Research imaging proposal form

**The research imaging proposal form should be completed by the chief/principal investigator of any new research study requiring access to imaging resources at University Hospital Southampton.**

**The Research Imaging Management Group (RIMG) will use this information to determine the availability of resource and provide advice on costings for imaging research. Ideally, this form should be completed before a submission for grant funding is made, to enable accurate costings for research imaging to be estimated.**

**How to complete the research imaging proposal form:**

* Please complete part 1 (expression of interest) first. If the answers to part 2 (detailed application) are not known they can be left blank and the form may still be submitted.
* The form will then be reviewed by your research imaging contact and provisional approval for the study can be granted – **this will take three to five days**. Following this initial approval you can start your grant application process.
* In the meantime, you’ll be contacted by relevant members of the RIMG who will help you (if required) to complete part 2. Please attach the protocol and include hardware, software, data storage/archiving and personnel requirements as well as any relevant safety information (e.g. dose estimates/risk assessments). Please also attach the costings (including scan costs) that have been agreed.
* Part 2 can then be submitted to your research imaging contact and a final decision regarding whether the study can proceed will be made by the RIMG. You will be notified by the RIMG chair via an imaging approval letter, which will summarise the agreed proposal and costings – **this will be within four weeks of the provisional approval date**.
* Funding can then be sought, based on the agreed costings. It’s envisaged that grant applications will be developed whilst part 2 of the form is discussed, completed and agreed.
* Once funding has been obtained, the project can proceed, providing **all required approvals are in place** and operational logistics have been confirmed with the appropriate superintendent/research radiographer.

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| **Part 1 – Expression of interest** | | | |
| **Study title:** | | | |
| **Short title:** | | | |
| **Research question / summary of imaging requirements:** | | | |
| **Investigator**: | | **Email**: | |
| **Are you acting in your capacity as a UHS or UoS principal investigator? Select one only.** | | **UHS (Trust) 🞏**  **UoS (University) 🞏** | |
| **Principal grant admin** | | **UHS (Trust) 🞏**  **UoS (University) 🞏**  **Other 🞏** | |
| **Part 2 – Detailed application** | | | |
| **Proposed start date:** | | **Proposed end date:** | |
| **Number of subjects:** | | **Statistical advice sought? *Please circle***  Yes / No | |
| **Type of study:** | | **Peer review (type, name):** | |
| **Part of a multi-centre trial? *Please circle***  Yes / No | | **Approvals required?*****Please state*** | |
| **Risk/safety/radiation dose assessment? *Please state*** | | | |
| **Imaging required** | **Imaging protocol**  ***(state if new or existing and who this has been discussed with)*** | **Frequency/timing/routine?** | **Hardware/software/data storage/archiving and processing requirements?** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **New** imaging protocols (including MRI sequences) should be discussed with the designated radiologist, superintendent radiographer/medical physics after provisional approval is granted. A dose estimate for studies using ionizing radiation should be obtained. Funding for any imaging related developments may be required and should be agreed.  **Existing** imaging protocols should be confirmed with the Superintendent Radiographer (including protocol name and version date). | | Please indicate if each imaging event is **routine** (i.e. part of clinical care), **additional** as part of this proposal, and whether this will **continue** once the trial has ended.  **Hardware/software/data storage and post-processing** requirements, including **image archiving**, should be discussed with radiology/medical physics/UoS. **Funding** for protocol development may be required and should be agreed before recruitment begins. Additional software and hardware costs should be indicated. | |

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| **Please sign electronically to indicate that you have read and you agree with the attached research imaging policy** | Name:  Signature:  Date: |

Please submit to the RIMG by emailing:

[RadiologyResearch@uhs.nhs.uk](mailto:RadiologyResearch@uhs.nhs.uk)

Joint UHS and UoS policy for imaging research in Southampton

Version 4, March 2020, Research Imaging Management Group (RIMG)

This Joint Policy applies to any academic activity, hereby referred to as “Project”, which involves imaging or imaging results at University Hospital Southampton NHS Foundation Trust (UHS), whether it is research, case report, case series, audit, service evaluation or other description not specifically mentioned here.

**Planning and costing research grants**

1. Please inform RIMG (by emailing [RadiologyResearch@uhs.nhs.uk](mailto:RadiologyResearch@uhs.nhs.uk)) of the research grant application as soon as possible but no later than one month prior to grant submission, attaching the [Research Imaging Proposal Form](http://bit.ly/RIMGform).
2. Please discuss the proposed protocol with the appropriate radiographer/radiologist/medical physicist assigned to the project by the Radiology Research Coordinator. This will ensure that advice on imaging techniques and accurate costings can be provided.
3. When costing grant applications, University of Southampton (UoS) Principal Investigators (whose contract is with UoS), should apply for their research MR imaging costs from the [UoS Finance Hub](mailto:finrhub@soton.ac.uk) (i.e. UoS is the supplier of their imaging).
4. When costing grant applications UHS Principal Investigators (whose contract is with UHS), should apply for their research MR imaging costs from the [UHS Grant Accountant](mailto:researchgrants@uhs.nhs.uk) (i.e. UHS is the supplier of their imaging).

