# Self-Managed Study Registration Form

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| This form is to be completed by applicants to register a study for Pharmacy Assurance through the self-managed route. If you are unsure whether the study can be self-managed please check the guidance on the [IRAS website](https://www.myresearchproject.org.uk/help/hlppharmacyassurance.aspx).  Please ensure that the selected reviewers are registered with the HRA – a list of registered reviewers can be found on the [HRA website](https://www.hra.nhs.uk/about-us/committees-and-services/technical-assurances/pharmacy-assurance/).  Please email this form along with your study documentation to [hra.pharmacyassurance@nhs.net](mailto:hra.pharmacyassurance@nhs.net) |

DETAILS OF STUDY   
(to be completed for all studies)

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| --- | --- | --- | --- |
| Study title | |  | |
| IRAS ID | |  | |
| Sponsor organisation | |  | |
| Lead nation | | Choose an item. | |
| Study Specialism  Please tick all that apply for this Reviewer | Adult Oncology  Adult Non-Oncology  Paediatric Oncology  Paediatric Non-Oncology | | Radiopharmacy  ATIMPs | |

**DETAILS OF LEAD REVIEWER**

**(to be completed for all studies)**

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| **Lead Reviewer** | |
| HRA Registered Reviewer Number |  |
| This reviewer has had input into the development of the study documents and set up of the study; in particular the sourcing, packaging, and labelling of IMP(s).  Please tick box to confirm | |

**DETAILS OF ADDITIONAL REVIEWER(S)   
(if required)**

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| **Additional Reviewer** | |
| HRA Registered Reviewer Number |  |
| This reviewer has had input into the development of the study documents and set up of the study; in particular the sourcing, packaging, and labelling of IMP(s).  Please tick box to confirm | |

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| **Additional Reviewer** | |
| HRA Registered Reviewer Number |  |
| This reviewer has had input into the development of the study documents and set up of the study; in particular the sourcing, packaging, and labelling of IMP(s).  Please tick box to confirm | |