Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please complete the questions in order. If you change the response to a question, please select 'Save' and review all the questions as your change may have affected subsequent questions.

Please enter a short title for this project (maximum 70 characters)
TACTIC-R (COVID-19)

1. Is your project research?

(●) Yes ( ) No

2. Select one category from the list below:

(●) Clinical trial of an investigational medicinal product

( ) Clinical investigation or other study of a medical device

( ) Combined trial of an investigational medicinal product and an investigational medical device

( ) Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

( ) Basic science study involving procedures with human participants

( ) Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology

( ) Study involving qualitative methods only

( ) Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)

( ) Study limited to working with data (specific project only)

( ) Research tissue bank

( ) Research database

If your work does not fit any of these categories, select the option below:

( ) Other study

2a. Is this a commercially sponsored Phase 1 or Phase 1/2a trial involving healthy volunteers?

( ) Yes (●) No

2b. Will the study involve the use of any medical device without a CE Mark, or a CE marked device which has been modified or will be used outside its intended purposes?

( ) Yes (●) No

2c. Please answer the following question:

Is this trial subject to advice from the Expert Advisory Group on Clinical Trials and the Commission on Human Medicine prior to authorisation from MHRA? ○ Yes ◉ No

2d. Please answer the following question:

Is this a trial of a gene therapy medicinal product? ○ Yes ◉ No

2e. Please answer the following question(s):

a) Does the study involve the use of any ionising radiation? ○ Yes ◉ No

b) Will you be taking new human tissue samples (or other human biological samples)? ◉ Yes ○ No

c) Will you be using existing human tissue samples (or other human biological samples)? ○ Yes ◉ No

3. In which countries of the UK will the research sites be located?*(Tick all that apply)*

- ☑ England
- ☑ Scotland
- ☑ Wales
- ☐ Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

- ◉ England
- ○ Scotland
- ○ Wales
- ○ Northern Ireland
- ○ This study does not involve the NHS

4. Which applications do you require?

- ☑ IRAS Form
- ☑ Medicines and Healthcare products Regulatory Agency (MHRA) – Medicines
- ☐ Confidentiality Advisory Group (CAG)
- ☐ Her Majesty's Prison and Probation Service (HMPPS)

5. Will any research sites in this study be NHS organisations?

◉ Yes ○ No

5a. Are all the research costs and infrastructure costs (funding for the support and facilities needed to carry out research e.g. NHS Support costs) for this study provided by a NIHR Biomedical Research Centre, NIHR Collaboration for Leadership in Health Research and Care (CLAHRC), NIHR Patient Safety Translational Research Centre or Medtech and In Vitro Diagnostic Cooperative in all study sites?

Please see information button for further details.

○ Yes ◉ No

Please see information button for further details.

5b. Do you wish to make an application for the study to be considered for NIHR Clinical Research Network (CRN) Support and inclusion in the NIHR Clinical Research Network Portfolio?

Please see information button for further details.

○ Yes ◉ No

The NIHR Clinical Research Network provides researchers with the practical support they need to make clinical studies happen in the NHS e.g. by providing access to the people and facilities needed to carry out research "on the ground".

If you select yes to this question, you must complete a NIHR Clinical Research Network (CRN) Portfolio Application Form (PAF) immediately after completing this project filter question and before submitting other applications. Failing to complete the PAF ahead of other applications e.g. HRA Approval, may mean that you will be unable to access NIHR CRN Support for your study.

6. Do you plan to include any participants who are children?

○ Yes ◉ No

7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

◉ Yes ○ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the Confidentiality Advisory Group to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

○ Yes ◉ No

9. Is the study or any part of it being undertaken as an educational project?

○ Yes ◉ No

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

○ Yes ◉ No

11. Will identifiable patient data be accessed outside the care team without prior consent at any stage of the project (including identification of potential participants)?

