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| For official use only | | JBCR Data Release No: |
| **Section**  **B** | Nature of Data Request:  For preliminary research studies.  For research presentation or publication. | For enquiries, please contact our  Data Management Team  Email: [phyu.n@nccs.com.sg](mailto:phyu.n@nccs.com.sg)  Service hours: 8am – 5pm, Mon – Fri |

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| **1. Project Details (Please add additional pages as necessary)** | | | | | | | | |
| **(1) Project Title** | | | | | | | | |
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| **(2) IRB Application** | | | | | | | | |
| Please tick one of the following.  Approved; Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pending outcome; Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rejected  Not submitted; Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Note: Please enclose CIRB application and CIRB approval (if applicable).** | | | | | | | | |
| **(3) Investigators** | | | | | | | | |
| Name: | | | | Designation: | | | | |
| Tel: | | | | Email: | | | | |
| Department: | | | | Institution: | | | | |
| Name: | | | | Designation: | | | | |
| Tel: | | | | Email: | | | | |
| Department: | | | | Institution: | | | | |
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| Name: | | | | Designation: | | | | |
| Tel: | | | | Email: | | | | |
| Department: | | | | Institution: | | | | |
| **(4) Abstract of Research Proposal** (*In no more than 300 words, describe concisely the specific aims, hypothesis, methodology and approach of the application, indicating where appropriate the application’s importance to science or medicine*) | | | | | | | | |
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| **(5) Research Details** | | | | | | | | |
| a)    Specific Aims | | | | | | | | |
| *State concisely and realistically what the research described in this application is intended to accomplish and/ or what hypothesis is to be tested.* | | | | | | | | |
| b)    Introduction | | | | | | | | |
| *Briefly describe the background to the current proposal, critically evaluate existing knowledge and specifically identify the gaps that the project is intended to fill.* | | | | | | | | |
| *State concisely the importance of the research described in this application by relating the specific aims to the long term objectives.* | | | | | | | | |
| c)     Characteristics of Target Study Participants / Target Patient Data   |  |  |  |  | | --- | --- | --- | --- | | **Institution** | **Total Recruitment Number** | **No of**  **Male Adults** | **No of**  **Female Adults** | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | | | | |
| *List the Inclusion criteria* | | | | | | | | |
| *List the Exclusion criteria* | | | | | | | | |
| **(6) Methodology** | | | | | | | | |
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| **2. Type of Data Required from the JBCR** | | | | | | | | |
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| **3. Agreement** | | | | | | | | |
| The recipient agrees to use the data only for the purpose of the research study as described above. The recipient confirms that no non-member is involved. The recipient also agrees to be responsible for the security of patient privacy and the safeguard of the use of the JBCR data. | | | | | | | | |
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| Name of Principal Investigator | Department & Institution | | | | Signature & Date | |
| **4. Approval by Data Management Committee** | | | | | | | | |
| **Dr Richard Yeo Ming Chert** | | | |  | |  | | |
| Name: | | | |  | | Signature & Date | | |
| Division of Radiation Oncology, NCC Representative | | | |  | |  | | |
|  | | | | | | | | |
| **Dr Veronique Tan Kiak Mien** | | | |  | |  | | |
| Name: | | | |  | | Signature & Date | | |
| Division of Surgery & Surgical Oncology, SingHealth Representative | | | |  | |  | | |
|  | | | | | | | | |
| **Dr Yap Yoon Sim** | | | |  | |  | | |
| Name: | | | |  | | Signature & Date | | |
| Division of Medical Oncology, NCC Representative | | | |  | |  | | |
|  | | | | | | | | |
| **Dr Wong Fuh Yong** | | | |  | |  | | |
| Name: | | | |  | | Signature & Date | | |
| Chair, JBCR | | | |  | |  | | |
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