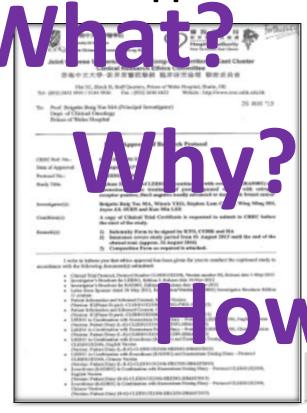
Hospital Approval of Clinical Trials





Before study starts.....

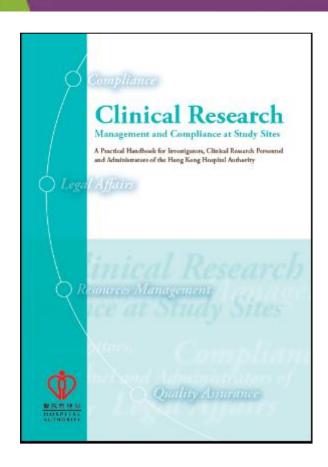
CREC approval



Hospital approval

| * | | Re | f |
|---|---------------------------|-------------------------------|--|
| 新界東醫院聯網 NEW TERRITORIES App | lication for Co | nducting Clinical | Trial /Researc |
| W EAST CLUSTER | Involvi | ing Patients in N | ГEC |
| Part I: To be completed by applicant | | | |
| A. Project Title or Short Title (if any): | | | |
| | | | |
| B. Study Protocol No.: | | C.CREC Ref No.: | |
| D. Name of Principal Investigator (PI): | | | |
| E. StaffStatus: | HA/CUHK | F. Department/Hospit | |
| G. Anticipated Start Date: | | (Clinical Trial can only be s | tarted upon approval given.) |
| H. Planned End Date: | | | |
| I. Documents Required (Please tick and att | | | |
| Climical Research Ethics C | ommittee Approval (I | Mandatory) | |
| Climical Trial Certificate | | | |
| copies Indemnity Form for Spors | | | |
| ☐ Memo from CRMO confin | - | climical trial insurance, or | rChmeal Inal Insuran |
| Certificate (for investigator Undertaking with Clinical | | CDEN & NAME 1 | |
| J. Working Hours Involved in Conducting t | | | |
| J. worsing nous involved in Connucting t Name of HA staff involved | Rank | | hour spent per week |
| (HAHO HR Circular 4/2003 refers) | r.ank | 1 - | hours spent per week he research/ trial |
| (DADO DA Circular #2005 rejers) Not applicable for University staff | | During working hours | Outside working hours |
| 200 dipplied old for Oleversity sitty | | Daile with Endis | COLSIE WOLFIE HOUS |
| | | | |
| | | | |
| | | | |
| | | | |
| Submitted by: | | l | |
| Signature of PI: | Date: | | |
| Contact Nos: | E-mail: | | |
| Part II: To be completed by COS/Director/He | ad of Department | | |
| I support the research / clinical trial commitm | | CE approval and consider | r that service |
| delivery of my department will not be unduly | affected. | | |
| Name: | _ | Signature: | |
| COS in, | Hospital | Date: | |
| Part III: To be completed by HCE /Delegate | | | |
| Application is approved / not approved | | Remarks: | - |
| Signature: | | Date: | |
| Prinicipal Investigators should complete this form | toeether with the require | ed documents (s.) and send to | General Office of no Office (CRMO), BIF |

Before study starts.....



Clinical Research Management and Compliance at Study Sites - HAHO 2010 (http://www.ha.org.hk/ho/research_eth ics/ha handbook.pdf)

- 5.2.1HA has established a two-tier structure for governance of clinical research, including:
 - (a) Management governance by cluster/institution management; and
 - (b) Research ethics governance by RECs.
- 5.2.3 Any clinical study undertaken by any HA institution and/or its employees, officers and appointees under the HA's employment/ appointment is subject to initial management approval and continuous review and supervision by the management of the institution at where the study site is located.
- 5.4.1 Departmental management is responsible for overseeing the clinical management, resources management and risk management aspects of clinical studies on departmental level.

