Amendment Tool

v1.6 06 December 2021

For office use

QC: Yes

Section 1: Project information

Short project title*:	TICH-3
IRAS project ID* (or REC reference if no IRAS project ID is available):	IRAS Project ID: 297457
Sponsor amendment reference number*:	SA_06_24
Sponsor amendment date* (enter as DD/MM/YY):	11 March 2024
Briefly summarise in lay language the main changes proposed in this amendment. Explain the purpose of the changes and their significance for the study. If the amendment significantly alters the research design or methodology, or could otherwise affect the scientific value of the study, supporting scientific information should be given (or enclosed separately). Indicate whether or not additional scientific critique has been obtained (note: this field will adapt to the amount of text entered)*:	The aim of this protocol amendment is fivefold; first to capture participant co-morbidity using the Clinical Frailty Score (CFS), second to measure post stroke fatigue using Fatigue Severity Scale (FSS-7), third to streamline the health economics/resource use form to improve data completion for patients, fourth to add an eligibility checklist to facilitate enrolment out of hours and finally we also took this opportunity to make some minor text changes to the protocol, including updating the literature review and adding points of clarity to assist investigators.

Project type (select):	**Specific study**			
	Research tissue bank			
	Research database			
Has the study been reviewed by a UKECA-recognised Research Ethics Committee (REC) prior to this amendment?:	**Yes**		No	
What type of UKECA-recognised Research Ethics Committee (REC) review is applicable? (select):	**NHS/HSC REC**			
	Ministry of Defence (MoDREC)			
Is all or part of this amendment being resubmitted to the Research Ethics Committee (REC) as a **modified amendment** (i.e. a substantial amendment previously given an unfavourable opinion)?	Yes		**No**	
Where is the NHS/HSC Research Ethics Committee (REC) that reviewed the study based?:	England	Wales	Scotland	Northern Ireland
	Yes	No	No	No
Was the study a clinical trial of an investigational medicinal product (CTIMP) OR does the amendment make it one?:	**Yes**		No	
EudraCT number*:	2021-001050-62			
Was this clinical trial of an investigational medicinal product (CTIMP) processed under the CTIMP combined review service (formerly known as the Combined Ways of Working (CWoW) pilot)?:	Yes		**No**	
Did the study receive Pharmacy Assurance?:	Yes		**No**	
Was the study a clinical investigation or other study of a medical device OR does the amendment make it one?:	Yes		**No**	
Did the study involve the administration of radioactive substances, therefore requiring ARSAC review, OR does the amendment introduce this?:	Yes		**No**	
Did the study involve the use of research exposures to ionising radiation (not involving the administration of radioactive substances) OR does the amendment introduce this?:	Yes		**No**	
Did the study involve adults lacking capacity OR does the amendment introduce this?:	**Yes**		No	
Did the study involve access to confidential patient information outside the direct care team without consent OR does the amendment introduce this?:	Yes		**No**	
Did the study involve prisoners or young offenders who are in custody or supervised by the probation service OR does the amendment introduce this?:	Yes		**No**	
Did the study involve children OR does the amendment introduce this?:	Yes		**No**	
Did the study involve NHS/HSC organisations prior to this amendment?:	**Yes**		No	
Did the study involve non-NHS/HSC organisations OR does the amendment introduce them?:	Yes		**No**	
	England	Wales	Scotland	Northern Ireland
Lead nation for the study:	**Yes**	No	No	No
Which nations had participating NHS/HSC organisations prior to this amendment?	**Yes**	**Yes**	**Yes**	**Yes**
Which nations will have participating NHS/HSC organisations after this amendment?	**Yes**	**Yes**	**Yes**	**Yes**

Section 2: Summary of change(s)

What do you want to update?:	**Project information**
	New site/PI only

Please note: Each change being made as part of the amendment must be entered separately. For example, if an amendment to a clinical trial of an investigational medicinal product (CTIMP) involves an update to the Investigator's Brochure (IB), affecting the Reference Safety Information (RSI) and so the information documents to be given to participants, these should be entered into the Amendment Tool as three separate changes. A list of all possible changes is available on the "Glossary of Amendment Options" tab. To add another change, click the "Add another change" box.

