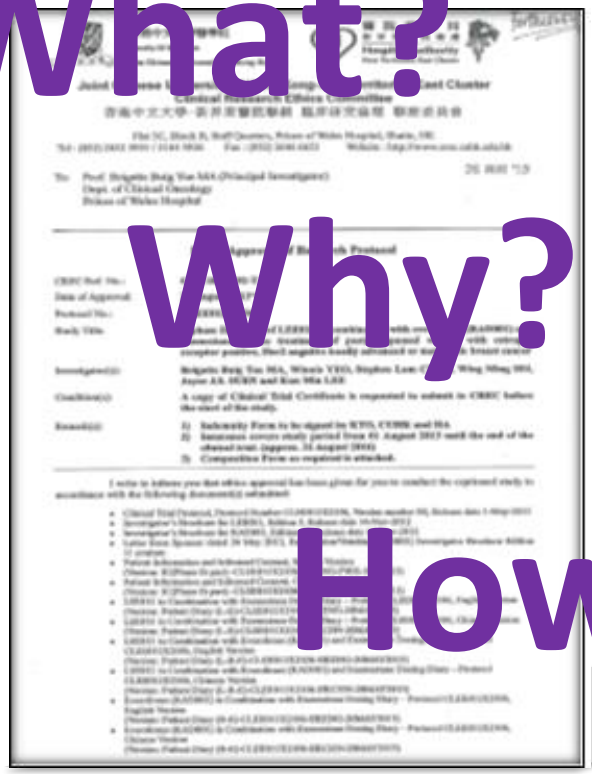
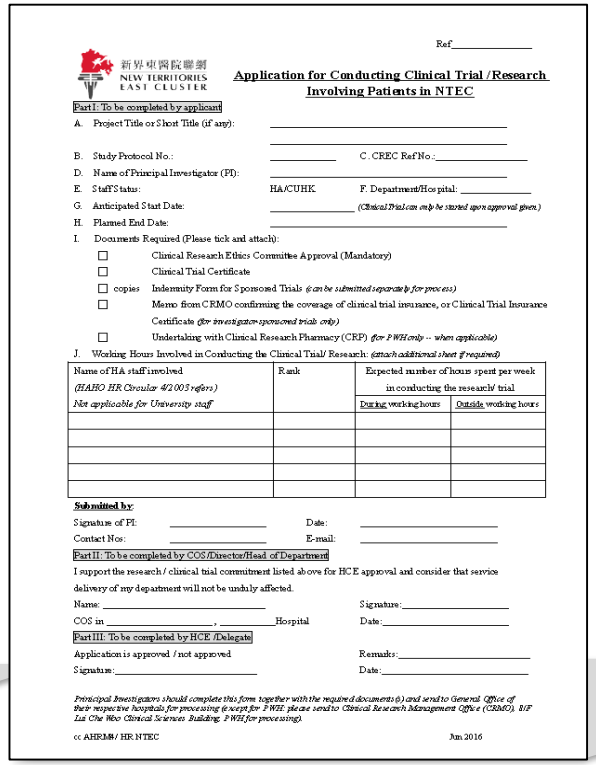
Hospital Approval of Clinical Trials

Before study starts……

CREC approval



Hospital approval



新界東醫院聯網
NEW TERRITORIES EAST CLUSTER

Ref._____

Application 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.: _____ C. CREC Ref No.: _____

D. Name of Principal Investigator (PI): _____

E. Staff Status: HA/CUHK F. Department/Hospital: _____

G. Anticipated Start Date: _____ *(Clinical Trial can only be started upon approval given.)*

H. Planned End Date: _____

I. Documents 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)*
- ☐ Undertaking with Clinical Research Pharmacy (CRP) *(for PWH only -- when applicable)*

J. Working Hours Involved in Conducting the Clinical Trial/ Research: *(attach additional sheet if required)*

Name of HA staff involved *(HAHO HR Circular 4/2005 refers)* *Not applicable for University staff*	Rank	Expected number of hours spent per week in conducting the research/ trial	
		During working hours	Outside working hours

Submitted by:

Signature of PI: _____ Date: _____

Contact Nos: _____ E-mail: _____

Part II: To be completed by COS/Director/Head of Department

I support the research / clinical trial commitment listed above for HCE approval and consider 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: _____

Principal Investigators should complete this form together with the required document(s) and send to General Office of their respective hospitals for processing (except for PWH: please send to Clinical Research Management Office (CRMO), 1/F Lui Che Woo Clinical Sciences Building, PWH for processing).

cc AHEMM / HR NTEC Jun 2016

Why?

