

**Partner Organisations:**

Health Research Authority, England

NHS Research Scotland

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

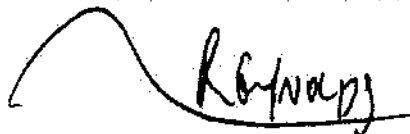
NIHR Clinical Research Network, England

NISCHR Permissions Co-ordinating Unit, Wales

**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:

..... CARL REYNOLDS .....

Date:

..... 18/6/18 .....

**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:

..... Ruth Nicholson .....

Post:

..... Research Governance Manager .....

Organisation:

..... Imperial College London .....

Date:

..... 19/06/18 .....