

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

Background Information

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

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): _____	

Reported by

	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).