Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please complete the questions in order. If you change the response to a question, please select 'Save' and review all the questions as your change may have affected subsequent questions.

Please enter a short title for this project (maximum 70 characters)
I-DSD & I-CAH

1. Is your project research?

(●) Yes ( ) No

2. Select one category from the list below:

( ) Clinical trial of an investigational medicinal product

( ) Clinical investigation or other study of a medical device

( ) Combined trial of an investigational medicinal product and an investigational medical device

( ) Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

( ) Basic science study involving procedures with human participants

( ) Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology

( ) Study involving qualitative methods only

( ) Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)

( ) Study limited to working with data (specific project only)

( ) Research tissue bank

(●) Research database

If your work does not fit any of these categories, select the option below:

( ) Other study

3. In which country of the United Kingdom is the database established?

( ) England

(●) Scotland

( ) Wales

( ) Northern Ireland

3a. In which countries of the United Kingdom will centres collecting and/or supplying data to the database be located?

(tick all that apply)

- [x] England
- [x] Wales
- [x] Scotland
- [x] Northern Ireland

4. Which applications do you require?

- [ ] Social Care Research Ethics Committee
- [x] Research Ethics Committee
- [ ] Confidentiality Advisory Group (CAG)

6. Do you plan to include any participants who are children?

- (•) Yes
- ( ) No

7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

- ( ) Yes
- (•) No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the Confidentiality Advisory Group to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

- ( ) Yes
- (•) No

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

- ( ) Yes
- (•) No

11. Will identifiable patient data be accessed outside the care team without prior consent at any stage of the project (including identification of potential participants)?

- ( ) Yes
- (•) No

RESEARCH DATABASE

NHS
Health Research Authority

Short title and version number: (maximum 70 characters - this will be inserted as header on all forms)
I-DSD & I-CAH

Please complete these details after you have booked the REC application for review.

REC Name:
West of Scotland REC 1

REC Reference Number:
19/WS/0131

Submission date:
06/08/2019

A management protocol or similar document should be enclosed with this application. This should be a comprehensive outline of the purpose, operation, methods, policies and governance of the database.

Part A: Core Information

Administrative information

1. Title of the Database

The International Registries For Differences & Disorders of Sex Development and Congenital Adrenal Hyperplasia

2. Name and address of the establishment *(i.e. the legal entity responsible for storage of the data)*

Organisation	The University of Glasgow
Address	MVLS IT Services
	Sir James Black Building
Postcode	G12 8QQ
Telephone	01413308048
Fax	

3. Name of the Applicant *The applicant should be the person with overall responsibility for the management of the Database and will be regarded as the Data Controller.*

Title	Forename/Initials	Surname
Professor	S. Faisal	Ahmed

Address	Royal Hospital for Children
	Office Block, RHC & QEUH campus
	Glasgow
Postcode	G51 4TF
E-mail	Faisal.Ahmed@glasgow.ac.uk
Telephone	0141 451 5841

Mobile	07765422553
Fax	

A copy of a current CV (maximum 2 pages) for the applicant should be enclosed.

4. Name of the Data Custodian *This should be a senior person at the establishment, other than the applicant, who is independent of the research database team and able to provide assurance that appropriate information governance is in place.*

	Title	Forename/Initials	Surname
	Mr	Tom	Muir
Address	MVLS IT Services		
	James Black Building		
	University of Glasgow		
Postcode	G12 8QQ		
E-mail	Tom.Muir@glasgow.ac.uk		
Telephone	01413308048		
Mobile			
Fax			

5. Has this database (or any part of the database) previously been the subject of an application for ethical review?

(●) Yes ( ) No

If Yes, was the application approved?