○ Yes ◉ No

SUBSTANTIAL AMENDMENT FORM [1]

NOTIFICATION OF A SUBSTANTIAL AMENDMENT TO A CLINICAL TRIAL ON A MEDICINAL PRODUCT FOR HUMAN USE TO THE COMPETENT AUTHORITIES AND FOR OPINION OF THE ETHICS COMMITTEES IN THE EUROPEAN UNION

For official use:

Date of receiving the request:	Grounds for non acceptance/negative opinion:
	Date:
Date of start of procedure:	Authorisation/ positive opinion:
	Date:
Competent authority registration number of the trial:	Withdrawal of amendment application:
Ethics committee registration number of the trial:	Date:

To be filled in by the applicant:

*This form is to be used both for a request to the Competent Authority for authorisation of a **substantial** amendment and to an Ethics Committee for its opinion on a **substantial** amendment. Please indicate the relevant purpose in Section A.*

A TYPE OF NOTIFICATION

A.1 Member State in which the substantial amendment is being submitted:

Substantial Amendment 1 20MAY2020

A.2 Notification for authorisation to the competent authority: ☑

A.3 Notification for an opinion to the ethics committee: ☑

(1) Cf. Section 3.7.b of the Detailed guidance on the request to the competent authorities for authorisation of a clinical trial on a medicinal product for human use, the notification of substantial amendments and the declaration of the end of the trial (OJ, C82, 30.3.2010, p.1) hereinafter referred to as 'detailed guidance CT-1'.

B TRIAL IDENTIFICATION *(When the amendment concerns more than one trial, repeat this form as necessary.)*

B.1 Does the substantial amendment concern several trials involving the same IMP? [2] ○ Yes ◉ No

B.2 EudraCT number:	2020-001354-22
B.3 Full title of the trial:	mulTi-Arm Therapeutic study in pre-ICu patients admitted with Covid-19 – Repurposed Drugs TACTIC-R)
B.4 Sponsor's protocol code number:	A095587
B.4 Sponsor's protocol version number:	1.1
B.4 Sponsor's protocol date:	04/05/2020

(2) Cf. Section 3.7. of the detailed guidance CT-1

C IDENTIFICATION OF THE SPONSOR RESPONSIBLE FOR THE REQUEST

C.1 Sponsor

Organisation:	Cambridge University Hospitals NHS Foundation Trust
Contact Given name:	Stephen
Contact Family name:	Kelleher
Address:	Cambridge University Hospitals
Town/city:	Hills Road, Cambridge
Post code:	CB2 0QQ
Telephone:	01223217418
Fax:	01223348494
E-mail:	r&denquiries@addenbrookes.nhs.uk

C.2 Legal representative [3] of the sponsor in the European Union for the purpose of this trial (if different from the sponsor)

Name of organisation:	
Contact Given name:	
Contact Family name:	
Address:	
Town/city:	
Post code:	
Telephone:	
Fax:	
E-mail:	

(3) As stated in Article 19 of Directive 2001/20/EC.

D APPLICANT IDENTIFICATION, (please tick the appropriate box)

D1. Request for the competent authority

D.1.1 Sponsor	☐
D.1.2 Legal representative of the sponsor	☐
D.1.3 Person or organisation authorised by the sponsor to make the application.	☑

D.1.4 Complete below:

Name of organisation	Cambridge University Hospitals NHS Foundation Trust
Contact Given name	Frances
Contact Family name	Hall
Address	Rheumatology Research Unit, Box 194, Level E6, Addenbrooke's Hospital, Hills Road
Town/city	Cambridge

Post code	CB2 0QQ
Telephone	01223245151
Fax	
E-mail	frances.hall@addenbrookes.nhs.uk

D2. Request for the Ethics Committee

D.2.1 Sponsor ☐

D.2.2 Legal representative of the sponsor ☐

D.2.3 Person or organisation authorised by the sponsor to make the application. ☐

D.2.4 Investigator in charge of the application if applicable[4]:

- Co-ordinating investigator (for multicentre trial): ☑
- Principal investigator (for single centre trial): ☐

D.2.5 Complete below:

Name of organisation	Cambridge University Hospitals NHS Foundation Trust
Given name	Frances
Family name	Hall
Address	Rheumatology Research Unit, Box 194, Level E6, Addenbrooke's Hospital, Hills Road
Town/city	Cambridge
Post code	CB2 0QQ
Telephone	01223245151
Fax	
E-mail	frances.hall@addenbrookes.nhs.uk

(4) According to national legislation.

