|  |
| --- |
| National Serosurveillance Programme |
| Application Form for Proposed External Collaborations |
| Final v1 |

|  |
| --- |
| Version 1 |

|  |  |
| --- | --- |
| **Section A – Applicant(s)** | |
| **Primary Applicant**  *Project Lead Details* | |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Role/job title: |  |
| Email Address: |  |
| Contact Telephone Number: |  |
| *Applicant Organisation Details*  Organisation Name:  Organisation Department:  Registered Address:  Organisation Type: |  |
| ***Primary Contact for routine correspondence*** *(if different from Project Lead above)* | |
| Primary Contact Name:  Primary Contact Email Address: |  |
| **Co-Applicants (if applicable)**  *Please list any co-applicant(s) including organisation and role* | |
| List the co-applicants: |  |

|  |  |
| --- | --- |
| **Section B – Funding /Sponsorship** | |
| *Please provide details of the funding arrangements for the project including any sponsorship.* | |
| Funder Name: |  |
| Funder Address: |  |
| Sponsor Name: |  |
| Sponsor Address: |  |

|  |  |
| --- | --- |
| **Section C - Project Details** | |
| **Pathogen** | |
| Pathogen Name: |  |
| Please confirm that the pathogen is [notifiable under the Infectious Diseases Regulations](https://www.hpsc.ie/notifiablediseases/listofnotifiablediseases/), otherwise the application will not be processed as non-notifiable pathogens fall outside the scope of the National Serosurveillance Programme: ***Yes/No*** | |
| Current best estimate of population seroprevalence of the pathogen proposed: |  |
| **Public health rationale** | |
| *Describe the public health need identified, how the project will address this need and the anticipated benefits to public health (including identified stakeholders) and other beneficiaries (max 200 words)* | |
| **Literature Review** | |
| *Provide a brief summary of evidence or literature that supports the need for the proposed project (max 200 words)* | |
| **Aims and Objectives** | |
| *State the overall aims and objectives of the project (max 100 words)* | |
| **Methodology**  *Please provide details of the planned methodology of the project including:* | |
| ***Estimated sample size*** |  |
| ***Sample population of interest –***   * General Population * Blood Donors * Age groups |  |
| ***Residual specimen type –***   * Serum/Other   *(if other please give details)*   * *Sample volume required for testing* |  |
| ***Testing***  *please include:*   * Availability of commercial assay * Is assay validated for use with planned specimen type? * Planned testing Site\*   + Name and address of testing laboratory   + Confirm if laboratory accredited to perform required testing)   \**currently routine NSP residual serum samples from primary care are tested at the National Viral Reference Laboratory and IBTS provide testing for residual donor samples* |  |
| ***Data analysis***   * To be completed in-house by project team with no input from SEU team   ***OR***   * Requires SEU team input   *(If yes please provide details of SEU expertise required)* |  |
| **Planned Outputs** | |
| *Provide details of the planned outputs of the project to communicate findings*  *[may include peer-reviewed publications, internal report (no publication intended), regulatory/ governmental reports, conference presentation, website, other]* | |
| **Data Management** | |
| *Describe in detail how the data will be processed during the project up to and including destruction.*  *Will the data obtained via the NSP be pooled or aggregated with other similar data? If so, provide details of this process and whether disaggregated data will also be presented in any outputs.* | |
| **Clinical Specimen Management** | |
| *Where clinical specimens will be tested by laboratories external to the NSP describe in detail how these specimens will be managed (including transport, storage and destruction)* | |
| **Timeline** | |
| Start date |  |
| Estimated duration in months |  |
| *Provide details of the preferred timeline of the project, including details of data archiving, retention and destruction.* | |

Please submit completed digital application form for consideration by the National Serosurveillance Programme to [**seu.programme@hpsc.ie**](mailto:seu.programme@hpsc.ie)