

Initial Engagement Enquiry Form

Please complete the below information so we can prepare for a follow-up meeting to discuss how the MedConnect North service can support your enquiry. If you are unsure about what to complete in any of the boxes, please leave blank and we can advise on completion within the meeting.

Organisation or company name:	
Parent company (if relevant):	
Industry Sector:	
Company website address:	
Primary contact name:	
Email address:	
Phone number:	

Potential Collaboration/Research Summary

Name of the device/technology to be evaluated:	
Are you new to research?	Yes / No
What disease area(s) is this applicable to:	
Outline what your device/technology does and describe the unmet need your this addresses, and the expected benefits of implementing in current practice:	
Has your device/technology been CE marked (if applicable)?	

<p>What specific areas of support are required (if known)</p>	<p>Access to clinical expertise <input type="checkbox"/></p> <p>Access to research sites <input type="checkbox"/></p> <p>Access to patient recruits <input type="checkbox"/></p> <p>Access to biobanks and/or labs <input type="checkbox"/></p> <p>Access to other</p> <p>Specific departments <input type="checkbox"/></p> <p>Please state:</p> <p>Access to industry partners <input type="checkbox"/></p> <p>Information on funding sources <input type="checkbox"/></p> <p>Public and patient involvement <input type="checkbox"/></p> <p>Other (please detail below):</p>
<p>What are the research questions (primary/secondary outcomes) or evidence gaps you wish to address:</p>	
<p>Do you have a research protocol or would you need clinical input into designing a protocol?</p>	
<p>Do you have any idea of the number of patients/sites you need access to?</p>	
<p>Which setting would you like your research to be conducted?</p>	<p>Primary Care <input type="checkbox"/></p> <p>Secondary Care <input type="checkbox"/></p> <p>Tertiary care <input type="checkbox"/></p>
<p>Do you have any infrastructure or expertise within your organisation to submit to regulatory bodies/ write submission/ protocol/patient documents etc.?</p>	
<p>Do you have any provision organised for Statistical and Methodology support? If not,</p>	

would you be happy for MedConnect to source this provision on your behalf?	
On what basis do you expect to engage with the NIHR Clinical Research Network North East and North Cumbria and MedConnect North?	Collaborative research <input type="checkbox"/> Commercial contract research <input type="checkbox"/>
How do you expect to fund any studies?	Company funded <input type="checkbox"/> Grant funded <input type="checkbox"/> Charity funded <input type="checkbox"/> Other (please detail below):
For collaborative research, describe your company's approach to sharing IP. Would the company be prepared to share IP?	
Do you require a Non-disclosure agreement (NDA) to be signed?	
Can the team support you with details about sustainability / Net Zero?	
Please tick which areas you would like to promote your collaboration:	North East and North Cumbria (NENC) <input type="checkbox"/> Yorkshire and Humber (Y&H) <input type="checkbox"/> North West Coast (N W C) <input type="checkbox"/>
Please provide further information on your device/technology, either in hard copy, or via weblinks. These can include company brochures, published data and journal papers.	

Please tick this box if you consent to MedConnect North contacting you about future events, news and opportunities:

By completing this form you agree for the information to be circulated to relevant parties to engage with your enquiry.

* **Definitions:**

- **Collaborative research** – company working in close collaboration with clinical academics, with input into study design and scientific objectives of the study. This could be fully funded by commercial partner, third party funding (e.g. grant application) or a shared risk reward model.
- **Commercial contract research** – fully commercial funded and defined study protocol in place but need support in research centre selection and feasibility assessment.

Form Completed By:	
Date Form Completed:	