**NIHR GOSH BRC National Biosample Centre – Call for Projects**

**Internal GOSH and ICH applicants only**

The closing date for submission for applications for this current window is **June 10th 2019**.

**Background - The NIHR National Biosample Centre**

The NIHR-funded National Biosample Centre (NIHR-NBC) has been established in Milton Keynes to provide a high quality, high capacity service for biomedical researchers engaged in studies that include the collection, processing, storage and analysis of biological samples from their volunteers and patients. It has implemented a highly-automated infrastructure and robust information and quality systems to provide a cost-effective, secure and responsive service.

The NIHR-NBC has been established as an HTA-licensed, ISO 9001-certified service centre with its main site in Milton Keynes and a back-up site in Osney Mead, Oxford. The facilities can curate and house legacy collections as well as support currently active or planned studies. NIHR-NBC has been designed to offer a “menu” of activities. Researchers can access a complete service or discrete elements. They can discuss and develop this part of their study with experts from the centre. Studies can be started more quickly, at reduced cost and risk. NIHR-NBC staff can project manage the implementation and operation of the in-scope services in close collaboration with the researchers.

Control of the samples is maintained by the PI (or their access committee) under the existing arrangements for the study. UK Biocentre has no ownership or control over use of the samples. UK Biocentre will follow instructions from the research group in handling or distribution of samples and/or data. Researchers in the organisation can arrange services individually with UK Biocentre. The UK Biocentre can handle a range of biosample types (e.g. whole blood, serum, cells, tissue, DNA, urine, RNA, plasma & stool). The site can also handle special protocols for paediatric/child samples.

The Rare Disease Cohorts and Novel Therapies themes are providing a total of £10,000 available aiming to fund a few projects (cohort sample storage), to be spent at the NIHR-NBC. The call is for **storage/collection/analysis at NIHR-NBC only**, no salaries will be covered. Applicants can apply for a maximum of £5,000. A full costing and detailed information for services at the site can be found in the ‘NIHR National Biosample Centre Costs’ document, found on the application web page\*. Applications with animal research will not be considered. All funds will need to be spent between 1st April 2019 and 31st March 2021 with at least some engagement/spending before 31st March 2020; applicants will need to fund storage beyond this point through other means.

\* <https://www.gosh.nhs.uk/our-research/our-research-infrastructure/nihr-gosh-brc/funding-and-opportunities/nihr-gosh-brc-national-biosample-centre-call>

For any queries about this application, please email BRC@gosh.nhs.uk, with the subject line “National Biosample Centre Call”.

**SECTION A: APPLICANT(S) DETAILS**

|  |  |
| --- | --- |
| 1. Title and Name
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| 1. Position
 |  |
| 1. Email Address
 |  |
| 1. Specialist Area
 |  |
| 1. Host Organisation (ICH/GOSH)
 |  |
| 1. Programme/Section
 |  |
| 1. Are you the local Principal Investigator (PI) for this study?
 | [ ]  Yes [ ]  No |
| 1. If No, who is the local PI at GOSH/ICH?
 |  |
| 1. Co-Investigators (Title, Name, Department and Organisation)
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**SECTION B: PROPOSED RESEARCH PROJECT**

|  |  |
| --- | --- |
| 1. R&D Number for this application/is this linked to another R&D registered project?
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| 1. Proposal Title
 |  |
| 1. Expected Start Date
 |  |
| 1. Expected End Date
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| 14. Proposed Research Project/Cohort/Registry |
| Please briefly describe (in no more than 500 words excluding references and one figure/table):1. Cohort/registry background, rationale and aims of sample storage
2. Brief details of the associated clinical trial/cohort population. Is this GOSH sponsored?
3. Please indicate the types and number of samples that you aim to store
4. Please provide details of how you plan to fund storage after 12 months
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| 15. Lay Summary |
| Please describe the research in simple terms in a way that could be published to a general audience (in no more than 200 words). If awarded, this may be made publicly available and applicants are responsible for ensuring that the content is suitable for publication. |
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| --- | --- |
| 18. Please describe any other sources of funding for this work. Please provide R & D number, size of award, start and end dates and names of Principal & Co-Investigators.  |  |
| 19. Are there any ethical issues that will have to be considered before this study can commence? Please provide details of Ethics Approvals already in place and if the study is, or will be adopted by the NIHR-CRN portfolio. |  |
| 20. Have patients or members of the public been involved in the planning or design of this project in any way? |  |

**SECTION C: COSTINGS**

All calls must be registered with R&D, please indicate below what level of funding you require (up to £5k per applicant) and complete the accompanying Project Registration and Costings Form and send it to research.registration@gosh.nhs.uk at least 15 working days before the deadline. Please note a new version of the R&D form has been produced which will be on the application web page.

