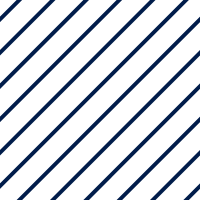
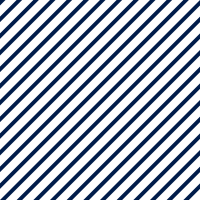
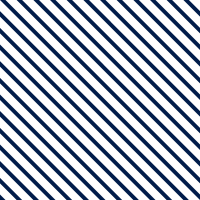
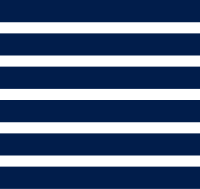
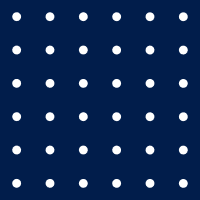
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Study amendment form

Version 2.4 September 2025

# Study amendment formA picture containing diagram Description automatically generated

Use this form to submit any changes you wish to make to your approved study.

The amendment will be reviewed, and a decision will be issued within 60 days of valid submission.

## 1. Study details

1.1 Our Future Health Study ID

Enter answer

1.2 Study title

Enter answer

1.3 Principal Investigator’s name

Enter answer

1.4 Principal Investigator’s primary organisation

Enter answer

1.5 Principal Investigator’s email (as registered with Our Future Health)

Enter answer

## 2. Type of change(s) you wish to make

Select all that apply and complete the questions on the corresponding pages.

Change in study design or methods

Change in study time frame

Change of Principal Investigator

Change of Principal Investigator’s primary organisation

Change in funding arrangements

Request for access to additional data for your study

Addition or removal of researchers on your research team

Other

## 3. Change in study design or methods

Your study design and methods help us to understand how you will carry out research in an

objective way to remove bias and get meaningful and precise conclusions.

3.1 Describe the change to the study design or methods and explain why it is necessary

Enter answer

## 4. Change of Principal Investigator

The Principal Investigator must be the research study lead responsible for the study’s conduct and its collaborators. They must also be an Our Future Health registered researcher.

For this change to be approved, we will contact the new Principal Investigator. They must confirm they accept this role on the study.

4.1 New Principal Investigator’s name

Enter answer

4.2 New Principal Investigator’s email address

The email address they used when registering as an Our Future Health researcher.

Enter answer

4.3 New Principal Investigator’s organisation

The organisation must be affiliated to the new Principal Investigator.

Enter answer

4.4 Explain why you are requesting to change the study’s Principal Investigator

Enter answer

## 5. Change of Principal Investigator’s primary organisation

The Principal Investigator must be the research study lead responsible for the study’s conduct and its collaborators. They must also be an Our Future Health registered researcher.

For this change to be approved, we will contact the new Principal Investigator. They must confirm they accept this role on the study.

5.1 Principal Investigator’s new primary organisation

The organisation must be affiliated to the Principal Investigator.

Enter answer

5.2 Name of organisation's authorised representative

Enter answer

5.3 Job title of organisation's authorised representative

Enter answer

5.4 Email address of organisation's authorised representative

Enter answer

5.5 Explain why you are requesting to change the Principal Investigator’s primary organisation

Enter answer

## 6. Change in funding arrangements

List all the organisations you have applied to for funding.

6.1 Organisation name

Enter answer

Funding status

Funding is secured

Funding application is in process

6.2 Organisation name

Enter answer

Funding status

Funding is secured

Funding application is in process

6.3 Organisation name

Enter answer

Funding status

Funding is secured

Funding application is in process

6.4 Additional information

Enter answer

## 7. Request for access to additional data for your study

You can request access to additional data for your study. Any additional data requests must be directly related to your study aim.

To find out more about the Our Future Health data, go to our [data documentation](https://ourfuturehealth.gitbook.io/our-future-health).

NHS England flow down terms apply to NHS England linked health records data. You can learn more about the flow down terms in our [Resource Terms and Conditions (PDF, 377KB)](https://a.storyblok.com/f/228028/x/c8160b1613/resouce-t-cs-april-2025-v241.pdf).

7.1 Select which additional data is required for your study

Select all that apply.

Questionnaire data: the self-reported health information provided by participants in response to our health questionnaire

Clinic measurements data: Baseline physical health measures collected from participants during their clinic appointment by trained staff

Participant geographies data: Country and region information derived from participants’ self-reported address at the time of registration to the Our Future Health programme

Genotype array data: genome-wide SNP genotypes from beadchip array (VCF and BGEN file types)

NHS England linked health records data: Accident and Emergency (HES A&E)

NHS England linked health records data: Emergency Care Data Set (ECDS)

NHS England linked health records data: Admitted Patient Care (HES APC)

NHS England linked health record data: Cancer Pathway

NHS England linked health record data: Cancer Registration

NHS England linked health records data: Office for National Statistics (ONS) Death Registration data for England and Wales

NHS England linked health records data: Outpatients (HES OP)

7.2 Explain why you are requesting additional data and how it supports your study aim

Enter answer

## 8. Addition or removal of researchers on your research team

You can now request to add or remove researchers to your study through your [researcher account.](https://access-research.ourfuturehealth.org.uk/researchers/sign_in) You can only add researchers who are registered with Our Future Health.

When you remove a researcher from a study, they lose access to any previous projects on that study in the Our Future Health trusted research environment (TRE).

Make sure that any projects or files you need can be accessed by other researchers on the project before requesting to remove a researcher.

## 9. Other amendment to study

9.1 Describe the amendment you would like to make to your study and explain why it is necessary

Enter answer

## 10. Declarations

10.1 Principal Investigator declaration

I hereby confirm that:

I take responsibility for the completed amendment form

I take responsibility for all research being undertaken for the research study above

The provisions of the Researcher Terms and Conditions (including any applicable amendments and updates) are being complied with

|  |  |
| --- | --- |
| Email address  Enter answer | Date  Enter answer |

10.2 Principal Investigator’s primary organisation declaration

The Principal Investigator’s primary organisation is the organisation that takes on overall responsibility for proportionate, effective arrangements being in place to set up, run and report a research study.

The person signing as representative must have authority within the organisation to do so.

I take responsibility for the completed amendment form

I confirm continued oversight of the above research study above

Name

Enter answer

Job title

Enter answer

|  |  |
| --- | --- |
| Email address  Enter answer | Date  Enter answer |

## 11. Signatures

Do not complete the signature fields. Our Future Health will contact you after reviewing the amendment form.

If the amendment form meets requirements, a signature request will be sent to the Principal Investigator and authorised representative.

|  |  |
| --- | --- |
| Principal Investigator signature | Date |
|  |  |
| Authorised representative signature | Date |
|  |  |

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Our Future Health is a company limited by guarantee registered in England and Wales (number 12212468) and a charity registered with the Charity Commission for England and Wales (charity number 1189681) and OSCR, Scottish Charity Regulator (charity number SC050917). Registered office: 2 New Bailey, 6 Stanley Street, Manchester M3 5GS.

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