(●) Yes ( ) No

Name of Research Ethics Committee:	WoSREC
Date of decision:	26/08/2014
REC reference number:	14/WS/1050

Purpose of the Database

6. Summarise the types of data to be stored. *Please state the population base and the selection criteria for inclusion of data in the Database. Indicate what data is already held and summarise the plans for further data collection from patients, service users or care records. Indicate whether any particularly sensitive data will be held.*

The population base is people with a concern about their sexual development, adrenal function or gender development. Most of these people are identified in childhood and may also present in early infancy with an abnormality of the development of the external and/or internal reproductive organs. There is a large amount of variation in how these patients are managed across the UK as well as across the world. In addition, there are enormous gaps in our knowledge about the aetiology of these conditions and the long-term outcome in adults with these conditions.
In Scotland, a core dataset on children and young adults is currently stored on an electronic register held by the Scottish Disorders of Sex Development Network (SDSD-MCN, formerly SGAN) (http://www.nsd.scot.nhs.uk/services/nmcn/sgan.html) which is a national clinical managed care network supported by the National Services Division of NHS Scotland. The contents of this core dataset have been scrutinised by clinician members of SDSD, the executive group of SDSD which consists of service users and the Caldicott guardian for NHS Greater Glasgow & Clyde.
In 2006, a group of international experts reach a consensus on terminology and the datasets developed in Scotland were developed further and scrutinised by a working group within the European Society of Paediatric Endocrinology, ESPE (www.eurospe.org/about/workinggroups/DSD) and have been expanded further after input from a variety of multicentre collaborative projects including EuroDSD, DSDnet, I-DSD and EU-TAIN. The web-based registry has now been in operation for over a decade and consists of over 3600 cases. It is used in all the continents and is highly research active. It has a steering committee and a scientific panel and has a stand-alone international biennial meeting. It has been scrutinised by the ethics advisers of the EuroDSD and I-DSD programmes. Patient and parent

input has been provided through representation within the steering committee as well as through a dedicated workshop held for user groups in Bologna in 2016. This registry, is currently open to approved eligible users with clinical and/or research interests in DSD. The inclusion criteria include any patient with a condition affecting sexual development or a related condition affecting gender or adrenal function. The registry consists of brief diagnostic details but no patient identification details except gender and date of birth and date of death. Each case dataset is provided with a unique registry identifier. The clinician entering the data is asked to make a local record of this unique registry identifier and keep a local link to the actual case. Each centre will have one lead clinician (the centre lead) who is clinically responsible for all cases in their centre. Other members of the team may apply for access to upload cases in the same centre on behalf of the centre lead.. In those cases where patients are seen by more than one registered centre, the named clinician for the Registry will be from the first centre. This reduces the chances of entering duplicate data. Clinicians entering/editing/modifying data shall receive notification immediately after completing the activity with the edit history and unique Registry identifier number which they can keep for their records locally.

Please enclose a list of all data items to be stored. Enclose a copy of any questionnaire to collect data from donors which is additional to data collected in the course of normal healthcare provision.

7. Justify the collection of this data and describe how it will be used for research. *Summarise the overall policy of the establishment for use of the data, including release to other researchers or research organisations. Say what other research databases already exist in this field. What will this database add to existing resources and what will be the potential benefits?*

There is currently a strong demand for extending access to the I-DSD & I-CAH Registry so that clinicians from all over the world can also enter data. The Registry has now become the standard international portal through which clinicians and researchers exchange information in a standardised and secure fashion. At each centre, more than one clinician can be provided with rights to enter new data, but only the centre lead can delete records.

The data that are stored on the Registry have great research value. However, the Registry also acts as a resource which facilitates the collection of core data which researchers can use to contact lead clinicians who are the sole contact point for patients. Clinicians shall need to comply with their local country's rules on information governance. Individual clinicians shall only be able to search the Registry for their own patients.

The Project Management Group of the Steering Committee will oversee access to the Registry and the long-term use of the data. They are advised by a Scientific Panel which examines all requests for data. Researchers with potential studies shall approach the Project Management Group and this Group will ensure that studies have all the appropriate approvals for being granted access rights. The Steering Committee consists of a patient representative as well as representatives of international professional societies.

In summary, named clinicians approved by the Project Management Group shall enter data on patients regularly on the electronic registry. In the UK, clinicians shall provide patients and their parents if the patient is less than 16 with an information sheet and an opt-in consent form. Following approval by the Scientific Panel, the Project Management Group, will provide researchers with information on patients suitable for their study for a limited period and subject to a data sharing agreement.

The potential benefits include:-

1. The collection of these data will allow researchers internationally to design new studies and have the ability to recruit large enough groups of carefully ascertained patients.
2. The registry will promote the use of standardised methods of collecting data and describing clinical conditions. It will, therefore, also drive up standards of clinical care.
3. Such a registry would be the only means of conducting long-term outcome studies.
4. By developing a uniform process for collecting data, the registry will promote standards of information governance.

