

GP Practice

Expression of Interest Form

# Practice Details

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| 1.1. Name of Practice: |  | |
| 1.2. Practice Address: |  | |
| Nominated practice champion:*See practice champion responsibilities.* | Name: |  |
| Email: |  |
| Telephone: |  |
| Research Governance Contact:*Practice manager or alternative responsible for confirming local capability and capacity as per HRA guidelines.* | Name: |  |
| Email: |  |
| Telephone: |  |

# Inclusion and exclusion information

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| 2.1. Does the practice use the EMISweb electronic data capture system? |  |
| 2.2. Is the practice participating in any interventional, anti- microbial research studies currently or in the next 12 months?*If so, please specify which studies.* |  |

# Comments

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**Please return this form to the CHICO trial team at:**

**bnssg.chico@nhs.net**

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| Print name of person populating form: |  |
| Role: |  |
| Date of completion: |  |