# 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/approvals-amendments/what-approvals-do-i-need/technical-assurances/pharmacy-assurance/applying-pharmacy-assurance/).Please email this form with your application to pharmacy.assurance@hra.nhs.uk if your lead nation is England or Wales, or to pharmacytechnicalassurance@hscni.net if your lead nation is Northern Ireland. |

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 SpecialismPlease 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 [ ]  |