



Royal College of Obstetricians & Gynaecologists

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Date

Preterm Birth Clinical Study Group Project Proforma

If you would like the CSG to consider your study, please provide the following information (10 pt font) or send a draft of the application you are intending to submit for funding.

TITLE OF PROJECT.

Name and contact details of Lead Applicant.

Name.....

Email.....

Names of other applicants, affiliation and expertise

- 1.
2.
3.
4.
5.
6.
7.
8.

Which funding body are you applying to, and to which scheme (if appropriate)?

.....

When is the deadline date for your application?

.....

Is this an outline or a full application?

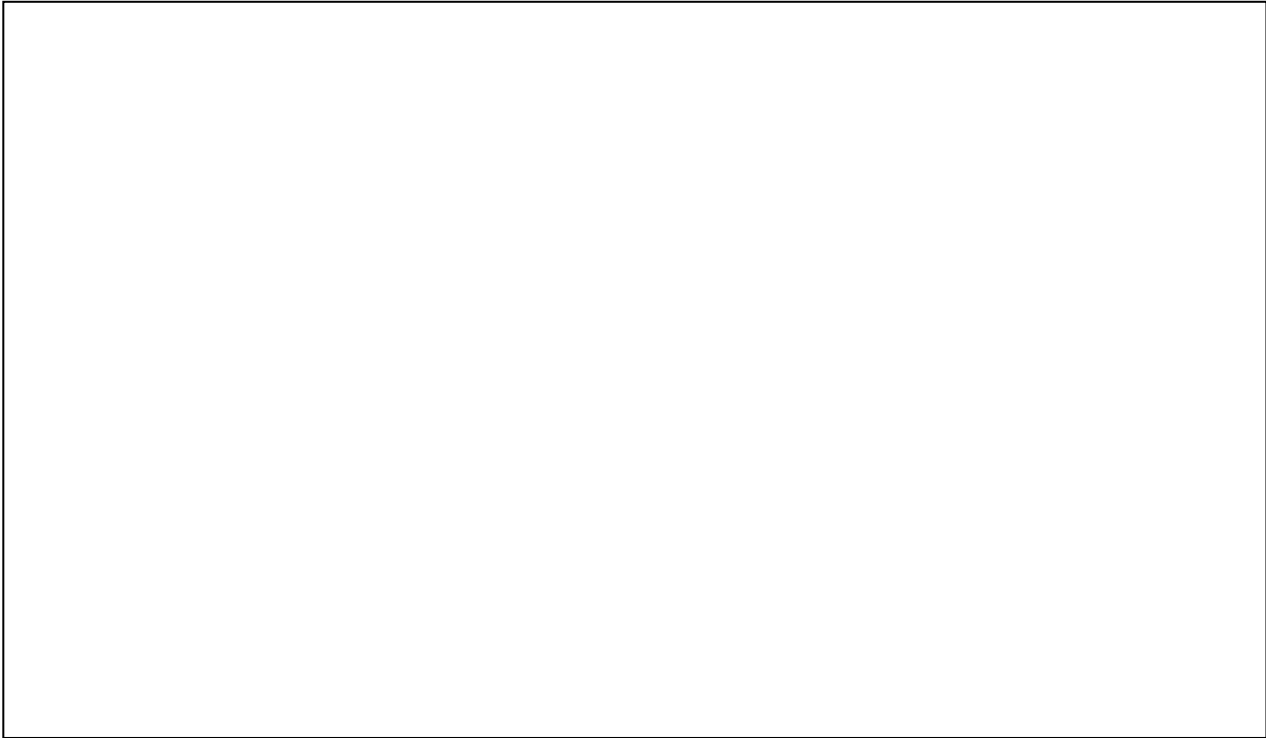
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Is this application in response to a commissioned call? Y/N


Is a clinical trials unit involved? Y/N

Total funds requested, if known £.....

Rationale for the study  
1 page 10 pt font with up to 5 key references



Please provide details of the intended protocol  
1 page 10pt font.



Please identify any issues where you think the CSG could help with your study e.g. study design, additional expertise.

**Feasibility**

If multicentre, have you discussed the feasibility of this study with participating sites: Yes / No

If Yes, please list sites:

Have you contacted UKCRN (<http://www.ukcrc.org/infrastructure/networks/ukcrn/>) to assess interest in your study amongst regional hospitals. Alternatively you can contact [Sidra.Tulmuntaha@gstt.nhs.uk](mailto:Sidra.Tulmuntaha@gstt.nhs.uk).