NTEC Policy and CRMO SOP for Hospital approval

Policy on Clinical Research (Mar 2011)



Hospital Authority New Territories East Cluster Cluster Management Committee (CMC)

Policy on Clinical Research

| Document Number NTEC-CMC-A-0001-V1 | Date 24 March 2011 |
|--|------------------------------|
| Prepared by | Approved by |
| Dr. LI Chi Kong, PWH C(CS)/PWHPAED COS(PAED) | Cluster Management Committee |

1. Objective

To ensure safe conduct of clinical research in according to laws and regulation.

2. Scope

All clinical research involving patients of NTEC hospitals.

3. Policy

- 3.1 The research must be supported by COS of the concerned department.
- 3.2 Approval from NTEC-CUHK Clinical Research Ethics (CREC) Committee.
- 3.3 After obtaining CREC approval, Principal Investigator (PI) should apply for hospital approval via COS.
- 3.4 PI should submit relevant documents and information to HCE for approval including CREC approval letter, Clinical Trial certificate if required (such as unlicensed and off-label indication), application form on working hours to conduct research, planned starting and end date, and estimated sample size..
- 3.5 Study initiation is only allowed after HCE approval.
- 3.6 For sponsored trials, the following document should be submitted in addition to 3.4:
 - 3.6.1 For HA staff, PI submits Clinical Trial Agreement through hospital administration to HA Legal Division for vetting. (University staffs will submit Clinical Trial Agreement to university Technology & Licensing Department for vetting).
 - 3.6.2 Hospital Administration will check whether the submitted Indemnity Form follow the standard HA template, if not, then legal vetting is required,
 - 3.6.3 For PI being HA staff, they should submit ASOI application via Finance to CCE for the sponsorship.

CRMO-SOP-018



Joint CUHK-NTEC Clinical Research Management Committee Clinical Research Management Office



The Chinese University of Hong Kong

Standard Operation Procedure for

Hospital Approval on Clinical Studies

| | DOCUMENT PARTICULARS |
|--|--|
| Document No. | CRMO-SOP-018 |
| Version No. | 02 (Addendum 01, effective on 01 Jun 2016) |
| Issue Date | 26 AUG 2014 |
| Effective Date | 01 SEP 2014 |
| Author(s) | Ms. Iris CHAN |
| Authorized by: Name/Title/Signature | Por. Juliana Chan Director of CRMO |

This Standard Operating Procedure (SOP) is an official document explaining how a policy is to be implemented with the outline of necessary procedures, which has been approved by the Director of Clinical Research Management Office (CRMO) and endorsed by the Joint NTEC Clinical Research Management Committee (CRMC).

Copyright by CRMC/CRMO 2014.

CRMO-SOP-018-V2 (SOP for Hospital Approval on Clinical Studies) Effective Date: 01 SEP 2014

CRMO email address: crmo@cuhk.edu.hk

Page 1 of 7

Controlled Version on Committee Hard Copy for Reference Only

Application Form for Hospital Approval

| W EAST CLUSTER | RefApplication for Conducting Clinical Trial / Research Involving Patients in NTEC |
|--|--|
| Part I: To be completed by applicant A. Project Title or Short Title (if any) | · |
| B. Study Protocol No.: | |

A proof to show your good practice in complying with regulation!

| Signature: |
|---|
| Date: |
| |
| Remarks: |
| Date: |
| rrequire à documents (s) and send to General Office of na to Clinical Research Management Office (CRMO), 8/F |
| |

Documents for Hospital Approval-CREC approval letters

| I. | Documents l | Required (Please tick and attach): | |
|---------------|--------------|---|--|
| \rightarrow | | Clinical Research Ethics Committee Approval (Mandatory) | |
| | | Clinical Trial Certificate | |
| | opies copies | Indemnity Form for Sponsored Trials (can be submitted separately for process) | |
| | | Memo from CRMO confirming the coverage of clinical trial insurance, or Clinical Trial Insurance | |
| | | Certificate (for investigator-sponsored trials only) | |
| | | Undertaking with Clinical Research Pharmacy (CRP) (for PWH only when applicable) | |

