NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES

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ARCHIE

+44 (0)1865 617 842• archie@phc.ox.ac.uk

Mrs Glenys Hunt
Chair, NRES Committee North West – Liverpool East
HRA NRES Centre Manchester
Barlow House, 3rd Floor
4 Minshull Street
Manchester
M1 3DZ
06 September 2016

Dear Mrs Hunt,

Study title: The early use of Antibiotics for at Risk CHildren with InfluEnza in primary care (ARCHIE): a double-blind randomised placebo-controlled trial
REC reference: 13/NW/0621
Protocol number: ARCHIE001
EudraCT number: 2013-002822-21
IRAS project ID: 121769

With reference to the above study we would like to submit a substantial amendment SA012:

1. a. Promotional materials (animation script, short article for publication by related charities, holiday greeting, poster and postcard)
   b. Children's Activities (colouring book, colouring book with text, 5 word puzzles, 'sneeze map',)
2. Notification of minor amendments:
   a. Amended GP Letter
   b. Amended Baseline (& accompanying filenote), day 7 & day 14 Follow Up CRF's
   c. Amended cover letter for mailout
   d. Redesign of public website (www.archiestudy.com) to be more user friendly
   e. East Cheshire NHS Trust Macclesfield District Hospital was incorrectly listed as part of the North West Coast CRN in SA 11. It is in fact part of Greater Manchester CRN.

Please note that the holiday greeting listed below is a link and can be found at
http://happyholidays.charliefloyd.co.uk
Many thanks

Tricia Carver
Senior Trial Manager
on behalf of Chief Investigator, Dr Kay Wang

Appendix 1 – Full Document List

Colouring book	V1 3Aug16
Bonfire Night Word Search	V1 3Aug16
Christmas Word Search	V1 3Aug16
PIL Info Word Search	V1 3Aug16
Polar Word Search	V1 3Aug16
Winter Activities Word Search	V1 3Aug16
Sneeze Map	V1 3Aug16
Sneeze Map answers	V1 3Aug16
Short Charity Article	V1 4Aug16
Script for animated video	V1 11Aug16
Animated holiday greeting	
Poster	V1 12Aug16
Postcard	V1 12Aug16
Notification Documents	
Baseline CRF NCC	V1.4 21Jul16
Filenote 32	
Day 7 Follow up CRF	V2 11Jun16
Day 14 Follow up CRF	V2 11Jun16
GP Letter	V2 4Aug16
Cover Letter for to parent/carer for mail out	V1 8Aug16

Primary Health Care Archie

From: Karen Melham
Sent: 25 August 2016 16:06
To: Primary Health Care Archie
Cc: Research.Portfolio@ouh.nhs.uk
Subject: Sponsor authorisation for amendment 12 ARCHIE

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Sharon
Thank you for sending for our review the amendment proposed to the ARCHIE trial, to introduce new children's activities and promotional material.
I can confirm that we as sponsor representative are content for this to be sent to the relevant REC for review and approval.

Please forward correspondence and any final, REC-approved documents to karl.shepherd@admin.ox.ac.uk to ensure ongoing sponsorship and indemnity.

With best wishes,

Karen

Dr Karen Melham
Senior Clinical Research Support Manager | Clinical Trials & Research Governance (CTRG)
University of Oxford
Joint Research Office, Block 60, Churchill Hospital, Headington, Oxford, OX3 7LE
E: karen.melham@admin.ox.ac.uk **T:** 01865 227093
www.admin.ox.ac.uk/researchsupport

PID:8801-AMD

Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please complete the questions in order. If you change the response to a question, please select 'Save' and review all the questions as your change may have affected subsequent questions.

Please enter a short title for this project (maximum 70 characters)
The early use of Antibiotics in at Risk Children with InfluEnza-ARCHIE

1. Is your project research?

(●) Yes ( ) No

2. Select one category from the list below:

(●) Clinical trial of an investigational medicinal product
( ) Clinical investigation or other study of a medical device
( ) Combined trial of an investigational medicinal product and an investigational medical device
( ) Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice
( ) Basic science study involving procedures with human participants
( ) Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology
( ) Study involving qualitative methods only
( ) Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)
( ) Study limited to working with data (specific project only)
( ) Research tissue bank
( ) Research database

If your work does not fit any of these categories, select the option below:

( ) Other study

2a. Is this a commercially sponsored Phase 1 or Phase 1/2a trial involving healthy volunteers?

( ) Yes (●) No

2b. Will the study involve the use of any medical device without a CE Mark, or a CE marked device which has been modified or will be used outside its intended purposes?

( ) Yes (●) No

2c. Please answer the following question:

Is this trial subject to advice from the Expert Advisory Group on Clinical Trials and the Commission on Human Medicine prior to authorisation from MHRA? ○ Yes ◉ No

2d. Please answer the following question:

Is this a trial of a gene therapy medicinal product? ○ Yes ◉ No

2e. Please answer the following question(s):

a) Does the study involve the use of any ionising radiation? ○ Yes ◉ No

b) Will you be taking new human tissue samples (or other human biological samples)? ◉ Yes ○ No

c) Will you be using existing human tissue samples (or other human biological samples)? ○ Yes ◉ No

3. In which countries of the UK will the research sites be located?*(Tick all that apply)*

- ☑ England
- ☐ Scotland
- ☐ Wales
- ☐ Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

- ◉ England
- ○ Scotland
- ○ Wales
- ○ Northern Ireland
- ○ This study does not involve the NHS

4. Which applications do you require?

IMPORTANT: If your project is taking place in the NHS and is led from England select 'IRAS Form'. If your project is led from Northern Ireland, Scotland or Wales select 'NHS/HSC Research and Development Offices' and/or relevant Research Ethics Committee applications, as appropriate.

- ☐ IRAS Form
- ☑ NHS/HSC Research and Development offices
- ☐ Social Care Research Ethics Committee
- ☑ Research Ethics Committee
- ☑ Medicines and Healthcare products Regulatory Agency (MHRA) – Medicines
- ☐ Gene Therapy Advisory Committee (GTAC)
- ☐ Confidentiality Advisory Group (CAG)
- ☐ National Offender Management Service (NOMS) (Prisons & Probation)

For NHS/HSC R&D Offices in Northern Ireland, Scotland and Wales the CI must create NHS/HSC Site Specific Information forms, for each site, in addition to the study wide forms, and transfer them to the PIs or local collaborators.

For participating NHS organisations in England different arrangements apply for the provision of site specific information. Refer to IRAS Help for more information.

5. Will any research sites in this study be NHS organisations?

(●) Yes ( ) No

5a. Are all the research costs and infrastructure costs (funding for the support and facilities needed to carry out research e.g. NHS Support costs) for this study provided by a NIHR Biomedical Research Centre, NIHR Biomedical Research Unit, NIHR Collaboration for Leadership in Health Research and Care (CLAHRC), NIHR Patient Safety Translational Research Centre or a Diagnostic Evidence Co-operative in all study sites?

Please see information button for further details.

(●) Yes ( ) No

Please see information button for further details.

6. Do you plan to include any participants who are children?

(●) Yes ( ) No

7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

( ) Yes (●) No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the Confidentiality Advisory Group to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

( ) Yes (●) No

9. Is the study or any part of it being undertaken as an educational project?

( ) Yes (●) No

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

( ) Yes (●) No

11. Will identifiable patient data be accessed outside the care team without prior consent at any stage of the project (including identification of potential participants)?

( ) Yes (●) No

SUBSTANTIAL AMENDMENT FORM [1]

NOTIFICATION OF A SUBSTANTIAL AMENDMENT TO A CLINICAL TRIAL ON A MEDICINAL PRODUCT FOR HUMAN USE TO THE COMPETENT AUTHORITIES AND FOR OPINION OF THE ETHICS COMMITTEES IN THE EUROPEAN UNION

For official use:

Date of receiving the request:	Grounds for non acceptance/negative opinion:
	Date:
Date of start of procedure:	Authorisation/ positive opinion:
	Date:
Competent authority registration number of the trial:	Withdrawal of amendment application:
Ethics committee registration number of the trial:	Date:

To be filled in by the applicant:

*This form is to be used both for a request to the Competent Authority for authorisation of a **substantial** amendment and to an Ethics Committee for its opinion on a **substantial** amendment. Please indicate the relevant purpose in Section A.*

A TYPE OF NOTIFICATION

A.1 Member State in which the substantial amendment is being submitted:

A.2 Notification for authorisation to the competent authority: ☐

A.3 Notification for an opinion to the ethics committee: ☑

(1) Cf. Section 3.7.b of the Detailed guidance on the request to the competent authorities for authorisation of a clinical trial on a medicinal product for human use, the notification of substantial amendments and the declaration of the end of the trial (OJ, C82, 30.3.2010, p.1) hereinafter referred to as 'detailed guidance CT-1'.

B TRIAL IDENTIFICATION *(When the amendment concerns more than one trial, repeat this form as necessary.)*

B.1 Does the substantial amendment concern several trials involving the same IMP? [2] ○ Yes ◉ No

B.2 EudraCT number:	2013-002822-21
B.3 Full title of the trial:	The early use of Antibiotics for at Risk CHildren with InfluEnza in primary care (ARCHIE): a double-blind randomised placebo-controlled trial
B.4 Sponsor's protocol code number:	ARCHIE001
B.4 Sponsor's protocol version number:	v2
B.4 Sponsor's protocol date:	12/02/2014

(2) Cf. Section 3.7. of the detailed guidance CT-1

C IDENTIFICATION OF THE SPONSOR RESPONSIBLE FOR THE REQUEST

C.1 Sponsor

Organisation:	Univeristy of Oxford
Contact Given name:	Heather
Contact Family name:	House
Address:	Joint Research Office, Block 60, Churchill Hospital
Town/city:	Headington, Oxford
Post code:	OX3 7LE
Telephone:	01865572228
Fax:	
E-mail:	ctrg@admin.ax.ac.uk

C.2 Legal representative [3] of the sponsor in the European Union for the purpose of this trial (if different from the sponsor)

Name of organisation:
Contact Given name:
Contact Family name:
Address:
Town/city:
Post code:
Telephone:
Fax:
E-mail:

(3) As stated in Article 19 of Directive 2001/20/EC.

D APPLICANT IDENTIFICATION, (please tick the appropriate box)

D1. Request for the competent authority

D.1.1 Sponsor ☐
D.1.2 Legal representative of the sponsor ☐
D.1.3 Person or organisation authorised by the sponsor to make the application. ☐
D.1.4 Complete below:

Name of organisation
Contact Given name
Contact Family name
Address
Town/city
Post code

Telephone
Fax
E-mail

D2. Request for the Ethics Committee

D.2.1 Sponsor	☐
D.2.2 Legal representative of the sponsor	☐
D.2.3 Person or organisation authorised by the sponsor to make the application.	☑
D.2.4 Investigator in charge of the application if applicable[4]:	
• Co-ordinating investigator (for multicentre trial):	☐
• Principal investigator (for single centre trial):	☐

D.2.5 Complete below:

Name of organisation	University of Oxford
Given name	Tricia
Family name	Carver
Address	Nuffled Department of Primary Health Care Sciences
Town/city	
Post code	OX2 6GG
Telephone	01865617842
Fax	
E-mail	Tricia.Carver@phc.ox.ac.uk

(4) According to national legislation.

E SUBSTANTIAL AMENDMENT IDENTIFICATION

E.1 Sponsor's substantial amendment information for the clinical trial concerned:

Code Number: ARCHIE_SA012
Version:
Date: 2016/08/11

E.2 Type of substantial amendment

E.2.1 Amendment to information in the CT application form	○ Yes	◉ No
E.2.2 Amendment to the protocol	○ Yes	◉ No
E.2.3 Amendment to other documents appended to the initial application form	◉ Yes	○ No

If yes specify:

Promotional materials:
Script for animated video
Animated holiday greeting
Short article to be used by charities to inform parents of the study.
ARCHIE Poster
ARCHIE Postcard

Children's activities:
ARCHIE colouring book

ARCHIE colouring book with text
ARCHIE PIL word puzzle
ARCHIE polar word puzzle
ARCHIE winter activities word puzzle
ARCHIE bonfire night word puzzle
ARCHIE Christmas word puzzle
ARCHIE Sneeze Map & answers

E.2.4 Amendment to other documents or information: ○ Yes ◉ No

If yes specify:

E.2.5 This amendment concerns mainly urgent safety measures already implemented[5]: ○ Yes ◉ No

E.2.6 This amendment is to notify a temporary halt of the trial[6]: ○ Yes ◉ No

E.2.7 This amendment is to request the restart of the trial[7]: ○ Yes ◉ No

(5) Cf. Section 3.9. of the detailed guidance CT-1.
(6) Cf. Section 3.10. of the detailed guidance CT-1
(7) Cf. Section 3.10. of the detailed guidance CT-1

E.3 Reasons for the substantial amendment:

E.3.1 Changes in safety or integrity of trial subjects ○ Yes ◉ No

E.3.2 Changes in interpretation of scientific documents/value of the trial ○ Yes ◉ No

E.3.3 Changes in quality of IMP(s) ○ Yes ◉ No

E.3.4 Changes in conduct or management of the trial ○ Yes ◉ No

E.3.5 Change or addition of principal investigator(s), co-ordinating investigator ○ Yes ◉ No

E.3.6 Change/addition of site(s) ○ Yes ◉ No

E.3.7 Other change ◉ Yes ○ No

E.3.7.1 If yes specify:
The additional of new promotional materials and children's activities.

