

Amendment Tool

v1.8 30 April 2025

For office use

QC: No

Section 1: Project information

Short project title*:	REMAP-CAP			
IRAS project ID* (or REC reference if no IRAS project ID is available):	237150			
Sponsor amendment reference number*:	SA044			
Sponsor amendment date* (enter as DD/MM/YY):	31 March 2026			
Briefly summarise in lay language the main changes proposed in this amendment. Explain the purpose of the changes and their significance for the study. If the amendment significantly alters the research design or methodology, or could otherwise affect the scientific value of the study, supporting scientific information should be given (or enclosed separately). Indicate whether or not additional scientific critique has been obtained (note: this field will adapt to the amount of text entered)*:	We would like to inform you about the recent recommendation that we have received from our independent DSMB; to close recruitment to the oseltamivir interventions (5 and 10 days) as they have been reported as inferior in critically ill adult patients.			
Project type (select):	Specific study			
	Research tissue bank			
	Research database			
Has the study been reviewed by a UKECA-recognised Research Ethics Committee (REC) prior to this amendment?:	Yes		No	
What type of UKECA-recognised Research Ethics Committee (REC) review is applicable? (select):	NHS/HSC REC			
	Ministry of Defence (MoDREC)			
Is all or part of this amendment being resubmitted to the Research Ethics Committee (REC) as a modified amendment (i.e. a substantial amendment previously given an unfavourable opinion)?	Yes		No	
Where is the NHS/HSC Research Ethics Committee (REC) that reviewed the study based?:	England	Wales	Scotland	Northern Ireland
	Yes	No	No	No
Was the study a clinical trial of an investigational medicinal product (CTIMP) OR does the amendment make it one?:	Yes		No	
EudraCT number* (if the study has a EudraCT number enter it here. If the study does not have a EudraCT number enter "N/A"):	2015-002340-14			
Was this clinical trial of an investigational medicinal product (CTIMP) processed under the CTIMP combined review service (formerly known as the Combined Ways of Working (CWoW) pilot)?:	Yes		No	
Did the study receive Pharmacy Assurance?:	Yes		No	
Was the study a clinical investigation or other study of a medical device OR does the amendment make it one?:	Yes		No	
Was the study a performance evaluation study of an In Vitro Diagnostic (IVD) medical device^ (including as a companion diagnostic in a clinical trial of an investigational medicinal product)?:	Yes		No	
Does the amendment make the study a performance evaluation study of an In Vitro Diagnostic (IVD) medical device^ (including as a companion diagnostic in a clinical trial of an investigational medicinal product)?:	Yes		No	
^ IVD medical devices are tests used on biological samples, such as tissues, blood or urine, to determine the status of a person's health. This may be a reagent, reagent product, calibrator, control material, kit, instrument, apparatus, equipment or system, whether used alone or in combination				
Did the study involve the administration of radioactive substances, therefore requiring ARSAC review, OR does the amendment introduce this?:	Yes		No	
Did the study involve the use of research exposures to ionising radiation (not involving the administration of radioactive substances) OR does the amendment introduce this?:	Yes		No	
Did the study involve adults lacking capacity OR does the amendment introduce this?:	Yes		No	

Does the study involve access to confidential patient information outside the direct care team without consent OR does the amendment introduce this?: (e.g. the study relies upon section 251 support in England and Wales, or equivalent in Scotland to set aside the common law duty of confidentiality)	Yes	No		
Does the study involve prisoners or young offenders who are in custody or supervised by the probation service OR does the amendment introduce this?:	Yes	No		
Does the study involve children OR does the amendment introduce this?:	Yes	No		
Did the study involve NHS/HSC organisations prior to this amendment?:	Yes	No		
Did the study involve non-NHS/HSC organisations OR does the amendment introduce them?:	Yes	No		
	England	Wales	Scotland	Northern Ireland
Lead nation for the study:	Yes	No	No	No
Which nations had participating NHS/HSC organisations prior to this amendment?	Yes	Yes	Yes	Yes
Which nations will have participating NHS/HSC organisations after this amendment?	Yes	Yes	Yes	Yes

Section 2: Summary of change(s)

What do you want to update?:	Project information
	New site/PI only

Please note: Each change being made as part of the amendment must be entered separately. For example, if an amendment to a clinical trial of an investigational medicinal product (CTIMP) involves an update to the Investigator's Brochure (IB), affecting the Reference Safety Information (RSI) and so the information documents to be given to participants, these should be entered into the Amendment Tool as three separate changes. A list of all possible changes is available on the "Glossary of Amendment Options" tab. To add another change, click the "Add another change" box.