E SUBSTANTIAL AMENDMENT IDENTIFICATION

E.1 Sponsor's substantial amendment information for the clinical trial concerned:

Code Number: Substantial Amendment 1
Version: Protocol v2.0
Date: 2020/05/20

E.2 Type of substantial amendment

E.2.1 Amendment to information in the CT application form ◉ Yes ○ No

E.2.2 Amendment to the protocol ◉ Yes ○ No

E.2.3 Amendment to other documents appended to the initial application form ○ Yes ◉ No

If yes specify:

E.2.4 Amendment to other documents or information: ◉ Yes ○ No

If yes specify:

Addition of a shortened Patient Information Sheet/Informed Consent Form v1.0 and TACTIC-R Endothelial cell collection Patient Information Sheet/Informed Consent Form v1.0

E.2.5 This amendment concerns mainly urgent safety measures already implemented[5]: ○ Yes ◉ No

E.2.6 This amendment is to notify a temporary halt of the trial[6]:	○ Yes	◉ No
E.2.7 This amendment is to request the restart of the trial[7]:	○ Yes	◉ No

(5) Cf. Section 3.9. of the detailed guidance CT-1.
(6) Cf. Section 3.10. of the detailed guidance CT-1
(7) Cf. Section 3.10. of the detailed guidance CT-1

E.3 Reasons for the substantial amendment:

E.3.1 Changes in safety or integrity of trial subjects	○ Yes	◉ No
E.3.2 Changes in interpretation of scientific documents/value of the trial	○ Yes	◉ No
E.3.3 Changes in quality of IMP(s)	○ Yes	◉ No
E.3.4 Changes in conduct or management of the trial	◉ Yes	○ No
E.3.5 Change or addition of principal investigator(s), co-ordinating investigator	◉ Yes	○ No
E.3.6 Change/addition of site(s)	◉ Yes	○ No
E.3.7 Other change	○ Yes	◉ No
E.3.7.1 If yes specify:		
E.3.8 Other case	○ Yes	◉ No
E.3.8.1 If yes specify:		

E.4 Information on temporary halt of trial:[8]

E.4.1 Date of temporary halt		
E.4.2 Recruitment has been stopped	○ Yes	○ No
E.4.3 Treatment has been stopped	○ Yes	○ No
E.4.4 Number of patients still receiving treatment at time of the temporary halt in the MS concerned by the amendment		
E.4.5 Briefly describe:		
Justification for a temporary halt of the trial *(free text)*:		
The proposed management of patients receiving treatment at time of the halt *(free text)*:		
The consequences of the temporary halt for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product *(free text)*:		

(8) Cf. Section 3.10. of the detailed guidance CT-1

F DESCRIPTION OF EACH SUBSTANTIAL AMENDMENT[9]

Please use this section to detail each substantial amendment which is being notified. If you are notifying more than one substantial amendment, please use the "Add Amendment" button as required

Substantial amendment 1

Previous and new wording:*(tracked)*

Section 7.4.1

- Time to incidence (up to Day 14) of any of the following events, whichever comes first ~~the composite endpoint of~~:
  - Death
  - Invasive ~~M~~mechanical ventilation
  - ECMO
  - Cardiovascular organ support (balloon pump or inotropes)
  - Renal failure (estimated creatinine clearance (by Cockcroft-Gault formula) <15 ml /min~~/1.73 m^2~~), haemofiltration or dialysis.

New wording:

• Time to incidence (up to and including Day 14) of any of the following events, whichever comes first:
o Death
o Invasive mechanical ventilation
o ECMO
o Cardiovascular organ support (balloon pump or inotropes)
o Renal failure (estimated creatinine clearance (by Cockcroft-Gault formula) <15 ml /min), haemofiltration or dialysis.

Comments/ explanation/ reasons for substantial amendment:

These amendments have been added to clarify the the form of ventilation (specification advised by MHRA) and further clarify the primary outcome measure. Units for Cockcroft-Gault formula have been corrected.

Substantial amendment 2

Previous and new wording:*(tracked)*

Section 7.4.1 and 8.2

Cockcroft Gault estimated creatinine clearance < 30 ml /min~~/1.73 m^2~~

New wording:

Cockcroft Gault estimated creatinine clearance < 30 ml /min

Comments/ explanation/ reasons for substantial amendment:

Units for Cockcroft Gault have been corrected throughout the whole protocol as these were confused with those for eGFR

Substantial amendment 3

Previous and new wording:*(tracked)*

Section 8.4 - Addition of wording below:

If the primary endpoint is reached then ongoing treatment with baricitinib may be discontinued at the discretion of the PI.

