

**Central Research Working Group
Chinese Medicine Research
Application Form (For Systematic Review)**

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

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:

2.2 Qualifications and relevant experience (<500 words)

A large empty rectangular box intended for the applicant to provide their qualifications and relevant experience, limited to less than 500 words.

2.3 Phone number:

2.4 Fax number:

2.5 E-mail:

2.6 Mailing address:

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3. Co-investigators

Title	Surname	First Name	Post	Relevant Qualifications	Department	Institution

4. Milestones

4.1 Proposed study start date: (mm/yyyy)

4.2 Proposed study end date: (mm/yyyy)

5. Brief Summary of Study (<1000 words)

A large, empty rectangular box with a thin black border, intended for the student to write a brief summary of their study. The box occupies most of the page's vertical space below the section header.

PART II: STUDY DETAILS

6. Scientific basis

6.1 Disease group (choose from the thematic priorities):

6.2 Background, current evidence and key references:

6.3 Aim of study:

6.4 Data Source:

6.5 Intervention:

6.6 Data Extraction:

7. Anticipated Potential for Research Studies

PART III: BUDGET AND USE OF RESOURCES

8. Source of Funding

8.1 NGO: Yes (Please specify: _____); No

8.2 University: Yes (Please specify: _____); No

8.3 Government: Yes (Please specify: _____); No

8.4 Others: Yes (Please specify: _____); No

8.5 Amount requested: HKD_____

Staff Cost	
Equipment	
Others (Please Specify)	
Admin Overhead	
Total	

9. Resources Implication and Conflict of Interest

9.1 Will this study use HA / CMCTR resources? Yes No

9.1.1 If yes, provide details:

9.2 Will study site receive reimbursement for the study? Yes No

9.2.1 If yes, provide details:

9.3 Is there a non-monetary (drug, consumable or equipment) sponsorship?
 Yes No

9.3.1 If yes, provide details:

10. Recommended Reviewers

10.1 Title: Prof Dr Mr Mdm Ms

Name:

Institution:

Email:

10.2 Title: Prof Dr Mr Mdm Ms

Name:

Institution:

Email:

11. Date of Submission