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| ***Total Funding Requested:***  |  |
| 1. **Non-Salary Expenditure**

**List each item on a separate line** |  |
| **Type of Expenditure** (eg. Tests/Investigations, patient travel, pharmacy set-up, laboratory consumables etc) | **Basis for the costs** (eg. No. of tests/yr/patient; No. of journeys/yr/patient, etc) | **Costs** | **Sub-Total** |
|  |  |  | £0 | **£** |
|  |  |  | £0 | **£** |
|  |  |  | £0 | **£**  |
|  |  |  | £0 | **£**  |
|  |  |  | £0 | **£**  |

The Novel Therapies theme can provide some **limited** time from Health Care Assistants already in post to help with sample collection, this section is **not** to request a post/position. Time can only be requested if the application requests usage of the UK Biocentre.

E.g. request 2 hours a week for 1 month to collect samples.

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| Staff Required |
| Please request the time needed for a Health Care Assistant to help with sample collection |
| **Name** | **Start dateon project** | **End dateon project** | **hr/wk** |
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**National Biosample Centre – STORAGE**

|  |  |
| --- | --- |
| **Rack / Box Type eg. 9x9, 10x10, SBS Format (96), Other** |  |
| **Info on Rack / Box Dimensions / Type / Manufacturer** |  |
| **Tube Type. Eg 2ml Cryovial, Eppendorf, Vacutainer, Universal, 1ml etc.** |  |
| **Storage Temp. eg -80, LN2** |  | **No. of Racks / Boxes** |  |
| **Rack / Box Level Identity** | **Yes / No** | **Tube / Sample Level Identity?** | **Yes / No** |
| **Electronic Manifest Available** | **Yes / No** | **Storage Term (Years)** |  |
| **Retrieval Frequency** | **Never** | **Monthly** | **6 Monthly** | **Yearly** |
| **Any Additional Information:** |

1. **National Biosample Centre – PROCESSING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sample Type** | **Whole Blood** | **Saliva** | **Stool** | **Other** |
| **Services** | **Aliquotting** | **Fractionation** | **PBMC Isolation** | **Genotyping** |
| **Sample Collection****Kits Provision** | **RNA/DNA****Extraction** | **DNA Quantification** | **DNA Normalisation** |
| **Any Additional Information:** |

**SECTION D: DECLARATIONS AND SIGNATURES**

In order for your application to be accepted you are required to gain approval from the relevant stakeholders within your department and/or institution. These approvals are required to ensure that the applicants agree to support the proposed project, and that the research activity can be accommodated by the department where the work will be performed. These approvals can be supplied as an e-signature or a ‘wet ink’ signature.

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| I can confirm that the information given on this form is complete and correct, that all co-applicants mentioned on this form have seen a copy of this application and that I shall be actively engaged in this project and responsible for its overall management.Signed: ……………………………………………………………………………………………………………………. Date: ………………………………….. **(Lead applicant)**Signed: ………………………………………………………………………………………………………………….... Date: ………………………………….. **(Co-applicant)**Signed: ………………………………………………………………………………………………………………….... Date: ………………………………….. **(Co-applicant)**Signed: ………………………………………………………………………………………………………………..….. Date: ………………………………….. **(Co-applicant)** |
| I can confirm that I have read this application and that, if funded, the work will be accommodated in this department / institution and that the applicants for whom we are responsible may undertake and support this work.Signed: ……………………………………………………………………………………………………………………. Date: …………………………………..**(Representative of the institution hosting the research e.g. clinical general manager, unit/department head)** |