New wording:

If the primary endpoint is reached then ongoing treatment with baricitinib may be discontinued at the discretion of

the PI.

Comments/ explanation/ reasons for substantial amendment:

Addition of this statement to section 8.4 of the protocol to determine what will be the procedure to follow if a patient in the baricitinib arm reached primary endpoint prior to completing treatment

Substantial amendment 4

Previous and new wording:*(tracked)*

Section 9.1.1.7

The IMP is to be taken once daily with or without food at any time of the day. For patients unable to take tablets by mouth, these may be ~~crushed~~ dispersed in water and administrated via a nasogastric tube.

New wording:

The IMP is to be taken once daily with or without food at any time of the day. For patients unable to take tablets by mouth, these may be dispersed in water and administrated via a nasogastric tube.

Comments/ explanation/ reasons for substantial amendment:

Following advice from the IMP manufacturer, it has been advised to modify crushing tablets to disperse in water as this minimises the risk of powder generation.

Substantial amendment 5

Previous and new wording:*(tracked)*

Section 10.4

Optional research blood samples and/or venous endothelial cell sampling (where units have capability)^

New wording:

Optional research blood samples and/or venous endothelial cell sampling (where units have capability)^

Comments/ explanation/ reasons for substantial amendment:

There will be an option to collect venous endothelial cells using a well established technique.

Substantial amendment 6

Previous and new wording:*(tracked)*

Section 10.5.2.

Anonymised imaging for recruited patients may be retrieved from the medical record (during, before and after the index COVID-19 admission up to Day 90) and sent to a central imaging facility in the UK

New wording:

Anonymised imaging for recruited patients may be retrieved from the medical record (during, before and after the index COVID-19 admission up to Day 90) and sent to a central imaging facility in the UK

Comments/ explanation/ reasons for substantial amendment:

Added wording to account that anonymised imaging may be sent to a central imaging facility in the UK.

Substantial amendment 7

Previous and new wording:*(tracked)*

Schedule of assessments section 10.6 and 10.5.1

Days since onset of symptoms is indicated at baseline, day 2, day 6, day 14 and follow up

New wording:

Days since onset of symptoms is indicated now only at baseline

Comments/ explanation/ reasons for substantial amendment:

Days since onset of symptoms will only be recorded at baseline.

Substantial amendment 8

Previous and new wording:*(tracked)*

IRAS form question A28 - Will any participants be recruited by publicity through posters, leaflets, adverts or websites?

Yes - Posters will be put up throughout the main site and participating sites to inform patients of the possibility of joining the trial.

New wording:

Yes - Posters will be put up throughout the main site and participating sites to inform patients of the possibility of joining the trial. Adverts will also be uploaded to the trial website accessible to research staff as well as the general public.

Comments/ explanation/ reasons for substantial amendment:

Amendment to the original IRAS form to include the ethics approved poster available on the trial website.

Substantial amendment 9

Previous and new wording:*(tracked)*

Section 11.4.4 - Adverse events (apart from expected AEs)~~, adverse reactions and Serious Adverse Events should~~ will be recorded in the medical notes only~~and the appropriate of the CRF and/or AE/AR log~~. Due to the underlying clinical condition of the trial population it is not practicable to report all adverse events in this trial and it is thought that excessive safety reporting may detract from the main objectives of the trial. Rather, only AEs of special interest (AESI) should be recorded and reported as detailed in section 11.8.
Adverse reactions should be recorded in the medical notes and the appropriate of the CRF and/or AR log. Serious Adverse Reactions should be reported to the sponsor as detailed in section 11.5.

New wording:

Adverse events (apart from expected AEs), will be recorded in the medical notes only. Due to the underlying clinical condition of the trial population it is not practicable to report all adverse events in this trial and it is thought that excessive safety reporting may detract from the main objectives of the trial. Rather, only AEs of special interest (AESI) should be recorded and reported as detailed in section 11.8.
Adverse reactions should be recorded in the medical notes and the appropriate of the CRF and/or AR log. Serious Adverse Reactions should be reported to the sponsor as detailed in section 11.5.

Comments/ explanation/ reasons for substantial amendment:

Due to the nature of these patients as inpatients, it is not practical for the trial team to record every COVID-19 related adverse event. It has been decided to record adverse events only in medical notes to facilitate the tracking of these.

