

***CLOSE-IT***

**CLOSurE of Ileostomy Timing**

**Expression of Interest Form**

Thank you for your interest in participating in the first Dukes’ Club Research Collaborative Study. Please return the completed form by email to: [dukescollaborative@gmail.com](mailto:dukescollaborative@gmail.com) by January 25th 2018. We would welcome a team of 2 trainee collaborators and 1 consultant per site, to complete the prospective and retrospective components of the study.

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| **Principal Investigator** | |
| Title |  |
| First Name |  |
| Surname |  |
| Qualifications |  |
| NHS Hospital Trust |  |
| Full address |  |
| Tel |  |
| Email |  |
| Date of last GCP training |  |
| Any conflicts of interest for this study? |  |

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| --- | --- |
| **Site Information** | |
| How many patients per year undergo closure of ileostomy in your unit? |  |



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| **Trainee Collaborators** | |
| Title |  |
| First Name |  |
| Surname |  |
| Tel |  |
| Email |  |
| Grade (ST etc.) |  |
| Title |  |
| First Name |  |
| Surname |  |
| Tel |  |
| Email |  |
| Grade (ST etc.) |  |

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| **R & D Contact at Your Site** | |
| Job Title |  |
| Full Name |  |
| Tel |  |
| Email |  |
| Details of R & D approval process in your trust |  |

**Principal Investigator Sign Off**

Name:

Signature:

Date:

**Thank you for your participation**