Research Application Form

This form is to be completed by Principal Investigator and submitted to the CREC Secretary. The CREC will notify the Principal Investigator about the approval outcome within 4 – 8 weeks, depending on the complexity of the study. Research activity cannot begin until the protocol has been approved by the CREC.

1. Research Study Details

Research Study Title	
CREC Approval Date (DD-MM-YYYY)	
Study Start Date	Study End Date

2. Principal Investigator (PI)

Name	Position
Department/ Unit/ Ward	Institution/ Hospital
Contact Number	Email
Qualifications & Relevant Experience *(Please add in your short CV if there is not enough space)*	

For Student PI

University	Program (Year)
Name of Supervisor	Supervisor Email

3. Co-Investigators *(Please provide short CV)*

Name	Position	Institution & Department	Email

4. Background & Current Evidence *(Limit to 300 words)*

5. Aim of Study

6. Hypothesis, if any

7. Primary/ Secondary Outcome(s)

8. Study Participants

Inclusion Criteria
Exclusion Criteria
How will participant be recruited?
Sample Size and Calculation

9. Study Design & Methodology

Study Design
Method in obtaining the data required
Who will perform the data collection?
Where will the data collection take place?
Study Start and End Dates (DD-MM-YYYY)

10. Methods of Analysis

11. Anticipated Benefits to Participants

12. Potential Risk

Will the study procedures impose side effects to participants? ☐ No

☐ Induce discomfort or stress
☐ Increase physical or psychological risk
☐ Involve radiation or radioactive substance
☐ Perform invasive procedure
☐ Involve a potential toxin
☐ Incur other hazards

If yes, please provide details:

If yes, measures to minimize risk:

Will the study involve the following vulnerable participants? ☐ No

☐ Fetuses in uteri/ non-viable fetuses/ abortus
☐ Infants (age 0 to <1)
☐ Children (age 1 to <13)
☐ Adolescents (age 13 to <18)
☐ Pregnant/ Lactating women
☐ Unequal relationship with investigator (e.g. employee, student)
☐ Special population (e.g. mentally disabled, prisoner)
☐ Other than the above, please specify:

If yes, any precautions to protect the interest of the vulnerable participants?

13. Information & Consent

Will consent be obtained? ☐ Oral ☐ Written ☐ No → *Go to Section 14*

Who will explain the study and collect the consent?

☐ Principal Investigator
☐ Co-investigators
☐ Research Assistant
☐ Others, *specify:*

Will an interpreter be available when required? Yes ☐ No ☐

If participants are incompetent in giving consent, to who will the study be explained?

Do participants have a right to withdraw from the study at any time without any penalty or any consequences of any kind? ☐ Yes ☐ No

14. Medical Product

Will any medical product be administered to participants? ☐ No → *Go to Section 15*

☐ Drugs
☐ Medical Device
☐ Others, *specify:*
☐ Chinese or Herbal medicines
☐ Appliance, Diagnostic test

Is this study sponsored by the industry/ commercial agency? Yes ☐ No ☐

If yes, specify nature of sponsorship:

Is the product licensed in Hong Kong? Yes ☐ No ☐

If no, state its regulatory status overseas and whether a clinical certificate has been obtained?

15. Confidentiality & Data Protection

Will the study involve:

☐ Complete anonymity of participants?

☐ Anonymized data?

☐ De-identified data?

☐ Pseudonymous participant in publication?

PI will not meet, or know the identity of participants, as participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.
An irreversible process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.
A reversible process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.

☐ Other method(s) of protecting the privacy of participants? *Please specify:*

How will the data be handled and stored during and after completion of the study?

☐ Data to be kept in a locked cabinet
☐ Data and identifiers to be kept in separate and locked filing cabinet
☐ Computer files to be accessed by password
☐ Electronic data to be encrypted
☐ Storage at GHK
☐ Store at other study site, portable storage (e.g. Laptop, flash drive) *specify:*

Who will have access to the data?

☐ Principal Investigator
☐ Co-investigators
☐ Research Assistant
☐ Others, *specify:*

How long will the data be kept and what will be done with them after completing of storage period?

