Amendment Tool

v1.5 25 Mar 2021

For office use

QC: No

Section 1: Project information

Short project title*:	Toxicity from biologic therapy (BSRBR-RA)
IRAS project ID* (or REC reference if no IRAS project ID is available):	64202 (minimal dataset) / REC Ref: 00/8/053
Sponsor amendment reference number*:	SA 28
Sponsor amendment date* (enter as DD/MM/YY):	29 March 2021
Briefly summarise in lay language the main changes proposed in this amendment. Explain the purpose of the changes and their significance for the study. If the amendment significantly alters the research design or methodology, or could otherwise affect the scientific value of the study, supporting scientific information should be given (or enclosed separately). Indicate whether or not additional scientific critique has been obtained (note: this field will adapt to the amount of text entered)*:	Addition of questions to collect information about COVID-19 in participants. Information on confirmed and non confirmed cases will be collected alongside information on vaccinations. Also includes a brief addition to extend the studies existing outreach consent process to include 'e-consent'.

Project type (select):	◉ Specific study ○ Research tissue bank ○ Research database			
Has the study been reviewed by a UKECA-recognised Research Ethics Committee (REC) prior to this amendment?:	◉ Yes	○ No		
What type of UKECA-recognised Research Ethics Committee (REC) review is applicable? (select):	◉ NHS/HSC REC ○ Ministry of Defence (MoDREC)			
Is all or part of this amendment being resubmitted to the Research Ethics Committee (REC) as a **modified amendment** (i.e. a substantial amendment previously given an unfavourable opinion)?	○ Yes	◉ No		
Where is the NHS/HSC Research Ethics Committee (REC) that reviewed the study based?:	England	Wales	Scotland	Northern Ireland
	◉	○	○	○
Was the study a clinical trial of an investigational medicinal product (CTIMP) OR does the amendment make it one?:	○ Yes	◉ No		
Was the study a clinical investigation or other study of a medical device OR does the amendment make it one?:	○ Yes	◉ No		
Did the study involve the administration of radioactive substances, therefore requiring ARSAC review, OR does the amendment introduce this?:	○ Yes	◉ No		
Did the study involve the use of research exposures to ionising radiation (not involving the administration of radioactive substances) OR does the amendment introduce this?:	○ Yes	◉ No		
Did the study involve adults lacking capacity OR does the amendment introduce this?:	○ Yes	◉ No		
Did the study involve access to confidential patient information outside the direct care team without consent OR does the amendment introduce this?:	○ Yes	◉ No		
Did the study involve prisoners OR does the amendment introduce this?:	○ Yes	◉ No		
Did the study involve children OR does the amendment introduce this?:	○ Yes	◉ No		
Did the study involve NHS/HSC organisations prior to this amendment?:	◉ Yes	○ No		
Did the study involve non-NHS/HSC organisations OR does the amendment introduce them?:	○ Yes	◉ No		
	England	Wales	Scotland	Northern Ireland
Lead nation for the study:	◉	○	○	○
Which nations had participating NHS/HSC organisations prior to this amendment?	☑	☑	☑	☑
Which nations will have participating NHS/HSC organisations after this amendment?	☑	☑	☑	☑

Section 2: Summary of change(s)

Please note: Each change being made as part of the amendment must be entered separately. For example, if an amendment to a clinical trial of an investigational medicinal product (CTIMP) involves an update to the Investigator's Brochure (IB), affecting the Reference Safety Information (RSI) and so the information documents to be given to participants, these should be entered into the amendment tool as three separate changes. A list of all possible changes is available on the "Glossary of Amendment Options" tab. To add another change, tick the "Add another change" box.

Change 1	
Area of change (select)*:	Study Documents

Specific change (select - only available when area of change is selected first)*:	Other significant change to study documents (e.g. information sheets, consent forms, questionnaires, letters) that can be implemented within existing resource in place at participating organisations - Please specify in the free text below
Further information (free text - note that this field will adapt to the amount of text entered):	This amendment is to add questions to allow the capture of data relating to COVID-19 in BSRBR-RA participants. These questions (BSRBR_RA_COVID19_Questions v1.0_02032021) include information on confirmed and suspected cases of COVID-19 and COVID-19 vaccination data. Vaccine information will be collected at baseline and follow up. Additional adverse event questions will be asked when a COVID-19 related adverse event is reported to the study. This is all detail that would be held within the standard clinical case notes; no additional visits are required for the study.

