**Application FOR A RESEARCH PROJECT**

**IN THE CONTEXT OF PRE-/POSTGRADUATE EDUCATION**

**to be approved by CLINICAL RESEARCH COUNCIL**

**Send the signed original of the completed application form including appendices (e.g. own project, questionnaire, etc.) to the Project Support Department (Martina Lojová, M.Sc., Ph.D., speed dial 6232) and send the editable document including appendices to the address: vyzkum@mou.cz.**

**Applications will be processed within one month through the Clinical Research Council of the Masaryk Memorial Cancer Institute (MMCI). If the nature of the project requires an assessment by the Ethics Committee (EC), the overall assessment period will be longer. You will be informed about the result by e-mail.**

1. **Applicant (student)**

**Name, surname, degree: Click here to enter text**

**Department/clinic od MMCI: Click here to enter text**

**Phone: Click here to enter text**

**E-mail: Click here to enter text**

1. **Guarantor within MMCI**

**Name, surname, degree: Click here to enter text**

**Department/clinic of MMCI: Click here to enter text**

**Phone: Click here to enter text**

**E-mail: Click here to enter text**

1. **Research project implemented within the framework of pre- / postgraduate education**

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| **Thesis / project name:** **Click here to enter text**  **Thesis/project type:** **Select an item**  **Click here to enter text**  **Name of supervisor:** **Click here to enter text**  **Name and address of university:** **Click here to enter text**  **Field of study:**  **Click here to enter text**  **Year of studies:** **Click here to enter text**  **Project start:** **Click here to enter the date**  **Project completion:**  **Click here to enter the date**  **Project description:**  (*Summary describing the subject of the solution, goals, project priorities, target group (patients or their relatives, hospital staff, how many people will be estimated to need to be contacted, etc.). (min 800 characters incl. spaces)*  **Click here to enter text**  **Expected outputs:** (*Expected output of the project, which will be handed over / presented to the MMCI - lecture, printed work, etc.)*  **Click here to enter text** |

1. **Ethics committee**

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| **Does the project require approval by the Ethics Committee? YES**  **NO**  **If the Ethics committee project has already been approved, state the following:**  date of the ethics committee meeting: **Click here and enter the date**  name and seat of the ethics committee: **Click here to enter text**  type of the ethics committee:  **Select an item** |

1. **Others**

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| **The need to look at medical records**: **YES**  Select an item **NO**  **Use of material from a Bank of biological material:** **YES**  **NO**  **Does the project require to obtain data from the medical records of patients included in the project even after the completion of its implementation phase (e.g. follow-up)?**  **YES**  **NO** |

**Applicant's declaration**

**I am fully acquainted with the MMCI Directive No. 10/2011 „Access to medical documentation and patient information“ and the MMCI Directive No 2021/4 „Research in MMCI“.**

**It is clear to me all the obligations that follow from these documents for me (especially the duty of confidentiality, the obligation to prevent unauthorized disclosure of personal data obtained, etc.).**

**Date: Click here and enter the date**

**Signature of the applicant:**

**Statement of the manager / guarantor in MMCI**

**I declare that I am fully acquainted with the proposed project, including annexes (e.g. questionnaire, informed consent, etc.). The project does not contain any serious errors and the materials that will be presented to patients or staff of the institute are understandable and their text is satisfactory.**

**I confirm that the applicant is participating in the above-mentioned scientific research project and I propose that his / her applications be approved.**

**Name: Click here to enter text**

**Date: Click here and enter the date**

**Signature of the manager / guarantor in MMCI:**

**Statement of the Clinical Research Council / Deputy for Science and Research**

The project is **APPROVED**   **NOT APPROVED**

**Comment:**

**Name: Assoc. Prof. Tomáš Kazda, M.D., Ph.D.**

**Approval date: Click here and enter the date**

**Signature of the Deputy for Science and Research:**