

Patient and Public Involvement (PPI)

Request for DCR PPI Consultation

Title

First Name

UNIVERSITÄT
BERN
Faculty of Medicine
Department of Clinical Research

Prior to requesting a consultation, complete <u>DCR PPI researcher training</u> (English) and review <u>DCR "Patient Engagement"</u> (German) information and <u>DCR PPI process and procedures</u> (English).

Name

E-Mail

Project title

Project acronym

Describe the context for PPI request [e.g., investigator initiated clinical trial (IICT), letter of intent (LOI), full grant submission, funding], including important dates and other considerations.

What time frame and/or days are ideal for your PPI consultation (e.g., Thursdays; October 10)?

Key Project Study Team

Include PI(s); PPI point person; (responsible for PPI project aspects); and project/study administrator.

Role

Email

Last Name

Attach relevant documents, such as LOI, research plan, study protocol, publications, and/or grant details.