E.3.8 Other case ○ Yes ◉ No

E.3.8.1 If yes specify:

E.4 Information on temporary halt of trial:[8]

E.4.1 Date of temporary halt

E.4.2 Recruitment has been stopped ○ Yes ○ No

E.4.3 Treatment has been stopped ○ Yes ○ No

E.4.4 Number of patients still receiving treatment at time of the temporary halt in the MS concerned by the amendment

E.4.5 Briefly describe:

Justification for a temporary halt of the trial *(free text)*:

The proposed management of patients receiving treatment at time of the halt *(free text)*:

The consequences of the temporary halt for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product *(free text)*:

(8) Cf. Section 3.10. of the detailed guidance CT-1

F DESCRIPTION OF EACH SUBSTANTIAL AMENDMENT[9]

Please use this section to detail each substantial amendment which is being notified. If you are notifying more than one substantial amendment, please use the "Add Amendment" button as required

Substantial amendment 1

Previous and new wording:*(tracked)*
Non applicable as new documents.

New wording:

Comments/ explanation/ reasons for substantial amendment:

(9) Cf. Section 3.7.c. of the detailed guidance CT-1. The sponsor may submit this documentation on a separate sheet.

G CHANGE OF CLINICAL TRIAL SITE(S)/INVESTIGATOR(S) IN THE MEMBER STATE CONCERNED BY THIS AMENDMENT

Type of change:

G.1.1 Addition of a new site

G.1.1.1 Principal investigator (provide details below)

Given name
Middle name(if applicable)
Family name
Qualification (MD...)
Professional address

G.1.2 Removal of an existing site

G.1.2.1 Principal investigator (provide details below)

Given name
Middle name(if applicable)
Family name
Qualification (MD...)
Professional

address

G.1.3 Change of co-ordinating investigator (provide details below of the new coordinating investigator)

Given name
Middle name(if applicable)
Family name
Qualification (MD...)
Professional address

G.1.3.6 Indicate the name of the previous co-ordinating investigator:

G.1.4 Change of principal investigator at an existing site (provide details below of the new principal investigator)

Given name
Middle name(if applicable)
Family name
Qualification (MD...)
Professional address

G.1.4.6 Indicate the name of the previous principal investigator:

H CHANGE OF INSTRUCTIONS TO CA FOR FEEDBACK TO SPONSOR

H.1 Change of e-mail contact for feedback on application*

H.2 Change to request to receive an .xml copy of CTA data ○ Yes ◉ No

H.2.1 Do you want a .xml file copy of the CTA form data saved on EudraCT? ○ Yes ◉ No

H.2.1.1 If yes provide the e-mail address(es) to which it should be sent (up to 5 addresses):

H.2.2 Do you want to receive this via password protected link(s)[10]? ○ Yes ◉ No

If you answer no to question H.2.2 the .xml file will be transmitted by less secure e-mail link(s)

H.2.3 Do you want to stop messages to an email for which they were previously requested? ○ Yes ◉ No

H.2.3.1 If yes provide the e-mail address(es) to which feedback should no longer be sent:

(*This will only come into effect from the time at which the request is processed in EudraCT).

(10) This requires a EudraLink account. (See eudract.emea.europa.eu for details)

I LIST OF THE DOCUMENTS APPENDED TO THE NOTIFICATION FORM (cf. Section 3.7 of detailed guidance CT-1)

Please submit only relevant documents and/or when applicable make clear references to the ones already submitted. Make clear references to any changes of separate pages and submit old and new texts. Tick the appropriate box(es).

I.1 Cover letter ☑

I.2 Extract from the amended document in accordance with Section 3.7.c. of detailed guidance CT-1 (if not contained in Part F of this form) ☐

I.3 Entire new version of the document[11] ☑

I.4 Supporting information ☐

I.5 Revised .xml file and copy of initial application form with amended data highlighted ☐

I.6 Comments on any novel aspect of the amendment if any :

(11) Cf. Section 3.7.c. of the detailed guidance CT-1

J SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

Please submit only relevant documents and/or when applicable make clear references to the ones already submitted. Make clear references to any changes of separate pages and submit old and new texts. Tick the appropriate box(es).

J.1 I hereby confirm that/ confirm on behalf of the sponsor that (delete which is not applicable)

- The above information given on this request is correct;
- The trial will be conducted according to the protocol, national regulation and the principles of good clinical practice; and
- It is reasonable for the proposed amendment to be undertaken.

J.2 APPLICANT OF THE REQUEST FOR THE COMPETENT AUTHORITY*(as stated in section D.1):* ☐

J.2.1 Signature [12]: .....

J.2.2 Print name:

J.2.3 Date:

J.3 APPLICANT OF THE REQUEST FOR THE ETHICS COMMITTEE *(as stated in section D.2)***:** ☐

J.3.1 Signature [13]: .....

J.3.2 Print name:

J.3.3 Date:

This section was signed electronically by Mrs Tricia Carver on 05/09/2016 10:39.

Job Title/Post:

Organisation:

Email: tricia.carver@phc.ox.ac.uk

(12) On an application to the Competent Authority only, the applicant to the Competent Authority needs to sign.
(13) On an application to the Ethics Committee only, the applicant to the Ethics Committee needs to sign.

NHS
Health Research Authority

North West - Liverpool East Research Ethics Committee

Barlow House
3rd Floor
4 Minshull Street
Manchester
M1 3DZ

Tel: 0207 104 8002

13 September 2016

Ms Sharon Tonner
Assistant Trial manager
Clinical Trials Unit
Nuffield Department of Primary Care Health Sciences
Radcliffe Observatory Quarter
Woodstock Road
Oxford
OX2 6GG

Dear Ms Tonner

Study title:	**The early use of Antibiotics for at Risk CHildren with InfluEnza in primary care(ARCHIE): a double-blind randomised placebo-controlled trial**
REC reference:	**13/NW/0621**
Protocol number:	**ARCHIE001**
EudraCT number:	**2013-002822-21**
Amendment number:	**Substantial Amendment 012**
Amendment date:	**11 August 2016**
IRAS project ID:	**121769**

Thank you for submitting the above amendment, which was received on 06 September 2016. I can confirm that this is a valid notice of a substantial amendment and will be reviewed by the Sub-Committee of the REC at its next meeting.

Documents received

The documents to be reviewed are as follows:

Document	*Version*	*Date*
Copies of advertisement materials for research participants [Postcard]	1	12 August 2016
Copies of advertisement materials for research participants [Poster]	1	12 August 2016
Covering letter on headed paper [from Tricia Carver]		06 September 2016
GP/consultant information sheets or letters	2	04 August 2016
Notice of Substantial Amendment (CTIMP)	Substantial Amendment 012	11 August 2016
Other [Baseline Assessment Form]	1.4	21 July 2016

Other [Bonfire Word search]	1	03 August 2016
Other [Christmas Word search]	1	03 August 2016
Other [PIL Info Word search]	1	03 August 2016
Other [Polar Word search]	1	03 August 2016
Other [Sneeze Map]	1	03 August 2016
Other [Sneeze Map Answers]	1	03 August 2016
Other [Script for Animated Video]	1	11 August 2016
Other [Winter Activities Word Search]	1	03 August 2016
Other [Colouring Book]	1	03 August 2016
Other [Cover letter to parent/carer for mail out]	1	08 August 2016
Other [Day 7 Follow Up CRF]	2	11 June 2016
Other [Day 14 Follow Up CRF]	2	11 June 2016
Other [Filenote 32]		06 September 2016
Other [Sponsor Authorisation Email for Amendment 12]		26 August 2016
Other [Short Charity Article]	1	04 August 2016

Notification of the Committee's decision

The Committee will issue an ethical opinion on the amendment within a maximum of 35 days from the date of receipt.

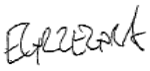
R&D approval

All investigators and research collaborators in the NHS should notify the R&D office for the relevant NHS care organisation of this amendment and check whether it affects R&D approval for the research.

We are pleased to welcome researchers and R & D staff at our NRES committee members' training days – see details at http://www.hra.nhs.uk/hra-training/

13/NW/0621: Please quote this number on all correspondence

Yours sincerely



Ewa Grzegorska
REC Assistant

Email: nrescommittee.northwest-liverpooleast@nhs.net

Copy to: Dr Lorna Henderson,
Oxford Health NHS Foundation Trust

Dr Kay Wang,
University of Oxford

Ms Heather House,
Oxford University NHS Trust

ARCHIE

The early use of Antibiotics in "at Risk" CHildren with InfluEnza

UNIVERSITY OF OXFORD

Children with underlying conditions who develop flu are at greater risk of becoming unwell from further infections than otherwise healthy children.

The ARCHIE study will help researchers find out whether giving "at risk" children antibiotics within the first five days of developing flu-like illness will reduce the chances of them becoming more unwell or developing further infections.

Find us on
The Archie Study

www.archiestudy.com

12Aug16 v1 REC 13/NW/0621

Archie is more ill than usual when he just gets a cold or flu... but i'm not sure if he is ill enough to need antibiotics.

UNIVERSITY OF OXFORD

Sound familiar?

If your child is aged 6 months to 12 years and has a long-term condition or was born prematurely, you and your child may be eligible to take part in the ARCHIE Study if your child gets a flu-like illness this winter.

Conditions include: Asthma • Diabetes • Cerebral palsy • Immune system conditions
Down's syndrome • Heart, kidney or liver problems • Premature baby

Funded by
NHS
National Institute for Health Research

ARCHIE The early use of Antibiotics in "at Risk" CHildren with InfluEnza

Find us on The Archie Study

www.archiestudy.com

12Aug16 v1 REC 13/NW/0621

ARCHIE www.archiestudy.com

ARCHIE

If your child is aged 6 months to 12 years and has a long-term condition or was born prematurely, then you and your child may be eligible to take part in the ARCHIE Study if your child gets flu-like illness this winter. If you are interested in finding out more about the ARCHIE study and how you can get involved, visit our study website for more information including:

- **Details about the research project**
- **Videos describing what is involved**
- **Why the research is being carried out**
- **Frequently asked questions**
- **Colouring in sheets for your child.**

Funded by
NHS
National Institute for Health Research

UNIVERSITY OF OXFORD
NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES

Print on department headed letter paper

The early use of Antibiotics in at Risk CHildren with InfluEnza

This study is funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference RP-PG-1210-12012)

Dear Dr _____,

RE:
Name of patient:
Patient's date of birth:

This patient was entered into the ARCHIE trial (www.archiestudy.com)
on (insert date): _____
at (insert location or stamp):_____

Please find enclosed a copy of your patient's consent form. **Please retain the consent form, along with this letter, in your patient's medical record.** Please note that your patient's parent/guardian has given consent for us to gather information from your patient's medical notes. A member of the ARCHIE research team will contact you to arrange a suitable time and way of doing this.

Consultation summary (see instructions below)
Presenting symptoms:

Examination findings:

Clinical impression:

ARCHIE study details (see instructions below)
Site ID: _____
ARCHIE ID: _____
Medication ID: _____

Many thanks.
The ARCHIE team

Instructions for healthcare professional recruiting patient:
Please complete the consultation summary and ARCHIE study details for your patient.
Please fax this letter to the patient's GP.

BASELINE ASSESSMENT FORM

ARCHIE

__ __ __ / __ __ __ __

ARCHIE ID

CHILD'S BASELINE DETAILS

Please tick to confirm that child meets eligibility criteria AND parent/guardian has signed consent form: ☐

Date of study entry (day 1) D D M M Y Y Y Y Sex: M ☐ F ☐

Date of birth D D M M Y Y Y Y Smoker(s) in household: YES ☐ NO ☐

Received **this season's** seasonal influenza vaccination? YES ☐ NO ☐ NOT KNOWN ☐

Received **last season's** seasonal influenza vaccination? YES ☐ NO ☐ NOT KNOWN ☐

AT RISK CATEGORIES (please tick all that apply):

Respiratory ☐ Neurological ☐ Liver ☐

Cardiac ☐ Renal ☐ Immunodeficiency ☐

Other (please state) ☐ .....

CURRENT INFLUENZA-LIKE ILLNESS EPISODE (as reported by parent/guardian)

Date symptoms started D D M M Y Y Y Y

Date fever started D D M M Y Y Y Y

MEDICATIONS TAKEN BY CHILD DURING CURRENT INFLUENZA-LIKE ILLNESS EPISODE

Antivirals (*e.g.* oseltamivir) If **YES**, give name(s) of antiviral(s):	YES ☐	NO ☐	NOT KNOWN ☐
Antipyretics (*e.g.* paracetamol) If **YES**, give name(s) of antipyretic(s): Date (DD/MM/YYYY) and time (hh:mm) of most recent dose.	YES ☐	NO ☐	NOT KNOWN ☐ _ _/_ _/_ _ _ _ _ _:_ _ am/pm (please circle)
Other medications If YES, give name(s) of medication(s):	YES ☐	NO ☐	NOT KNOWN ☐

PHYSICAL EXAMINATION

Temperature: _____°C Time temperature taken: ___:___ am/pm (please circle)

Heart rate: _____ beats per minute Respiratory rate: _____ breaths per minute

Weight : _____ kg

SWABS

High nasal swab taken? YES ☐ NO ☐ Throat swab taken? YES ☐ NO ☐

STUDY MEDICATION – Please write participant's study medication ID and dose in the yellow box

Please go to www.archiestudy.com to generate the child's study medication ID number. You will need to enter the child's age, weight and current influenza vaccination status.

