**Regional research management Platform within Ethics Committees and Local Health Trusts of the Regional Health Service of Emilia-Romagna (SIRER)**

Delegation form for Users on behalf of external promoters (**not to be used by CRO**)

A Promoter external to the Regional Health System may delegate data and documents input of the research project to a User working for a Local Health Trust of the region.

After gaining access to the Platform by submitting to the help desk the “Platform access request ” form and the “Platform Terms and Conditions of use and Privacy Policy” duly filled in, the present form should be sent – duly filled in and signed – to the help desk (assistenza.sirer@lepida.it). The latter will pass the request on for verification and for approving data input by the delegate.

**A proxy form is required for each study submitted**

*The undersigned:*

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Tax number |  |
| Date of birth |  |
| State of residence |  |
| City and permanent address |  |
| e-mail |  |
| Position |  |

*declares, on his sole responsibility, that she/he is the legal representative and has the power of signature on behalf of the Promoter*

|  |  |
| --- | --- |
| Full designation |  |
| VAT registration number |  |
| State |  |
| Region |  |
| Province |  |
| Municipality/City |  |
| Address |  |

*declares, on his sole responsibility, that the above-mentioned Promoter plans to conduct the following clinical trial in one or more research centres of the Emilia-Romagna Region:*

|  |  |
| --- | --- |
| Project title in Italian |  |
| Project title in English (in any) |  |
| Reference code |  |
| EudraCT Code |  |
| P.I. Name and Surname |  |

*informs that for the study in question the following research Centre and researchers are involved (add rows if necessary)*

|  |  |  |  |
| --- | --- | --- | --- |
| Unit number  | Local Health Trust/ University Hospital/ \*IRCCS | Research Centre designation | Researcher responsible for the Centre: name, surname and tax number |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

 **\*** Scientific Institute for Research, Hospitalization and Healthcare

**The above-mentioned Promoter delegates the SIRER user mentioned below to insert in the SIRER Platform**

[ ] general data of the clinical trial (the so-called “core” data) and specific data of its own Centre
[ ] specific data of the following regional Centres (please, list the Centres referring to the previous table)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Tax number |  |
| Research centre esignation |  |
| Local Health Trust/ University Hospital/ \*IRCCS affiliation |  |
| e-mail |  |
| Position |  |

**NOTE: the proxy is strictly on a personal basis. If the Promoter intends to have the study entered by a “study coordinator”, or by another figure of the Health Trust, he must directly delegate this figure and not the Researcher responsible in the Unit** (the latter in any case, as such, will have access to the clinical trial data).

By undersigning the present proxy, the Promoter fully understand his special responsibility for the data input and for the properly platform use.

**The Promoter undertakes to favour coordination between the regional research centres in order to correctly enter the data in the platform, in particular to avoid the duplication of general study data. The Promoter also undertakes to promptly communicate to the Secretariat of the Ethics Committee/s of reference any revocation of the proxy and / or changes in the participating centres.**

Please, attach copy of the identification document.

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Stamp and Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_