*Please refer to* [*http://cmk.ha.org.hk/*](http://cmk.ha.org.hk/) *for the most updated version* Appendix II(b)

**Central Research Working Group**

**Chinese Medicine Research**

**Application Form (For Systematic Review)**

**PART I: OUTLINE OF APPLICATION**

1. **Name of Study**
	1. Scientific Title (should include study design, name of intervention, condition being studied and study outcomes):

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* 1. Short Title (for easy quote):

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* 1. Is this application for continuation of a project already started?

 Yes (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ; No

* 1. Have you applied to other bodies for financial support towards this project?

 Yes (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ; No

1. **Applicant (Principal Investigator)**
	1. Title: Surname: First Name:

Name in Chinese:

University Staff Position:

 Department/ University:

HA Staff Position:

 Department/ Hospital:

NGO Staff Position:

 NGO:

* 1. Qualifications and relevant experience (<500 words)

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* 1. Phone number:

* 1. Fax number:
	2. E-mail:
	3. Mailing address:

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1. **Co-investigators**

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| --- | --- | --- | --- | --- | --- | --- |
| Title | Surname | First Name | Post | Relevant Qualifications | Department | Institution |
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1. **Milestones**
	1. Proposed study start date: (mm/yyyy)
	2. Proposed study end date: (mm/yyyy)
2. **Brief Summary of Study (<1000 words)**

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**PART II: STUDY DETAILS**

1. **Scientific basis**
	1. Disease group (choose from the thematic priorities):

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* 1. Background, current evidence and key references:

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* 1. Aim of study:

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* 1. Data Source:

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* 1. Intervention:

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* 1. Data Extraction:

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1. **Anticipated Potential for Research Studies**

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**PART III: BUDGET AND USE OF RESOURCES**

1. **Source of Funding**
	1. NGO: Yes (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ; No
	2. University: Yes (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ; No
	3. Government: Yes (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ; No
	4. Others: Yes (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ; No
	5. Amount requested: HKD\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Staff Cost |  |
| Equipment |  |
| Others (Please Specify) |  |
| Admin Overhead |  |
|  |  |
| Total |  |

1. **Resources Implication and Conflict of Interest**
	1. Will this study use HA / CMCTR resources? Yes No
		1. If yes, provide details:

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* 1. Will study site receive reimbursement for the study? Yes No
		1. If yes, provide details:

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* 1. Is there a non-monetary (drug, consumable or equipment) sponsorship?
	 Yes No
		1. If yes, provide details:

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1. **Recommended Reviewers**
	1. Title: Prof Dr Mr Mdm Ms

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Name:

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Institution:

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Email:

* 1. Title: Prof Dr Mr Mdm Ms

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1. **Date of Submission**