To date over 20 full publications have been produced using data from the I-DSD and I-CAH Registries.

8-1. How have you actively involved, or will you involve, patients, service users, or members of the public in establishing the database and its policies?

Service users have already been involved in the development of the original SDSD Register. The I-DSD project sought advice from its panel of experts on ethics issues. For the UK development of the electronic web-based registry, service user representatives from groups such as CLIMB CAH Support Group and the AIS Support Group and dsdFamilies.org provided input into the Registry. The I-DSD Steering Committee includes members who are patients or parents of patients. Based on their input we only include patients after informed consent (Opt-in system), have

developed friendly information leaflets and supporting studies that have a patient focus. The biennial International DSD meetings have strong representation from patients and parents and their input was enhanced further through the COST action, DSDnet which organised a dedicated workshop for patients and parents to provide input on registries. The Registry is also moving towards developing a section within the Registry which will be accessible to patients and which will allow the provision of dynamic consent.

9. How will you inform data subjects and other patients, service users and members of the public of the results of research?

The Registry can be used for secondary research on anonymised data which may result in publication in a journal or dissemination at a conference or meeting, thereby falling into the public domain. In these cases patients will not be informed of the specific use of their data. That use will already be consented through the Opt In consent process where patients are given information leaflets. Patients can find out more from the website www.i-dsd.org or www.i-cah.org. As the patient module is developed, patients will be able to log in themselves and see what research has used their data.

10. How will the Database be managed, financed and sustained to ensure the potential benefits are realised?

The I-DSD & I-CAH Registry is managed by a Steering Committee & its Project Management Group https://home.i-dsd.org/governance/. It is financed through a range of activities including its biennial meeting, membership fee for clinical users and research fees for researchers. The University of Glasgow is committed to maintaining the Registry over the longer term. Developments in the registry, such a developing a specific CAH module for a particular group has already attracted additional funding and this model will be extended to other groups with module development requirements.

Information governance

11. What personal identifiers will be held with the data records? *Please tick all that apply.*

- ☐ Initials
- ☐ Full name
- ☐ Address
- ☐ NHS or CHI number
- ☐ Hospital ID no.
- ☐ GP registration
- ☑ Date of birth
- ☐ Year of birth
- ☑ Date of death
- ☐ Postcode
- ☑ Other geographical identifiers

please specify

- The hospital and health care provider where the patient receives endocrine care.
- Access to ‘the patient space’ will require the email of the patient or the patient’s carer. This will be an optional exercise which the patient will need to choose on the consent form.

Purpose for which postcode/geographical identifiers required:

- ☐ Deprivation scoring
- ☐ Lifestyle analysis
- ☑ Geographical analysis

- ☑ Gender
- ☐ Occupation
- ☐ Ethnicity
- ☐ Other identifiers

12-1. What systems will be in place to ensure the confidentiality of personal data? *What will be your policy for limiting access to identifiable data within the establishment. Say who will have access and for what purposes, what training they will have and how the confidentiality policy will be monitored and enforced.*

No personally identifiable data except those mentioned above shall be stored on the Registry. All those involved in the running and development of the Registry will have to be up to date with the General Data Protection Regulations and will complete the University of Glasgow online course (http://www.gla.ac.uk/services/dpfoioffice/dataprotectiononlinetr ainingmodule/) and familarise them with the University's policies on data protection at https://www.gla.ac.uk/myglasgow/datamanagement/creatingyourdata/d ataprotectionethics/

13. What security and audit measures will be in place to secure access to identifiable data held by the Database?

The MVLS IT Services at the University of Glasgow have a body of projects associated with fine-grained security. In restricting access to the registry and its contents, roles based access control (RBAC) and identity based access control (IBAC) mechanisms are applied. The X509-based digitally signed roles (attribute certificates) are maintained in a secure attribute server. The assignment and revocation of roles and hence privileges to individuals involved in either entering clinical cases to the registry or accessing clinical cases is through agreement with the I-DSD project office. Authentication to the portal and delivery of attribute certificates for local authorisation at the portal level is made through the UK Access Management Federation and a dedicated Identity Provider. This same standard will be maintained for the I-DSD Registry.