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| Date of Appendix | 25 August 2017* | | |
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| Enant(I) | offwared town (topp | ero. 35 dages (MIX) a er regelrof is etherhol. | |
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Documents for Hospital Approval-Clinical Trial Certificate (for drug studies)

| I. | Documents I | Required (Please tick and attach): | |
|-------------------|-------------|---|-----|
| | | Clinical Research Ethics Committee Approval (Mandatory) | Ì |
| \rightarrow | | Clinical Trial Certificate | |
| | copies | Indemnity Form for Sponsored Trials (can be submitted separately for process) | |
| | | Memo from CRMO confirming the coverage of clinical trial insurance, or Clinical Trial Insurance | |
| | | Certificate (for investigator-sponsored trials only) | |
| | | Undertaking with Clinical Research Pharmacy (CRP) (for PWH only when applicable) | |
| | | | - 1 |

| | No. |
|---|---------------------------------------|
| | 編號 |
| | [regulation 36B(3] [第36B(3) 数 |
| PHARMACY AND POISONS ORDI | NANCE |
| 藥 剤 業 及 毒 藥 條 例 (Chapter 138) | |
| (第 138 章) | |
| PR/CT 0295/2016 (SC) CERTIFICATE FOR CLINICAL TRIAL / M | IEDICINAL TEST* |
| 臨 牀 試 驗 / 蔡 物 測 試 * 證 | 明書 |
| | |
| It is hereby certified that (Name and address 第 2 (Name and address 第 2 | |
| 現練明 (Name and address # 8 FI3, 14/F &, total Corporation T O, 2 = ^ - ^ D, C | |
| is authorized, subject to the conditions endorsed hereon, to establish a clinic | |
| xnixnule文 in respect of 口 郷 油 以 | |
| | j. 100mg/16.7mL; Inj. |
| to be conducted by J. Dr | ii of parsongii concerned 日曜的人的改名点名類) |
| at 1. Prince of Wales Hospital, NT | |
| 於 (Masse and address of autitation referre appricable 演習的名称 進行。但須受本證明書上所批註的條件規限。 | 及地址如據符例 (50) |
| This certificate will be valid until2021 | |
| 本體明書的有效期至 Hong Kong. | |
| 香港 | |
| 2016 | (Y. F. YEUNG) (F. F.) |
| (Date) (日時) | for Pharmacy and Poisons Board |
| CONDITIONS | 蘇削業及毒藥管理局 |
| 條件 | |
| The holder of the Certificate is required to submit local drug related a reports, final study report of the clinical trial in accordance with the " of local drug related safety report, progress report and final study rep Drug Office. | Notice of requirement on reporting |
| 總明書持有人須按照樂物辦公室發出的《關於本地蘇物安全事故報告、 規定的通知》,提交與本地蘇物有關的安全事故報告、年度進度報告及圖 | |
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| | |

Documents for Hospital Approval-Clinical Trial Certificate (Updates)

- With effective from 6th February 2015
 - Extend the validity of clinical trial certificate from not exceeding 2 years to not exceeding 5 years
 - Provision of a sample of the product or substance is no longer required for the application
 - A person must not conduct a clinical trial on human beings/medicinal test on animals, or cause or permit such a trial/to be conducted, except in accordance with a Clinical trial/Medicinal Test Certificate (CTC) issued to the person. Any person who contravenes the above commits an offense and is liable to a fine at level 2 (currently HK\$ 5,000)

