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| **OFFICIAL USE ONLY** | |
| **Doc Name : NHG DSRB Waiver of Completion of SGGCP Certification** | |
| **Doc Number :** 205-029 | |
| **Doc Version :** 2.0 | **Date :** 19 June 2014 |

**NHG DSRB Waiver of Completion of SGGCP Certification Form**

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| **Section 1. PROFILE** | | | | | | | |
| **Name:** | | |  | | | | |
| **Institution:** | | |  | | | | |
| **Department:** | | |  | | | | |
| **Section 2. RESEARCH EXPERIENCE** | | | | | | | |
| 1. Please list down information on the **clinical trials** (including those completed over the last 6 years and any other of ongoing status) that you have conducted as **either Principal Investigator or Site Principal Investigator** within **NHG or Partner Institutions under the oversight of NHG DSRB**. 2. Please indicate if these clinical trial applications were submitted through ROAM. If no, please submit the following supporting documents: 3. Your Curriculum Vitae 4. For each clinical trial, the study protocol approved by DSRB. | | | | | | | |
|  | **DSRB Reference Number** | **Study Title** | | **Status (Completed / Ongoing)** | **Is this Clinical Trial application submitted through ROAM? (Yes / No)** | **Initial Approval Date**  **(DD-MM-YY)** | **Completion Date (if applicable)**  **(DD-MM-YY)** |
| **1** |  |  | |  |  |  |  |
| **2** |  |  | |  |  |  |  |
| **3** |  |  | |  |  |  |  |
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**Was any of the listed studies terminated or suspended previously?**

* **Yes. Please indicate why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **No.**
* **I confirm that I am the Principal Investigator / Site Principal Investigator of the above-mentioned clinical trials.**
* **I certify that there is no known research ethics violation or non-compliance, unjustified NHG DSRB SOP deviation, RCR citation and complaints for the above-mentioned clinical trials.**

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| **Signature of Applicant & Date:** | **Telephone:**  **Fax:**  **Email:** |

**Please send the completed request form and supporting documents to the DSRB.  
  
Email: Ms Guo Qianping at min\_ethics\_training@nhg.com.sg  
Fax: 6496 6257 (Attention: Ms Guo Qianping)**