

SPONSORSHIP CHECKLIST

Study Title:	
Sponsor Reference:	AC
Chief Investigator:	
Sponsor Representative:	
Sponsor:	<input type="checkbox"/> University of Edinburgh <input type="checkbox"/> NHS Lothian <input type="checkbox"/> UoE / NHSL Co-Sponsorship <input type="checkbox"/> Other (specify) _____

			Justification
1.	What is the regulatory status of the study?	<input type="checkbox"/> Non-regulated <input type="checkbox"/> CTIMP (Regulated drug trial) <input type="checkbox"/> CIMD (Regulated device trial) <input type="checkbox"/> Combined CTIMP/CIMD	
2.	Will the study be covered under the existing University of Edinburgh insurance policy?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Are there any special conditions to be flagged to the insurance office?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4.	Will the study be required to undergo combined risk assessment as per GS002?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
5.	Will the study be subject to reduced monitoring as per CM004?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	
6.	Is there sufficient funding for the research?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
7.	Are there any NHSL Service Support Costs and/or Excess Treatment Costs associated with the study?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
8.	Are there any areas of legal/custom divergence between participating countries	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	

Once Sponsorship is confirmed, the Sponsor Representative should sign this document. An electronic copy must be retained in the appropriate electronic Sponsorship Review Folder.

	Sponsor Representative Signature		Position		Date

Notes

1.	<p>Please provide justification for classification. If the classification is not uniform across all participation countries, justification for country-specific classification should be provided.</p> <p>In the case of CTIMPs (or trials where there is uncertainty regarding the regulatory status of the trial) please attach a completed MHRA CTIMP algorithm</p> <p>All regulated trials must be co-sponsored</p>
2.	Please provide details of insurance if not UoE
3.	Special conditions include Phase I/FIH trials, Blood borne pathogens, Pregnant women, prisons, sites out with the UK, CI not contracted with UoE, children under 5
4.	<p>All regulated trials must be risk assessed,</p> <p>Any complex non-regulated trial (e.g. involving a clinical investigational agent or involving other significant risk) should be considered for risk assessment</p>
5.	Only applicable for studies not subject to a combined risk assessment, If the study involves a product (including device) and/or surgical procedure, and is randomised with no trial manager or research nurse support, study is eligible for reduced monitoring (SOP CM004). Justification to be provided if reduced monitoring is not applicable.
6.	Please provide details of funding
7.	Please provide details of excess costs

8.	<p>Have fees for submissions and amendments been considered for each country?</p> <ul style="list-style-type: none"> • Standard of Care provisions • Age of legal capacity • Cultural norms • Personal Insurance Arrangements • Data handling/storage/transfer <p>Biological sample handling/storage/transfer to be considered</p>
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