Documents for Hospital Approval-Indemnity Form (for sponsored trials)

| | I. I | Documents I | Required (Please | se tick and attach): | |
|-----------------|---------------|-------------|--------------------|---|----------------------|
| | [| | Clinical Research | arch Ethics Committee Approval (Mandatory) | |
| | [| | Clinical Trial C | Certificate | |
| | > [| copies | Indemnity Form | orm for Sponsored Trials (can be submitted separately for process) | |
| | [| | Memo from CR | CRMO confirming the coverage of clinical trial insurance, or Clinical Trial Insuran | ice |
| | | | Certificate (for i | or investigator-sponsored trials only) | |
| | . [| | Undertaking wi | with Clinical Research Pharmacy (CRP) (for PWH only when applicable) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Sponsor/HA (Jan 2016) | |
| | | INDE | MNITY FOR CLIN | INICAL TRIAL | |
| THIS INDEMNI | ITY is pr | ovided on | | | |
| By the Sponsor: | | | | | |
| | | | | _ | |
| Fax No.: | | | | | |
| | | | | Sponsor/Unive | ersity/HA (Jan 2016) |
| | | | | INDEMNITY FOR CLINICAL TRIAL | |
| | | | | THIS INDEMNITY is provided on | |
| | | | | By the Sponsor: | |
| | | | | Name of Company: | |
| | | | | Address: | |
| | | | | Fax No.: | |

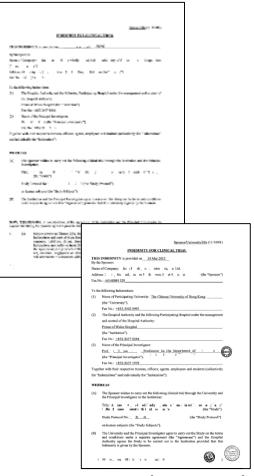
Documents for Hospital Approval-Indemnity Form (for sponsored trials)

Can the clause of indemnity form be changed?



Approach HA's nominated lawyers to vet and approve the proposed amendment

ABC company/ HA

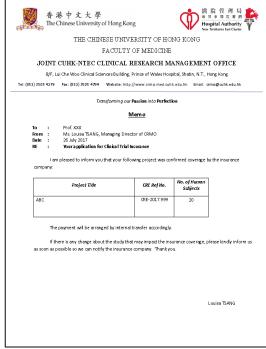


ABC company/ University/ HA

Documents for Hospital Approval-Clinical Trial Insurance

| I. | Documents I | Required (Please tick and attach): | |
|-------------------|-------------|---|---|
| | | Clinical Research Ethics Committee Approval (Mandatory) | , |
| | | Clinical Trial Certificate | |
| | copies | Indemnity Form for Sponsored Trials (can be submitted separately for process) | |
| \rightarrow | | Memo from CRMO confirming the coverage of clinical trial insurance, or Clinical Trial Insurance | |
| | | Certificate (for investigator-sponsored trials only) | |
| | | Undertaking with Clinical Research Pharmacy (CRP) (for PWH only when applicable) | |