**Publication**

1. If manuscripts arise from Projects which make use of imaging data reported by UHS radiologists or involving UHS medical physicists or specific radiographers, co-authorship or acknowledgement of these individuals should be discussed with them at the outset of the project if possible, or if this has not happened at the point of manuscript preparation.
2. Please include both UHS and UoS as affiliations, unless none of the authors have an honorary or substantive connection with UoS, and no use was made of any UoS facility. Please abide by the “[*Joint Partnership Policy and Guidance on Pre-clinical and Clinical Research Publications*](https://www.uhs.nhs.uk/Media/Southampton-Clinical-Research/Downloads/Joint-Partnership-Policy-and-Guidance-on-Pre-clinical-and-Clinical-Research-Publications.pdf)”, jointly approved by UHS and UoS.
3. Acknowledge resources (staff, space or equipment) of a particular imaging unit or department if these have been used.
4. Please remember to acknowledge any funding you have received.
5. For grants, please include the grant number and source.
6. Please inform RIMG of publications arising from imaging performed at UHS.

**Data management**

1. Please ensure that data uploads/transfers and archiving processes have been discussed with the relevant people within PACS/Radiology Research/Medical Physics (as appropriate) and are detailed accordingly within the grant application.

**Incidental findings**

1. Principal Investigators should ensure the protocol defines precise instructions and when appropriate, specifies a named clinician who will be responsible for managing incidental findings (reported by the radiologist(s) associated with the study) including informing the subject, arranging follow up tests and liaising with the GP as necessary.

**Resources / Signposting**

See next page

**Resources / Signposting**

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| **UoS / UHS Research Support Services** | |
| **UHS Sponsorship Team** - support and guidance on regulatory issues related to your study - **for UHS researchers** | [sponsor@uhs.nhs.uk](mailto:sponsor@uhs.nhs.uk) |
| **UoS Research Integrity and Governance** - support and guidance on regulatory issues related to your study - **for UoS researchers** | [rgoinfo@soton.ac.uk](mailto:rgoinfo@soton.ac.uk) |
| **UHS R&D Divisional** Teams - support for setting up your study at UHS - **for both UoS and UHS researchers** | [researchmanagement@uhs.nhs.uk](mailto:researchmanagement@uhs.nhs.uk) |
| **UHS Grants Team** - grant application support - **for UHS led grant applications** | [researchgrants@uhs.nhs.uk](mailto:researchgrants@uhs.nhs.uk) |
| **UoS Finance Hub** - grant application support - **for UoS led grant applications** | [finrhub@soton.ac.uk](mailto:finrhub@soton.ac.uk) |
| **NIHR Research Design Service South Central** - research design and methodology support - **for both UoS and UHS researchers** | <https://www.rds-sc.nihr.ac.uk/> |

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| **Regulatory Bodies & Support** | |
| **MHRA** | <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency> |
| **HRA** | <https://www.hra.nhs.uk/> |
| **NIHR** | <https://learn.nihr.ac.uk/> |
| **CRN Wessex Support Services** | <https://local.nihr.ac.uk/lcrn/wessex/> |

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| ***For Research Imaging Management Group use only*** | | | | ***RIMG ID:*** |
| **Part 1 (provisional approval) – RIMG member(s) and date:** | | | | |
| **Part 2 (full approval) – protocol (including risk/safety assessment and dose estimate if relevant), hardware, software, personnel and associated costings (including scan costs) agreed (details and date):** | | | | |
|  | **Comments**  (e.g. timing, kit, staff) | | **Proposed changes?**  (e.g. recruitment/scans) | |
| **Feasibility (scientific/technical /safety)** |  | |  | |
| **Equipment capacity** |  | |  | |
| **Staff capacity** |  | |  | |
| **Project ok?** |  | |  | |
| **Costings ok?** |  | |  | |
| **Any other comments or considerations** |  | | | |
| **Recommended decision (including changes)** | |  | | |
| **RIMG decision** | |  | | |
| RIMG chair: | |  | | |
| RIMG date: | |  | | |
| Imaging approval letter sent out (date): | |  | | |
| **Final approvals (date):** | |  | | |
| Funding/resource | | 🞏 | | |
| NRES/UoS ethics | | 🞏 | | |
| UHS R&D | | 🞏 | | |
| Other (please state) | |  | | |