Study medication ID: __ __ __ __ __ __ Study medication dose: _____ ml twice daily for 5 days

QUESTIONNAIRES TO BE COMPLETED DURING BASELINE APPOINTMENT

By parent/guardian (compulsory):

1. EQ-5D-Y proxy YES ☐ NO ☐ 2. CARIFS YES ☐ NO ☐

By child (optional):

EQ-5D-Y YES ☐ NO ☐

Please tick to confirm study pack given and explained: ☐

Completed by (print name): _____ Sign: _____ Date:_____

Please return TOP copy to Oxford PC CTU in reply envelope provided and file BOTTOM copy in ISF

ARCHIE Bonfire Night Word Search

F	I	R	E	W	O	R	K	S	R	J	B	A	G	S
W	H	M	N	I	R	C	B	P	E	R	M	S	T	C
P	G	P	M	N	F	A	S	A	U	S	A	G	E	S
T	U	L	J	F	L	K	D	R	P	J	P	R	W	M
E	Y	S	A	E	S	M	S	K	J	R	J	D	C	R
M	F	J	I	C	I	M	E	L	C	S	T	A	E	A
C	A	T	H	E	R	I	N	E	W	H	E	E	L	N
A	W	J	A	I	H	N	H	R	I	A	B	T	L	D
R	K	R	B	O	R	E	S	S	R	U	O	I	A	O
A	E	E	F	N	S	S	T	M	F	D	J	B	R	M
T	S	S	J	A	G	W	P	B	M	K	C	I	W	B
U	K	U	T	O	F	F	E	E	A	P	P	L	E	S
R	R	L	O	F	T	M	F	P	S	A	P	T	H	O
E	B	T	L	N	F	L	U	E	N	Z	A	I	D	T
G	U	N	P	O	W	D	E	R	O	P	L	A	C	D

Find the words from your ARCHIE Information for Children below in the word puzzle

1. FIREWORKS
2. SAUSAGES
3. GUY FAWKES
4. CATHERINEWHEELS
5. GUNPOWDER
6. TOFFEEAPPLES
7. MINES
8. PLOT
9. SPARKLERS
10. CELLAR

ARCHIE Christmas Word Search

E	T	S	H	E	R	S	N	O	W	M	A	N	R	J
M	D	J	O	C	S	E	C	N	E	E	O	T	H	P
R	M	H	L	N	L	S	F	E	C	R	F	J	D	A
E	D	O	L	L	J	T	C	A	R	O	L	S	G	D
I	S	H	Y	F	J	S	P	K	R	M	L	P	W	V
N	S	O	F	N	D	T	F	F	B	M	S	J	R	E
D	W	H	D	E	C	O	R	A	T	I	O	N	S	N
E	K	O	C	M	M	C	T	S	O	X	H	L	T	T
E	E	S	H	W	P	K	O	E	E	D	P	L	C	B
R	G	S	J	E	M	I	N	C	E	P	I	E	W	U
E	R	J	E	O	E	N	O	K	T	D	H	L	G	J
R	R	L	M	F	E	G	S	M	T	O	T	V	H	P
W	H	Y	U	L	E	L	O	G	S	C	R	E	T	G
E	S	L	E	I	G	H	N	L	O	T	F	S	D	E

Can you find the Christmas related words from below in the word puzzle?

1. Decorations
2. Reindeer
3. Stocking
4. Mince Pie
5. Carols
6. Holly
7. Yule log
8. Elves
9. Snowman
10. Sleigh
11. Advent
12. Ho Ho Ho

ARCHIE

ARCHIE Word Search for words in your Information Leaflet

A	D	R	E	L	M	R	T	S	R	J	B	A	S	S
W	W	M	N	I	R	C	B	G	E	R	M	S	T	C
P	M	P	M	N	F	N	K	P	J	L	J	C	D	R
T	O	L	J	F	L	F	D	L	P	J	P	R	W	M
E	E	S	A	E	S	M	S	J	J	R	J	D	R	R
M	E	D	I	C	I	N	E	P	C	S	T	A	H	A
P	C	H	M	T	R	E	O	A	T	W	J	N	S	N
A	L	J	A	I	H	K	H	J	I	A	B	T	G	D
R	O	R	B	O	P	L	A	C	E	B	O	I	G	O
A	S	E	F	N	S	F	T	M	F	D	J	B	R	M
T	J	S	J	A	G	W	P	B	M	K	C	I	W	B
U	A	U	C	M	H	S	L	C	T	M	L	O	T	X
R	A	L	M	Y	C	A	M	P	S	A	P	T	H	O
E	B	T	I	N	F	L	U	E	N	Z	A	I	D	T
Z	A	S	H	W	P	E	S	D	E	L	I	C	N	D

Find the words from your ARCHIE Information for Children below in the word puzzle

1. Germs - Tiny invisible bugs that can make people unwell.

2. Medicine - What we use to help people feel better.

3. Infection – When germs get into your body and make you feel unwell.

4. Placebo – Pretend medicine that is used to see how well real medicine works.

5. Influenza – The full name for ‘Flu, a type of germ that can make you feel very unwell.

6. Temperature – How hot or cold something or someone is.

7. Swab – A small stick used to collect germs from your nose and throat.

8. Antibiotic – A type of medicine that is used to fight germs called ‘bacteria’.

9. Random - When something happens, or is chosen, by chance.

10. Results - The answer to a question being asked.

ARCHIE

ARCHIE Polar Word Search

C	W	A	L	R	E	R	M	I	N	E	S	A	S	A
O	S	A	B	S	W	R	X	H	R	G	A	S	D	O
R	T	S	M	A	J	A	L	B	A	T	R	O	S	S
M	C	E	W	C	P	W	F	B	C	G	S	R	K	E
O	D	A	B	A	D	A	J	A	Y	R	A	H	U	A
R	J	L	S	D	T	w	J	B	L	Y	C	L	A	U
A	R	S	S	A	S	T	H	S	G	T	L	O	S	R
N	L	K	T	S	K	L	C	A	W	C	T	A	L	C
T	Q	U	I	D	H	R	M	T	L	T	S	P	T	H
S	S	W	J	F	T	D	I	S	H	E	S	E	H	I
S	N	O	W	Y	O	W	L	L	C	S	S	H	K	N
P	E	T	R	E	L	S	R	J	L	G	M	W	B	K
M	S	R	W	A	S	M	C	R	S	E	D	C	B	J
E	S	P	O	L	A	R	B	E	A	R	S	V	C	J
C	B	C	P	Z	B	D	C	B	F	H	S	A	Y	S

Penguins like Archie usually live in an area of the Southern Hemisphere called Antarctica. Antarctica is one of Earth's two **polar regions,** the other region is known the Arctic**.** Can you find the other types of polar animals listed below in the word grid?

Whales – a mammal

Squid – an invertebrate

Polar Bears – a mammal

Albatross – a bird

Skuas – a bird

Ermines – a mammal

Cormorants – a bird

Sea Urchins – an invertebrate

Petrels – a bird

Seals – a mammal

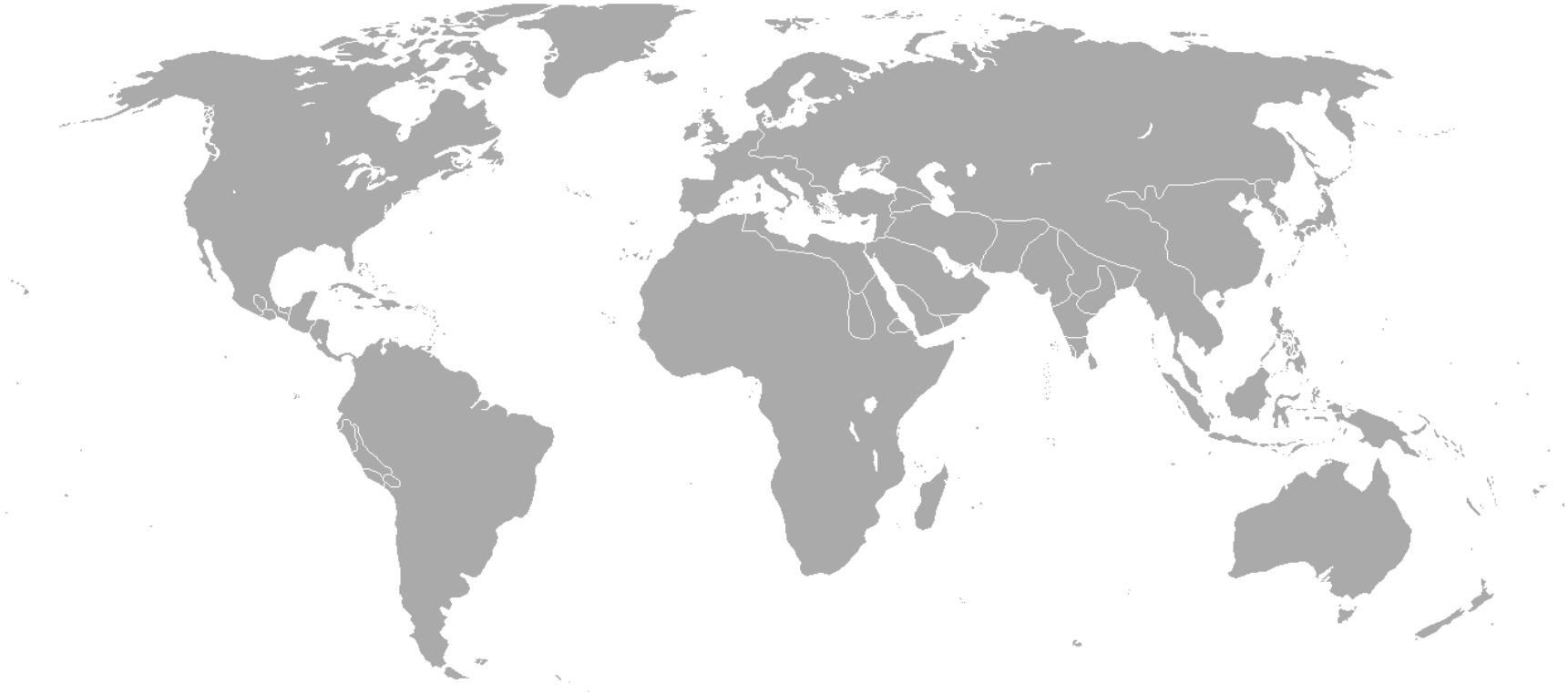
Krill – an invertebrate

Snowy Owl – a bird

Q. What in an invertebrate?

A. An invertebrate is an animal that does not have a spine. Insects, snails and worms are all invertebrates.

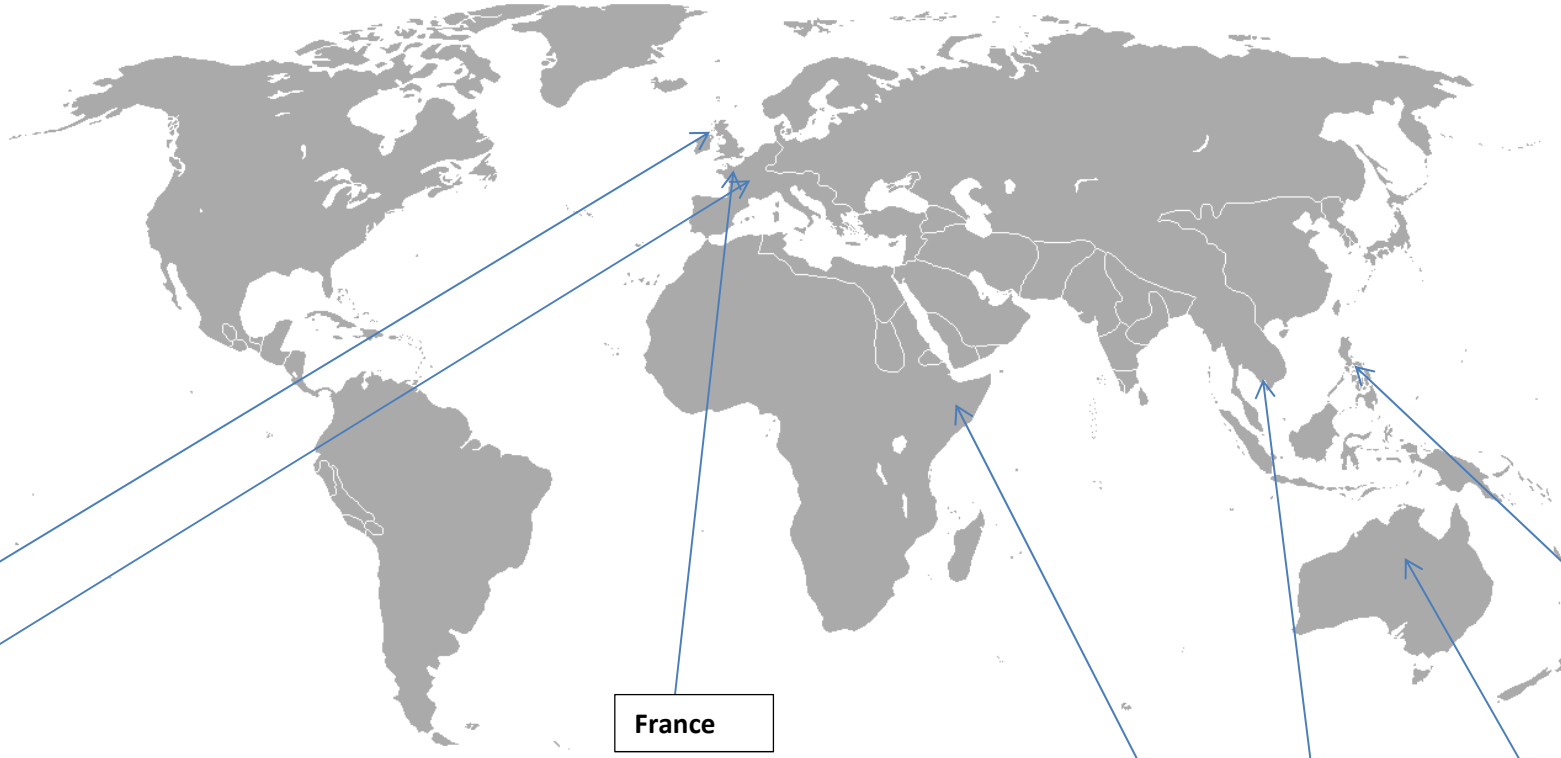
ARCHIE



Sneezy Sayings From Around the World!

