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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.sgService 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: |
| Name: | Designation: |
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| Department: | Institution: |
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| Name: | Designation: |
| Tel: | Email: |
| Department: | Institution: |
| 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

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| **Institution** | **Total Recruitment Number** | **No of** **Male Adults** | **No of** **Female Adults** |
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|  *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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