**Joint CUHK-NTEC Clinical Ethics Review Committee   
Application Form for Transfer of Access to Archive Sample**

## Background Information

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| Study title |  |

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| CREC no. |  |
| Protocol no. (for drug trial/sponsor study) |  |
| Study End Date (DD/MM/YY) |  |
| End Date of Sample Archive (DD/MM/YY) |  |

Personal particulars

|  |  |
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| Principal Investigator (PI):  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Transfer of Access to Archive Sample to\*:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Assuming Responsibility to the Archive Samples (DD/MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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# Reported by

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| --- | --- | --- | --- |
|  | Name | PI Signature | Date |
| Principle investigator |  |  |  |
| Person to take up access right and responsibility to the archive sample |  |  |  |
| Department Chairman or COS |  |  |  |

\*Access to archive sample must be transferred to a full time academic staff of CUHK or Associate Consultant or Consultant under HA NTEC.

For inquiry, please contact CREC Office (Tel: 2144 5926).