Can you find the place the saying comes from on the map?

1) “Bless You!” – UK
2) “Gesundheit!” (in English – “Health!”) – Germany
3) “Kihe, a mauli ola” (In English –"Sneeze, and you shall live") – Hawaii
4) “Naligo ako ah!” – (In English – **“**"Hey! I took a bath!") - The Philippines
5) “S, baoi” – (In English – “Fast Recovery”) – Cambodia
6) “à tes vos souhaits” – (In English – “To your wishes”) – France
7) **“**Klas bin gurruwan” - (In English – “You have released nose water”) – Australian Northern Territory
8) “Gudadhu Huddu Sarre Dhungadhu” – In English – “Progress” – Ethiopia



UK

Germany

Hawaii

France

Ethiopia

Cambodia

Australian Northern Territory

The Phillippines

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ARCHIE video script 11th August 2016

1. During the winter months many people catch the flu or a flu-like illness with symptoms of cough and fever. These illnesses are viral, but they can leave your immune system weakened and vulnerable for bacteria to attack.

   Flu flying around and infecting people. Someone coughing.

2. This can be especially true for some children with long-term conditions, or who were born prematurely, who may become a lot sicker for longer.

   Conditions pop up: "Asthma, diabetes, cerebral palsy, Down's Syndrome
   Children who have problem with their heart, kidneys or immune system.
   Children aged under 2 who were born prematurely."

3. These "at risk" children are more likely to develop complications from flu-like illness and - some may even need to go to hospital.

   "Complications include chest and inner ear infections"
   Child going to hospital

4. The ARCHIE study is trying to find out whether giving these children antibiotics within the first five days of a flu-like illness can help prevent further infections and help these children feel better more quickly.

   Flashing red children become one group. Antibiotics – "first five days of illness"

5. Working with GP surgeries and Hospital Trusts across England, University of Oxford researchers are recruiting children between the ages of 6 months to 12 years to take part in the study.

6. Taking part is simple. If a medical professional decides your child does not need immediate treatment for their flu–like illness you may be invited to take part in the ARCHIE study.

7. If you agree, you will be asked a few questions about your child's health, and a doctor or nurse will take a small swab of your child's nose and throat.
   Doctor and nurse with child
   Health questionnaire

8. They will then give you a bottle of medication and ask you to give your child one dose of medication twice a day for five days. The medication will either be an antibiotic called co-amoxiclav or a placebo.

   "One dose of medication a day for five days"
   Two different types of medication – co-amoxiclav or placebo

9. We will also ask you to keep a simple diary to see how your child is recovering or needed any further treatment after joining the study.

   A simple diary, two telephone calls with parents, information from your child's medical records.

10. If we find that antibiotic treatment in these “at risk” children is effective at preventing complications, we will use this new information to help doctors and nurses decide whether antibiotics are needed for these children with flu-like illness.

    “More accurately target future antibiotic use.”

11. If your child is in an ‘at risk’ group, think about joining the ARCHIE Study this winter.

    Find out more: www.archiestudy.com

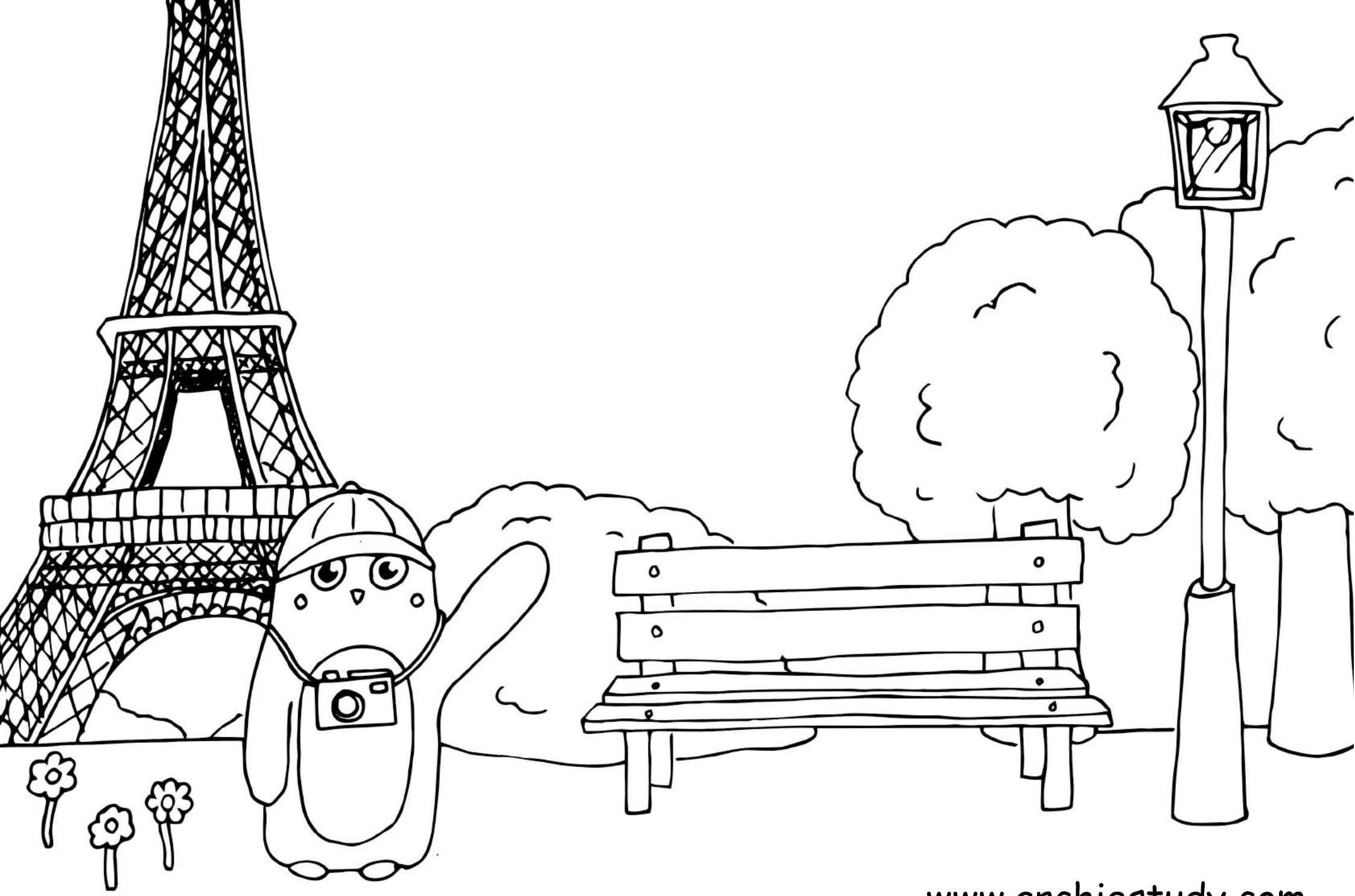
ARCHIE Winter Activities Word Search

S	N	O	W	M	A	N	B	U	I	L	D	I	N	G
N	H	J	U	E	S	J	S	M	S	D	R	R	J	R
O	O	C	O	C	B	O	B	S	L	E	I	G	H	H
W	T	T	M	S	R	E	H	E	O	N	N	W	J	S
B	C	F	M	K	F	I	C	E	S	K	A	T	E	D
O	H	R	E	I	M	S	R	R	T	E	S	J	B	G
A	O	P	J	I	L	C	U	R	L	I	N	G	P	W
R	C	F	F	N	S	M	E	F	T	B	M	D	J	R
D	O	N	O	G	F	E	T	L	A	O	T	Z	E	D
I	L	T	K	N	I	T	S	C	A	R	V	E	S	T
N	A	S	L	E	D	G	I	N	G	T	O	E	P	H
G	T	O	H	W	P	B	S	E	R	E	D	P	L	C
T	E	M	I	C	E	H	O	C	K	E	Y	K	C	W
E	L	O	E	O	H	J	J	K	H	T	D	E	B	G

Can you find the sports & activities people play in winter below in the word puzzle?

1. Skiing
2. Curling
3. Sledding
4. Knit scarves
5. Ice hockey
6. Snowboarding
7. Bobsleigh.
8. Snowman building
9. Hot Chocolate
10. Ice Skate

3Aug16 v1 REC 13/NW/0621



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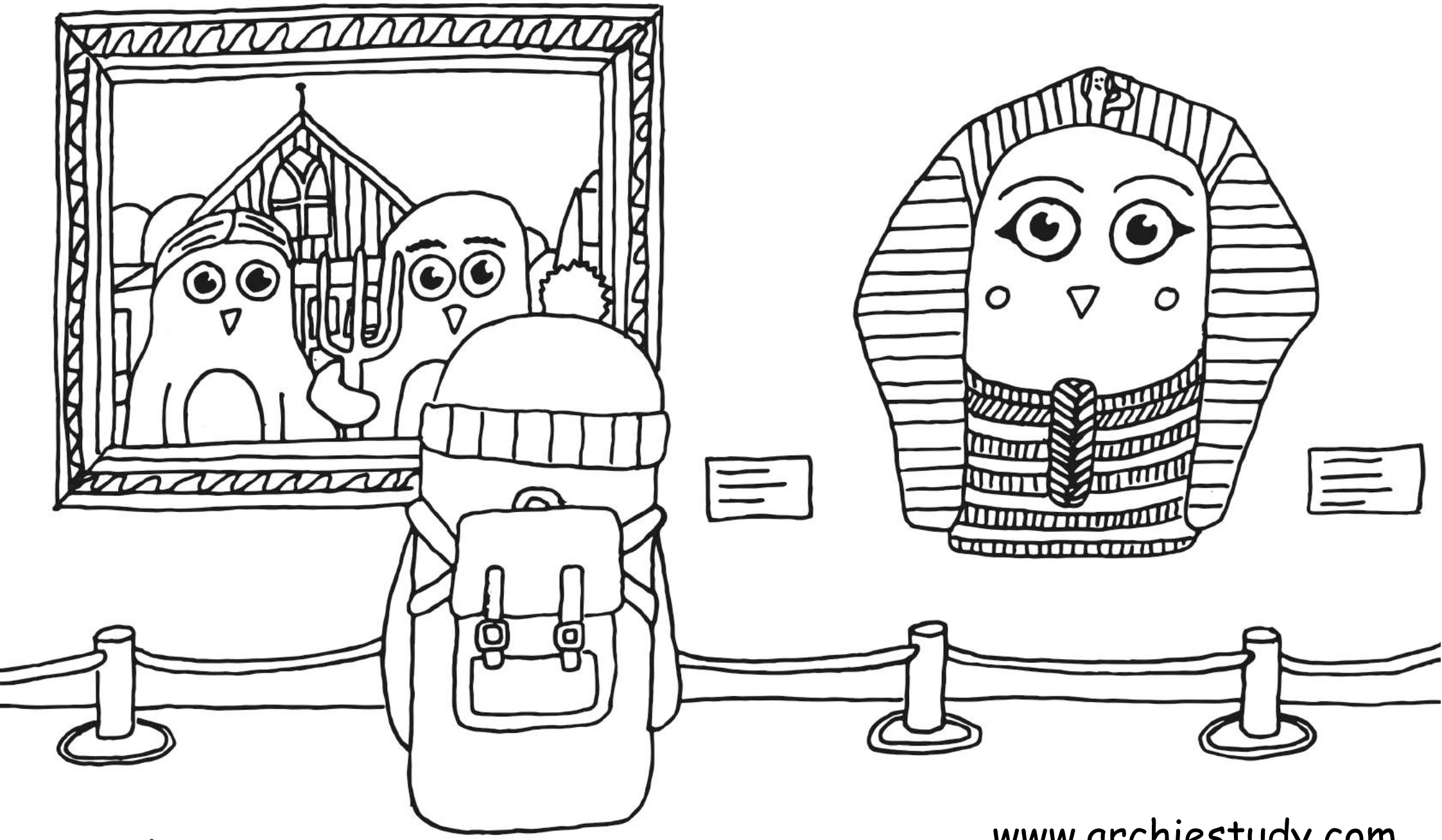