| | Facul The Chinese U Clinical Trial Inst | | Hong Kong | bef No.: | _ | | | | - |
|--|---|---|---|----------|---------|-------|-------|---------|---------|
| I. Applicant's Section | | | | | | | | | |
| Name of Principal Investigator | Prof /Dr. | | | | | | | | |
| CU Honorary Title (if any) | | | | | | | | | |
| Department | | | | | | | | | |
| Address | | | | | | | | | |
| Contact | Tel. | | Enail: | | | | | | |
| Project Title | | | | | | | | | |
| II. Bocuments Required | | | | | | | | | |
| ☐ Copy of Updated Clinical Res | arch Ethics Committee | ee Approval | | | | | | | |
| III. Payment Arrang ment ("HKS200 for first 100 subjects, No. of subjects stated in the protocol: Total Premium payable:x H • If less than the no. of subjects sta | K\$200 +x H | K\$100) = HE | | an 200 | subj | ects) | | | |
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| Cheque No. | | | | | t | Ė | | г | |
| Bunk Receiptrequired: Yes | No | | ACCOUNTCODE | 5 | 5 | 3 | 5 | 0 | 4 |
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| | | INTIA | INTRAIS OF CHEQUESIONER(S) | | | | | | |
| ☐ Interdepartmental Transfer | | | FOSTING DATE | | | | | | |
| Please complete the account details *F | армент ийй онду де | | DATEOFCHEDUE | | | | | | |
| effected upon as septance from hourer | | DOCUMEN | T NO. / INTERCOMPANIES NO. | | | | | | |
| | trial bacnot been reise | | | ritorie | s. | | | us II : | abide b |
| | se above-mentioned in valing CUHK policy | nformation. | | rial Ins | Tur | e sen | ıa sı | | |
| I hereby certify the correctness of ti I have read and understand the pre | se above-mentioned in valing CUHK policy | nformation. | | rial Inc | TEN | e am | ia si | | |
| Ihereby certify the correctness of it. I have read and understand five pre- these policies and any subsequent a Applicant's signature: | te above-mentioned in valling CUHK policy mendment thereto. | nformation. | | rial Inc | TELL | e an | ia si | | |
| Ihereby certify the correctness of the analysis of the preting of these policies and any subsequent a Applicant's signature: IV. Clinical Research Blaks Committee | he above-mentioned in walking CUHK policy mendment thereto. | nformation. | administration for Clinical T | tial Ins | TELEV | ie am | ia sr | | |
| 2. Thereby centify the correctness of the 3. There read and understand the pre- these policies and any subsequent a Applicant's signature: IV. Christal Research Ethics Committee Approved by CREC Committee | the above-mentioned in valing CUHK policy mendment thereto. | nformation. r, terms and co | administration for Clinical T | tial Ins | UT 8210 | ie am | ia si | | |
| Ihereby certify the correctness of the analysis of the preting of these policies and any subsequent a Applicant's signature: IV. Clinical Research Blaks Committee | the above-mentioned in valing CUHK policy mendment thereto. | nformation. | administration for Clinical T | rial Inc | TEN | e am | | | |



 Investigators should assess the risk level of their trials and decide whether or not to join the scheme.

Documents for Hospital Approval-Undertaking with CRP (for drug studies)

| I. | Documents l | Required (Please tick and attach): | |
|---------------|-------------|---|--|
| | | Clinical Research Ethics Committee Approval (Mandatory) | |
| | | Clinical Trial Certificate | |
| | copies | Indemnity Form for Sponsored Trials (can be submitted separately for process) | |
| | | Memo from CRMO confirming the coverage of clinical trial insurance, or Clinical Trial Insurance | |
| | | Certificate (for investigator-sponsored trials only) | |
| \rightarrow | | Undertaking with Clinical Research Pharmacy (CRP) (for PWH only when applicable) | |

Ioint CUHK-NTEC Clinical Research Pharmacy

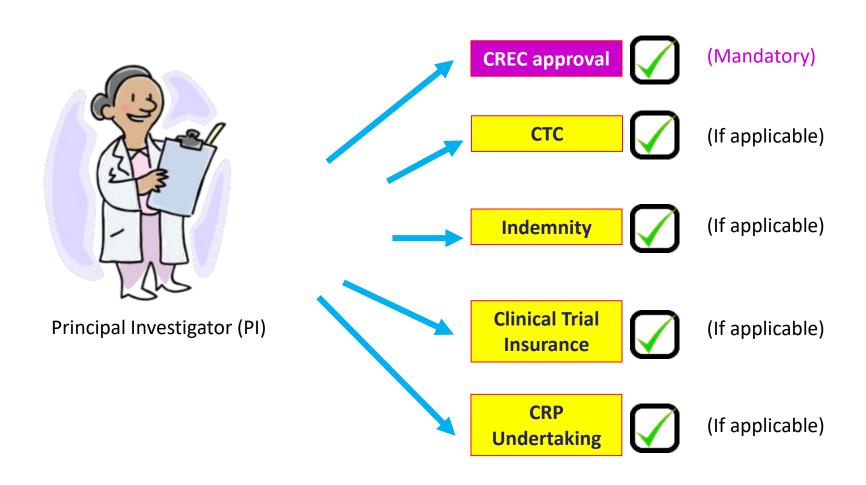
Agreement for Delegation of Management of Investigational Medicinal Products in Clinical Trial

| Effective Date: | DD-MM-YYYY |
|-------------------------|------------|
| Clinical Trial: | |
| Trial number: | |
| Principal investigator: | |
| Site: | |

