



**British Association
for Cytopathology**

Please note that all applications must be received by 0.00 pm on Monday *DATE*

Submit your application to: BAC at email mail@britishcytology.org.uk
Name address and e mail
E-Mail

RESEARCH DISCRETIONARY FUND – STUDY INFORMATION PRO-FORMA

Name: _____ Job Title: _____

Department: _____

Address: _____

Telephone: _____

E-Mail: _____

Proposed Research Topic: _____

Please name here the Chief Investigator/supervisor who has reviewed and approved your proposal
Please attach a short cv of the CI.

Name of CI/Investigator _____ Job Title _____

Applicants Signature _____ Date: _____

RESEARCH STUDY TITLE

RESEARCH STUDY AIM (S)

RESEARCH STUDY METHODS

(Brief outline to include number of subjects included, site (e.g. hospital clinic, department, ward unit), methods employed, main outcome measures, inclusion and exclusion criteria.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Likely duration of the Research Study (should be < 12 months)

Likely Month an Ethical Approval Application and approval for this study will be submitted and received (if funding support is provided)

Factors that could prevent adequate subject recruitment to this research study (if any)

Is it likely the study results will be submitted to a meeting for presentation, or a journal for publication (describe briefly)

Detailed breakdown of Discretionary Fund Bid Costings (**please include all costs including staff time and equipment etc**)



Nominated Peer Reviewer

Please provide the following information:

Name of Peer Reviewer: _____

Department: Address _____

Contact Telephone Number _____

Email address _____

On receipt of your application the BAC will contact your named peer reviewer.

Please note: The nominated peer reviewer must have knowledge of the research subject but not be actually involved in the research.