CLINICAL SCHOOL - STORAGE OF SENSITIVE PERSONAL DATA APPLICATION FORM

Name of Study

New or Existing Study

Chief Investigator (CI)

Study End Date

Approved Study Data Managers (DM)

Name                                  CRSID: (Raven Username)

1.                                     
2.                                     
3.                                     

Designated point of contact
(Can be CI or DM)

Please indicate the approved Safe Haven that you will use to store your sensitive personal data:

☐ CSCS Secure Data Hosting Service (SDHS)
☐ WBIC
☐ MRC Epidemiology

Please give a brief description of the data to be stored ie. Key Code, Contact details etc.

REC approval reference (please attach approval letter)

Yes           No

Copy of Consent Form (please attach)

Copy of Participant Information Sheet (please attach)

Copy of REC application
(please attach pages relating to data storage)

Is study CTIMP?

If yes, please give MHRA approval date and CTA

PLEASE NOTE NEITHER THE IGO OR CSCS ARE RESPONSIBLE FOR THE DATA CONTENT. THE CHIEF
INVESTIGATOR IS RESPONSIBLE FOR ALL CONTENT AND ENSURING THAT ALL REGULATORY
REQUIREMENTS RE DATA ARE ADHERED TO.

I have read the Security Policy for the Safe Haven area where my data is being stored and agree to abide by its
rules.

CI Signature

IGO Approved

Date

Please return to: Research Governance Office, Clinical School, Box 111, Addenbrooke’s Hospital,
Hills Road, Cambridge, CB2 0SP or researchgovernance@medschl.cam.ac.uk

Version 3.0 10.03.2017