# Centre for Oral Clinical Research (COCR)

## Clinical Research & Development Feasibility and Questionnaire:

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| 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
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|  |
|  |
| 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  |  |