

Substantial Amendment Notification Form (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*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 : <input type="checkbox"/>
	Date :
Date of start of procedure:	Authorisation/ positive opinion : <input type="checkbox"/>
	Date :
Competent authority registration number of the trial:	Withdrawal of amendment application <input type="checkbox"/>
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:	
A.2 Notification for authorisation to the competent authority:	X
A.3 Notification for an opinion to the ethics committee:	X

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 <input type="checkbox"/> no X
B.1.1 If yes repeat this section as necessary.

B.2 Eudract number: 2006-003479-11
B.3 Full title of the trial : The Stroke Oxygen Study
B.4 Sponsor's protocol code number, version, and date:

C IDENTIFICATION OF THE SPONSOR RESPONSIBLE FOR THE REQUEST

C.1 Sponsor
C.1.1 Organisation: North Staffordshire Combined Healthcare NHS Trust
C.1.2 Name of person to contact: Mrs Laurie Wrench
C.1.3 Address : Management Suite, Harplands Hospital, Hilton road, Stoke on Trent ST4 6RR
C.1.4 Telephone number : 01782 441651
C.1.5 Fax number : 01782 441624
C.1.6 e-mail: laurie.wrench@northstaffs.nhs.uk

C.2 Legal representative³ of the sponsor in the European Union for the purpose of this trial (if different from the sponsor)
C.2.1 Organisation:
C.2.2 Name of person to contact:
C.2.3 Address :
C.2.4 Telephone number :
C.2.5 Fax number :
C.2.6 e-mail:

D APPLICANT IDENTIFICATION (please tick the appropriate box)

D.1 Request for the competent authority
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¹ OJ, C82, 30.3.2010, p. 1; hereinafter referred to as 'detailed guidance CT-1'.

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

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

D.1.1	Sponsor	<input type="checkbox"/>
D.1.2	Legal representative of the sponsor	<input type="checkbox"/>
D.1.3	Person or organisation authorised by the sponsor to make the application.	X
D.1.4	Complete below:	
D.1.4.1	Organisation : : North Staffordshire Combined Healthcare NHS Trust	
D.1.4.2	Name of person to contact : Prof. Christine Roffe	
D.1.4.3	Address : Stroke Research, Holly Lodge, 62 Queens Road, Stoke-on-Trent, ST4 7LH	
D.1.4.4	Telephone number : 0300 123 0891	
D.1.4.5	Fax number : 0300 123 0894	
D.1.4.6	E-mail: Christine.roffe@northstaffs.nhs.uk	

D.2 Request for the Ethics Committee		
D.2.1	Sponsor	<input type="checkbox"/>
D.2.2	Legal representative of the sponsor	<input type="checkbox"/>
D.2.3	Person or organisation authorised by the sponsor to make the application.	X
D.2.4	Investigator in charge of the application if applicable ⁴ :	
	• Co-ordinating investigator (for multicentre trial)	<input type="checkbox"/>
	• Principal investigator (for single centre trial):	<input type="checkbox"/>
D.2.5	Complete below	
D.2.5.1	Organisation : : North Staffordshire Combined Healthcare NHS Trust	
D.2.5.2	Name : Prof. Christine Roffe	
D.2.5.3	Address : Stroke Research, Holly Lodge, 62 Queens Road, Stoke-on-Trent, ST4 7LH	
D.2.5.4	Telephone number :0300 123 0891	
D.2.5.5	Fax number : 0300123 0894	
D.2.6	E-mail : Christine.roffe@northstaffs.nhs.uk	

E SUBSTANTIAL AMENDMENT IDENTIFICATION

E.1 Sponsor's substantial amendment code number, version, date for the clinical trial concerned:
Document Amendments July 2012