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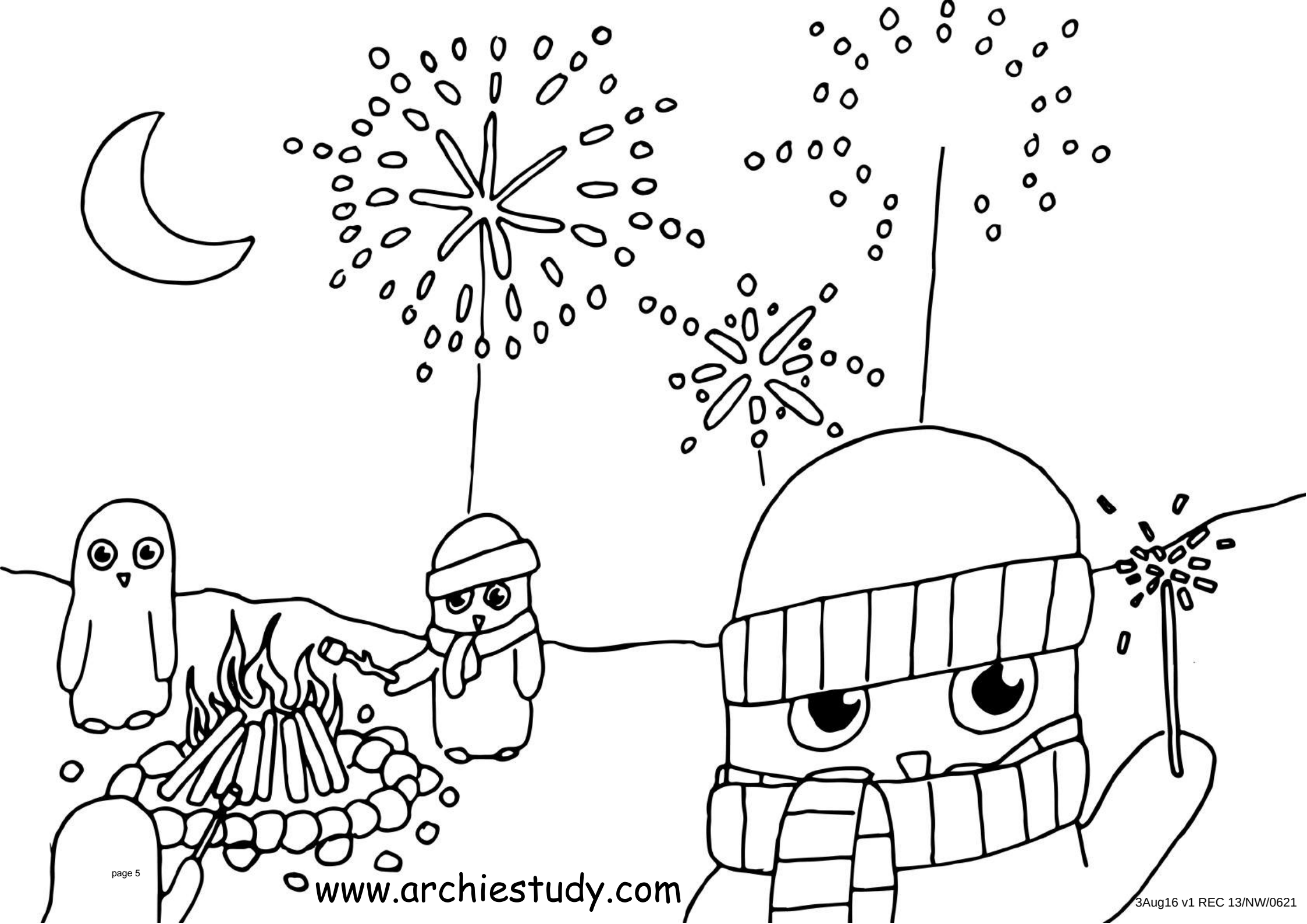

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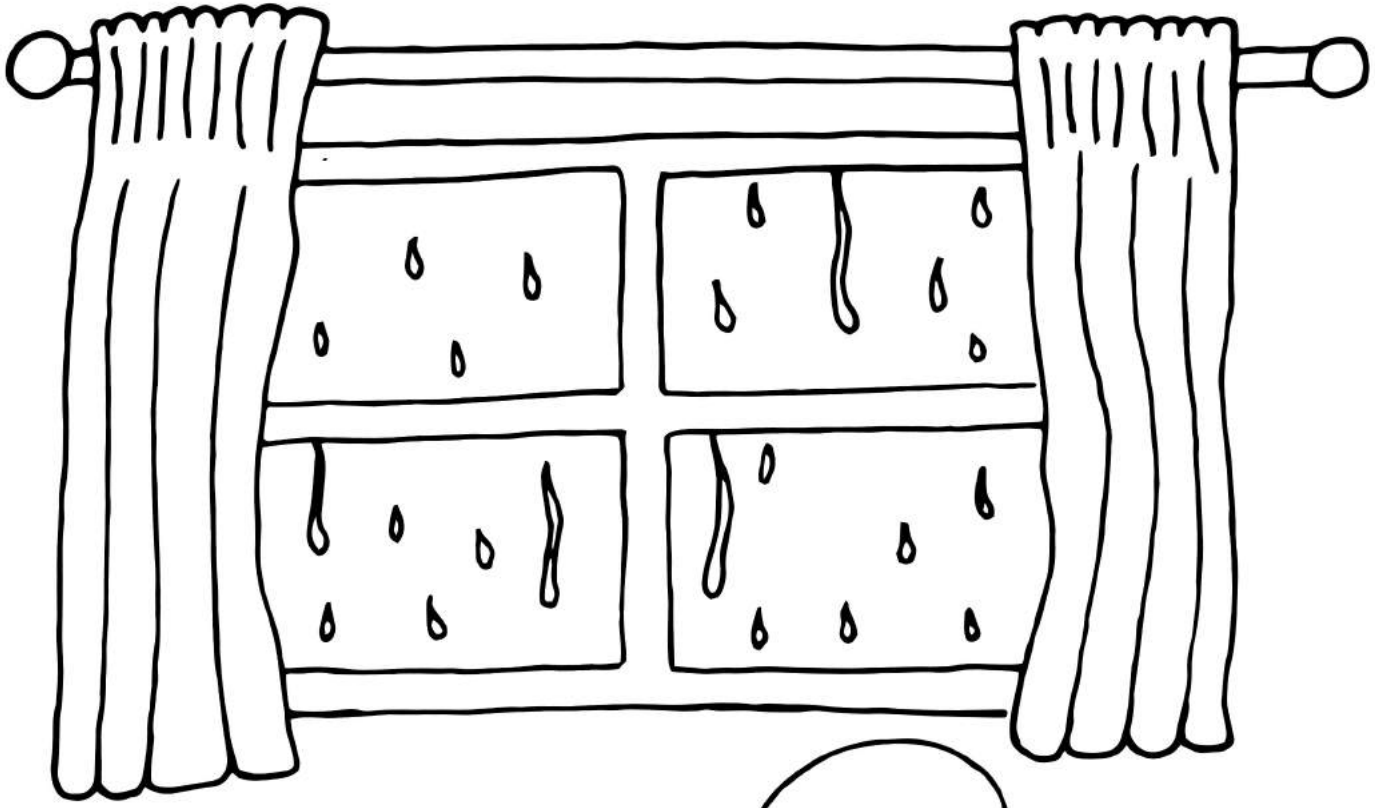