14. What arrangements will be in place for monitoring the Database's systems and procedures?

Access to the Registry will be perpetually monitored and information logged on its usage. Basic internet-based monitoring tools such as Google Analytics are used for recording patterns of interactions (including ensuring that only recognised client IP-addresses are used when accessing the registry). Finer grained auditing and logging of access and usage of the registry contents will be maintained through portal-based solutions which leverage the RBAC and IBAC mechanisms. Feedback on access and usage of the registry will be regularly discussed at project meetings. This is the system we have used for the other successful registries that we have run from Glasgow. In addition to internal governance systems and procedures, the Registry will also be governed by the Steering Committee of I-DSD and I-CAH.

Use of data by the Research Database team or other researchers

15. Do you wish to seek generic ethical approval for research projects using the stored data, under conditions agreed with the REC, without requirement for researchers to apply individually to the REC for approval?

(●) Yes ( ) No

16. What types of research will be undertaken and in what field(s) of health or social care?

The data on the Registry has been used for several purposes including Searching for suitable cases, Designing a study, Preparing case for funding, Performing a prospective study that may require additional local ethical approval. The data on the Registry has been analyzed to provide a summary update on the contents of the Registry to funding bodies as well as to groups interested in using the Registry for their research. This research will also report on the use of the Registry and its development. Secondary research can be performed on the extended dataset by approved researchers subject to adherence to the conditions of ownership and publications described in the data sharing agreement and subject to the Scientific Panel, https://home.i-dsd.org/scientific-panel/

17. Give summary details of the research team. *It is not necessary to name individuals, but please give an indication of the types of researchers who are likely to be involved and the expertise available within the team, including IT and other support staff. Include any external research organisations or units you plan to collaborate with, if known.*

The project management team consists of the Project Lead (S.F. Ahmed), project manager, data scientist, research fellow and an administrator. In addition, there is a steering committee and a scientific panel that oversees data access. Names and details are available at https://home.i-dsd.org/about/. Research on the data in the Registry performed by a wide range of investigators from across the world.

18. Will any types of research or research organisation be excluded from receiving data?

○ Yes ◉ No

19. What arrangements will be made to consider applications from researchers for access to the data? How will decisions on access be made and who will be involved? *Include details of arrangements for ensuring adequate scientific critique of research proposals.*

Searching the Registry for data at centres other than the user's own centre is only possible by the project management team. Depending on the amount of work involved data searches will incur a small fee and researchers are advised to get in touch for further information. The Office for Rare Conditions in Glasgow can provide more extensive study support depending on the investigator's needs and may include:-
- Advice on study process and design
- Liaising with Registry users on behalf of the study investigators
- Developing study specific modules
- Prospective investigators should contact the office before embarking on, developing, or seeking funding for the study so that the costs of this proposed work can be clarified. They complete a DATA SEARCH FORM and a Data Sharing Agreement. They can use the I-DSD/I-CAH_data fields to identify fields required for their study.
Once submitted all study documents are sent to the Scientific Panel for approval.

Further details are available at https://home.i-dsd.org/research-access/

20. Please give details of how the data will be effectively anonymised or pseudonymised to protect the confidentiality of subjects. What measures will you take to prevent possible re-identification by linking to other databases?

The data held in the Registry will be pseudoanonymised. The clinician entering the case data shall hold the NHS, CHI or Hospital ID number separately at their local centre. On completing the core dataset within the Registry, the clinician shall be provided with a unique registry number. The clinician shall store this registry number and the link to local case details (NHS,CHI number) in their local institution physically separate from the Registry. The Registry office will not be able re-identify the patient. The clinical user will have strict instructions not to enter personally identifiable data (except for Date of Birth, Date of Death, Gender and Health Care Provider) in any section of the Registry. Access to 'the patient space' in the Registry will require the email of the patient or the patient's carer. This will be an optional exercise which the patient will need to choose on the consent form.