What?

How?

Before study starts……

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

- 5.2.1 ……HA 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 Dr. LI Chi Kong, PWH C(CS)/PWHPAED COS(PAED)	Approved by 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

The Chinese University of Hong Kong

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

New Territories East Cluster

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	Prof. 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).

Application Form for Hospital Approval

Ref_____

新界東醫院聯網
NEW TERRITORIES EAST CLUSTER

Application 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.: _____ C. CREC Ref No.: _____

Contact Nos: _____ E-mail: _____

Part II: To be completed by COS/Director/Head of Department

I support the research / clinical trial commitment listed above for HCE approval and consider 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: _____

Principal Investigators should complete this form together with the required documents (s) and send to General Office of their respective hospitals for processing (except for PWH: please send to Clinical Research Management Office (CRMO), 8/F Lui Che Woo Clinical Sciences Building, PWH for processing).

cc AHRMM / HR NTEC Jun 2016

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

Documents for Hospital Approval- CREC approval letters

I. Documents 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)*
- ☐ Undertaking with Clinical Research Pharmacy (CRP) *(for PWH only -- when applicable)*

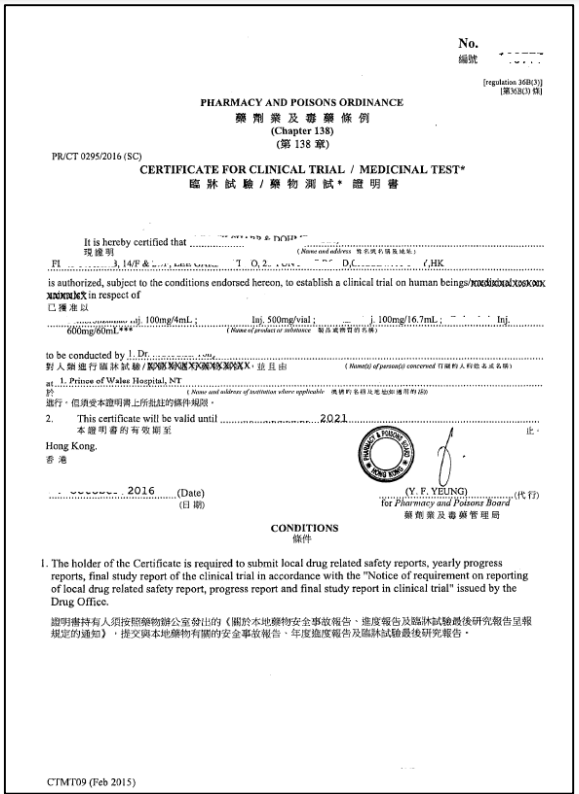
Joint Chinese University of Hong Kong-New Territories East Cluster
Clinical Research Ethics Committee

Ethics Approval of Research Protocol

Documents for Hospital Approval- Clinical Trial Certificate (for drug studies)

I. Documents 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)*
- ☐ Undertaking with Clinical Research Pharmacy (CRP) *(for PWH only -- when applicable)*



No.
編號

[regulation 16B(3)]
[第16B(3)條]

PHARMACY AND POISONS ORDINANCE
藥劑業及毒藥條例
(Chapter 138)
(第 138 章)

PR/CT 0295/2016 (SC)

CERTIFICATE FOR CLINICAL TRIAL / MEDICINAL TEST*
臨牀試驗 / 藥物測試* 證明書

It is hereby certified that .....
現證明
(Name and address 姓名或機構名稱及地址)
Fl ..... 3, 14/F & ..... T O, 2. ..... D/. ..... (,HK
is authorized, subject to the conditions endorsed hereon, to establish a clinical trial on human beings/xxxxxxxxxxxxxxxxxxxx in respect of
已獲准以
..... inj. 100mg/4mL ; Inj. 500mg/vial ; ..... ; 100mg/16.7mL ; ..... Inj. 600mg/60mL***
(Name of product or substance 藥品或物質的名稱)
to be conducted by 1. Dr. .....
對人類進行臨牀試驗 / xxxxxxxxxxxxxxxx，並且由 (Name(s) of person(s) concerned 有關的人士的姓名或名稱)
at 1. Prince of Wales Hospital, NT
於 (Name and address of institution where applicable 機構的名稱及地址(如適用的話))
進行，但須受本證明書上所批註的條件規限。
2. This certificate will be valid until ..... 2021 .....
本證明書的有效期至 止。
Hong Kong.
香港
..... 2016 (Date)
(日期)
(Y. F. YEUNG) (代行)
for *Pharmacy and Poisons Board*
藥劑業及毒藥管理局

CONDITIONS
條件

1. The holder of the Certificate is required to submit local drug related safety reports, yearly progress reports, final study report of the clinical trial in accordance with the "Notice of requirement on reporting of local drug related safety report, progress report and final study report in clinical trial" issued by the Drug Office.
證明書持有人須按照藥物辦公室發出的《關於本地藥物安全事故報告、進度報告及臨牀試驗最後研究報告呈報規定的通知》，提交與本地藥物有關的安全事故報告、年度進度報告及臨牀試驗最後研究報告。

CTMT09 (Feb 2015)

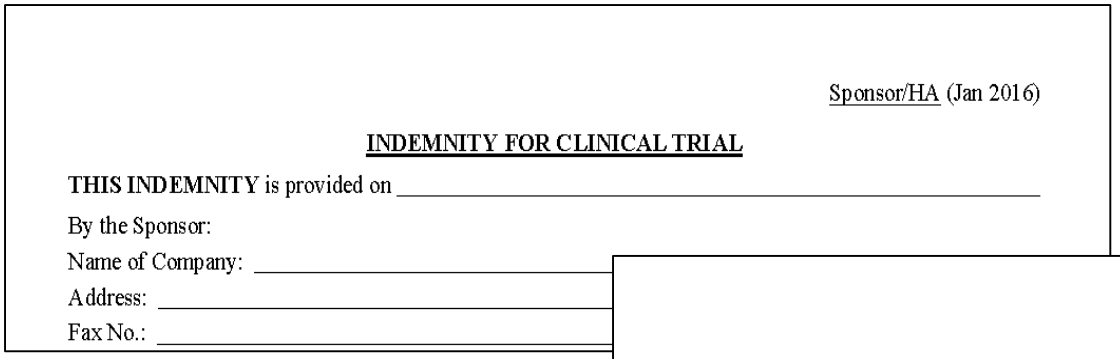
Documents for Hospital Approval- Clinical Trial Certificate (Updates)

- 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. Documents 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)*
- ☐ Undertaking with Clinical Research Pharmacy (CRP) *(for PWH only -- when applicable)*



Sponsor/HA (Jan 2016)

INDEMNITY FOR CLINICAL TRIAL

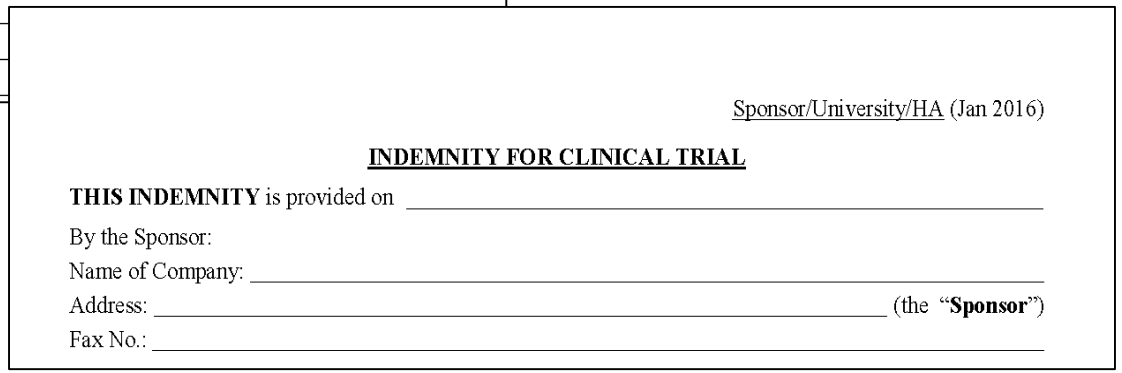
THIS INDEMNITY is provided on _____

By the Sponsor:

Name of Company: _____

Address: _____

Fax No.: _____



Sponsor/University/HA (Jan 2016)

INDEMNITY FOR CLINICAL TRIAL

THIS INDEMNITY is provided on _____

By the Sponsor:

Name of Company: _____

Address: _____ (the "**Sponsor**")

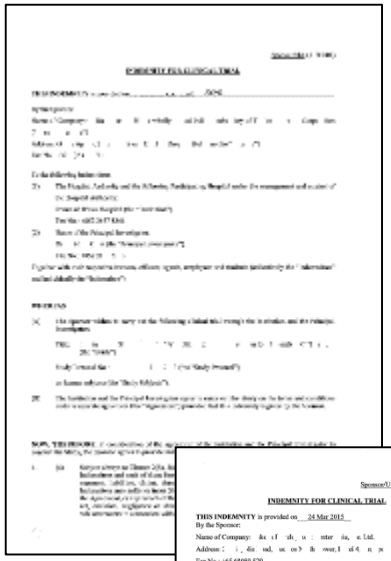
Fax No.: _____

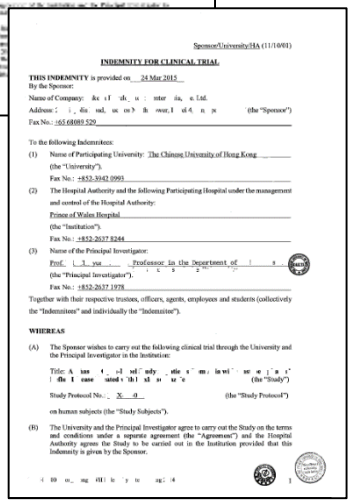
Documents for Hospital Approval- Indemnity Form (for sponsored trials)

Can the clause of indemnity form be changed?

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

ABC company/ HA



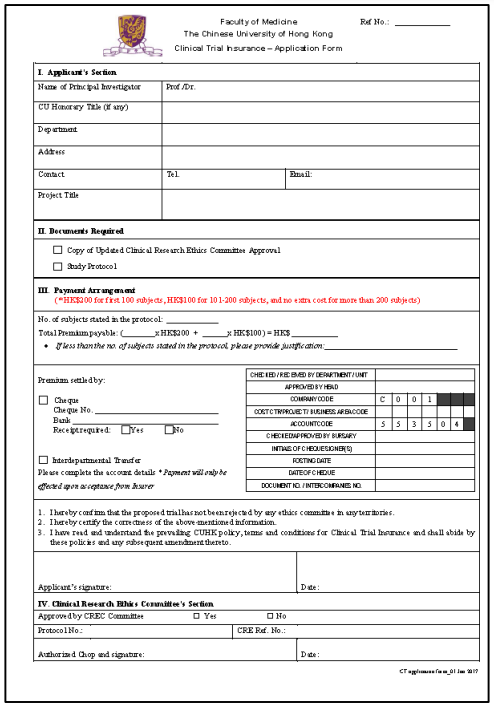


ABC company/ University/ HA

Documents for Hospital Approval- Clinical Trial Insurance

I. Documents 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)*
- ☐ Undertaking with Clinical Research Pharmacy (CRP) *(for PWH only -- when applicable)*



Faculty of Medicine
The Chinese University of Hong Kong
Clinical Trial Insurance – Application Form

Ref No.: _____

I. Applicant's Section

Name of Principal Investigator	Prof /Dr.	
CU Honorary Title (if any)		
Department		
Address		
Contact	Tel:	Email:
Project Title		

II. Documents Required

☐ Copy of Updated Clinical Research Ethics Committee Approval
☐ Study Protocol

III. Payment Arrangement
(*HK$200 for first 100 subjects, HK$100 for 101-200 subjects, and no extra cost for more than 200 subjects)

No. of subjects stated in the protocol: _____
Total Premium payable: (_____x HK$200 + _____x HK$100) = HK$_____
- *If less than the no. of subjects stated in the protocol, please provide justification:* _____

Premium settled by:

☐ Cheque
Cheque No. _____
Bank _____
Receipt required: ☐Yes ☐No

☐ Interdepartmental Transfer
Please complete the account details * *Payment will only be effected upon acceptance from Insurer*

CHECKED / RECEIVED BY DEPARTMENT / UNIT										
APPROVED BY HEAD										
COMPANY CODE	C	0	0	1						
COST CTR/PROJECT/ BUSINESS AREA CODE										
ACCOUNT CODE	5	5	3	5	0	4				
CHECKED & APPROVED BY SUBSARY										
INITIALS OF CHEQUE SIGNER(S)										
POSTING DATE										
DATE OF CHEQUE										
DOCUMENT NO. / INTERCOMPANIES NO.										

1. I hereby confirm that the proposed trial has not been rejected by any ethics committee in any territories.
2. I hereby certify the correctness of the above-mentioned information.
3. I have read and understand the prevailing CUHK policy, terms and conditions for Clinical Trial Insurance and shall abide by these policies and any subsequent amendment thereto.

Applicant's signature: _____ Date: _____

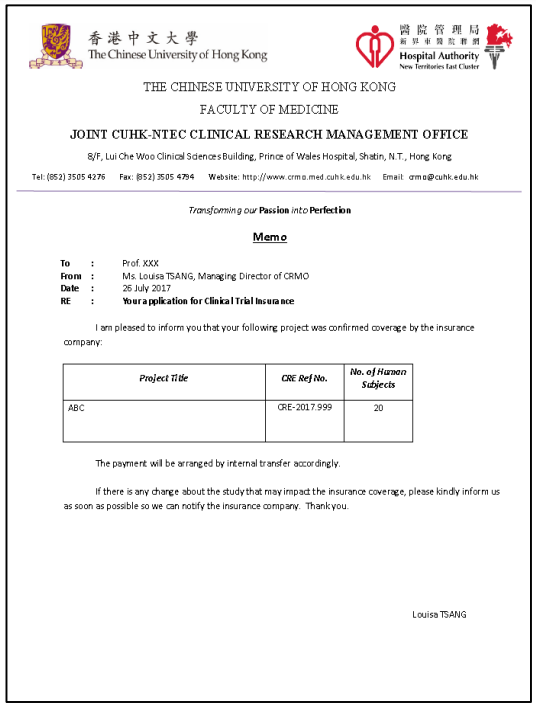
IV. Clinical Research Ethics Committee's Section

Approved by CREC Committee ☐ Yes ☐ No

Protocol No.: _____ CRE Ref. No.: _____

Authorized Chop and signature: _____ Date: _____

CT application form_01 Jan 2017



香港中文大學
The Chinese University of Hong Kong

醫院管理局
新界東聯網
Hospital Authority
New Territories East Cluster

THE CHINESE UNIVERSITY OF HONG KONG
FACULTY OF MEDICINE
JOINT CUHK-NTEC CLINICAL RESEARCH MANAGEMENT OFFICE
8/F, Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T., Hong Kong
Tel: (852) 3505 4276 Fax: (852) 3505 4794 Website: http://www.crmo.med.cuhk.edu.hk Email: crmo@cuhk.edu.hk

Transforming our **Passion** *into* **Perfection**

Memo

To : Prof. XXX
From : Ms. Louisa TSANG, Managing Director of CRMO
Date : 26 July 2017
RE : **Your application for Clinical Trial Insurance**

I am pleased to inform you that your following project was confirmed coverage by the insurance company:

Project Title	*CRE Ref No.*	*No. of Human Subjects*
ABC	CRE-2017.999	20

The payment will be arranged by internal transfer accordingly.

If there is any change about the study that may impact the insurance coverage, please kindly inform us as soon as possible so we can notify the insurance company. Thank you.

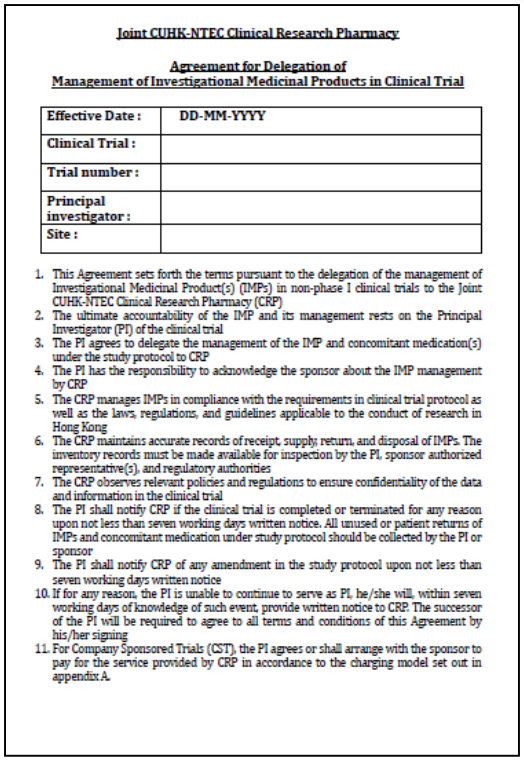
Louisa TSANG

- 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 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)*
- ☐ Undertaking with Clinical Research Pharmacy (CRP) *(for PWH only -- when applicable)*



Joint 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 :	

1. 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)
2. The ultimate accountability of the IMP and its management rests on the Principal Investigator (PI) of the clinical trial
3. The PI agrees to delegate the management of the IMP and concomitant medication(s) under the study protocol to CRP
4. The PI has the responsibility to acknowledge the sponsor about the IMP management by CRP
5. 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
6. 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(s), and regulatory authorities
7. The CRP observes relevant policies and regulations to ensure confidentiality of the data and information in the clinical trial
8. 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 sponsor
9. 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

Principal Investigator (PI)

- **CREC approval** ✓ (Mandatory)
- **CTC** ✓ (If applicable)
- **Indemnity** ✓ (If applicable)
- **Clinical Trial Insurance** ✓ (If applicable)
- **CRP Undertaking** ✓ (If applicable)

Application Form for Hospital Approval

J. Working Hours Involved in Conducting the Clinical Trial/ Research: *(attach additional sheet if required)*

Name of HA staff involved *(HAHO HR Circular 4/2003 refers)* *Not applicable for University staff*	Rank	Expected number of hours spent per week in conducting the research/ trial	
		During working hours	Outside working hours

Submitted by:

Signature of PI: _____ Date: _____

Contact Nos: _____ E-mail: _____

Part II: To be completed by COS/Director/Head of Department

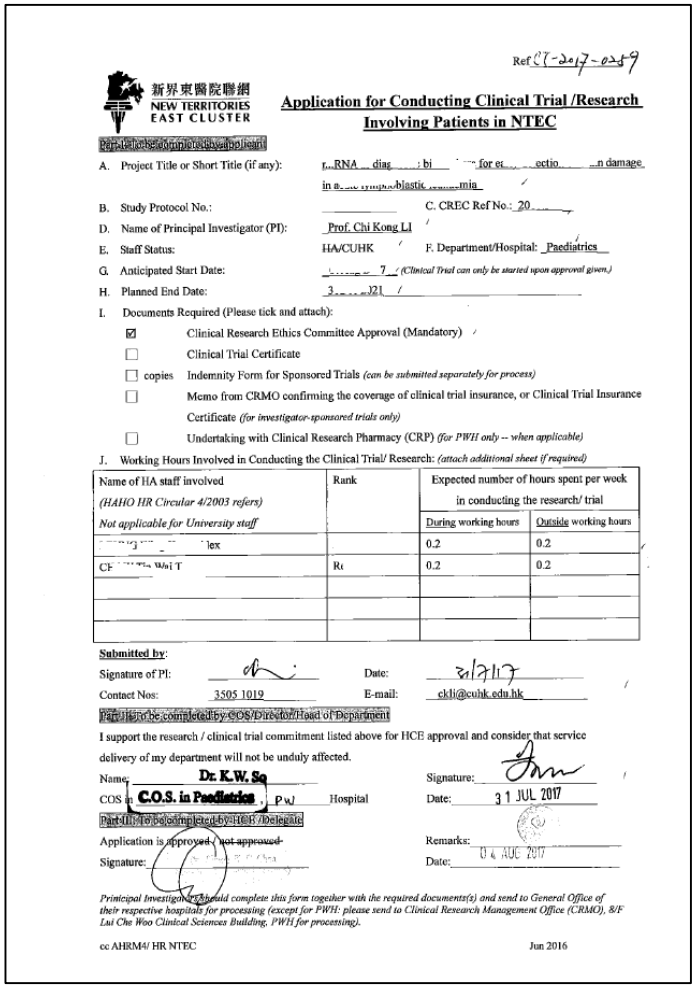
I support the research / clinical trial commitment listed above for HCE approval and consider that service delivery of my department will not be unduly affected.

Name: _____ Signature: _____

COS in _____ , _____Hospital Date: _____

SIGN HERE

Study Starts!



Ref 27-2017-0259

新界東醫院聯網
NEW TERRITORIES EAST CLUSTER

Application for Conducting Clinical Trial /Research Involving Patients in NTEC

Part I: to be completed by the applicant

A. Project Title or Short Title (if any): r...RNA ... diag ... ; bi ... for e... ...ectio... ...n damage in a... ...blastic ... ...mia

B. Study Protocol No.: _____ C. CREC Ref No.: 20...

D. Name of Principal Investigator (PI): Prof. Chi Kong LI

E. Staff Status: HA/CUHK F. Department/Hospital: Paediatrics

G. Anticipated Start Date: ... 7 (Clinical Trial can only be started upon approval given.)

H. Planned End Date: 3... ...021

I. Documents 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)*
- ☐ Undertaking with Clinical Research Pharmacy (CRP) *(for PWH only -- when applicable)*

J. Working Hours Involved in Conducting the Clinical Trial/ Research: *(attach additional sheet if required)*

Name of HA staff involved *(HAHO HR Circular 4/2003 refers)* *Not applicable for University staff*	Rank	Expected number of hours spent per week in conducting the research/ trial	
		During working hours	Outside working hours
...lex		0.2	0.2
CF ... Wai T	R...	0.2	0.2

Submitted by:

Signature of PI: _____ Date: 31/7/17

Contact Nos: 3505 1019 E-mail: ckli@cuhk.edu.hk

Part II: to be completed by COS/Director/Head of Department

I support the research / clinical trial commitment listed above for HCE approval and consider that service delivery of my department will not be unduly affected.

Name: Dr. K.W. So Signature: _____

COS in C.O.S. in Paediatrics, PWH Hospital Date: 31 JUL 2017

Part III: to be completed by HCE Delegate

Application is approved / ~~not approved~~ Remarks: _____

Signature: _____ Date: 04 AUG 2017

Principal Investigator should complete this form together with the required documents(s) and send to General Office of their respective hospitals for processing (except for PWH; please send to Clinical Research Management Office (CRMO), 8/F Lui Che Woo Clinical Sciences Building, PWH for processing).

cc AHRM4/ HR NTEC Jun 2016

Endorsement:

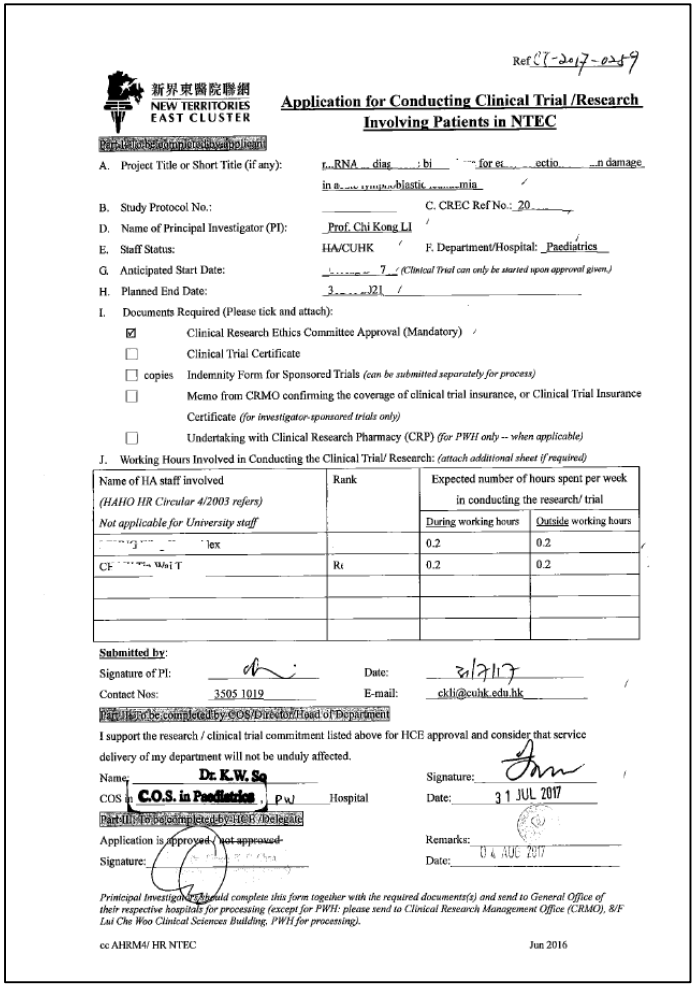
COS/ Director/ Depart. Head ✓

HCE ✓

During Study

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

Re-apply !



Ref CT-2017-0259

新界東醫院聯網 NEW TERRITORIES EAST CLUSTER

Application for Conducting Clinical Trial /Research Involving Patients in NTEC

Part I: to be complete by the applicant

A. Project Title or Short Title (if any): r...RNA ... diag ... : bi ... for e... ...ectio ...n damage in a... ...blastic ...mia

B. Study Protocol No.: C. CREC Ref No.: 20...

D. Name of Principal Investigator (PI): Prof. Chi Kong LI

E. Staff Status: HA/CUHK F. Department/Hospital: Paediatrics

G. Anticipated Start Date: ...7 (Clinical Trial can only be started upon approval given.)

H. Planned End Date: 3...21

I. Documents 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)*
- ☐ Undertaking with Clinical Research Pharmacy (CRP) *(for PWH only -- when applicable)*

J. Working Hours Involved in Conducting the Clinical Trial/ Research: *(attach additional sheet if required)*

Name of HA staff involved *(HAHO HR Circular 4/2003 refers)* *Not applicable for University staff*	Rank	Expected number of hours spent per week in conducting the research/ trial	
		During working hours	Outside working hours
...lex		0.2	0.2
CF ... Whi T	Re	0.2	0.2

Submitted by:

Signature of PI: Date: 31/7/17

Contact Nos: 3505 1019 E-mail: ckli@cuhk.edu.hk

Part II: to be completed by COS/Director/Head of Department

I support the research / clinical trial commitment listed above for HCE approval and consider that service delivery of my department will not be unduly affected.

Name: Dr. K.W. So Signature:

COS in C.O.S. in Paediatrics, P.W. Hospital Date: 31 JUL 2017

Part III: to be completed by HCE/ /Delegate

Application is approved / ~~not approved~~ Remarks:

Signature: Date: 04 AUG 2017

Principal Investigator should complete this form together with the required documents(s) and send to General Office of their respective hospitals for processing (except for PWH: please send to Clinical Research Management Office (CRMO), 8/F Lui Che Woo Clinical Sciences Building, PWH for processing).

cc AHRM4/ HR 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
1. A retrospective study of the efficacy of Metformin on Type 2 diabetes mellitus patients.	HA staff ✗ HA patient ✓	
2. An exercise habit survey in HK healthy primary school children.	HA staff ✓ HA patient ✗	
3. An apps program development for healthy diet plan	HA staff ✗ HA patient ✗