Chinese Medicine Research Application Form (For Clinical Research)

PART I: OUTLINE OF APPLICATION

1. Name of Study

- 1.1 Scientific Title (should include study design, name of intervention, condition being studied and study outcomes):
- 1.2 Short Title (for easy quote):
- 1.3 Is this application for continuation of a project already started? Yes (Please specify: _____); No
- 1.4 Have you applied to other bodies for financial support towards this project? Yes (Please specify: _____); No
- 1.5 Have you applied to research ethics committee for approval? Yes (Please specify: _____); No

2. Applicant (Principal Investigator)

2.1 Title: Surname: First Name:
Name in Chinese:
University Staff Position:
Department/ University:
HA Staff Position:
Department/ Hospital:
NGO Staff Position:
NGO:

2.3	Phone number:	
2.4	Fax number:	
2.5	E-mail:	

2.6 Mailing address:

3. Co-investigators

r	Stigators					
Title	Surname	First Name	Post	Relevant	Department	Institution
				Qualifications		

4. Study Site(s)

4.1	Is this a multi-centered trial?		Yes	No	
4.2	Please indicate your study site(s) in HA cluster and/ or CI	MC	TR.]

5. Milestones

- 5.1 Proposed study start date: (mm/yyyy)
- 5.2 Proposed study end date: _____ (mm/yyyy)

6. Brief Summary of Study (<1000 words)

7. Major Ethical Issues (<500words)

PART II: STUDY DETAILS

8. Scientific basis

- 8.1 Disease group (choose from the thematic priorities):
- 8.2 Background, current evidence and key references:

8.3 Aim of study:

- 8.4 Hypothesis (for quantitative studies only):
- 8.5 Intervention, if applicable:

8.6 Study design:

8.7 Methodology:

8.8 Methods of analysis:

	Outcome measure(s)	Time-point
8.9 Primary outcome,		
if applicable		
8.10 Secondary		
outcome(s), if		
applicable		

9. Study subjects

9.1 Inclusion criteria:

9.2 Exclusion criteria:

9.3 Sample-size and rationale for calculation:

Sample size = based on the following rationale:

9.4 How will subjects be identified and recruited?

10. Anticipated Benefits to Study Subjects

PART III: BUDGET AND USE OF RESOURCES

11.Sour	ce of Funding			
11.1	NGO:	Yes (Please spe	cify:);
11.2	University:	Yes (Please spe	cify:);
11.3	Government:	Yes (Please spe	cify:);
11.4	Others:	Yes (Please spe	cify:);
11.5	Amount reques	ted: HKD		
	Staff Cost			
	Equipment			
	Others (Please	Specify)		
	Admin Overhe			
	Total			
12.Reso	ources Implicati	on and Conflict of In	terest	
12.1	Will this study u	ise HA / CMCTR reso	urces?	Yes No
	12.1.1 If yes, p	provide details:		
12.2	-	eceive reimbursement	for the s	study?
	12.2.1 If yes, p	provide details:		
12.3	Is there a non-r 12.3.1 If yes, p		mable o	r equipment) sponsorship? Yes No
	12.0.1 11 yes, p			
13. Finaı	ncial Costs and	Payment to Subject	s	
		s be charged for the s		Yes (Please specify:) ;
13.2	Will subjects re	ceive payment?		Yes (Please specify:) ;

14.Rese	earch Indemnity and Clinical Trial Certificate
14.1	Will a clinical trial certificate be applied?
14.2	Will research indemnity be covered? Yes (Please specify:); No
15.Reco	ommended Reviewers
	Title: Prof Dr Mr Mdm Ms
	Name:
	Institution:
	Email:
15.2	Title: Prof Dr Mr Mdm Ms
	Name:
	Institution:
	Email:
16. Date	of Submission