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| Research Audit Evaluation |  |
| **Request to Pegasus Health for Research Participation or Support** |

Pegasus Health receives many research requests and there are considerably opportunity and resource costs to the organisation in providing support for external research proposals. The organisation unfortunately is neither funded nor has capacity to respond to all requests.

This form is provided to help guide individuals to prepare a request for collaboration in or assistance with a research project.

The purpose of this application is to clearly define what the applicant requires and to ensure that what is provided by Pegasus Health (Charitable) Ltd is appropriate for the research question and fulfils the responsibilities and obligations of Pegasus Health (Charitable) Ltd.

**How to use this form:**

To activate fields, use the arrow keys on your keyboard to navigate between fields.

Please answer all questions (write n/a if questions are not relevant to your research).

Once you have completed the form please submit your application to [research@pegasus.org.nz](mailto:research@pegasus.org.nz). Please attach other documentation where available (indicate documents attached below)

The research protocol or plan

Ethics approval and the ethics application or a letter from the ethics  
 committee stating approval not required

Completed Pegasus Health request for if data requested

**Date:** Click here to enter text.

**Request from (team names, qualifications and experience)**

Click here to enter text.

Click here to enter text.

Click here to enter text.

**Organisation:** Click here to enter text.

**Primary contact and position:** Click here to enter text.

**Email for correspondence:** Click here to enter text.

**Phone:** Click here to enter text.

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| **1 What are the aims and hypothesis for this research project?**  Click here to enter text. | | |
| **Has the research proposal been peer reviewed?**  Yes No  **OR Will it be submitted for peer review?**  Yes No  **If yes by whom:**  *(****please attach reviewer reports where available)***  Click here to enter text. | | |
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| **2 Type of participation requested from Pegasus Health**  Endorsement Involvement of members GPs and nurses Partnership Other **Please provide details**  Click here to enter text. | | |
| **Over what period of time will this participation be required?**  Click here to enter text. | | |
| **3 Value to Pegasus Health**  **Explain why Pegasus Health is the appropriate organisation for this research?**  **(List any other participants in the research/sampling frame)**  Click here to enter text. | | |
| **What is the value of this research question to primary care?**  Click here to enter text. | | |
| **What is the direct value of this research to Pegasus health patients?**  Click here to enter text. | | |
| **Are there any risks associated with this research (to patients or within primary care)?**  Click here to enter text. | | |
|  | | |
| **4 Funding and Costs**  **How is the research being funded?**  Click here to enter text. | | |
| **Are there any commercial benefits from this research to you, your organisation or other organisations?**  Click here to enter text. | | |
| **Please list any other conflicts of interest.**  Click here to enter text. | | |
| **Estimate the resource costs to Pegasus Health (for example where data extraction is required estimate time required)**  Click here to enter text. | | |
| **Has funding been obtained/applied for and allocated to cover these costs?**  Click here to enter text. | | |
| **5 Privacy/ethics (note where data are requested the request for data form should be completed)**  **What degree of patient identification/anonymity is envisaged?**  Click here to enter text. | | |
| **Will consent by patient or GP/practice nurse be required?**  Yes No | | |
| **Is ethical approval required/been obtained?**  Yes No  ***(Please attach approval and application copy)***  **If no state reasons why approval not required – in some cases a letter from an ethics committee stating that approval is not required may be requested.**  Click here to enter text. | | |
| **Is publication planned of the results?**  Yes No  **If results are not to be published how will the results be made available in the public domain?**  Click here to enter text. | | |
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| **For Pegasus Health (Charitable) Ltd use only:** | | |
|  | **ID No.:** |  |
|  | **Date submitted:** |  |
| **Comments:** Click here to enter text.  **Decision on this Request:** Approved Declined  **Decision Criteria:**  Click here to enter text. | | |
| **Date of decision:** Click here to enter a date.  **Signature:**  Click here to enter text.  **Position:** Click here to enter text. | | |