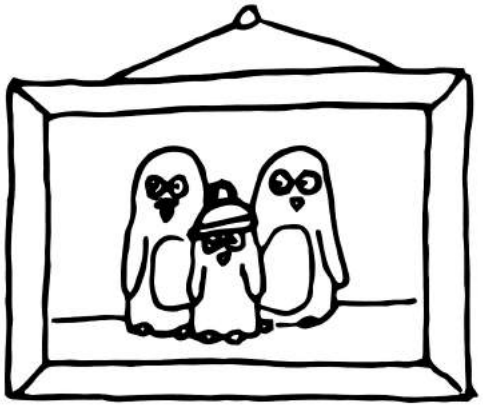

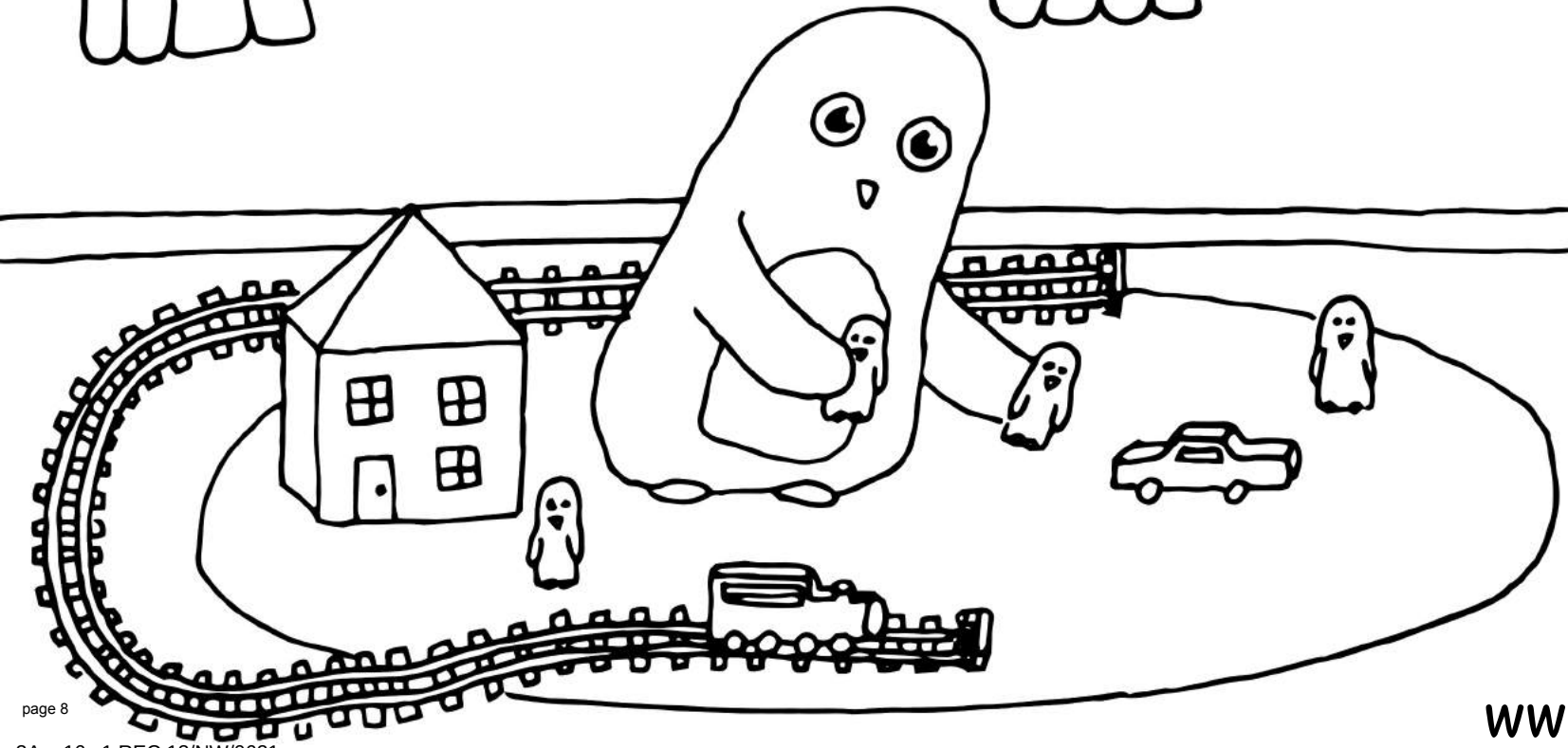

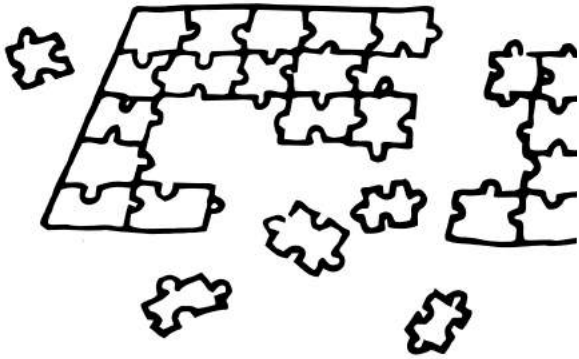

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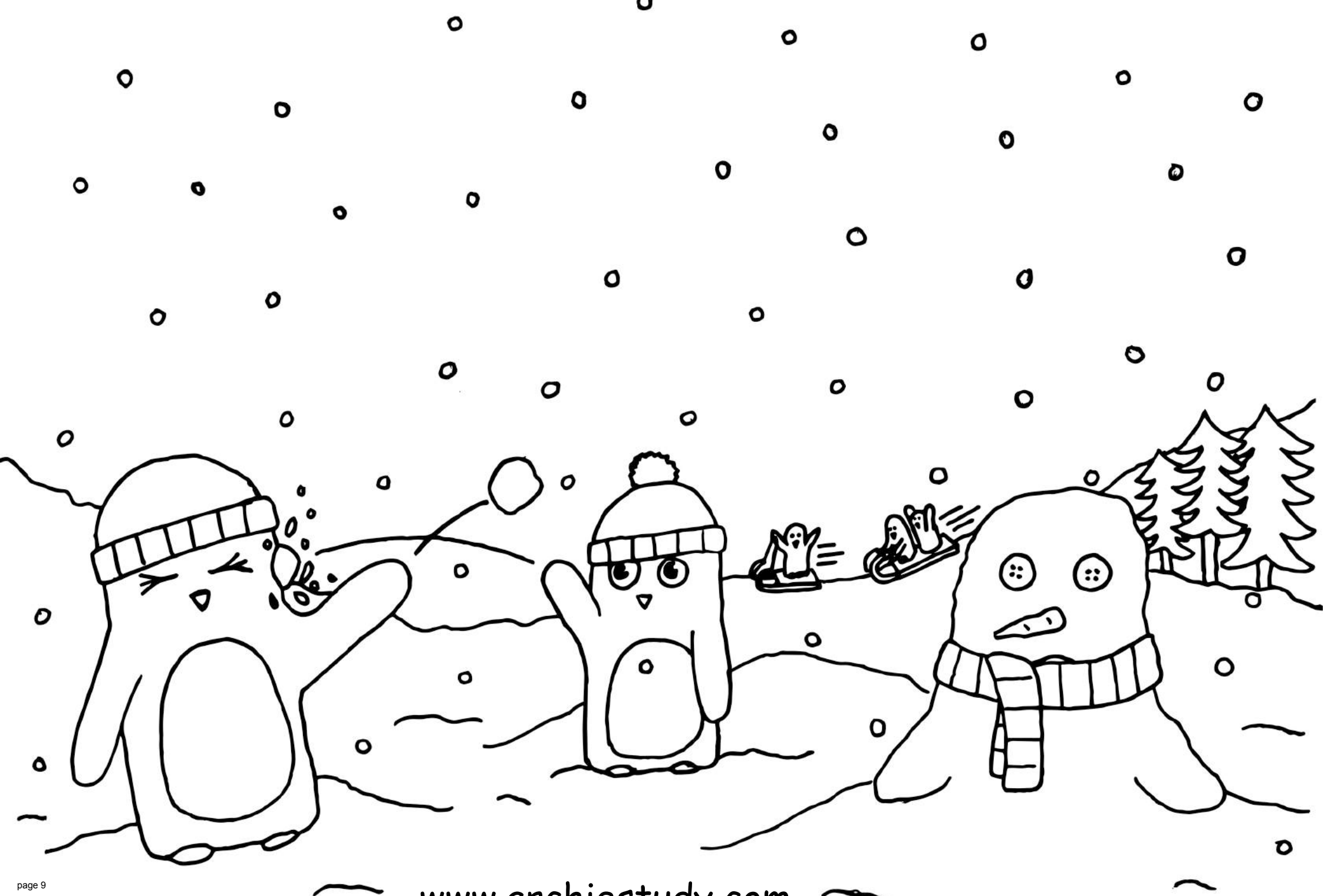

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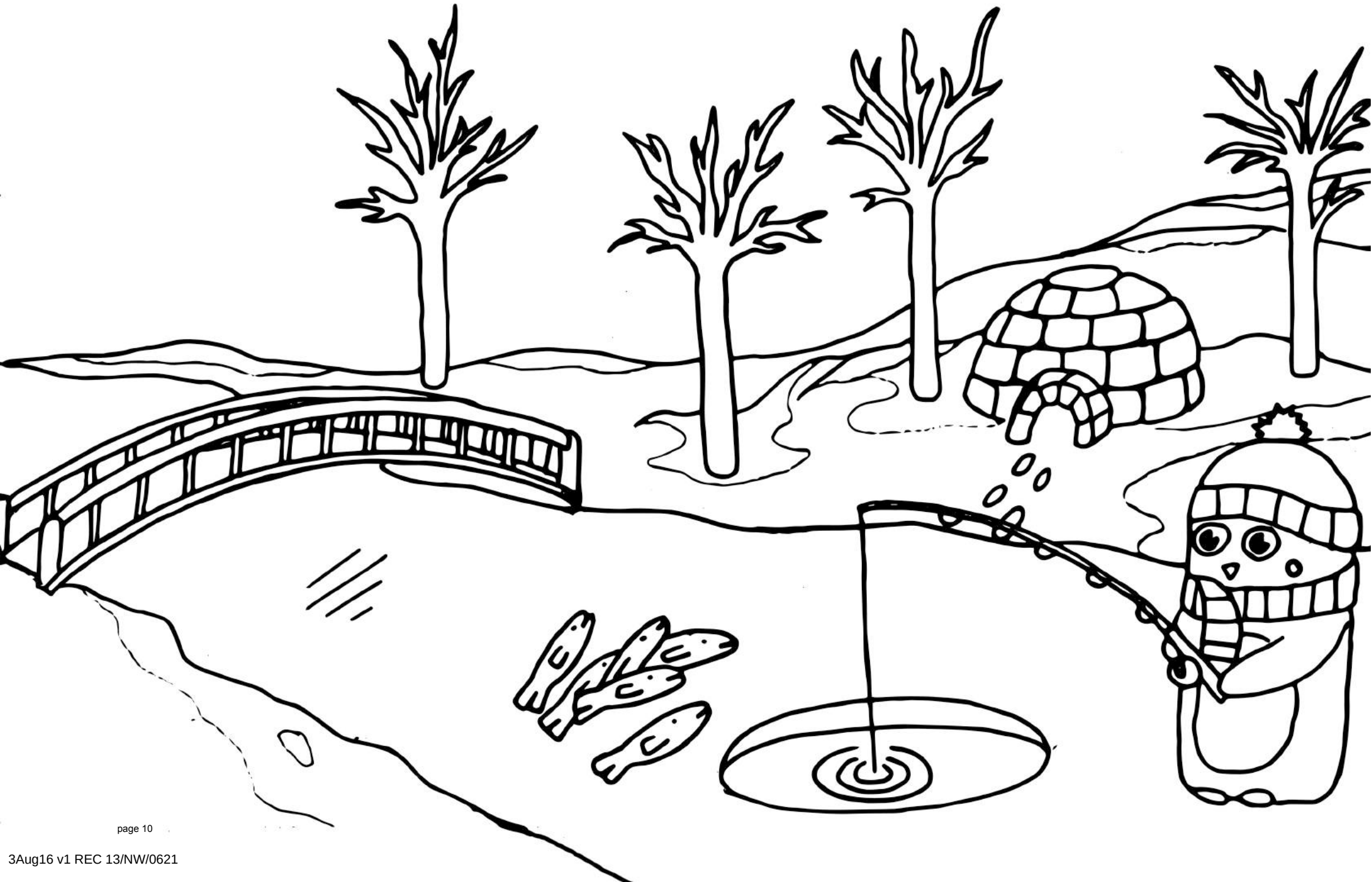

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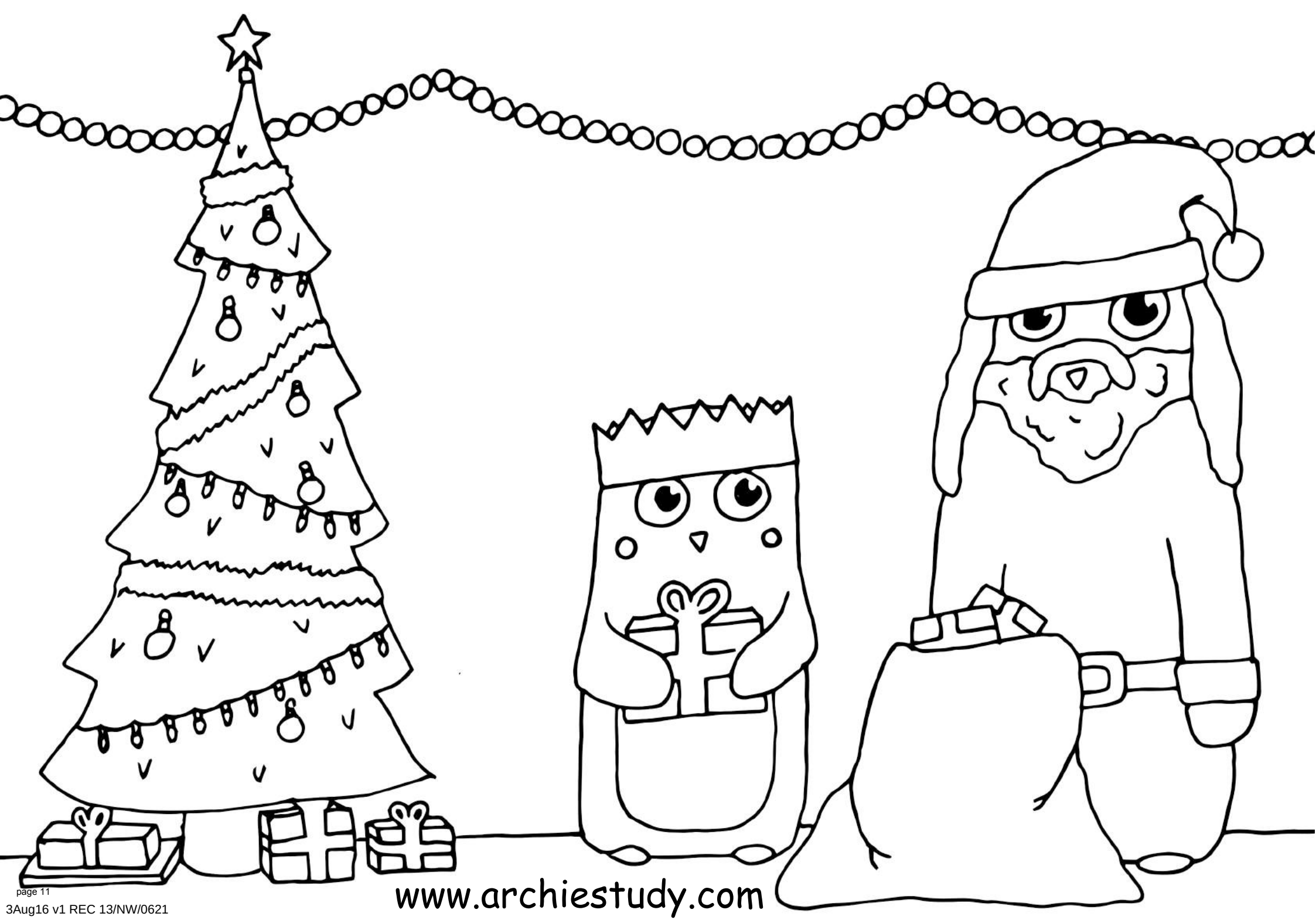

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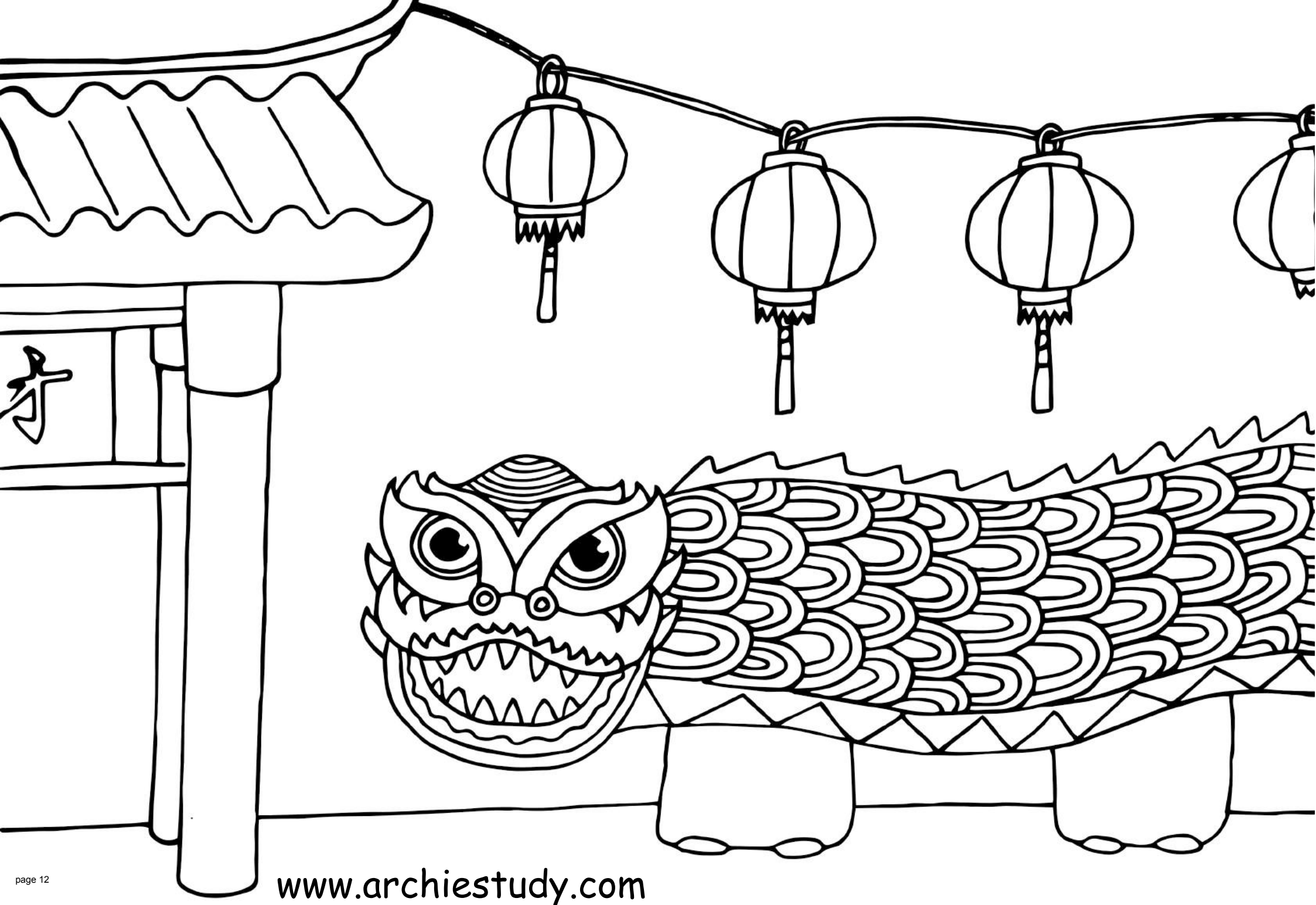

