Justification of sample size.*  |
|  |
| Proposed research start date:  |  |  Proposed research  end date: |  |
|  Has the proposed research  received appropriate funding (if required)? If pending  funding please state. |  |
|  Has the proposed research  received ethical approval (if  required)? If pending ethical  approval please state. |  |

**SECTION 4: RESOURCES REQUESTED**

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|  What type of NICOLA  Resource do you require ?  (please tick box(es)): |  **NICOLA Data** **☐** | **NICOLA Samples** **(Wave 1 only)** **☐** |

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|  | **If you are requesting data please complete the following:**  |
| What data do you require? (please tick all that apply)*(****Abbreviations:*** *CAPI = Computer assisted personal interview;**SCQ = Self completion questionnaire;**COVID = Covid-19 specific questionnaire)* | **Wave 1:**CAPI ☐ SCQ ☐ Health Assessment ☐Dietary ☐ | **Wave 2:** CAPI ☐ SCQ ☐ COVID ☐ | **Linked data:** Malignant cancers (Northern Ireland Cancer Registry**)**  ☐ |
| How many participants do you require in the dataset? |  | All participants ☐ Follow-up participants only (i.e. completed both Waves) ☐ Participants who completed the health assessment only ☐ Participants who provided a blood sample only ☐ Subset (please provide details below) ☐ Other (please provide details below) ☐ Further details:  |
|  What variables do you  require?    |  | Please list the variables you require in the space below or as a separate excel attachment. Please provide as much detail as possible including variable name which can be found in the data dictionaries (available on the NICOLA website:  <http://www.qub.ac.uk/sites/NICOLA/Informationforresearchers/> )  |
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|  Which of the  following statistical  packages will you be using  to analyse the data?   |  |  SPSS ☐ R ☐  Stata ☐ Excel ☐  Other:  ☐ *(please specify)*  |
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| **If you are requesting samples please complete the following:**  |
| Type of sample requested (please check box(es) below): Serum **☐** Plasma **☐** Urine **☐** Whole blood **☐** Buffy coat **☐** DNA **☐** RNA **☐** Other **☐**  | Quantity and volume of samples requested (e.g. 1 ml or 50 ng) Please provide as much detail as possible. |
| Under what conditions will the samples be stored? (e.g. -80°C) |  |
| Brief description of how the samples will be used i.e. lab methods: |  |
|  Can you use previously thawed  samples for your proposed  analyses? |  Yes **☐** No **☐** |
|  Please list the name(s) of all persons  who will be analysing the samples  requested |  |
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| Will the samples be analysed externally i.e. outside QUB? |  Yes **☐** No **☐**If yes, please state where the samples will be analysed |
| In cases where a Material Transfer Agreement is required (i.e. external transfer) please provide the following details: | Name of recipient: |
| Address of recipient organisation: |
| Name of authorised signatory for the recipient organisation: |
| Please provide details of how you propose to transport the requested samples to and from Queen’s University Belfast? *(Please note that NICOLA will not cover transport costs)* |  |

**SECTION 5: ADDITIONAL DETAILS**

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|  Would you be happy for the layman’s summary of  your research to appear on the NICOLA  website? | Yes **☐** No **☐** |
| Would you be happy for your name to appear on the layman’s summary on the NICOLA website?  | Yes **☐** No **☐** |

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| **Please select one or more of the following subject categories to describe your proposed research?**  **Please tick**  **below** |
| Chronic illness, disability, biomarkers |  |
| Finance |  |
| Genomics |  |
| Mental Health & Health Services Research |  |
| Nutrition |  |
| Physical activity |  |
| Socio-economic and socio-demographic health, healthcare utilisation |  |
| Social environment |  |
| Vision health |  |
| Other [please specify] |

**Please use the following space to provide us with any additional information regarding the proposal or if there are any issues that you would like to make us aware of.**

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**I confirm that the information provided herewith is accurate and complete.**

Signature of the Applicant .........................................................

(Principal Investigator or

 student supervisor)

Date .........................................................

Please submit the completed form to NICOLA-research@qub.ac.uk