Internal ID: *Filled-in by the Research Office* Date: *Click here to enter a date.*

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| --- | --- |
| Project title | *Project title* |
| Main applicant(s) | *First and last name and main institute of employment between parentheses (…)*  |
| Co-applicant(s) | *First and last name and main institute of employment between parentheses (...)* |
| HollandPTC employee(s) contacted by the researcher(s) about the project:  | *First and last name(s)* |

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| To which funding agency (and the call) are you planning to submit this proposal? | *Funding agency and expected date of submission*  |
| In case the project is already funded, please describe the funding. | *Funding agency and call* |

 Scientific summary:

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| *Summary of the research (including; introduction/problem description, aim of the project, methods and materials/plan of investigation, expected outcome).* |

Time schedule:

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| Expected start of the project: *Expected start of the project**Describe the estimated time schedule of the research, specifically the expected date of the requested resources at HollandPTC and expected duration of the study/experiment.* |

The research in HollandPTC

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| Describe the study population | *Patient population and study sample (eligibility criteria, sample size)* |
| What clinical data do you want to use and/or collect, and indicate at which time points? | *Data and time points* |

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| Describe the research intervention(s) | *Intervention (including additional medication needed), estimation of the burden to the patients and time points*Does the project involve experiments using (additional) radiation? *Describe the part of the experiment where radiation is used and what radiation facility will be used (excluding the radiation used during standard clinical treatment).* |

In case of an intervention study, fill in the following pages.

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| With this study I would like to use the following facilities of HollandPTC: *(\*choose from the available options)**This does not include interventions that are already included in the standard clinical care*  |
| CT | Number of scans: *……………..* Expected duration of scan: *……………..* min[ ]  Performed with dual-energy CT scanner [ ]  with contrast: *……………..*[ ]  Persons will be scanned with radiotherapy masks[ ]  with phantom: *……………..*[ ]  with additional hardware in room (e.g. physiological monitoring): *……………..* |
| MRI | Number of scans: *……………..*Expected duration of scan: *……………..* min[ ]  with software patch: *……………..*[ ]  with contrast: *……………..*[ ]  with one or more coil(s): *……………..*[ ]  Persons will be scanned with radiotherapy masks[ ]  with phantom: *……………..*[ ]  With additional hardware in room (e.g. physiological monitoring): *……………..* |
| PET/CT | Number of scans: *……………..*Expected duration of scan: *……………..* min[ ]  with tracer: *……………..* [ ]  with other medication: *……………..*[ ]  with diagnostic CT[ ]  with CT contrast: *……………..*[ ]  Persons will be scanned with radiotherapy masks[ ]  with phantom: *……………..*[ ]  with additional hardware (e.g. physiological monitoring): *……………..* |
| Treatment planning (using Raystation) | Number of plans: *……………..*[ ]  for *proton/photon\** plans[ ]  with patient data from *medical center*[ ]  with imaging made during treatment at HollandPTC[ ]  access to clinical scripts[ ]  use own scripts |

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| Treatment | Expected duration per patient: *……………..* min[ ]  with use of imaging*: kV / CBCT / CT on rails*[ ]  with other additional hardware that is already present in the gantry: *……………..*[ ]  with additional hardware that is not already present in the gantry: *……………..* |
| CE-marking | [ ]  use device(s) without CE-marking: *……………..*[ ]  use device(s) with CE-marking, but with off-label use: *……………..* |
| IT facilities | *Describe the requested IT support* |

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| During the study I would like the following support of HollandPTC personnel:*This does not include interventions that are already included in the standard clinical care (\*choose from the available options)* |
| Patient inclusion | [ ]  Patient inclusion *support/performed completely by HollandPTC\**  |
| Radiotherapy masks | [ ]  Construction of the radiotherapy masks |
| Imaging | [ ]  *Developing/Optimizing\** scan protocols[ ]  Performing one of more phantom scans [ ]  Performing the *CT/MRI/PET-CT\** imaging |
| Treatment planning | [ ]  Making treatment plans[ ]  Delineating *OAR/tumour\** |
| Treatment | [ ]  *Developing/Optimizing\** treatment protocol[ ]  Performing study specific treatment[ ]  Performing study specific interventions in the gantries (not including study specific treatments) |
| Other support | *Support* |

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| *[Optional] Provide extra information on what is needed from HollandPTC for this study* |