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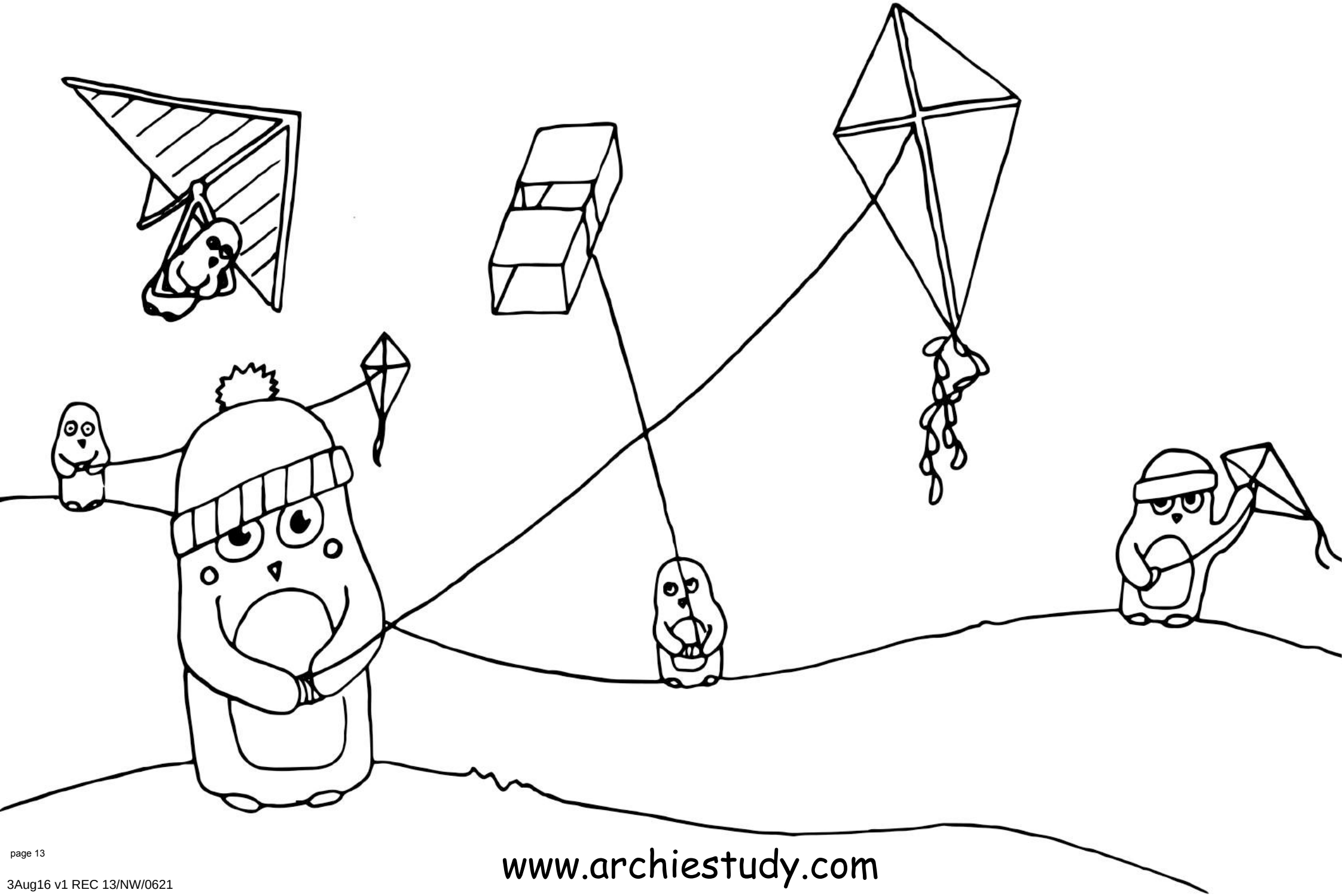

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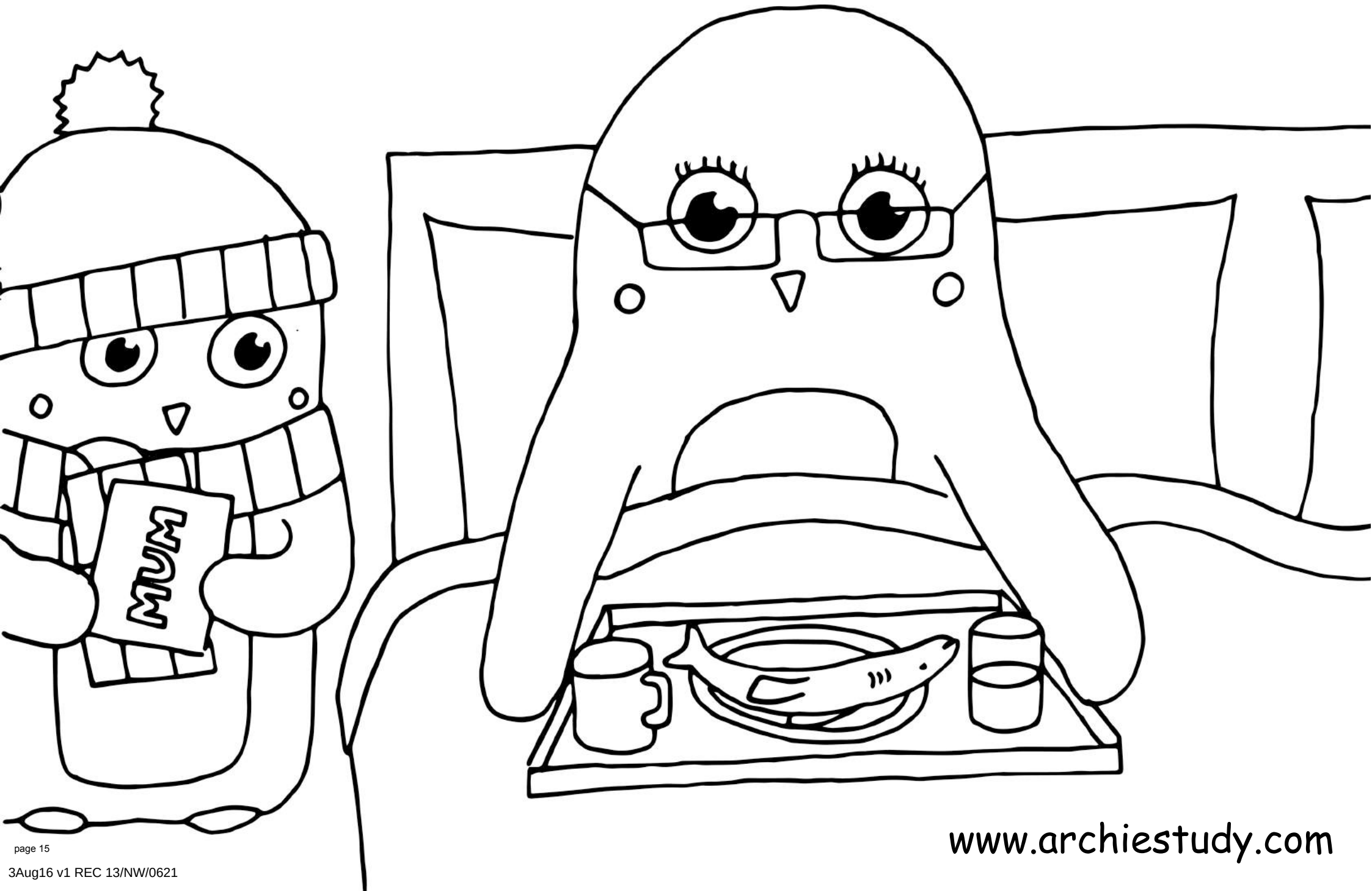

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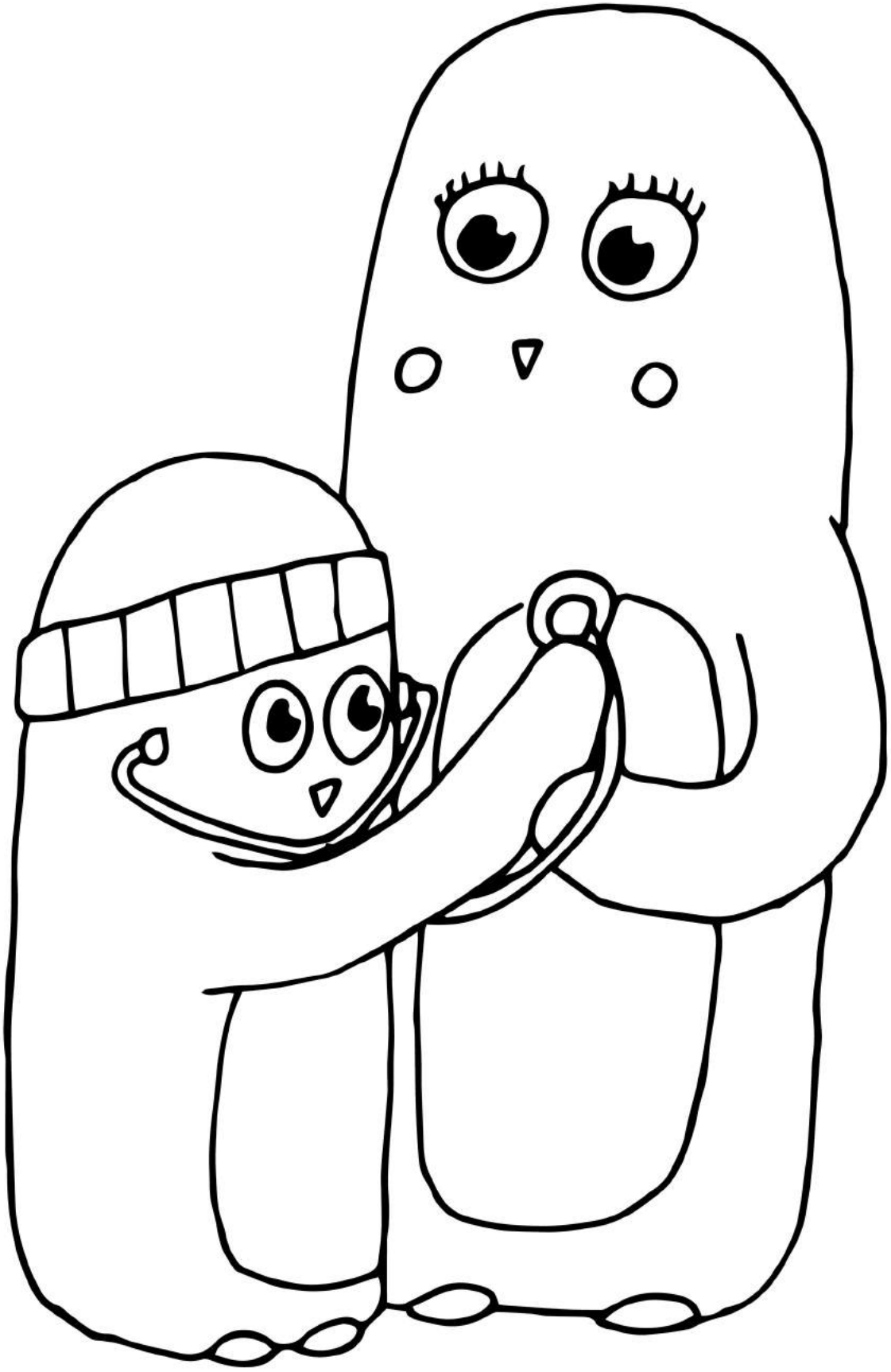


3Aug16 v1 REC 13/NW/0621

Headed paper

<<name>>
<<address>>

[Date]

Dear (Parent/Carer)

Re: (name)/ DOB

Research study: The early use of Antibiotics in at Risk CHildren with InfluEnza (ARCHIE)

This winter, we will be looking for children to take part in the ARCHIE study. This is a research study which is aiming to find out whether treating certain children with antibiotics during the first five days of having flu or a flu-like illness might reduce the likelihood of them becoming more unwell or developing further infections such as chest, throat, ear or sinus infections.

In most cases, flu is a relatively mild illness which gets better on its own. However, some children may be more susceptible to developing further infections if they get flu or a flu-like illness. These include children with certain medical conditions, as well as some children who were born prematurely, or who have had illnesses such as bronchiolitis or wheezing in the past.

The flu vaccination gives some protection against flu. However, children who have had the flu vaccination still sometimes get flu because the flu virus can change over time. Even so, it is still important for children to have their flu vaccination if their doctor or nurse advises this. Children who have been vaccinated against flu can still take part in our study.

If you would like to find out more about the study, please have a look at the study website (www.archiestudy.com) or talk to (insert name of doctor or nurse who is the local contact for ARCHIE).

Local information where applicable: If you and your child decide that you would like to take part in the ARCHIE study this winter, please let the receptionist know this, and ask them specifically to book an appointment for your child with (insert name of recruiting staff).