Substantial amendment 10

Previous and new wording:*(tracked)*

Section 8.3

Eligible patients will be randomised using a central web-based randomisation service called Sealed Envelope in a 1:1:1 ratio, stratified by site, to one of the following treatment arms (each in addition to standard of care (SoC))

New wording:

Eligible patients will be randomised using a central web-based randomisation service called Sealed Envelope in a 1:1:1 ratio, stratified by site, to one of the following treatment arms (each in addition to standard of care (SoC)).

Comments/ explanation/ reasons for substantial amendment:

"Stratified by site" has been added to randomisation section a the trial was setup like this for sites to be able to manage not having one of the drugs.

Substantial amendment 11

Previous and new wording:*(tracked)*

Section 15.2

Specifically, the DMC will be provided with estimates of the probabilities for each treatment arm relative to control relating to efficacy (HR~~>~~≤1), moderate or greater efficacy (HR~~>1.2~~≤0.80), similarity (0.~~85~~80<HR<1.25), and harm (HR~~<~~≥1).

New wording:

Specifically, the DMC will be provided with estimates of the probabilities for each treatment arm relative to control relating to efficacy (HR<1), moderate or greater efficacy (HR<0.80), similarity (0.80<HR<1.25), and harm (HR>1).

Comments/ explanation/ reasons for substantial amendment:

This is a correction to the probabilities initially written in the protocol, as these were reversed.

Substantial amendment 12

Previous and new wording:*(tracked)*

Section 11.1.1

Please note: The Sponsor expects that ~~Recording of~~ all adverse events are recorded in the medical notes ~~must start~~ from the point of Informed Consent regardless of whether a participant has yet received a medicinal product. ARs, AESI, SAE and SARs should be recorded in the relevant pages in the CRFs. SUSARs should be reported as per Section 11.6.

New wording:

Please note: The Sponsor expects that all adverse events are recorded in the medical notes from the point of Informed Consent regardless of whether a participant has yet received a medicinal product. ARs, AESI, SAE and SARs should be recorded in the relevant pages in the CRFs. SUSARs should be reported as per Section 11.6.

Comments/ explanation/ reasons for substantial amendment:

AE reporting and recording have been clarified in the protocol to avoid confusions on what needs to be reported and recorded. For practicality, AEs will only be recorded in the medical notes and not in the trial CRF.

Substantial amendment 13

Previous and new wording:*(tracked)*

New wording:

Comments/ explanation/ reasons for substantial amendment:
The following two new patient-facing documents have been generated and submitted as part of this amendment: TACTIC-R Short PIS v1.0 date 20May2020 and TACTIC-R Endothelial cell collection PIS/ICF v1.0 20May2020

(9)Cf. Section 3.7.c. of the detailed guidance CT-1. The sponsor may submit this documentation on a separate sheet.

G CHANGE OF CLINICAL TRIAL SITE(S)/INVESTIGATOR(S) IN THE MEMBER STATE CONCERNED BY THIS AMENDMENT

Type of change:

G.1.1 Addition of a new site

G.1.1.1 Principal investigator (provide details below)

Given name	Charles
Middle name(if applicable)	
Family name	Sharp
Qualification (MD...)	MA (Oxon), BMBCh, MD, MRCP (Resp)
Professional address	Gloucestershire Royal Hospital
Given name	Thomas
Middle name(if applicable)	
Family name	Sheeran
Qualification (MD...)	MBChB, FRCP, MD
Professional address	New Cross Hospital, Royal Wolverhampton Trust
Given name	Charlotte
Middle name(if applicable)	
Family name	Bradbury
Qualification (MD...)	MBChB, MSc, FRCP, FRCPath, PhD
Professional address	Department of Haematology, Level 8, Bristol Royal Infirmary
Given name	Margaret
Middle name(if applicable)	
Family name	Moody

Qualification (MD...)	MD
Professional address	West Suffolk Hospital

G.1.2 Removal of an existing site

G.1.2.1 Principal investigator (provide details below)

Given name	Emese
Middle name(if applicable)	
Family name	Balogh
Qualification (MD...)	MD, PhD
Professional address	Broomfield Hospital, Court Road, Chelmsford Essex