21. What conditions will apply to the sharing of data with researchers? *Please summarise the terms of any data access or data sharing agreement and say how these will be monitored and enforced.*

All active researchers will be asked to provide details of the proposed project including the need for funding, ethics, dissemination, patient and public involvement, clinical impact, publication policy at outset with specific timelines. They will also be asked to complete a data sharing agreement. Approved researchers will be provided the data that they are seeking by the Project Management Group and contact with clinicians will be initiated by the Project Management Group. Progress reports will be required at 6 monthly intervals. Further details of the Data Sharing Agreement are available at https://idsdorg.files.wordpress.com/2019/01/data-sharing-agreemen t-030818.docx

22. Is it possible that the research could produce findings of direct clinical significance for individuals? *(This may include relatives as well as data subjects.)*

It is possible that patient centred outcome measures collected on individual patients may have some direct clinical significance. These data will be deposited in the individual's own web space and can be accessed by the patient. There will be clear guidance in this section that these data need to be discussed by the individual with their clinician. This approach has been adopted in other registries such as the UK Renal Registry (https://www.renalreg.org/datasets/renal-indicators-dashboards/) and from personal experience in the clinical setting, these features have strengthened the patient-doctor relationship and increased the patient's interest in their own condition.

23. Where research data is of direct clinical significance for individuals, will arrangements be made to notify the individuals concerned?

◉ Yes ○ No

If No, please justify. If Yes, say what arrangements will be made and give details of the support or counselling service.
As discussed above, the data that will be collected will reflect clinical care and will be discussed at the clinic that the individual attends. In addition aggregate data shall be posted on the I-DSD & I-CAH websites. However, centre specific and patient specific data shall not be publicly available.

24. Will data be released to individuals/organisations conducting research outside the UK?

◉ Yes ○ No

If Yes, please give details and describe any additional safeguards you will put in place:
The data will be provided to all researchers approved by the Scientific Panel. The information sheet will clarify this and explicitly state that the data can be shared with any researcher. We have used this approach over the last decade and over 90% of the participants have allowed for the data to be accessed by any approved researchers in the world. This is very important in the field of rare conditions where the research may be performed at a site very far away from the patient. In addition, meaningful data from aggregates may only be possible when data are shared across international geographical boundaries.

25. What policies will apply to further storage and use of data by researchers when studies are complete? What mechanisms will be in place for approving further studies?

All cases will have a record of what Registry data have been used for which study. New researchers will be provided information on all completed and published studies where a specific case's data have been used. A new researcher who proposes a study which overlaps with an active study will be put into contact with the other researchers. Researchers will be encouraged to consider new studies on the data that will be stored in the Registry.

Data collection and informed consent arrangements

Question 26 applies to existing collections of data only.

26. Has informed consent already been given to use the data for research?

○ Yes ◉ No ○ Not applicable

If Yes, please describe what arrangements were made to seek informed consent and for what purposes. A copy of the information sheet and consent form should be enclosed. Confirm that the consent covers the uses of personal data now proposed by the Research Database team.

If No, or if existing consent does not cover the purposes now proposed, say whether consent will now be sought. Please include details of the arrangements for seeking consent in your answer to questions 28 - 30. If consent will not be sought, please justify.
Informed consent will be obtained from each patient (or their legal carer) who is entered into the registry. See questions 28-30.

Question 27 relates to identification of the data cohort. It applies to all new data collection from patients, service users or health records.

27-1. How and by whom will records be identified?

Patient identifiable records will be kept separately in the local hospital records by the clinician who is entering the data. The pseudoanonymized data will be accessible to the clinician and the patient as well as the coordinating centre.

27-2. Will this involve reviewing or screening identifiable personal information of potential data subjects?

◉ Yes ○ No

27-3. Please give details of how identification will be carried out and what resources will be used?

The clinician responsible for entering the data shall have access to the locally held NHS/CHI/Hospital number and shall be able to link these to the unique Registry ID. This clinician will identify cases locally, obtain consent and enter core data into the Registry.

27-4. Will individuals other than the direct healthcare team have access to identifiable personal information of potential data subjects for this purpose?

○ Yes ◉ No

Questions 28 - 30 apply in all cases except where the application relates to an existing data collection and consent has already been obtained.

28. How and by whom will data subjects first be approached? *Indicate whether this will be in the course of healthcare provision or whether additional procedures will be involved. In the case of additional procedures, what burdens could arise for participants?*

To obtain consent and for providing information about the Registry, clinicians shall approach the patients and their legal guardians, if applicable at the routine hospital visit.

29-1. Will you obtain informed consent from or on behalf of data subjects?

