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| **PROTOCOL APPROVAL PAGE** | |
| **Study Title:** |  |
| **Study Acronym:** |  |
| **Chief Investigator:** |  |
| **Sponsor:** |  |

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| --- | --- | --- | --- |
| **Protocol Version:** |  | | |
| **REC Ref:** |  | **MHRA Ref:** |  |
| **Sponsor Ref:** |  | **Funders Ref. Number:** |  |

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| **PARTICIPATING SITE AND LOCAL PRINCIPAL INVESTIGATOR DETAILS** | |
| **Site Name:** |  |
| **Principal Investigator:** |  |
| **I confirm receipt of current ethically approved protocol insert date and version number at site and agree: for me and all members of my study team to adhere to all protocol stipulated requirements.** | |
| **Signature:** |  |
| **Date:** |  |