16. Funding & Resources

Source of Funding
Will this study provide benefit to the investigators or host institution? Yes ☐ No ☐ *If yes, provide details:*
Will the study use GHK resources? Yes ☐ No ☐ *If yes, provide details:*

17. Expenses & Payments to Participants

Will there be any financial cost to the participant? Yes ☐ No ☐ *If yes, provide details:*
Will participants receive any payment from the study? Yes ☐ No ☐ *If yes, provide details:*

18. Indemnity

Will there be any indemnity? Yes ☐ No ☐ *If yes, provide details:*
Is the indemnity supported by an insurance policy Yes ☐ No ☐ *If yes, please provide an insurance certificate for review*

19. Publication & Dissemination of Research Results

Will the results of the research be reported and disseminated? Yes ☐ No ☐ *If yes, provide details:*

20. Other Ethical Issues

Are there any other ethical issues that have not been addressed? Yes ☐ No ☐ *If yes, provide details:*

21. Declarations by Investigators

A. The information contained in this application, including any accompanying information, is true and accurate.

B. I/We have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my obligations and the rights of the participants.

C. I/We shall comply with the principles enunciated in the 2017 or a later version of the Research Policy of Gleneagles Hong Kong Hospital.

D. I/We agree to report study progress to CREC as requested, and to submit a final report at the end of the research project.

E. I/We agree to report to CREC any planned change in the study, and do not implement any change without receiving prior approval, except to eliminate immediate hazard to participants or when the change involves only logistical or administrative issues.

F. I/We agree to report to CREC any unanticipated problems involving risks to participants such as a severe adverse event within 24 hours of its identification.

G. I/We shall report potential conflict of interest to the CREC that may arise in the course of the approved study.

H. I/We agree to ensure that all associates, colleagues, and employees assisting in the conduct of the study are informed about their obligations in meeting the above commitments.

☐ I/We declare that I have no conflict of interest.

☐ I/We declare the following conditions concerning me and my family members which could cause conflict of interest.

Principal Investigator		
Title & Name	Signature	Date
Co-investigators		
Supervisor (For student project)		

22. Endorsement by COS or Department Heads

A. I hereby endorse this application and authorized the study to be undertaken in my department upon approval by the CREC.

B. I confirm that the investigator(s) are appropriately qualified in the research area involved to conduct the proposed research project, and the study site(s) under my supervision have access to adequate facilities and support for the research to be conducted in a safe manner.

C. I support the study and verify that the workload to be incurred will not interfere with the department's service priority.

Name	Signature	Post, Department, Ward/Centre	Date

Gleneagles™ HONG KONG 港怡醫院

Research Application Form

FOR CREC Office Use

Application Log

Submission	☐ Initial Submission	☐ Re-submission ( )	
Application Reference Number	CREC-_____-_____	_____	DD-MM-YYYY
Date of Application Received		_____	DD-MM-YYYY
Acknowledgement Receipt to Applicant		_____	DD-MM-YYYY
Submit to CREC Members			
Type if Review	☐ Full Panel Review	☐ Expedited Review	
Approval Outcome	☐ Approved ☐ Approval Deferred	☐ Conditionally Approved ☐ Not Approved	
Notify Applicant of Approval Outcome		_____	DD-MM-YYYY

Documents Enclosed			Yes	No
Research Protocol			☐	☐
Ethical Clearance Checklist			☐	☐
Participant Consent Form	☐ Chinese	☐ English	☐	☐
PI's short CV			☐	☐
Co-investigators' short CV			☐	☐
Written Information to Participant (e.g. Information sheet, Invitation letter, recruitment advertisement, etc.)	☐ Information Sheet ☐ Invitation Letter ☐ Recruitment advertisement ☐ Other, *specify:*		☐	☐
Questionnaires			☐	☐
Investigator's Brochure			☐	☐
Indemnity Agreement			☐	☐
Insurance Certificate with Number:		Validity Date:	☐	☐
Other Research Ethics Approval			☐	☐
Others:			☐	☐

Study Monitoring

Study Start date	DD-MM-YYYY
Study end date	DD-MM-YYYY
Planned first Progress Report date	DD-MM-YYYY
Date of SAE	DD-MM-YYYY
Date of amendment notification	DD-MM-YYYY
Extension approved study period	DD-MM-YYYY
Date of termination	DD-MM-YYYY