E.2 Type of substantial amendment		
E.2.1	Amendment to information in the CT application form	yes <input type="checkbox"/> no <input type="checkbox"/>
E.2.2	Amendment to the protocol	yes <input type="checkbox"/> no <input type="checkbox"/>
E.2.3	Amendment to other documents appended to the initial application form	yes X no <input type="checkbox"/>
E.2.3.1	If yes specify: Amendments to the case record form, 3, 6 and 12 month follow up questionnaire, consent forms and inclusion of discharge/re-admission form for data capture – all detailed below.	
E.2.4	Amendment to other documents or information:	yes <input type="checkbox"/> no <input type="checkbox"/>
E.2.4.1	If yes specify:	
E.2.5	This amendment concerns mainly urgent safety measures already implemented⁵	yes <input type="checkbox"/> no <input type="checkbox"/>
E.2.6	This amendment is to notify a temporary halt of the trial⁶	yes <input type="checkbox"/> no <input type="checkbox"/>
E.2.7	This amendment is to request the restart of the trial⁷	yes <input type="checkbox"/> no <input type="checkbox"/>

⁴ According to national legislation.

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 <input type="checkbox"/> no <input type="checkbox"/>
E.3.2	Changes in interpretation of scientific documents/value of the trial	yes <input type="checkbox"/> no <input type="checkbox"/>
E.3.3	Changes in quality of IMP(s)	yes <input type="checkbox"/> no <input type="checkbox"/>
E.3.4	Changes in conduct or management of the trial	yes <input type="checkbox"/> no <input type="checkbox"/>
E.3.5	Change or addition of principal investigator(s), co-ordinating investigator	yes <input type="checkbox"/> no <input type="checkbox"/>
E.3.6	Change/addition of site(s)	yes <input type="checkbox"/> no <input type="checkbox"/>
E.3.7	Other change	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
E.3.7.1	If yes, specify: Amendments to trial documents as detailed in section F and attached.	
E.3.8	Other case	yes <input type="checkbox"/> no <input type="checkbox"/>
E.3.8.1	If yes, specify	

E.4 Information on temporary halt of trial⁸		
E.4.1	Date of temporary halt (YYYY/MM/DD)	
E.4.2	Recruitment has been stopped	yes <input type="checkbox"/> no <input type="checkbox"/>
E.4.3	Treatment has been stopped	yes <input type="checkbox"/> no <input type="checkbox"/>
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 (free text):	
	<ul style="list-style-type: none"> • Justification for a temporary halt of the trial • The proposed management of patients receiving treatment at time of the halt (<i>free text</i>). <p>The consequences of the temporary halt for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product (<i>free text</i>).</p>	

F DESCRIPTION OF EACH SUBSTANTIAL AMENDMENT⁹ (*free text*):

Previous and new wording in track change modus	New wording	Comments/explanation/reasons for substantial amendment
SOS 3 month questionnaire SOS 6 month questionnaire and SOS 12 month questionnaire	Please see attached documents – all additions are shown by track changes.	Inclusion of : request for name of hospital by continuing care home – for health economic analysis. Question relating to patients eyesight. This has been included after feedback received from previous study participants who felt this aspect was not covered.
SOS CRF	Please see attached documents – all additions are shown by track changes.	Amendment of Typos, revision of telephone numbers and rewording of eligibility criteria – for precision and clarity. Inclusion preferred contact details for 1 week follow up – for assisting researchers Update of table on p6 for clarity Inclusion of discharge information, pre modified Rankin score and EQ-5D – for health economic analysis. SAE form removal of treatment arm – to ensure co-ordinating centre remains blinded to

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

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

		intervention received. In section B statement to reminder researchers to include re-admission dates for clarity.
Independent physician consent form	Please see attached form	To ensure a specific form is available for this in, as per the protocol.
Discharge/readmission form	Please see attached form	To ensure a specific form is available for this to enable data capture for the health economic analysis.
Patient Consent form Relative Consent form Confirmation of Consent form	Please see attached forms	The inclusion of a statement to clarify consent is given for regulatory authorities to view the study data in accordance with the revised consent template provided by NRES.

