Application to conduct research in NHS/HSC (incl. Ethical Review when required)

All studies except clinical trials of investigational medicinal products

Short Title of Study: UAT IRAS Form - 1
CI Name:
Sponsor:

Please complete this checklist with information about the supporting information you are submitting with your application form.

IMPORTANT: A copy of the completed checklist should be submitted by email together with the application form and the supporting documents. Instructions are provided in the Submission tab

Instructions for completing this checklist:

- All letters must be dated. All other accompanying documents must bear version numbers and dates. Include reference numbers on documents, including the IRAS ID, where appropriate.
- All documents listed below that are applicable to the application must be submitted so that the application clearly describes the study and is complete with all required documentation.
- If a document listed below will not be included as part of the supporting documentation for the application please state why in the "reason not supplied" field. For example if not applicable, please enter "N/A". You can add/edit information in this field by clicking
- The CI must send all the relevant documents and files to each PI.
- The button allows you to add information about extra documents of the same type. Include subtitles if appropriate, e.g. "Information sheet for relative". Include subtitles if appropriate, e.g. "Information sheet for relative".
- If any documents are revised as a result of review by any other body, the revised version must be submitted.
- For information on how to submit the documents and files in this checklist please select the "Submission" tab.

Document	Subtitle	Enclosed	Date	Version	Office Use
Project Information: (All documents must be dated and/or have version numbers)					
Research protocol or project proposal		Mandatory			
Letter from statistician		No			
Summary CV for Chief Investigator (CI)		Mandatory			
Participant information sheet (PIS)		No			
Participant consent form		No			
Letters of invitation to participant		No			
GP/consultant information sheets or letters		No			
Sample diary card/patient card		No			
Interview schedules or topic guides for participants		No			
Validated questionnaire		No			
Non-validated questionnaire		No			
Referee's report or other scientific critique report		No			
Summary, synopsis or diagram					

(flowchart) of protocol in non-technical language		No			
Copies of advertisement materials for research participants		No			
Covering letter on headed paper		No			
Finance and Agreements:					
Letter from sponsor		No			
Letter from funder		No			
Costing template (commercial projects). For projects with lead NHS R&D office in England this should be validated by Lead LCRN (if NIHR Portfolio project)		Mandatory			
Contract/Study Agreement template - with any modifications highlighted (add template for each UK nation in which the project is taking place)		No			
Evidence of Sponsor insurance or indemnity (non-NHS Sponsors only)		No			
Summary of any applicable exclusions to sponsor insurance (non-NHS Sponsors only)		No			
NHS Local Information Templates (for non-commercial projects with participating NHS organisations in England only)					
HRA Statement of Activities		No			
HRA Schedule of Events		No			
Investigator Information:					
Summary CV for student		No			
Summary CV for supervisor (student research)		No			
Confirmation of other review body approvals. Note: these documents, where applicable, are to be submitted as part of application to conduct research in NHS/HSC. National coordinating functions may work with other bodies to receive these documents and/or contact the applicant.					
MHRA "Notice of No Objection" Letter (Medical Devices) and relevant correspondence		No			
Confirmation of any other regulatory approvals (e.g. CAG) and all correspondence		No			
If available at the time of submission, please supply where applicable. Note: these will be required by sites before the study starts					
Laboratory Manual		No			

Instructions for use of medical device		No			