

**Partner Organisations:**

Health Research Authority, England

NHS Research Scotland

HSC Research &amp; Development, Public Health Agency, Northern Ireland

NIHR Clinical Research Network, England

NISCHR Permissions Co-ordinating Unit, Wales

**Notification of Non-Substantial/Minor Amendments(s) for NHS Studies**

This template **must only** be used to notify NHS/HSC R&D office(s) of amendments, which are **NOT** categorised as Substantial Amendments.

**If you need to notify a Substantial Amendment to your study then you MUST use the appropriate Substantial Amendment form in IRAS.**

**Instructions for using this template**

- For guidance on amendments refer to <http://www.hra.nhs.uk/research-community/during-your-research-project/amendments/>
- This template should be completed by the CI and optionally authorised by Sponsor, if required by sponsor guidelines.
- This form should be submitted according to the instructions provided for NHS/HSC R&D at <http://www.hra.nhs.uk/research-community/during-your-research-project/amendments/which-review-bodies-need-to-approve-or-be-notified-of-which-types-of-amendments/> . If you do not submit your notification in accordance with these instructions then processing of your submission may be significantly delayed.

**1. Study Information**

<b>Full title of study:</b>	HORIZONS: a cohort study to explore recovery of health and well-being in adults diagnosed with cancer
<b>IRAS Project ID:</b>	202342
<b>Sponsor Amendment Notification number:</b>	Non-substantial Amendment 19
<b>Sponsor Amendment Notification date:</b>	09/10/2019
<b>Details of Chief Investigator:</b>	
Name [first name and surname]	Professor Claire Foster
Address:	University of Southampton Facility of Health Sciences, Building 67, Highfield Campus, University Road, Southampton
Postcode:	SO17 1BJ
Contact telephone number:	02380 594 006
Email address:	C.L.Foster@soton.ac.uk
<b>Details of Lead Sponsor:</b>	
Name:	Mrs Sharon Davies-Dear
Contact email address:	Sharon.davies-dear@uhs.nhs.uk
<b>Details of Lead Nation:</b>	
Name of lead nation <i>delete as appropriate</i>	England
If England led is the study going through CSP? <i>delete as appropriate</i>	Yes
<b>Name of lead R&amp;D office:</b>	University Hospitals Southampton NHS Foundation Trust

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**2. Summary of amendment(s)**

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No.	Brief description of amendment <i>(please enter each separate amendment in a new row)</i>	Amendment applies to <i>(delete/ list as appropriate)</i>		List relevant supporting document(s), including version numbers <i>(please ensure all referenced supporting documents are submitted with this form)</i>		R&D category of amendment <i>(category A, B, C) For office use only</i>
		Nation	Sites	Document	Version	
1	Change of PI at Gateshead NHS FT – Lorraine Pearce	England	Gateshead NHS FT	IRAS Form – Non SA 19	1.0	
2	Change of PI at United Lincolnshire Hospitals NHS Trust – Andrew Sloan	England	United Lincolnshire Hospitals NHS Trust	IRAS Form – Non SA 19	1.0	
3	Change of PI at Weston Area Health NHS Trust – Amanda Bessant	England	Weston Area Health NHS Trust	IRAS Form – Non SA 19	1.0	
4	Change of PI at Cwm Taf University Health Board– Mr Gary Osborn	England	Cwm Taf University Health Board	IRAS Form – Non SA 19	1.0	
5	Change of trust name from North Cumbria University Hospitals NHS Trust to North Cumbria Integrated Care NHS Foundation Trust. This affects sites the Cumberland Infirmary and West Cumberland Hospital	England	Cumberland Infirmary and West Cumberland Hospital	IRAS Form – Non SA 19	1.0	

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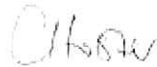
NIHR Clinical Research Network, England  
NISCHR Permissions Co-ordinating Unit, Wales

**3. Declaration(s)**

**Declaration by Chief Investigator**

- I confirm that the information in this form is accurate to the best of my knowledge and I take full responsibility for it.
- I consider that it would be reasonable for the proposed amendment(s) to be implemented.

Signature of Chief Investigator:



Print name: Claire Foster

Date: 17/10/2019

**Optional Declaration by the Sponsor's Representative (as per Sponsor Guidelines)**

*The sponsor of an approved study is responsible for all amendments made during its conduct.*

*The person authorising the declaration should be authorised to do so. There is no requirement for a particular level of seniority; the sponsor's rules on delegated authority should be adhered to.*

- I confirm the sponsor's support for the amendment(s) in this notification.

Signature of sponsor's representative:



Print name: Sharon Davies-Dear

Post: Clinical Trials Project Manager

Organisation: University Hospital Southampton NHS Foundation Trust

Date: 25 October 2019