Applicability:	England	Wales	Scotland	Northern Ireland
Where are the participating NHS/HSC organisations located that will be affected by this change?*:	☑	☑	☑	☑
Will all participating NHS/HSC organisations be affected by this change, or only some? (**please note** that this answer may affect the categorisation for the change):	◉ All		○ Some	

Add another change: ☑

Change 2	
Area of change (select)*:	Participant Procedures
Specific change (select - only available when area of change is selected first)*:	Participant procedures - minor change that can be implemented within existing resource at participating organisations - Please specify in the free text below
Further information (free text - note that this field will adapt to the amount of text entered):	e-consent for remote consent to study Whilst the COVID-19 pandemic is ongoing, we are aware that many rheumatology clinics are now being conducted remotely rather than face-to-face. There is an existing outreach consent process already in place for this study (introduced as part of BSRBR-RA substantial amendment 23 - 12/07/2016), whereby the study information is posted to the potential participant, and if agreeable the participant can sign and return the consent forms via post for registration (this process is also followed for outreach re-consent of existing participants who are being re-registered). It is proposed that e-consent (i.e., providing an electronic signature by means such as a scan of a signed consent form to return via secure email) can be used if preferred, as per the HRA and MHRA 'Joint statement on seeking consent by electronic methods' guidance in September 2018 (https://www.hra.nhs.uk/about-us/news-updates/hra-and-mhra-publish-joint-statement-seeking-and-documenting-consent-using-electronic-methods-econsent/) – this would give an additional option to NHS sites who are not seeing potential participants face-to-face during the COVID-19 pandemic. A site file note should be written to document this, which should be stored with the consent form at site for audit purposes (or a short note can be made on the consent form to record this, if preferred). It is the research team at the recruitment NHS Site who coordinate this administration side of the outreach consent process, so it will remain down to their local policies/procedures whether they continue to send and receive the consent materials via post, or electronically..

Applicability:	England	Wales	Scotland	Northern Ireland
Where are the participating NHS/HSC organisations located that will be affected by this change?*:	☑	☑	☑	☑
Will all participating NHS/HSC organisations be affected by this change, or only some? (**please note** that this answer may affect the categorisation for the change):	◉ All		○ Some	

Add another change: ☐

Section 3: Declaration(s) and lock for submission

Declaration by the Sponsor or authorised delegate

- I confirm that the Sponsor takes responsibility for the completed amendment tool
- I confirm that I have been formally authorised by the Sponsor to complete the amendment tool on their behalf

Name [first name and surname]:*	Lynne MacRae
Email address:*	FBMHethics@manchester.ac.uk

Lock for submission

Please note: This button will only become available when all mandatory (*) fields have been completed. When the button is available, clicking it will generate a locked PDF copy of the completed amendment tool which must be included in the amendment submission. Please ensure that the amendment tool is completed correctly before locking it for submission.

Lock for submission

After locking the tool, proceed to submit the amendment online. The "Submission Guidance" tab provides further information about the next steps for the amendment.

Section 4: Review bodies for the amendment

Please note: This section is for **information only**. Details in this section will complete automatically based on the options selected in Sections 1 and 2.

	Review bodies																	
	UK wide:						England and Wales:				Scotland:				Northern Ireland:			
	REC	Competent Authority MHRA - Medicines	Competent Authority MHRA - Devices	ARSAC	Radiation Assurance	UKSW Governance	REC (MCA)	CAG	HMPPS	HRA and HCRW Approval	REC (AWIA)	PBPP	SPS (RAEC)	National coordinating function	HSC REC	HSC Data Guardians	Prisons	National coordinating function	Category:
Change 1:	Y					Y				Y				Y				Y	C
Change 2:	N					(Y)				(Y)				(Y)				(Y)	C
Overall reviews for the amendment:																			
Full review:	Y					Y				Y				Y				Y	
Notification only:	N					N				N				N				N	
Overall amendment type:	Substantial																		
Overall Category:	C																		