

IMPARTS Research Application form

Please return the completed form to: imparts@slam.nhs.uk

Date:	
1. Name	
2. How are you affiliated to KHP?	
3. Preferred email address (please use KCL, KCH, GSTT or an NHS email address for any communications)	
4. Project title (i.e. of the analysis you propose carrying out)	
5. Objectives of the analysis <i>Please provide clear objectives; ensure that your research objectives can be met with the variables you have requested to use.</i>	
6. Rationale for the analysis (i.e. anticipated benefits / useful knowledge will arise from the results)	
7. Types of variables you envisage using to define groups <i>Please be specific; for example, "demographics" is not an appropriately defined variable.</i>	
8. Types of variables you envisage needing as outputs and state the intended source of data (e.g. IMPARTS database, service specialty database, EPR) <i>Please be specific; for example, "demographics" is not an appropriately defined variable.</i>	

<p>9. Are there any variables / combinations of variables which might identify individuals on the database? (If yes: what steps will be taken to avoid de-anonymisation?)</p> <p><i>Please answer thoughtfully; the research oversight committee will be evaluating applications according to ethical appropriateness as well as usefulness and feasibility. This question is of particular importance if you intend to use data from a small, specific patient group, in which patients may be identifiable if enough demographic data is obtained.</i></p>	
<p>10. Do you have plans for Patient Public Involvement (PPI) including any work already undertaken that has informed this application?</p> <p><i>If yes, please describe.</i></p> <p><i>If no, please explain why not.</i></p>	
<p>11. Do you require access to the IMPARTS Consent for Contact Case Register in order to recruit research participants?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>12. If yes, do you have NHS REC approval for your study and does it detail using the IMPARTS case register to recruit patients, in accordance with the IMPARTS governance summary?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>13. Do you have a substantive or honorary contract with KCH/GSTT? Please specify which contract you have.</p>	
<p>14. For this particular project, are you likely to need access to the IMPARTS Research Database for more than one year? (If yes, how long?)</p>	
<p>15. Where clinical data will be extracted (e.g. from EPR), this must be completed by a clinician involved with the patients' care. Please state the name(s) of the person(s) responsible, their role within the clinic team, affiliation and email</p>	

addresses (They must have KCH/GSTT honorary contracts or be a GSTT/KCH member of staff)	
16. Names of anyone else who will be involved in this project (or state 'None'). Please provide the roles, affiliation and email addresses (They must have KCH/GSTT honorary contracts or be a GSTT/KCH member of staff)	
17. Please provide details of your supervisor (Name, Profession, Department, Work address, Telephone number)	
18a. If audit, please <ul style="list-style-type: none"> i) Confirm the project has received appropriate Clinical Governance approval and email the approval to the IMPARTS administrator along with this filled out application. ii) State the Directorate responsible for this approval iii) Give the title of the approved project if different from above. 	
18b. If research is intended to be published, please, <ul style="list-style-type: none"> i) State what is the output envisaged to directly arise from this analysis (publication/pilot study)? ii) Please give an indication of where you are intending to publish iii) Please state which member(s) of the IMPARTS team will be involved in this publication, and what input will be required from them (e.g. study design; data analysis; write-up, etc). 	
19. Please list the CAG(s) for which your study may have relevance / utility	
20. I understand that I must adhere to the responsibilities set out in this application form	Please sign below:

and the IMPARTS Research Governance Summary	
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