

**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>	Prevention of Respiratory Insufficiency after Surgical Management (PRISM) Trial:  A pragmatic randomised controlled trial of continuous positive airway pressure (CPAP) to prevent respiratory complications and improve survival following major abdominal surgery
<b>IRAS Project ID:</b>	183040
<b>Sponsor Amendment Notification number:</b>	Minor amendment 2
<b>Sponsor Amendment Notification date:</b>	05/08/2016
<b>Details of Chief Investigator:</b>	
Name [first name and surname]	Rupert Pearse
Address:	Adult Critical Care Unit Royal London Hospital Whitechapel London United Kingdom
Postcode:	E1 1BB
Contact telephone number:	+44 (0)20 3594 0351
Email address:	r.pearse@qmul.ac.uk
<b>Details of Lead Sponsor:</b>	

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Name:	Queen Mary University London
Contact email address:	sponsorsrep@bartshealth.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>	Joint Research Management Office (QMUL, Bart's Health NHS 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)</i> <i>For office use only</i>
		Nation	Sites	Document	Version	
1	Addition of sites	England	All sites or list affected sites  1. Central Manchester University Hospitals NHS Foundation Trust 2. Stockport NHS Foundation Trust 3. Kings College London NHS Foundation Trust 4. University Hospitals of Morecambe Bay NHS Foundation Trust	N/A	N/A	
	Northern Ireland	All sites or list affected sites				
	Scotland	All sites or list affected sites				
	Wales	All sites or list affected sites				

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**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: Professor Rupert Pearse

Date: 5<sup>th</sup> August 2016

**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:.....

Post: .....

Organisation:.....

Date:.....