# Centre for Oral Clinical Research (COCR)

## Clinical Research & Development Feasibility and Questionnaire:

|  |  |
| --- | --- |
| Potential collaborator details | |
| To be completed by organization / researcher requesting collaboration with COCR\* \*Must be completed | |
| Company/ organisation name |  |
| 1. Contact name/s |  |
| 1. Department/Unit/Centre |  |
| 1. Address |  |
| 1. Email/s |  |
| 1. Phone/s |  |
|  |
|  |
| Type of collaboration expressed interest at | |
| To be completed by organisation requesting collaboration with COCR | |
| **Grant development** | Yes  No |
| If yes, please provide details:  i.e.  Area of research your organisation is seeking collaborators and/or lead applicant.  Grants already in preparations by your organisation.  Funding bodies/programs for which grant/s’ co-applicants to apply with are sought for. |  |
| **Commercial collaboration** | Yes  No |
| If yes, please provide details:  i.e.  Looking for specialised site/s to run our sponsored trial through in the UK.  Looking for an academic collaborator to further develop and test our protocol.  Looking for a UK rep. to delegate sponsorship responsibilities in the UK. |  |
| **Delegate sponsorship responsibilities to COCR** | Yes  No |
| If yes, please provide details: |  |
| **Hosting a clinical trial at COCR** | Yes  No |
| If yes, please provide details: |  |
| Date start of collaboration proposed (mm/yyyy) |  |
| Estimated duration of collaboration (years, months) |  |
| Type of trial | |
| To be completed by organization requesting collaboration with COCR | |
| **CTIMP- Clinical Trial of Investigational Medicinal Product** | Yes  No |
| If yes, please provide details: |  |
| **ATMP-Advanced Therapy Medicinal Product** | Yes  No |
| If yes, please provide details: |  |
| **Device trial** | Yes  No |
| If yes, please provide details:  i.e.  will the study involve the use of any medical device without a CE Mark,  or  a CE marked device which has been modified or will be used outside its intended purposes |  |
| **Other study** | Yes  No |
| If yes, please provide details:  i.e.  Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology  Study limited to working with human tissue samples and/or data. |  |
| Logging Information of collaboration expressed | |
| To be completed by COCR delegate | |
| Date expression of interest made |  |
| Date expression of interest addressed by COCR delegate |  |
| Comments/clarifications requested by COCR |  |