Thank you for taking the time to read this, and please get in touch with us or the study team (archie@phc.ox.ac.uk) if you have any questions.

Yours sincerely,

(insert name)

ARCHIE

The early use of Antibiotics in at Risk Children with InfluEnza

__ __ __ / __ __ __ __

ARCHIE ID

WEEK 1 FOLLOW-UP

Questions for participant's parent/guardian - to be completed by healthcare professional or research assistant at week 1 telephone consultation (can be done from day 7 to day 10 inclusive).

1. Date of study entry (day 1) | D | D | M | M | Y | Y | Y | Y |

2. Date week 1 follow-up form completed | D | D | M | M | Y | Y | Y | Y |

3. **Contacted parent/guardian?** **YES** ☐ **NO** ☐

*If **Yes,** proceed to question 4. If **NO**, go directly to question 11.*

During the last week:

4. Has the parent/guardian completed the week 1 diary?
*If **NO**, please remind them to **complete and return** week 1 study diary* **YES** ☐ **NO** ☐

5. Have you and your child had to seek medical advice because of your child's flu-like illness or complications of this (e.g. chest infection, ear infection)? **YES*** ☐ **NO** ☐
*If **YES**, please remind parent to note these occasions in their ARCHIE study diary.*

6. Has your child had to stay in hospital for one or more nights for ANY reason? **YES*** ☐ **NO** ☐
*If **YES**, please remind parent to note these occasions in their ARCHIE study diary. Site to complete a **Serious Adverse Event** form.*

7. Has your child had any of the following side-effects from his or her study medication? **YES*** ☐ **NO** ☐
*If **YES**, please tick all that apply:*

Diarrhoea ☐ Vomiting ☐ Nausea ☐ Thrush ☐

8. Has your child had any new unexpected symptoms or illnesses since entering the study? *If **YES**, please tick all that apply:* **YES*** ☐ **NO** ☐

Skin rash ☐ *Other (please specify)* ☐ _____

If you have answered 'YES' to ANY of the above questions (5 to 8) please see guidance on back of bottom copy for further reporting requirements.

9. Does your child still have a fever? *If **NO** when was the last day your child was feverish?* **YES** ☐ **NO** ☐

Date (dd/mm/yyyy): _____ Time: _____ am/pm (delete as appropriate)

Temp that day if known: _____

10. Did your child take all 10 doses of his/her study medication? **YES** ☐ **NO** ☐
If **NO**, number of doses taken: _____ doses

Decision to stop study medication made by (circle as appropriate):
Parent or guardian / healthcare professional/child

Reason for stopping study medication(circle as appropriate):
Did not tolerate study medication / other (please specify):

11. Print Name: _____ Sign: _____ Date: _____

Please return TOP copy to Oxford PC CTU in reply envelope provided and file BOTTOM copy in ISF

ARCHIE

The early use of Antibiotics in at Risk Children with InfluEnza

__ __ __ / __ __ __ __

ARCHIE ID

WEEK 2 FOLLOW-UP

Questions for participant's parent/guardian - to be completed by healthcare professional or research assistant at week 2 telephone consultation (can be done from day 14 to day 17 inclusive).

1. Date of study entry (day 1) | D | D | M | M | Y | Y | Y | Y |

2. Date week 2 follow-up form completed | D | D | M | M | Y | Y | Y | Y |

3. **Contacted parent/guardian?** **YES** ☐ **NO** ☐

*If **Yes,** proceed to question 4. If **NO**, go directly to question 11.*

During the last week:

4. Has the parent/guardian completed the week 2 diary? **YES** ☐ **NO** ☐
*If **NO**, please remind them to **complete and return** week 2 study diary*

5. Have you and your child had to seek medical advice because of your child's flu-like illness or complications of this (e.g. chest infection, ear infection)? **YES*** ☐ **NO** ☐
*If **YES**, please remind parent to note these occasions in their ARCHIE study diary.*

6. Has your child had to stay in hospital for one or more nights for ANY reason? **YES*** ☐ **NO** ☐
*If **YES**, please remind parent to note these occasions in their ARCHIE study diary. Site to complete a **Serious Adverse Event** form.*

7. Has your child had any of the following side-effects from his or her study medication? **YES*** ☐ **NO** ☐
*If **YES**, please tick all that apply:*

Diarrhoea ☐ Vomiting ☐ Nausea ☐ Thrush ☐

8. Has your child had any new unexpected symptoms or illnesses since entering the study? *If **YES**, please tick all that apply:* **YES*** ☐ **NO** ☐

Skin rash ☐ *Other (please specify)* ☐ _____

If you have answered 'YES' to ANY of the above questions (5 to 8) please see guidance on back of bottom copy for further reporting requirements.

9. Does your child still have a fever? *If **NO**, when was the last day your child was feverish?* **YES** ☐ **NO** ☐
Date (dd/mm/yyyy): _____ Time: _____ am/pm (delete as appropriate)

Temp that day if known:

ONLY ASK Q10 AT WEEK 2 CALL IF WEEK 1 CALL NOT COMPLETED.

10. Did your child take all 10 doses of his/her study medication? If ***NO,*** number of doses taken: _____ doses **YES** ☐ **NO** ☐

Decision to stop study medication made by (circle as appropriate):
Parent or guardian / healthcare professional/child

N/A Week 1 Call Completed ☐

Reason for stopping study medication(circle as appropriate):
Did not tolerate study medication / other (please specify):

11. Print Name: _____ Sign: _____ Date: _____

Please return TOP copy to Oxford PC CTU in reply envelope provided and file BOTTOM copy in ISF

Primary Care
Clinical Trials Unit

TM112-D FILE NOTE

FILE NOTE TITLE:	Baseline CRF version numbering	File note ID/No.	32
Study acronym or short title:	ARCHIE		
Investigator (Site Name):	Kay Wang (University of Oxford)		
Date:	6 September 2016		

Alll baseline documents were orginally collated together as BA 30April14 v1.3

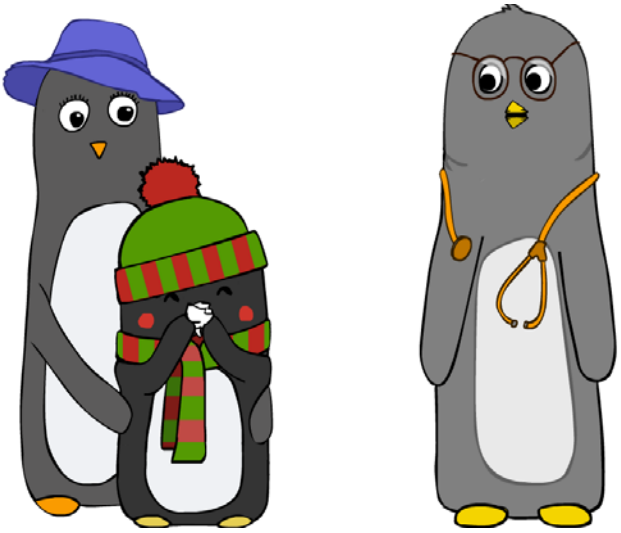
The baseline assessment form however has been updated to BA 21Jul16 v1.4 to incorpate a signature and date box and a change to NCC paper.

The remaining baseline documents consisting of contact information, EQ-5D-Y (baseline) questionnaire, EQ-5D-Y (baseline) proxy questionnaire, and CARIFS (baseline) questionnaire remain unchanged as BA 30April14 v1.3.

	Name (Job title)	Signature	Date
Signed (Author of file note)	Sharon Tonner Assistant Trial Manager		6 Sept 16
Reviewed by (if applicable)			
Approved by	PT CARVER Sen Trial Manager		6 Sept 16

ARCHIE

Archie is more ill than usual when he just gets a cold or flu.....but I'm not sure he is ill enough to need antibiotics.



Sound familiar?

Researchers from the University of Oxford are looking for children *(insert medical condition charity works with i.e. with cardiac conditions, with diabetes, etc.)* within the first 5 days of a flu-like illness to take part in the NIHR funded ARCHIE Study www.archiestudy.com.

The ARCHIE study is aiming to find out whether treating these children with antibiotics early during their illness might prevent them from becoming more unwell and developing further complications such as ear, chest or sinus infections.

Click here to find out more about what taking part would involve and what centres near you may be taking part.

NHS
Health Research Authority

North West - Liverpool East Research Ethics Committee

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3rd Floor
4 Minshull Street
Manchester
M1 3DZ

Tel: 0207 104 8002

28 September 2016

Ms Sharon Tonner
Assistant Trial manager
Clinical Trials Unit
Nuffield Department of Primary Care Health Sciences
Radcliffe Observatory Quarter
Woodstock Road
Oxford
OX2 6GG

Dear Ms Tonner

Study title:	**The early use of Antibiotics for at Risk CHildren with InfluEnza in primary care(ARCHIE): a double-blind randomised placebo-controlled trial**
REC reference:	**13/NW/0621**
Protocol number:	**ARCHIE001**
EudraCT number:	**2013-002822-21**
Amendment number:	**Substantial Amendment 012**
Amendment date:	**11 August 2016**
IRAS project ID:	**121769**

The above amendment was reviewed by the Sub-Committee in correspondence.

Ethical opinion

Approval was sought for the following;

- The submission of new promotional materials.
- The submission of children activities.
- Submission of minor amendments, including an amended GP Letter, amended baseline, day 7 & day 14 follow up CRF's and the redesign of public website.

The Sub-Committee sought further clarification as to where the new promotional materials would be distributed and/or displayed.

Ms Carver replied with the following response;

***Short Charity Article** – would be on charities websites/wider media. Charities supporting ARCHIE "at risk" conditions have offered to put links to the study website and have asked for wording they can display.*

Script of animated video *- would be displayed on the internet. If the budget allows, they would like to have an animation made to promote the study via the internet. The current videos are considered informative, but "dry".*

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Postcard *– this would be handed out (by receptionists, health visitors etc) to, or collected by, parent/guardians for their future reference. They would be used where tear off section of posters cannot be used, for instance hospitals where posters must be laminated.*

The Sub-Committee sought further explanation around the children activities, for instance the methodology and what would be done with them.

Ms Tricia Carver replied that the colouring book and word search activities would be available for recruiting sites to distribute or have in waiting rooms. They would also be available on the study website.

Ms Carver went on to say that they have been challenged by the fact that flu circulates in a short window of ~6 weeks, but that 6 weeks can come anytime during October – March (April in 2016). Families who have been notified in October are likely to forget by March. Parents in the PPI focus groups stated they wished to be informed of the study in advance so as to not miss an opportunity to participate.
WMs Carver then went on to reply that they hope a coloured picture placed on the fridge at home will be a cost effective way to remind the family about the study.
The documents were reviewed and enjoyed by the young person's advice group overseen by Jennifer.preston@nihr.ac.uk (Ms Carver submitted a copy of the YPAG review)

The members of the Committee taking part in the review gave a favourable ethical opinion of the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Document	*Version*	*Date*
Copies of advertisement materials for research participants [Postcard]	1	12 August 2016
Copies of advertisement materials for research participants [Poster]	1	12 August 2016
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Other [Filenote 32]		06 September 2016
Other [Sponsor Authorisation Email for Amendment 12]		26 August 2016
Other [Short Charity Article]	1	04 August 2016
Other [Response to Queries]		21 September 2016
Other [YPAG Review]		13 June 2016

Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.

R&D approval

All investigators and research collaborators in the NHS should notify the R&D office for the relevant NHS care organisation of this amendment and check whether it affects R&D approval of the research.

Statement of compliance

This Committee is recognised by the United Kingdom Ethics Committee Authority under the Medicines for Human Use (Clinical Trials) Regulations 2004, and is authorised to carry out the ethical review of clinical trials of investigational medicinal products.

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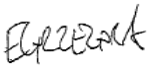
The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

We are pleased to welcome researchers and R & D staff at our NRES committee members' training days – see details at http://www.hra.nhs.uk/hra-training/

Yours sincerely



On behalf of
Mrs Glenys J Hunt
Chair

E-mail: nrescommittee.northwest-liverpooleast@nhs.net

Enclosures: List of names and professions of members who took part in the review

Copy to: R&D Department,
Oxford Health NHS Foundation Trust

Dr Kay Wang,
University of Oxford

Ms Heather House,
Oxford University NHS Trust

North West - Liverpool East Research Ethics Committee

Attendance at Sub-Committee of the REC meeting

Committee Members:

Name	*Profession*	*Present*	*Notes*
Mrs Glenys J Hunt **Chair**	Solicitor	Yes	
Dr Peter Walton	Retired Lay Member	Yes	

Also in attendance:

Name	*Position (or reason for attending)*
Miss Ewa Grzegorska	REC Assistant

Revised 04 October 2016

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IRAS project ID:	**121769**

Thank you for submitting the above amendment, which was received on 06 September 2016. I can confirm that this is a valid notice of a substantial amendment and will be reviewed by the Sub-Committee of the REC at its next meeting.

Documents received

The documents to be reviewed are as follows:

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Notification of the Committee's decision

The Committee will issue an ethical opinion on the amendment within a maximum of 35 days from the date of receipt.

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13/NW/0621: Please quote this number on all correspondence

Yours sincerely

Ewa Grzegorska
REC Assistant

Email: nrescommittee.northwest-liverpooleast@nhs.net

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Oxford Health NHS Foundation Trust

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Revised 04 October 2016

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Revised 04 October 2016

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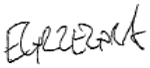

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