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

<p>G.1 Type of change</p> <p>G.1.1 Addition of a new site</p> <p>G.1.1.1 Principal investigator (provide details below)</p> <p>G.1.1.1.1 Given name</p> <p>G.1.1.1.2 Middle name (if applicable)</p> <p>G.1.1.1.3 Family name</p> <p>G.1.1.1.4 Qualifications (MD.....)</p> <p>G.1.1.1.5 Professional address</p> <p>G.1.2 Removal of an existing site</p> <p>G.1.2.1 Principal investigator (provide details below)</p> <p>G.1.2.1.1 Given name</p> <p>G.1.2.1.2 Middle name (if applicable)</p> <p>G.1.2.1.3 Family name</p> <p>G.1.2.1.4 Qualifications (MD.....)</p> <p>G.1.2.1.5 Professional address</p> <p>G.1.3 Change of co-ordinating investigator (provide details below of the new coordinating investigator)</p> <p>G.1.3.1 Given name</p> <p>G.1.3.2 Middle name</p> <p>G.1.3.3 Family name</p> <p>G.1.3.4 Qualification (MD.....)</p> <p>G.1.3.5 Professional address</p> <p>G.1.3.6 Indicate the name of the previous co-ordinating investigator:</p> <p>G.1.4 Change of principal investigator at an existing site (provide details below of the new principal investigator)</p> <p>G.1.4.1 Given name</p> <p>G.1.4.2 Middle name</p> <p>G.1.4.3 Family name</p> <p>G.1.4.4 Qualifications (MD.....)</p> <p>G.1.4.5 Professional address</p> <p>G.1.4.6 Indicate the name of the previous principal investigator:</p>

H CHANGE OF INSTRUCTIONS TO CA FOR FEEDBACK TO SPONSOR

<p>H.1 Change of e-mail contact for feedback on application*</p> <p>H.2 Change to request to receive an .xml copy of CTA data <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>H.2.1 Do you want a .xml file copy of the CTA form data saved on EudraCT? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>H.2.1.1 If yes provide the e-mail address(es) to which it should be sent (up to 5 addresses):</p> <p>H.2.2 Do you want to receive this via password protected link(s)¹⁰? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
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¹⁰ This requires a EudraLink account. (See <https://eudract.ema.europa.eu/> for details)

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).

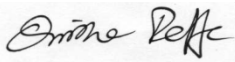
I LIST OF THE DOCUMENTS APPENDED TO THE NOTIFICATION FORM (cf. Section 3.7 of detailed guidance CT-1)

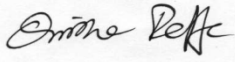
Please submit only relevant documents and/or when applicable make clear references to the ones already submitted. Make clear references to any changes of separate pages and submit old and new texts. Tick the appropriate box(es).

I.1 Cover letter	X
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)	<input type="checkbox"/>
I.3 Entire new version of the document¹¹	X
I.4 Supporting information	<input type="checkbox"/>
I.5 Revised .xml file and copy of initial application form with amended data highlighted	<input type="checkbox"/>
I.6 Comments on any novel aspect of the amendment if any :	

J SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

J.1	I hereby confirm that/ confirm on behalf of the sponsor that (delete which is not applicable) <ul style="list-style-type: none">• 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.
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J.2 APPLICANT OF THE REQUEST FOR THE COMPETENT AUTHORITY (as stated in section D.1): <input type="checkbox"/>
J.2.1 Signature ¹² : 
J.2.2 Print name : Prof. C Roffe
J.2.3 Date : 03-09-2012

J.3 APPLICANT OF THE REQUEST FOR THE ETHICS COMMITTEE (as stated in section D.2): <input type="checkbox"/>
J.3.1 Signature ¹³ : 
J.3.2 Print name: Prof. C Roffe
J.3.3 Date : 03-09-2012

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

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.