- This Agreement sets forth the terms pursuant to the delegation of the management of Investigational Medicinal Product(s) (IMPs) in non-phase I clinical trials to the Joint CUHK-NTEC Clinical Research Pharmacy (CRP)
- The ultimate accountability of the IMP and its management rests on the Principa Investigator (PI) of the clinical trial
- The PI agrees to delegate the management of the IMP and concomitant medication(s) under the study protocol to CRP
- The PI has the responsibility to acknowledge the sponsor about the IMP management by CRP
- The CRP manages IMPs in compliance with the requirements in clinical trial protocol as well as the laws, regulations, and guidelines applicable to the conduct of research in Hong Kong
- The CRP maintains accurate records of receipt, supply, return, and disposal of IMPs. The inventory records must be made available for inspection by the PI, sponsor authorized representative(5), and regulatory authorities
- The CRP observes relevant policies and regulations to ensure confidentiality of the data and information in the clinical trial
- The PI shall notify CRP if the clinical trial is completed or terminated for any reason upon not less than seven working days written notice. All unused or patient returns of IMPs and concomitant medication under study protocol should be collected by the PI or
- The PI shall notify CRP of any amendment in the study protocol upon not less than seven working days written notice
- 10. If for any reason, the PI is unable to continue to serve as PI, he/she will, within seven working days of knowledge of such event, provide written notice to CRP. The successor of the PI will be required to agree to all terms and conditions of this Agreement by his/her signing
- 11. For Company Sponsored Trials (CST), the PI agrees or shall arrange with the sponsor to pay for the service provided by CRP in accordance to the charging model set out in appendix A.

- Please contact Clinical Research Pharmacy (CRP):
 - Dr. Grace Chan, Senior Pharmacist:
 - Email: cmc261@ha.org.hk
 - Tel: 3505-4285

Documents for Hospital Approval



Application Form for Hospital Approval

| J. Working Hours Involved in Conducting the | ne Clinical Trial/ Resea | arch: (attach additional sh | eet if required) | |
|--|--------------------------|-----------------------------|-----------------------|------|
| Name of HA staff involved | Rank | Expected number of | hours spent per week | |
| (HAHO HR Circular 4/2003 refers) | | in conducting t | he research/ trial | |
| Not applicable for University staff | | <u>During</u> working hours | Outside working hours | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Submitted by: | | | | |
| Signature of PI: | _ Date: | | | |
| Contact Nos: | _ E-mail: | | | |
| Part II: To be completed by COS/Director/Hea | ad of Department | | | |
| I support the research / clinical trial commitme | ent listed above for HO | CE approval and conside | r that service | |
| delivery of my department will not be unduly | affected. | | | SIGN |
| Name: | _ | Signature: | | HERE |
| COS in, | Hospital | Date: | | |

Study Starts!

