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

01 July 2017

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 SA018:

- Addition of new NHS Sites in Wales

Please find alongside this letter:

- SA 18 IRAS Form
- SSI Form
- Sponsor Confirmation

Many thanks,

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

Table A

Health Board	**PI**
Betsi Cadwaladr University Health Board	Dr Nefyn Williams
Aneurin Bevan University Health Board	Dr Kathy Hughes
Cardiff & Vale University Health Board	Dr Guru Naik
Cwm Taf Health Board	Professor Christopher Butler
Abertawe Bro Morgannwg University Health Board	Professor Stephen Bain

Tricia Carver

From: Karen Melham
Sent: 28 June 2017 12:44
To: Sharon Tonner
Cc: Karl Shepherd; Primary Health Care Archie; rpm@oxfordjro.org
Subject: Sponsor authorisation for ARCHIE SA 18

Dear Sharon
Thank you for sending for our review the amendment proposed to the ARCHIE trial to add sites in Wales.

I can confirm that we as sponsor representative are content for this to be sent to the relevant REC for review and approval. This email can be forwarded to the REC as confirmation of sponsor approval for the amendment.

- In order to ensure validation of your submission by the REC, send them both tracked and clean copies of all amended documents.

- Email documents to the REC that originally reviewed the study. Please copy in CTRG administrator (karl.shepherd@admin.ox.ac.uk)

The REC will transfer the amendment internally to HRA for them to review and categorise. HRA will advise you when you can send final REC and HRA approved documents to your local sites.

You may not implement your amendment until all approvals are in place and the local site has agreed to it.

- Update your entry on the Clinicaltrials.gov website or equivalent if relevant.

- 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

PID8801-A028-SP001-AC001

Tricia Carver

From: LIVERPOOLEAST, NRESCommittee.NorthWest- (HEALTH RESEARCH AUTHORITY) <nrescommittee.northwest-liverpooleast@nhs.net>
Sent: 03 July 2017 09:35
To: Primary Health Care Archie
Cc: Karl Shepherd
Subject: IRAS 121769. Amendment acknowledgement, REC FO, and implementation information
Attachments: 13 NW 0621 Confirmation_of_opinion.pdf

Follow Up Flag: Flag for follow up
Flag Status: Flagged

New Site Amendment, REC Favourable Opinion and Implementation Information

Dear Ms Tonner

Thank you for submitting an amendment to add one or more new sites to your project. Please find attached the letter confirming that the favourable ethical opinion has been extended to the new sites. If you have listed new sites in any other UK nations we will forward the information to the national coordinating function(s) for the nations where the new site(s) are being added.

What Happens Next?

Please set up the new site(s) as per the guidance found within IRAS. **Please note** that processes change from time to time so please use the most up to date guidance about site set up.

If your study is supported by a research network, please contact the network as early as possible to help support set up of the new site(s).

IRAS Project ID:	121769
Short Study Title:	**The early use of Antibiotics in Children with InfluEnza-ARC**
Date complete amendment submission received:	28/06/2017
Sponsor Amendment Reference Number:	18
Sponsor Amendment Date:	28/06/2017
Amendment Type	Substantial (and therefore requires REC Favourable Opinion)
For new sites in Northern Ireland, Scotland and/or Wales only:	Please start to set up your new sites. Sites may not open until a F NHS permission is in place.

If you have any questions relating to setting up sites in England, please direct these to hra.approval@nhs.net .

If you have any questions relating to setting up sites in Northern Ireland, Scotland or Wales, please direct these to the relevant national coordinating function.

Note: you may only implement changes described in the amendment notice.

Please do not hesitate to contact me if you require further information.

Kind regards

Nafeesa Khanam

REC Assistant

Health Research Authority

HRA, Ground Floor, Skipton House, 80 London Road, London, SE1 6LH

E: hra.amendments@nhs.net

www.hra.nhs.uk

The HRA is keen to know your views on the service you received – our short feedback form is available here

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This message may contain confidential information. If you are not the intended recipient please inform the
sender that you have received the message in error before deleting it.
Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation.

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For more information and to find out how you can switch, https://portal.nhs.net/help/joiningnhsmail

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:

United Kingdom

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:	v3
B.4 Sponsor's protocol date:	19/04/2017

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

C IDENTIFICATION OF THE SPONSOR RESPONSIBLE FOR THE REQUEST

C.1 Sponsor

Organisation:	University 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:	
Fax:	01865572228
E-mail:	ctrg@admin.ox.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	Nuffield Department of Primary Care Health Sciences
Town/city	ROQ, Woodstock Rd, Oxford
Post code	OX26GG
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_SA18
Version:
Date: 2017/07/03

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:
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:		
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)*

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	Nefyn
Middle name(if applicable)	
Family name	Williams
Qualification (MD...)	MA BMBCh PhD
Professional address	Betsi Cadwaladr University Health Board
Given name	Stephan
Middle name(if applicable)	Bain
Family name	
Qualification (MD...)	BA MBBS MA MD FRCP(UK)
Professional address	Abertawe Bro Morgannwg University Health Board
Given name	Guru
Middle name(if applicable)	
Family name	Naik
Qualification (MD...)	MBBS, MS (Gen-Surgery), MRC.Sed, DFSRH, MRCGP, MPH
Professional address	Cardiff & Vale University Health Board
Given name	Christopher
Middle name(if applicable)	
Family name	Butler
Qualification (MD...)	BA MBChB DCH CCH MD FRCGP (Hon)FFPH FMedSci
Professional address	Cwm Taf University Health Board

Given name	Kathy
Middle name(if applicable)	
Family name	Hughes
Qualification (MD...)	PhD, Dip Epi, PCME, MRCGP (Merit), DFFP, MB BCh
Professional address	Aneurin Bevan University Health Board

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 28/06/2017 12:52.

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.

Health Research Authority

North West - Liverpool East Research Ethics Committee

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

03 July 2017

Sharon Tonner
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:	**18**
Amendment date:	**28 June 2017**
IRAS project ID:	**121769**

Thank you for submitting the above amendment, which was received on 28 June 2017.

Research site	*Principal Investigator / Local Collaborator*
Betsi Cadwaladr University Health Board	Nefyn Williams
Abertawe Bro Morgannwg University Health Board	Stephen Bain
Cardiff & Vale University Health Board	Guru Naik
Cwm Taf University Health Board	Christopher Butler
Aneurin Bevan University Health Board	Kathy Hughes

The amendment relates solely to the addition of new site(s) and/or investigator(s) within the National Health Service (NHS) or Health and Social Care (HSC) in Northern Ireland. Site-specific assessment (SSA) for any site within the National Health Service (NHS) or Health and Social Care (HSC) in Northern Ireland will form part of the nation specific local processes for that site. Guidance on how to work with sites is provided in the IRAS help section at https://www.myresearchproject.org.uk/help/hlpnhshscr.aspx

On behalf of the Committee, I am pleased to confirm the extension of the favourable opinion to the new site(s) and/or investigator(s), subject to management permission being given by the relevant host organisation prior to the study starting at the site.

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.

The Committee is fully compliant with the Regulations as they relate to ethics committees and the conditions and principles of good clinical practice.

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.

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

Yours sincerely

Nafeesa Khanam
REC Assistant

Email: nrescommittee.northwest-liverpooleast@nhs.net

Copy to: *Dr Kay Wang, University of Oxford*