Change 1	
Area of change (select)*:	Study Documents
Specific change (select - only available when area of change is selected first)*:	Protocol - Substantial changes (e.g. affecting safety or the scientific value of the trial)
Further information (free text - note that this field will adapt to the amount of text entered):	1. Clarified point of randomisation is opening the treatment pack 2. Clarified standard care with anticoagulant reversal can still proceed 3. Added clarity that there is a 10% leeway on the 60ml haematoma volume estimation 4. Clarified enrolment consent can be taken by a doctor or appropriately trained healthcare ptofessional 5. Clarified why only prespecified safety events are being collected until day 7 and all fatal events collected until discharge 6. Clarification that events can be unexpected in terms of severity added to SUSAR appendix 1 7. Table of assessments - Corrected that EuroQOL-5D-5L and VAS are not collected at discharge, VAS also not collected at baseline. Added frailty score at baseline and fatigue score at day 180. Also added fatigue score to secondary outcomes section. 8. Made clear that the IMP is to be started within the 4.5 hours inclusion window. 9. Implementation of eligibility checklist and enrolment consent, to maximise chances of recruitment and provide equal opportunity for all potentially eligible participants to take part in the trial, when research team are not available. 10. Removed sentence 'even in hospitals affected by the pandemic' 11. Amended wording that "may be useful to take the IMP with the patient to the scanner" rather than "it will be necessary to take the IMP with the patient to the scanner" 12. Literature review update 13. References updated 14. Change in sponsor contact

Applicability:	England	Wales	Scotland	Northern Ireland
Where are the participating NHS/HSC organisations located that will be affected by this change?*:	**Yes**	**Yes**	**Yes**	**Yes**
Will all participating NHS/HSC organisations be affected by this change, or only some? (**please note** that this answer may affect the categorisation for the change):	**All**		Some	
			Remove all changes below	

Change 2	
Area of change (select)*:	Participant Procedures
Specific change (select - only available when area of change is selected first)*:	Recruitment - Change in identification, approach, recruitment or consent of participants
Further information (free text - note that this field will adapt to the amount of text entered):	In the emergency setting (particularly outside office hours when less staff are available) it is not practicable and may introduce delay to ensure the enrolling doctor has a GCP certificate and is on the electronic delegation log. Introduce the use of an approved eligibility checklist to facilitate recruitment in the emergency setting, where the PI may delegate enrolment to the treating clinical team at the site.

Applicability:	England	Wales	Scotland	Northern Ireland
Where are the participating NHS/HSC organisations located that will be affected by this change?*:	**Yes**	**Yes**	**Yes**	**Yes**
Will all participating NHS/HSC organisations be affected by this change, or only some? (**please note** that this answer may affect the categorisation for the change):	**All**		Some	
			Remove all changes below	

Change 3

Area of change (select)*:	Study Documents			
Specific change (select - only available when area of change is selected first)*:	Other minor change to study documents (e.g. information sheets, consent forms, questionnaires, letters) that can be implemented within existing resource in place at participating organisations - Please specify in the free text below			
Further information In particular, please describe why this change can be implemented within the existing resource in place at the participating organisations (free text - note that this field will adapt to the amount of text entered)*	The resource use form is part of the Day 180 postal questionnaire form which asks the participant to provide information about services they have used or additional aids they have purchased/received since leaving the hospital after their stroke. The form provides examples of services or aids that a participant may typically use following a stroke and most answers are a simple yes/no. This has been further streamlined to reduce the burden on the participants completing these.			
Applicability:	England	Wales	Scotland	Northern Ireland
Where are the participating NHS/HSC organisations located that will be affected by this change?*:	**Yes**	**Yes**	**Yes**	**Yes**
Will all participating NHS/HSC organisations be affected by this change, or only some? (**please note** that this answer may affect the categorisation for the change):	**All**		Some	
			Remove all changes below	

