

REQUEST TO USE THE BRU FACILITIES

04/11/2014 v8

Short Title of project and acronym:		
UHL No:	REC No:	
Is this a Pre Ethics Application Request? (Delete as applicable) YES/NO		
PI:		
Name of chief contact (RN / fellow):		
Contact No:	Email:	
Site:	Department: (Delete as applicable) University of Leicester / University Hospitals of Leicester	
Funder Name:		
Cost/Grant Code:		
Type of Funding: (NHS / commercial / academic / other) Please provide details		
Proposed or Actual Start Date:	Proposed End Date:	Total No. Patients required: No. of Patients currently enrolled:
Protocol Attached? (Delete as applicable) YES/NO		

Facilities Needed from the TMF

Rooms				
<input type="checkbox"/> Consultation Room	<input type="checkbox"/> Inpatient Area	<input type="checkbox"/> Day Case Suite		
Staff				
<input type="checkbox"/> Nursing Staff	<input type="checkbox"/> HCA	<input type="checkbox"/> Research Governance	<input type="checkbox"/> Physiologist	<input type="checkbox"/> Admin
<input type="checkbox"/> Other (Please specify)				

Lab Work				
<input type="checkbox"/> Laboratory Support/Staff		<input type="checkbox"/> Centrifuge		Storage needed within BRU facilities <input type="checkbox"/> Yes Comment:
Physiological Testing Required				
Frequency	Baseline	Other	Please specify other follow ups required	
24/48 Hour Holter	<input type="checkbox"/>	<input type="checkbox"/>		
7 Day Holter	<input type="checkbox"/>	<input type="checkbox"/>		
Specific Requirements (e.g. AF burden, Heart Rate Variability)				
ECHO	<input type="checkbox"/>	<input type="checkbox"/>		
Additional/Specific Requirements	CoreLab <input type="checkbox"/>	Report on All <input type="checkbox"/>	No reports <input type="checkbox"/>	Report on clinically significant findings <input type="checkbox"/>
Cardiac Exercise Testing (ETT)	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiopulmonary Exercise Testing (CPET)	<input type="checkbox"/>	<input type="checkbox"/>		
Carotid US	<input type="checkbox"/>	<input type="checkbox"/>		
12 Lead ECG	<input type="checkbox"/>	<input type="checkbox"/>		
Reported <input type="checkbox"/>	Use of ECG Machine only <input type="checkbox"/>	How many ECGS will be performed during the study?		
6 Minute Walk Test	<input type="checkbox"/>	<input type="checkbox"/>		
Spirometry	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Please Specify)				
Has PPI been involved? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please comment)				
(All new studies <u>must</u> be presented to PPI group)				
Will PPI be informed? <input type="checkbox"/> Yes (Please detail) <input type="checkbox"/> No (Please comment)				
If a medic is required to supervise any test this must be provided, as there is no medical cover in the TMF				
I agree to include in the affiliation and/or acknowledgement sections of any publication/s that the research project was supported by the Leicester Cardiovascular Biomedical Research Unit.				
Signed and dated by PI:				
I agree to use the TMF equipment appropriately for the agreed purpose. I agree that I will make every effort to ensure that the equipment is well maintained and that I will report any loss or damage to the BRU immediately. I will not loan the equipment to any other department or install any software or software updates without the prior written approval of the BRU.				
Signed and dated by PI:				