2017/2018 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 3 July 2017

Supervisor Information (First named supervisor will be the contact)

First Supervisor's Name and Title: Dr. Mona Schousboe

Department - UOC &/or CDHB (if applicable): Canterbury Health Laboratories (CHL), CDHB

First Supervisors Phone: 027 2211202 First Supervisors

First Supervisors Mailing Address: Microbiology Department, CHL. Email: mona.schousboe@cdhb.health.nz

Co-Supervisors Name and Title(s):

Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical Laboratory X Community

Project Title (20 words MAXIMUM)

Project Title: Prevalence and clinical significance of multiple simultaneous respiratory viral infection in adults.

Project Description:

Introduction:

Multiple simultaneous respiratory viral infection diagnosed by multiplex PCR is well known in the paediatric literature.

Similar multiple respiratory viral infection in adult are less well described and understood.

Aim:

Question:

- 1. What is the incidence of multiple respiratory viral infection diagnosed in adults tested during the winter respiratory season (June- September) and what proportion of all respiratory viral infections involve multiple viruses
- 2. How do adult patients with multiple viral infections compare to patients with single virus infections, with respect to both background comorbidity and severity of respiratory disease

3.

Possible impact (in lay terms):

Improved understanding of the clinical significance of multiple simultaneous viral infections in adults

Method:

Retrospective observational study of the period 2017 and 2016. This project will look at the Ct value of each positive virus isolates in the respiratory multiplex PCR test in patients with multiple positive readings and compare them with patients positive for a single virus only. Test results from respiratory viral multiplex PCR from two winter seasons will be obtained from Canterbury Health Laboratories (CHL) Delphic Information System.

Clinical information:

- 1. Hospitalisation / ICU admission
- 2. Days in hospital if hospitalised
- 3. Chronic respiratory history (COPD, severe asthma)
- 4. Malignancy
- 5. CXR findings evidence of pneumonia?
- 6. CRP / WCC
- 7. Requirement for respiratory support

Student Prerequisites (eg. Medical Student) if applicable:		
	Administration Details	
1.	Is ethical approval required? Yes/ If Yes: please circle or tick one of the following: a) To be done	
2.	Are you able to provide the funding for this project (ie. \$5,000 for the student, incident departmental or research funds) Yes/No	al expenses should be met from
	If Yes: Please provide name of the funder If No: Please provide ideas of possible funding sources, including past funding agents and topics often associated with this research area, for the Research Office to contact.	
	If Yes: You will be sent a request for more information.	
3.	Medical Records or Decision Support accessed Yes/No	
4.	Health Connect South or other DHB records Yes/No	
5.	 Signatures: I have read the 2017/2018 Summer Studentship programme handbook. I am prepared to supervise the project and will be available to the student during the st Year break if the student is working during this time). 	udentship (including Christmas/New
	 I agree to assume responsibility for the submission of the student's reports to the Research Office by the due date 29 January 2018. 	
I agree that the project lay report may be available to local media for publicity purposes.		rposes.
Sig	nature of Project Supervisor(s):	Date: 07/08/17
	I understand that I am responsible for hosting the Summer Student chosen for this projincurred. I agree that incidental expenses will be met from departmental or research fully.	
Signature of Head of Department: (Print Name)		Date:
Signature of Clinical Director: (if applicable) (Print Name)		Date: