

**Directorate of Healthcare Sciences and Technology
Clinical & Radiation Physics**

Document Title: Submission of Research Trial for MPE Assessment

To be completed for all research studies involving exposure to X-rays and CT, Nuclear Medicine scans, and radiotherapeutic exposures.

All data to be submitted to e-mail box MPE R&D assessment

plh-tr.MPE-RD-Assessment@nhs.net

Text in RED is mandatory. No assessment will be completed unless this information is provided.

1. Timescales	
Assessment Slot Booked	Date
SIV	Date
Proposed Start Date with R&D	Date

2. Contact Details	
Name of Person Completing Form:	Kay Facey
Contact e-mail	Kay.facey@nhs.net

3. Unique Trial ID	
PHNT R&D Number	

4. Trial Details	
Trial Name:	
Trial Name (short name):	
REC Reference Number:	
EUDRACT Number:	
Chief Investigator:	
Originating Centre:	
Protocol Date :	

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Protocol Version :	
Principal (Local) Investigator:	
Service Line:	
Commercial or non-commercial:	
NIHR portfolio (Y/N)	
Portfolio ID	

5. Patient Characteristics	
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Expected number, age, sex	
Life expectancy (state average survival – with & without the treatment)	
Are pregnant volunteers excluded	
Duration on Trial (indicate length of follow up period)	

6. Documents required for Review	
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Study Protocol	
IRAS form (complete): This must include Part B Section 3*	
Participant Information Sheet	
MPE form (this form)	
Dr. questionnaire	

* IRAS form not required for studies where PHT is the Sponsor

7. CT/X-Ray Examinations					
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Exam	Body area	Frequency (interval)	Total Number	Total (standard care)	Total (additional)

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8. Nuclear Medicine

Examination	Frequency	Total Number	Number additional to standard care

9. Radiotherapeutic Exposures

Give details of any radiotherapeutic exposures, including planning exposures and verification exposures as detailed in the protocol

10. Contact Details

Name	Role	Email	Contact Number
R&D MPE Assessment	General Queries	plh-tr.MPE-RD-Assessment@nhs.net	
Nick Rowles	MPE	nrowles@nhs.net	39669
Rob Loader	MPE	robert.loader@nhs.net	39664
Greg Stevens	MPE	gregory.stevens@nhs.net	39665
Ivor Jones	MPE	ivor.jones@nhs.net	52281
Katharine Thomson	MPE	katharine.thomson1@nhs.net	52281
Robin Laney	MPE	robin.laney@nhs.net	32478
Jude Page	Administrator	jude.page@nhs.net	39899
Meg Crispin	Administrator	m.crispin@nhs.net	39666