G.1.3 Change of co-ordinating investigator (provide details below of the new coordinating investigator)

Given name	
Middle name(if applicable)	
Family name	
Qualification (MD...)	
Professional address	

G.1.3.6 Indicate the name of the previous co-ordinating investigator:

G.1.4 Change of principal investigator at an existing site (provide details below of the new principal investigator)

Given name	Andrew
Middle name(if applicable)	
Family name	Ustianowski
Qualification (MD...)	MB, MRCP, DTM&H, PhD, PCME, FRCP, MD
Professional address	Regional Infectious Diseases Unit, North Manchester General Hospital, Delaunays Road, Manchester

G.1.4.6 Indicate the name of the previous principal investigator:
Prof Maya Buch

Given name	Hannah
Middle name(if applicable)	
Family name	Bayes
Qualification (MD...)	BMedSci(Hon), MBChB(Hon), MRCP(UK), PhD

Professional address	Glasgow Royal Infirmary

G.1.4.6 Indicate the name of the previous principal investigator:
Iain McInnes

H CHANGE OF INSTRUCTIONS TO CA FOR FEEDBACK TO SPONSOR

H.1 Change of e-mail contact for feedback on application*

H.2 Change to request to receive an .xml copy of CTA data ○ Yes ◉ No

H.2.1 Do you want a .xml file copy of the CTA form data saved on EudraCT? ○ Yes ◉ No

H.2.1.1 If yes provide the e-mail address(es) to which it should be sent (up to 5 addresses):

H.2.2 Do you want to receive this via password protected link(s)[10]? ○ Yes ◉ No

If you answer no to question H.2.2 the .xml file will be transmitted by less secure e-mail link(s)

H.2.3 Do you want to stop messages to an email for which they were previously requested? ○ Yes ◉ No

H.2.3.1 If yes provide the e-mail address(es) to which feedback should no longer be sent:

(*This will only come into effect from the time at which the request is processed in EudraCT).

(10) This requires a EudraLink account. (See eudract.emea.europa.eu for details)

I LIST OF THE DOCUMENTS APPENDED TO THE NOTIFICATION FORM (cf. Section 3.7 of detailed guidance CT-1)

Please submit only relevant documents and/or when applicable make clear references to the ones already submitted. Make clear references to any changes of separate pages and submit old and new texts. Tick the appropriate box(es).

I.1 Cover letter ☑

I.2 Extract from the amended document in accordance with Section 3.7.c. of detailed guidance CT-1 (if not contained in Part F of this form) ☐

I.3 Entire new version of the document[11] ☑

I.4 Supporting information ☐

I.5 Revised .xml file and copy of initial application form with amended data highlighted ☐

I.6 Comments on any novel aspect of the amendment if any :

(11) Cf. Section 3.7.c. of the detailed guidance CT-1

J SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

Please submit only relevant documents and/or when applicable make clear references to the ones already submitted. Make clear references to any changes of separate pages and submit old and new texts. Tick the appropriate box(es).

J.1 I hereby confirm that/ confirm on behalf of the sponsor that (delete which is not applicable)

- The above information given on this request is correct;
- The trial will be conducted according to the protocol, national regulation and the principles of good clinical practice; and
- It is reasonable for the proposed amendment to be undertaken.

J.2 APPLICANT OF THE REQUEST FOR THE COMPETENT AUTHORITY*(as stated in section D.1):* ☑

J.2.1 Signature [12]: .....

J.2.2 Print name:

J.2.3 Date:

This section was signed electronically by Frances Hall on 22/05/2020 14:07.

Job Title/Post:	Consultant Rheumatologist
Organisation:	CUHFT
Email:	fch22@medschl.cam.ac.uk

J.3 APPLICANT OF THE REQUEST FOR THE ETHICS COMMITTEE *(as stated in section D.2)***:** ☑

J.3.1 Signature [13]: .....

J.3.2 Print name:

J.3.3 Date:

This section was signed electronically by Frances Hall on 22/05/2020 14:09.

Job Title/Post:	Consultant Rheumatologist
Organisation:	CUHFT
Email:	fch22@medschl.cam.ac.uk

(12) On an application to the Competent Authority only, the applicant to the Competent Authority needs to sign.
(13) On an application to the Ethics Committee only, the applicant to the Ethics Committee needs to sign.