| i bi for et octio n dan bilastic mila C. CREC Ref No.: 20 St. Li F. Department/Hospital: Paediatrics (Clinical Trut can only be attarted upon approved given.) ral (Mandatory) es submitted separately for process) es of clinical trial insurance, or Clinical Trial Insurately (CRP) (for PWH only when applicable) Expected number of hours spont per wood in conducting the research' trial During working hours 0.2 0.2 0.2 |
|---|
| C. CREC Ref No.: 20 F. Department/Hospital: Paediatrics (Clinical Trust con only be suuried upon approved given.) ral (Mandatory) e submitted separately-for process) e of clinical trial insurance, or Clinical Trial Insuri (b) cy (CRP) (for PWH only — when applicable) Research: (attach additional sheet if required) Expected number of hours spent per wed in conducting the research/trial During working hours 0.2 0.2 |
| C. CREC Ref No.: 20 |
| F. Department/Hospital: _Paediatrics_ / (Cloteal Trial can only be award upon approval given.) ral (Mandatory) / e submitted separately for process) e submitted separately for process) es de filinical trial insurance, or Clinical Trial Insurable) (CRP) (for PWH only — when applicable) Research: (attach additional sheet if required) Expected number of hours some per woed in conducting the research/trial During working hours 0.2 0.2 |
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| e of clinical trial insurance, or Clinical Trial Insura (p) (c) (CRP) (for PWH only - when applicable) Research: (attach additional sheet (f required)) Expected number of hours spent per woel in conducting the research/trial During working hours 0.2 0.2 |
| (sy) (CRP) (for PWH only - when applicable) Research: (attach additional sheet if required) Expected number of hours spent per word in conducting the research/trial During working hours 0.2 0.2 |
| ccy (CRP) (for PWH only - when applicable) Resenrels: (attach additional sheet if required) Expected number of hours spent per wed in conducting the research/trial During working hours 0.2 Onside working hour |
| Research: (attach additional sheet if required) Expected number of hours spent per woel in conducting the research/ trial During working hours 0.2 0.2 |
| Expected number of hours spent per wool in conducting the research/ trial During working hours 0.2 0.2 |
| in conducting the research/ trial During working hours 0.2 0.2 0.2 |
| During working hours Outside working hour 0.2 0.2 |
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| 0.2 0.2 |
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| |
| 2/7/17 |
| il: ckli@cuhk.edu.hk |
| |
| or HCE approval and consider that service |
| # |
| Signature: |
| Date: 3 1 JUL 2017 |
| (C) |
| Remarks: 0 4 AUC 2017 |
| Date: U & AUC 1911 required documents(s) and send to General Office of |
| f |

Endorsement:

COS/
Director/
Depart.
Head









During Study

Re-apply!

- Change PI
- Add Co-I (HA)
- Change Study Title
- Change Protocol No.



| | | | | | ATT | |
|---|--|---|--|---|---|--|
| | | | | Ret | 166-7-17-025 | |
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| | | Principal Investigator (F | nvestigator (PI): Prof. Chi Kong Ll HA/CJHK F. Department/Hospital: Paediatrics | | | |
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| | ature of | | Date: | 2/21/2 | | |
| | act Nos: | 3505 1019 | E-mail: | ckli@cuhk.edu.hk | | |
| | | | efor/Head of Department | CATHERCOIR CONTRA | | |
| | | | emmitment listed above for HC | E approval and consider | r that service | |
| | | y department will not be | | 1 | 2 | |
| Nam | | Dr. K.W. So | many marrows | Signature: | m | |
| COS in C.O.S. in Pardistrics . Pwl | | | Pw! Hospital | Date: 31JU | L 2017 | |
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| Part III. To be completed by 1617 Joelegate Application is approved not approved Signature: | | | | Remarks: 0 4 AUC 2017 | | |
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| heir | respective | stigate should complete to hospitals for processing (e Linical Sciences Building,) | his form together with the required xcept for PWH: please send to Cli PWH for processing). | l documents(s) and send to inical Research Manageme | General Office of ant Office (CRMO), 8/F | |
| | | | | | | |
| w A1 | IRM4/ H | R NTEC | | | Jun 2016 | |

Contact Us!

PWH:

Email: crmo@cuhk.edu.hk

Tel: 3505 4276

Non-PWH: Visit our CRMO website for details

http://intranet.crmo.med.cuhk.edu.hk/crmoservices.aspx#ha

Examples

Hospital Approval

A retrospective study of the efficacy of Metformin on Type 2 diabetes mellitus patients.

HA staff

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HA patient

An exercise habit survey in HK healthy primary school children. **HA staff**

HA patient

An apps program development for healthy diet plan

HA staff

HA patient

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