



## **Checklist for Research in Primary Care**

| Name of study:                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Chief Investigator:                                                                                                                                         |
| Name of Principal Investigator:                                                                                                                                     |
| Name(s) of staff at practice involved in the study:                                                                                                                 |
| Start Date:                                                                                                                                                         |
| End Date:                                                                                                                                                           |
|                                                                                                                                                                     |
| Please tick when seen and authorised:                                                                                                                               |
| HRA Approval Letter                                                                                                                                                 |
| REC Favourable Opinion Letter (as required)                                                                                                                         |
| R&D email advisory on Capability and Capacity                                                                                                                       |
| Letter(s) of Access (there should be one letter for each individual entering your GP practice site)                                                                 |
| Statement of Activities/Schedule of Events (the GP Practice must sign off on this, or where commercial research a contract must be signed to confirm the individual |
| OR practice's participation in each research study)                                                                                                                 |
| Model Contract Agreement (Please see note as above)                                                                                                                 |
| Where there has been a share / undete to the study.                                                                                                                 |

## Where there has been a change/update to the study:

HRA Amendment Approval Letter/Acknowledgement

List of amendment names/numbers assured for this study: