AICIB AWARDS 2021

**CLINICAL RESEARCH CENTERS CAPACITATION PROJECTS** APPLICATION FORM

1. **General identification and information about the hospital health unit and the clinical research center (CENTER)**
   1. Name of the hospital health unit:
   2. Name of the President of the Board of the hospital health unit:
   3. Email of the President of the Board of the hospital health unit:
   4. Name of the CENTER:
   5. Brief overview of the objectives and work developed by the CENTER:
   6. Evolution of the metrics referred in number 2, 2nd article of the Regulation Award, between 2018 and 2021 (fulfil the first four columns of table 1, annex 1)
   7. Name of the CENTER Director:
   8. Email of the CENTER Director:
2. **Detailed PROJECT proposal to be developed by the CENTER**
   1. Work plan and respective schedule:
   2. Relevance of the project (for the patient, CENTER, health unit and society):
   3. Methodology:
   4. Partnerships with other entities, national and/or international, to support or develop the project:
   5. Human and material resources:
   6. Budget:
   7. Expected results:

g.1) Impact in promoting the organization, professionalization and performance improvement of the CENTER, in increasing promoter’s confidence and international recognition of Portuguese clinical research centers:

g.2) Metrics and indicators, referred in number 2, 2nd article of the Regulation Award, proposed to improve by the CENTER and the value foreseen to 2023 by the development of the project (fulfil the last two columns of table 1, annex 1):

h) Project summary:

**Attachments:**

Declaration of support and institutional agreement to carry out the PROJECT signed by the President of the Board of the hospital health unit.

**ANNEX 1**

**Table 1**: Evolution of the metrics referred in paragraph 2, 2nd article of the Regulation Award

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Metric** | **2018** | **2019** | **2020**  (1) | **2021**\* | **2023**\*\*  (2) | **Change in %**  **2020-2023**\*\*\* |
| *Number of investigator-initiated studies (started)* |  |  |  |  |  |  |
| *Internal processing time of the processes, from the submission of the study by the Promoter to the signing of the respective contract by the health unit* |  |  |  |  |  |  |
| *Recruitment time of the first patient (number of days that elapse between the study initiation visit and the first patient inclusion)* |  |  |  |  |  |  |
| *Patient recruitment rate (number of patients planned / number of patients recruited)* |  |  |  |  |  |  |
| *Number of implemented versus evaluated feasibility proposals* |  |  |  |  |  |  |
| *Number of clinical trials (started)* |  |  |  |  |  |  |

**\*** Until September

**\*\*** Foreseen with the project implementation

**\*\*\*** Using the formula: (((2/1) -1) x 100)

**Informed Consent**

I am informed about my personal data terms of treatment for the purpose of managing the application for the AICIB 2021 Award, in accordance with the General Data Protection Regulation. I am aware that I can exercise my data protection rights, through the email [geral@aicib.pt](mailto:geral@aicib.pt).

**Informed Consent**

I authorize the public disclosure of the application of this project and its summaries.

**Identification of the person who completed and submitted the application**

Name:

Signature:

Date:

**Signature of the CENTER Director**

(If different from the person who completed and submitted the application):

**General information**

Applications must be submitted in English, in pdf format. The application form should be submitted with a maximum of 10 pages. All the documents must be sent by email to concursosaicib@aicib.pt, with the subject: AICIB AWARD 2021\_(acronyms of the health unit)\_application, until 31st July 2021, 23.59pm.