# HRA/Centrally-Managed Study - Reviewing Trust/Health Board Request Form

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| This form is for applicants to request a specific trust/health board or reviewer to conduct a HRA/Centrally-managed review. For each review conducted there will be a payment required in line with the reviewing nations’ practices – please refer to the [Payments Framework Guidance](https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/technical-assurances/technical-assurance-review-fee/technical-assurance-payments-framework-guidance/) for further details.  Please list up to three trusts/health boards to conduct the review. If you have specific reviewers at these trusts/health boards which you would like to request please also specify these below. A list of organisations with HRA registered reviewers can be found on the [Pharmacy Assurance](https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/technical-assurances/pharmacy-assurance/applying-pharmacy-assurance/) section of the HRA website.  Please email this form as part of your submission to [pharmacy.assurance@hra.nhs.uk](mailto:pharmacy.assurance@hra.nhs.uk) if your lead nation is England or Wales, or to [pharmacytechnicalassurance@hscni.net](mailto:pharmacytechnicalassurance@hscni.net) if your lead nation is Northern Ireland.  If the requested reviewers are unavailable, or do not have the correct specialisms, the HRA or Research Gateway, as appropriate, will attempt to source alternative reviewers from the requested trusts/health boards listed on this form. Where there are no available reviewers from the list of requested trusts/health boards, the applicant can choose to either:   * wait for a reviewer to become available; or * allow the HRA to select an alternative reviewer from another trust/health board not listed on this form. | | | |
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| **Study details** | | | |
| Study title |  | | |
| IRAS ID |  | | |
| Sponsor contact  Name, email and telephone number |  | | |
| Lead nation | Choose an item. | | |
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| **Reviewer details** | | | |
| Specialisms required for the study  Please tick all that apply | | Adult Oncology  Adult Non-Oncology  Paediatric Oncology  Paediatric Non-Oncology | Radiopharmacy  ATIMPs |
| List up to three trusts/health boards which you would like to request to conduct the review  If specific reviewers are requested please list their HRA-registered reviewer numbers here. | |  | |