

# Registration of Research study

Please complete the form below if you propose to undertake a research study either as NHSWI staff member or within NHSWI premises or with NHSWI staff or patient participants

Name of researcher / chief investigator (Surname, Initial)	
e-mail	
Telephone number	
Researcher /CI employing Organisation and dept.	
Name of NHSWI Staff Local PI/Collaborator if CI not NHSWI staff member	
Email address of NHSWI Local PI/Collaborator	
Full title of study	
Sponsoring Organisation	
Research Protocol Submitted to R&D Lead?	Y / N
Study registered on IRAS (Project No. if yes)	
NHS R&D Endowments Fund Support Requested?	Y / N
Study involves NHS patients and/or NHS staff	NHSWI Patients/ NHSWI Staff/ Both NHSWI Staff and Patients (Circle group that applies)
Study involves access to patient identifiable information (direct from patients or from medical records/results/computer systems)	Y / N
NHS Site(s) involved in study	
Non-NHS Location of project (please specify)	
Evidence of independent scientific or peer review available	Y / N
Proposed Study Start Date: (dd / mm / yy)	
Projected Study End Date (dd / mm / yy)	
How are the findings to be disseminated (e.g. publication)	
<b>Western Isles R&amp;D Office:</b>	
Study confirmed as Research or Audit/Service Evaluation	
Date Project Registered on WI NHS R&D Database	
IRAS Project Ref. No.	
SREDA Ref No.	
WI R&D Approval Granted: Yes (Date)/ No	
WI NHS R&D Endowments Approved (£sum)	
Ethics Approval required	
Caldicott Approval Required	

Please Return this completed form to

Martin Malcolm,  
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Health Board Offices  
37 South Beach  
Stornoway  
Western Isles HS1 2BB  
Telephone 01851 708011

e-mail: [martin.malcolm2@nhs.scot](mailto:martin.malcolm2@nhs.scot)