



Research Proposal Form

DETAILS OF THE APPLICANT	
Title:	<hr/>
Name:	<hr/>
Email address (correspondence):	<hr/>
Hospital:	<hr/>
Hospital Address:	<hr/> <hr/> <hr/> <hr/>
PROJECT CONTRIBUTORS	
Principal Investigator (PI):	<hr/>
PI email (if different from above):	<hr/>
Co-authors and affiliation:	<hr/> <hr/> <hr/>

PROJECT DETAILS

Project Title:

Type of Submission:

- New research proposal
 Resubmission of a research proposal
 Update to existing research proposal

Project Question:

Project Aims:

Background and
Rationale:

*(Explain the clinical need
for the information to be
released and the
reasoning behind it)*

Study Cohort:

Data Outcomes:

(Primary and secondary outcomes that will be analysed)

Data Requirements:

(ROMEО Ophthalmology cannot guarantee that all data requirements can be provided)

Data Management:

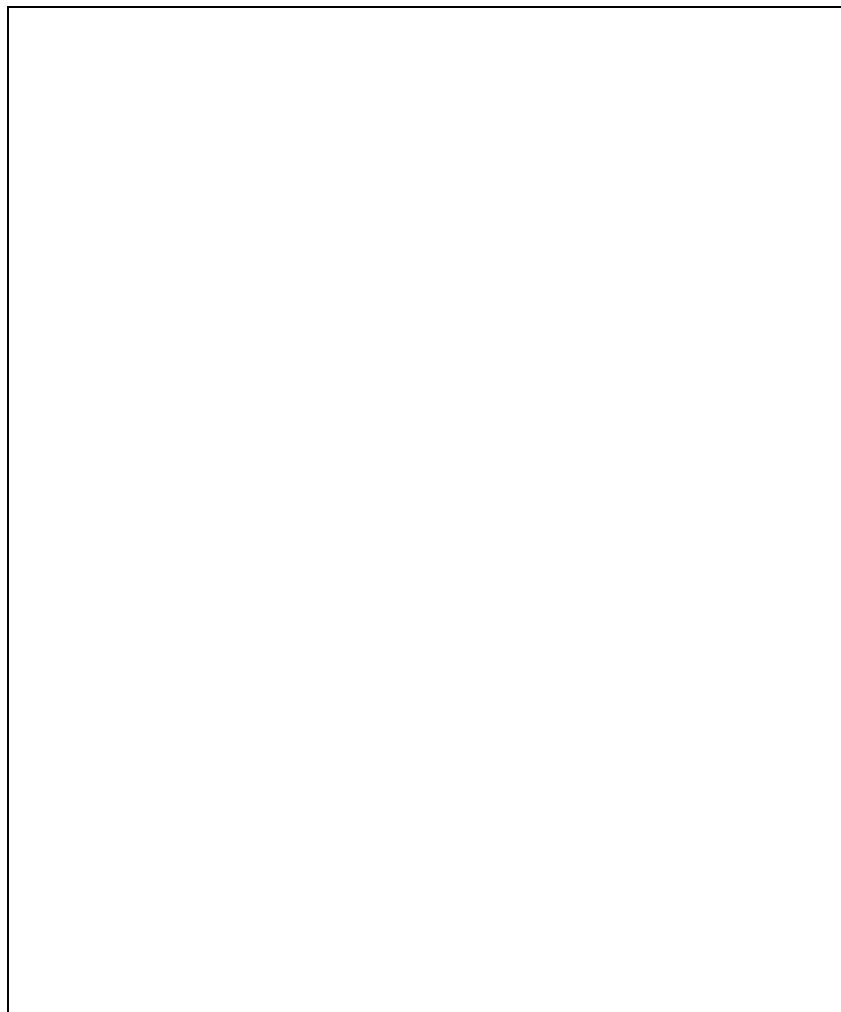
(How will the data be stored during the project?)

Reason for project proposal:

(Note if the data is required for a publication, audit, conferences presentation etc..)

References:

(If applicable)

A large, empty rectangular box with a thin black border, intended for the user to enter their references. It occupies the right two-thirds of the page's main content area.

**TERMS AND CONDITIONS OF PROJECT PROPOSALS SUBMITTED TO ROMEIO
OPHTHALMOLOGY**

1. The ROMEIO Ophthalmology committee will only provide the data required to complete the project. This will be specific to the requests made in the research proposal form. For data outside of this proposal, a further research proposal should be submitted for approval.
2. The aim of the project must be in line with the overall objectives of ROMEIO Ophthalmology. The request for data must be for healthcare professionals to conduct scientific research and not for commercial or marketing benefit.
3. If the project ends with a publication or presentation, ROMEIO ophthalmology should be acknowledged.
4. The data provided from ROMEIO ophthalmology will have no identifiable information on the patient or traceable to healthcare professional who submitted the data.
5. ROMEIO Ophthalmology will store a record of the data that is shared with the project team. The researcher is required to delete any provided ROMEIO ophthalmology data after the project has been finalised. Although, the project team are able to save any research calculations and analysis.
6. In order to confirm that you accept the above terms and conditions, a signature and date should be provided below.

Please provide a signature to confirm you agree to the above terms and conditions for the submission of a project proposal to ROMEIO Ophthalmology:

SIGNATURE:

DATE:

APPROVAL OF RESEARCH PROPOSAL

(To be completed by ROMEО Ophthalmology internal team)

Reviewer's comments:

Changes required:

Final Decision:

Yes / No

Additional Information:

Next steps:

CONFIRMATION OF RAW DATA REMOVAL

(To be completed when the research project is completed)

Please provide a signature to confirm that as the researcher you have deleted the storage of any raw data relating to ROMEEO Ophthalmology that you have stored. Any research calculations or analysis may be kept:

SIGNATURE:

DATE:

Additional Information:

ROMEEO Ophthalmology Committee Member Signature:

[To be signed upon receiving]

SIGNATURE:

DATE:
