



## 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. CFDA Study : \_\_\_\_\_  
Y  \_\_\_\_\_ N   
(please provide CFDA Clinical Trial Permit no.)

E. Name of Principal Investigator (PI): \_\_\_\_\_

F. Staff Status: HA/CUHK G. Department/Hospital: \_\_\_\_\_

H. Anticipated Start Date: \_\_\_\_\_ (Clinical Trial can only be started upon approval given.)

I. Planned End Date: \_\_\_\_\_

J. 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)

K. 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: \_\_\_\_\_

**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).