

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

Background Information

Study title	
-------------	--

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

<p>Principal Investigator (PI), or person with the access right and responsibility of the archive sample*:</p> <p>Name: _____ Position: _____</p> <p>Department: _____ Hospital: _____</p> <p>E-mail: _____</p>
<p>Stored samples under application for the extension of archive period:</p> <p>Nature of samples: _____</p> <p>Number of samples: _____</p> <p>Justification of extension: _____</p> <p>_____</p> <p>_____</p> <p>*Patient consent form for extension of archive period (if the archive period extend beyond the one stated in the original consent)</p>

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).