**TO REGISTER YOUR NREC COVID-19 APPROVED STUDY IN BEAUMONT HOSPITAL, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE HOSPITAL RESEARCH DATABASE.**

**NREC COVID-19 Research Number:** \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Research Study:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Research**:

Clinical Trial of Medicinal Product **Yes □ No □**

Clinical Trial other than Trials of Medicinal Products **Yes □ No □**

**Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EudraCT number**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Multi-site: Yes □ No □**

**Lead Contact Person on-site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date approved by NREC COVID-19 Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you contacted the State Claims Agency regarding this study**

**(as per NREC guidelines) Yes □ No □**

**Have you discussed any financial implications with the Director of Finance**

 **Yes □ No □**

**Please forward to** **lynnemcglynn@beaumont.ie** **, ext: 4711**

**Ethics (Medical) Research Office, Beaumont Hospital.**

**(Wednesday & Thursdays)**