◉ Yes ○ No

If you will be obtaining consent from adult data subjects, please give details of who will take consent and how it will be done, with details of any steps to provide information (a written information sheet, videos or interactive material). Arrangements for adults unable to consent for themselves should be described separately in Part B Section 6, and for children in Part B Section 7.
If you plan to seek informed consent from vulnerable groups, say how you will ensure that consent is voluntary and fully informed.
If you will not be obtaining informed consent, please complete question 29-3.
Current information sheets are widely available in a range of languages including English. See website https://home.i-dsd.org/information-consent-forms-2/. Revised versions are enclosed with the application.

Please enclose a copy of the information sheet(s) and consent form(s).

29-2. Will you record informed consent in writing?

◉ Yes ○ No ○ Not applicable

30-1. What arrangements have been made for persons who might not adequately understand verbal explanations or written information in English, or who have special communication needs? *(e.g. translations, use of interpreters)*

Information sheets will be created in as many languages as possible. See https://home.i-dsd.org/information-consent-forms-2/

30-2. What arrangements will you make to comply with the principles of the Welsh Language Act in the provision of information to data subjects in Wales?

As the Registry becomes more widely adopted throughout the UK including Wales, there will need to be an appraisal of its use across the UK and how its use can be further extended. The development of information sheets in Welsh and other minority languages in the UK as well as other parts of the world remains an important consideration for this international registry.

Questions 31 - 32 apply to all applications:

31. Will any financial or other incentives be offered to data subjects?

No

32. What steps will be taken where data subjects subsequently withdraw consent to the use of their data? What information will data subjects be given about this?

The information sheet will clearly state that the data can be removed by the data subjects or their legal guardians. In addition, the Registry will develop a patient dashboard which patients will have access to and within which they can alter their settings and notify their clinician that they would like to delete their data.

Summary of the application

33. Please provide a brief summary of the application in a form suitable for publication, using language easily understood by patients and public. *The summary will be published on the website of the National Research Ethics Service following the ethical review. You may cut and paste from answers to other questions.*

Title of the database: The International Registries For Differences & Disorders of Sex Development and Congenital Adrenal Hyperplasia

Establishment responsible for management of the database:

Organisation	The University of Glasgow
Address	MVLS IT Services
	Sir James Black Building
Postcode	G12 8QQ
Telephone	01413308048
Fax	

Data to be stored and data collection arrangements (maximum 200 words):
Research programme/community supported by the database (maximum 200 words):

PART B: Section 7 - Children

1. Please specify the potential age range of children under 16 who will be included and give reasons for carrying out the research in this age group.

Children from the age of birth onwards will be eligible to be included in the Registry. Given that a large proportion of rare endocrine conditions present in childhood, there is a considerable focus on this research in children, their management and their long-term outcome.

2. Indicate whether any children under 16 will be recruited as controls and give further details.

No

3-2. Please describe the arrangements for seeking informed consent from a person with parental responsibility and/or from children able to give consent for themselves.

Consent shall be obtained from the person with parental responsibility. Whilst it is appreciated that many children under the age of 16 yrs can provide consent for themselves, it is possible that a number of children are not under regular followup from late childhood. Leaving it to the clinicians to ensure whether a child is mentally ready to provide consent was considered to be logistically difficult, especially as this project will cover several centres across Europe and beyond. We have, therefore, opted for a blanket approach of covering every young person at a standard age of 16 yrs. This is consistent with the GDPR too. The reading age of the information sheet has been kept low enough for older children above 14 to be able to understand the document and it can therefore, be used for a child presenting for the first time around that age. Within the electronic registry we have used a system where a reminder is sent to the clinician to obtain consent from a young person over 16 whose information was entered before the age of 14.

4. If you intend to provide children under 16 with information about the research and seek their consent or agreement, please outline how this process will vary according to their age and level of understanding.

Children under the age of 16 years and their parents shall be provided with the single information sheet. An additional sheet has been developed for the child between the ages of 8 and 14 years, as attached.

Copies of written information sheet(s) for parents and children, consent/assent form(s) and any other explanatory material should be enclosed with the application.

Part C: Data Collection Centres

Please enter details of the organisations (NHS or other) in the UK that will act as data collection centres for this research database.

