****

**New Study Proposal Template - Full**

If you would like to discuss presenting your study at future meetings, please email:

pomctn@niaa.org.uk

|  |
| --- |
| **1. Study identifier** |
| **Full title of study** |
|       |
| **Acronym (If applicable)** |
|       |
| **Presenting applicant**  |
| Name |       |
| Address |       |
| Telephone |       |
| Email |       |
| **Senior investigator** *(if not presenting)*\* |
| Name |       |
| Email |       |

**\* Please note: if your senior investigator is not presenting, it would be helpful if they were present at the meeting to assist with questions from the audience**

|  |
| --- |
| **2. The need for the study** |
| **Give a brief summary of the proposed study in no more than 100 words.** |
|       |
| **What are the principal research questions to be addressed?** |
|      |
| **Why is the study needed now?** |
|       |
| **How will the results of this study inform clinical practice?** |
| E.g. inform clinical decision-making /improve understanding.      |
| **3. The proposed study** |
| **What is the proposed study design?** |
|       |
| **What are the planned interventions (if applicable)?**  |
|       |
| **What are the proposed arrangements for allocating participants to groups** **(if applicable)?** |
|       |
| **What are the proposed methods for protecting against sources of bias?** |
| e.g. blinding or masking. If blinding is not possible please explain why and give details of alternative methods proposed or implications for interpretation of the study’s results. |
|       |
| **What are the planned inclusion/exclusion criteria?** |
|       |
| **What is the proposed duration of intervention period (if applicable)?** |
|       |
| **What is the proposed frequency and duration of follow up?** |
|       |
| **What are the proposed outcome measures?** |
| **Primary:**       |
| **Secondary:**       |
| **How will the outcome measures be measured at follow-up?** |
|       |
| **What is the proposed sample size? Include statistical justification, such as power calculation(s)** |
|       |
| **What is the planned recruitment rate? (Please include estimates of the number of site(s) involved and recruitment projections with evidence of feasibility.** |
|       |
| **Describe any Patient and Public Involvement in the proposal.**  |
|       |
| **Proposed funding source if not already funded/Funding source if funded** |
|       |
| **What is the Dissemination Plan?** |
|       |

**Length of presentation will be 20 minutes followed by 10 minutes for discussion.**

**Please note that in the event of a study proposal being accepted by POMCTN, we reserve the right to reproduce information submitted in this form for the purpose of publicising the study adoption.**