**Annual Sponsor Oversight Questionnaire**

The sponsor maintains overall responsibility for the conduct and reporting of the study and must demonstrate oversight of activities to ensure patient safety and data integrity. The questions below will help us with sponsor oversight and must be submitted to the Joint Research Management Office (JRMO) on an annual basis until study closure. Please complete and send to [research.governance@qmul.ac.uk](mailto:research.governance@qmul.ac.uk).

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| --- | --- | --- | --- |
| **Short study title** |  | **IRAS no. or EDGE ID** |  |
| **Sponsor** | Barts Health NHS Trust  Queen Mary University London | **Date SOQ completed** |  |

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| **Section One: Please review and confirm the following information extracted from EDGE is correct:**  *If any of this information is incorrect, please update on EDGE accordingly and mark below that you have done so.* | | |
| **Sponsor level information:** | | |
| Start Date |  | Correct  Updated |
| Chief Investigator |  | Correct  Updated |
| Study Status |  | Correct  Updated |
| Overall recruitment (target) |  | Correct  Updated |
| Overall recruitment (actual) |  | Correct  Updated |
| Recruitment end date |  | Correct  Updated |
| Planned end date |  | Correct  Updated |

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| **Section Two: Please confirm the following:** | |
| The site level record (including recruitment and study end dates, recruitment targets, site status) for Barts Health or Queen Mary is up to date? | Yes |
| All CVs and GCP certificates are up to date (within 3 years) for the CI & research team? | Yes |
| All (required) non-compliances have been flagged to JRMO?  *If any have occurred since the last update, please include reference numbers in further information box below.* | Yes |
| If applicable, any records on publicly accessible databases (i.e. clinicaltrials.gov) are up to date? | Yes |

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| **Section Three: Since the last update, have there been:** | |
| Any new outsourced services or changes to existing services? | Yes  No |
| Any changes to sample processing? *i.e. samples being sent to a new location* | Yes  No |
| Any amendments submitted? | Yes  No |
| Any changes to the study funder? | Yes  No |
| Any other changes or information you wish to provide? | Yes  No |
| **If yes to any of these, please provide further information below:** | |
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| **Chief Investigator** | | |
| Name: | Signature: | Date: |