Change 4				
Area of change (select)*:	Study Design			
Specific change (select - only available when area of change is selected first)*:	Other significant change to study design that can be implemented within existing resource in place at participating organisations - Please specify in the free text below			
Further information In particular, please describe why this change can be implemented within the existing resource in place at the participating organisations (free text - note that this field will adapt to the amount of text entered)*	Addition of premorbid scale, Clinical Frailty Score (CFS) to enrolment eCRF. Addition of Secondary outcome, Fatigue Severity Scale (FSS-7) to day 180 questionnaire. Both measures have been added to the protocol in the relevant sections. Co-enrolment question has also been added to the day 180 questionnaire.			
Applicability:	England	Wales	Scotland	Northern Ireland
Where are the participating NHS/HSC organisations located that will be affected by this change?*:	**Yes**	**Yes**	**Yes**	**Yes**
Will all participating NHS/HSC organisations be affected by this change, or only some? (**please note** that this answer may affect the categorisation for the change):	**All**		Some	
			Remove all changes below	

Change 5				
Area of change (select)*:	Study Documents			
Specific change (select - only available when area of change is selected first)*:	Other significant change to study documents (e.g. information sheets, consent forms, questionnaires, letters) that can be implemented within existing resource in place at participating organisations - Please specify in the free text below			
Further information In particular, please describe why this change can be implemented within the existing resource in place at the participating organisations (free text - note that this field will adapt to the amount of text entered)*	Addition of eligibility checklist and enrolment form			
Applicability:	England	Wales	Scotland	Northern Ireland
Where are the participating NHS/HSC organisations located that will be affected by this change?*:	**Yes**	**Yes**	**Yes**	**Yes**
Will all participating NHS/HSC organisations be affected by this change, or only some? (**please note** that this answer may affect the categorisation for the change):	**All**		Some	
			Add another change	

Section 3: Declaration(s) and lock for submission

Declaration by the Sponsor or authorised delegate

- I confirm that the Sponsor takes responsibility for the completed amendment tool
- I confirm that I have been formally authorised by the Sponsor to complete the amendment tool on their behalf

Applicant identification:	**Sponsor** Legal representative of the sponsor Person or organisation authorised by the sponsor
Organisation:	University of Nottingam
Name [first name and surname]:*	Ali Alshukry
Address:	

Telephone number:	
Fax number:	
Purchase Order (PO) number for MHRA invoicing:	4617735
Email address:*	sponsor@nottingham.ac.uk

Lock for submission

Please note: This button will only become available when all mandatory (*) fields have been completed. When the button is available, clicking it will generate a locked PDF copy of the completed amendment tool which must be included in the amendment submission. Please ensure that the amendment tool is completed correctly before locking it for submission.

Lock for submission

After locking the tool, proceed to submit the amendment online. The "Submission Guidance" tab provides further information about the next steps for the amendment.

Section 4: Review bodies for the amendment

Please note: This section is for **information only**. Details in this section will complete automatically based on the options selected in Sections 1 and 2.

	Review bodies																	
	UK wide:						England and Wales:				Scotland:				Northern Ireland:				
	REC	Competent Authority MHRA - Medicines	Competent Authority MHRA - Devices	ARSAC	Radiation Assurance	UKSW Governance	REC (MCA)	CAG	HMPPS	HRA and HCRW Approval	REC (AWIA)	PBPP	SPS (RAEC)	National coordinating function	HSC REC	HSC Data Guardians	Prisons	National coordinating function	Category:
Change 1:	Y	Y				Y				(Y)				(Y)				(Y)	A
Change 2:	Y	N				Y				Y				Y				Y	A
Change 3:	N	N				(Y)				(Y)				(Y)				(Y)	C
Change 4:	Y	Y				Y				Y				Y				Y	C
Change 5:	Y	N				Y				Y				Y				Y	C
Overall reviews for the amendment:																			
Full review:	Y	Y				Y				Y				Y				Y	
Notification only:	N	N				N				N				N				N	
Overall amendment type:	Substantial for review																		
Overall Category:	A																		