Data collection centre	Local collaborator
Greater Glasgow & Clyde NHS Board	S Faisal Ahmed
Addenbrookes Hospital	Ajay Thankamony
Sheffield Hallamshire Hospital	Richard Ross
Sheffield Children's Hospital	Nils Krone
Birmingham Children's Hospital	Ruth Krone
University of Birmingham	Weibke Arlt
University of Southampton NHS Hospital Trust	Katherine Lachlan
Hull and East Yorkshire Hospitals NHS Trust	Vereghese Mathew
Liverpool Alder Hey Children's Hospital	Urmi Das
North Thames CRN	Colin Johnstone
Brighton & East Sussex University Hospitals NHS Trust	Shankar Kanumakala
Surrey & Sussex Healthcare NHS Trust	Ben Field
Ninewells Hospital	Graham Leese
Royal Devon & Exeter NHS Foundation Trust	Antonia Brooke
Newcastle Upon Tyne NHS Foundation Trust	Tim Cheetham
Christie Hospital NHS Foundation Trust	Claire Higham
Leeds Children's Hospital	Sabah Alvi
UCL-GOSH	Peter Hindmarsh
Manchester Royal Infirmary	Steve Ball
Churchill Hospital, Oxford	Jeremy Tomlinson
Leicester Royal Infirmary	Helena Gleeson
Manchester Children's Hospital	Mars Skae
Barts Health NHS Trust	Evelien Gevers
Cardiff University	Justin Warner
University Hospitals Bristol NHS Foundation Trust	Elizabeth Crowne
University of Dundee	Nicholas Conway
Edinburgh Royal Hospital for Sick Children	Harriet Miles
St Bartholomews Hospital, London	Marta Korbonits
University College London	John Achermann
Nottingham University Hospitals NHS Trust	Tabitha Randell
Norfolk and Norwich University Hospital	Emma Webb

Part D: Declarations

D1. Declaration by the applicant:

1. The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.
2. If the application is approved I undertake to adhere to the terms of the application of which the REC has given a favourable opinion and any conditions set out by the REC in giving its opinion.
3. I undertake to seek an ethical opinion before implementing substantial amendments to the terms of the application of which the REC has given a favourable opinion.
4. I undertake to submit annual progress reports to the REC.
5. I understand that the information contained in this application, any supporting documentation and all correspondence with NHS Research Ethics Committees or their operational managers relating to the application:
    - Will be held by the main REC indefinitely (or until 3 years after the closure of the Database).
    - May be disclosed to the operational managers or the appointing body for the REC in order to check that the application has been processed correctly or to investigate any complaint.
    - May be seen by auditors appointed by the National Research Ethics Service to undertake accreditation of the REC.
    - Will be subject to the provisions of the Freedom of Information Acts and may be disclosed in response to requests made under the Acts except where statutory exemptions apply.
    - May be sent by email to REC members.
6. I understand that a summary of this application will be published on the website of the National Research Ethics Service (NRES), together with the contact point for enquiries named below. Publication will take place no earlier than 3 months after issue of the ethics committee's final opinion or the withdrawal of the application.

Contact point for publication

NRES would like to include a contact point with the published summary of the application for those wishing to seek further information. We would be grateful if you would indicate one of the contact points below.

- (●) Applicant named at A3
- ( ) Other – please give details
- ( ) None

Optional – please tick as appropriate:

☐ I would be content for members of other RECs to have access to the information in the application in confidence for training purposes. All personal identifiers and references to the establishment and other research units and collaborators would be removed.

This section was signed electronically by Professor SF Ahmed on 20/08/2019 11:27.

Job Title/Post:

Organisation:

Email:

Part D: Declarations

D2. Declaration by Data Custodian

1. I confirm that the information in this application is accurate to the best of my knowledge and belief and I approve the application.
2. I confirm that the establishment has Data Protection Registration appropriate to the purposes described in this application.
3. I confirm that the establishment has an appropriate System Level Security Policy in place for the systems used by the Database.
4. If the application is approved, I confirm that I will take responsibility for ensuring that the arrangements described in the application are adhered to and any agreed conditions of ethical approval are complied with.

This section was signed electronically by Mr Tom Muir on 20/08/2019 12:41.

Job Title/Post:	Head of IT CTU
Organisation:	University of Glasgow
Email:	Tom.Muir@glasgow.ac.uk