Change 1				
Area of change (select)*:	CTIMP safety			
Specific change (select - only available when area of change is selected first)*:	Data - New data or interpretation affecting risk/benefit assessment			
Further information: explain what the change is, why the change is being made and any possible impact on study participants/carers (free text - note that this field will adapt to the amount of text entered):	The DSMB's recommendation is to close recruitment to the oseltamivir interventions (5 and 10 days) as they have been reported as ineffective in critically ill adult patients. The International Trial Steering Committee (ITSC) have agreed with this recommendation, and we have now closed these interventions in the severe state only (critically ill adults) As per the attached letter, the ITSC recommends that for participants in the severe state who have been allocated to one of these interventions, administration should discontinue. We are working to analyse and report the full data as soon as possible. Although our results have shown monotherapy of oseltamivir in severe patients is ineffective, until we have more information, we also propose that we pause the combination interventions in severe state adult patients (critically ill). Separate to this, it appears that no moderately ill patients on wards have received 10 days of Oseltamivir as they do not remain in hospital long enough to receive this, therefore this option is redundant and we would like to pause this in adults/paediatrics. We have currently paused recruitment to the whole domain while we update our patient information sheets. After discussion with our PPI group, they fed back to us that it was important that we should include this emerging information as part of our consent process. See change 2.			
Applicability:	England	Wales	Scotland	Northern Ireland

Where are the participating NHS/HSC organisations located that will be affected by this change?*	Yes	Yes	Yes	Yes
Will all participating NHS/HSC organisations be affected by this change, or only some? (please note that this answer may affect the categorisation for the change):	All		Some	
			Remove all changes below	

Change 2				
Area of change (select)*:	Study Documents			
Specific change (select - only available when area of change is selected first)*:	Other significant change to study documents (e.g. information sheets, consent forms, questionnaires, letters) that can be implemented within existing resource in place at participating organisations - Please specify in the free text below			
Further information: explain what the change is, why the change is being made and any possible impact on study participants/carers. In particular, please describe why this change can be implemented within the existing resource in place at the participating organisations (free text - note that this field will adapt to the amount of text entered)*	PIS/CF changes: >Addition of emerging information to full verions of PIS for adults and paediatrics, in the section regarding side effects and other important information. >Change in format of IMPs listed in PIS from text to table, for ease. >Removal of tickboxes and need to delete/change text, to reduce burden of localising treatment info everytime interventions change at a site and to reduce chance of errors. Relevant domains can be circled on the CF. >Addition of statement in all CFs regarding use of data for future research (applicable to patients going forwards) >Merging of PIS/CFs for different paediatric age groups into one PIS/CF suitable for all ages, for each type of consent >Addition of a clarifying instruction to the Telephone CFs for adults/paediatrics			
Applicability:	England	Wales	Scotland	Northern Ireland
Where are the participating NHS/HSC organisations located that will be affected by this change?*	Yes	Yes	Yes	Yes
Will all participating NHS/HSC organisations be affected by this change, or only some? (please note that this answer may affect the categorisation for the change):	All		Some	
			Add another change	

Section 3: Declaration(s) and lock for submission

Declaration by the Sponsor or authorised delegate	
- I confirm that the Sponsor takes responsibility for the completed amendment tool - I confirm that I have been formally authorised by the Sponsor to complete the amendment tool on their behalf	
Applicant identification:	Sponsor
	Legal representative of the sponsor
	Person or organisation authorised by the sponsor
Organisation:	University Medical Center Utrecht
Name [first name and surname]*:	Mina Jafarzadeh
Address:	Heidelberglaan 100, 3584CX Utrecht, The Netherlands
Telephone number:	0031 6 51717055
Fax number:	N/A
Purchase Order (PO) number for MHRA invoicing:	R5861.70
Email address*:	eu.remapcap@umcutrecht.nl

Lock for submission

Please note: This button will only become available when all mandatory (*) fields have been completed. When the button is available, clicking it will generate a locked PDF copy of the completed amendment tool which must be included in the amendment submission. Please ensure that the amendment tool is completed correctly before locking it for submission.

Lock for submission

After locking the tool, [proceed to submit the amendment online](#). The "Submission Guidance" tab provides further information about the next steps for the amendment.

Section 4: Review bodies for the amendment

Please note: This section is for **information only**. Details in this section will complete automatically based on the options selected in Sections 1 and 2.

	Review bodies																		Category:
	UK wide:						England and Wales:				Scotland:				Northern Ireland:				
	REC	Competent Authority MHRA - Medicines	Competent Authority MHRA - Devices	ARSAC	Radiation Assurance	UKSW Governance	REC (MCA)	CAG	HMPPS	HRA and HCRW Approval	REC (AWIA)	PBPP	SPS (RAEC)	National coordinating function	HSC REC	HSC Data Guardians	Prisons	National coordinating function	
Change 1:	Y	Y				(Y)				(Y)				(Y)				(Y)	A
Change 2:	Y	N				Y				Y				Y				Y	C
Overall reviews for the amendment:																			
Full review:	Y	Y				Y				Y				Y				Y	
Notification only:	N	N				N				N				N				N	
Overall amendment type:	Substantial for review																		
Overall Category:	A																		