**Joint CUHK-NTEC Clinical Ethics Review Committee
Application Form for the Extension of Archive Period for Stored Samples**

## 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) |  |
| Proposed End Date of Archive Period Extension (DD/MM/YY) |  |

Application details

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| Principal Investigator (PI), or person with the access right and responsibility of the archive sample\*:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Stored samples under application for the extension of archive period:Nature of samples: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of samples: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Justification of extension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*Patient consent form for extension of archive period (if the archive period extend beyond the one stated in the original consent)** |

# Applied and Supported by

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | PI Signature | Date |
| Principle investigator or person with the access right and responsibility of the archive sample |  |  |  |
| Department Chairman or COS  |  |  |  |

\*This person must be previously approved by the CUHK-NTEC CREC.

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