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**Form RC/63**

(Nov 2021)

**Registration for The University’s Master Clinical Trial Insurance**

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| **Important Notes**1. The University’s Master Clinical Trial Insurance (“Master Insurance Plan”) covers human clinical trials and studies with the following exclusions:

|  |  |  |
| --- | --- | --- |
| **Policy Year** | **Location(s) of clinical trials covered** | **Exclusions** |
| 1 October 2017 to 30 September 2021 | Hong Kong | * any clinical trial involving pregnant research subjects;
* any clinical trial involving research, investigation, treatment and/or study into the fertility or pregnancy of a research subject;
* any clinical trial involving the research, investigation, treatment and/or study of a fetus in utero;
* any clinical trial involving research subjects who are under the age of 3 years at the time of the clinical trial.
 |
| 1 October 2021 to 30 September 2022 | Hong Kong and China | * **All of the above** **exclusions**; and
* any Covid-19 clinical trial of an investigational medicinal product
 |

1. The premium of current policy year is under review and will be charged against the relevant project account or any other accounts subject to the budget holder(s)’s approval.
2. Should you have any enquiries, please contact Miss Tracy Tang at 2766 4703 or tracy-wh.tang@polyu.edu.hk.
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**Section A: General Information**

|  |  |  |
| --- | --- | --- |
| 1. | Name of PI: | (\*Prof./Dr/Mr/Ms/Miss) |
| 2. | Department: |  |
| 3. | Email: |  |
| 4. | Project Title: |  |
| 5. | Project Work Programme / Account Code: (if applicable) |  |
| 6. | Project nature: *(please 🗸 as appropriate)* | 🗌 Staff research (external funding)🗌 Staff research (internal funding)🗌 Student research (please provide the name(s), student ID(s) and study programme): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. | Funding body / Funding scheme: |  |
| 8.  | Project status:*(please 🗸 as appropriate)* | 🗌 In application 🗌 Approved and to be commenced🗌 In progress |
| 9. | Project period:  | Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*\*Please delete as appropriate.*

**Section B: Human Subjects Involved**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10. Period of Clinical Trial (dd-mm-yyyy): | Start Date: |  | End Date: |  |
|  *(The period of clinical trial should be* ***WITHIN*** *the Project Period and after the human subjects are recruited.)* |
|  |  |  |
| 11. HSEARS application / reference no.:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| 12. Total number of human subjects to be recruited for the WHOLE project:  |  |  |
| *(The number should be the same as stated in HSEARS application of the project.)* |  |
|  |  |  |
| 13. Estimated number of human subjects to be recruited in each Policy Year: |
|  |
| **Policy year\*\*** | **No. of new recruited subjects in Hong Kong** | **No. of new recruited subjects in China** | **Total no. for the policy year** |
| 1 Oct 20\_\_\_ to 30 Sep 20\_\_\_ |  |  |  |
| 1 Oct 20\_\_\_ to 30 Sep 20\_\_\_ |  |  |  |
| 1 Oct 20\_\_\_ to 30 Sep 20\_\_\_ |  |  |  |
| 1 Oct 20\_\_\_ to 30 Sep 20\_\_\_ |  |  |  |
|  |  |  |  |
| *\*\* Policy year starts from 1 Oct to 30 Sep of the following year.* **Note:** 1. Principal investigators are responsible for informing RIO of any increase in the total number of human subjects to be recruited for the whole project and/or in each policy year.
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| 14. Age Range of the Human Subjects: |  |  |
| *(Please refer to the Important Notes for exclusions of the Master Insurance Plan.)* |
|  |  |  |
| 15. Brief Description of the Trials/Studies involving the Human Subjects:  *(Please specify the type of research intervention, procedures and protocol, etc.)* |
|  |

**Section C: Charging Account**

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| 16. Can the relevant insurance premium be charged against the project account specified in Section A2?  |
|  |
|  | Yes |
|  | No (Please specify the account for settling the relevant insurance premium below.) |
|  |  | Departmental Earnings Account (4-8941) |
|  |  | Departmental Overheads Account (4-88Z1) |
|  |  | Departmental Pool Account (1.RC.XX.R008, 4.RC.XX.R006 or G.RC.XX.R006) [[1]](#footnote-1):  |  |
|  |  | Other Account: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  | Name of Budget Holder1: |  | Signature of the relevant Budget Holder1: |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date |  |
|  | Principal Investigator |  |  |

1. The Research Committee agreed at its 270th meeting that RPg student accounts be replaced by departmental pool accounts for charging the Associated Money of different categories of RPg students. The code “RC” represents the code of the academic department. If the premium is charged to the departmental pool account for students, DRC Chair is required to sign this form to indicate his/her approval to use such account for settling the relevant insurance premium. [↑](#footnote-ref-1)