		·
If yes, please provide the following	details:	
Organisation:	Faculty:	Degree course:
Student's supervisor(s):		
Title (e.g. Prof/Dr/Mr/Ms/Mrs)	First Name	Surname
Prof	Gregory	Falk
		T Girl
		<u> </u>
Declaration by the new Decea	uahau/luuraatimatau	
Declaration by the new Resea	rcner/investigator	
1. I accept responsibility for the co	enduct of this research project accord	ling to the principles of the NUMPC
National Statement on Ethical (, ,	ing to the philopies of the Nativico
National Statement on Ethical C	Conduct in Human Research.	
2. I undertake to conduct this rese	earch project in accordance with the p	protocols and procedures as
	ethical and research arrangements	
•	· ·	• • • • • • • • • • • • • • • • • • • •
3. I undertake to conduct this rese	arch in accordance with relevant legi	islation and regulations.
	_	
	rements of adverse or unexpected ev	vent reporting as stipulated by the
HREC and NHMRC		
E Lucill adhass to the conditions of	formulated by the LIDEC on	ed will approvate with UDEC
I will adhere to the conditions or monitoring requirements.	f approval stipulated by the HREC an	id will cooperate with HREC
monitoring requirements.		
6. I will inform the HREC and the	research governance officer if the res	search project ceases before the
	the research if the HREC withdraws	
	dy files and documents and research	
	rch governance officer, the sponsor o	or an independent body for audit and
monitoring purposes.		
$O \cdot o$		
Jin Park		29/06/2020
Signature: New Researcher/Investi	gotor	Date
Signature. New Researcher/investi	gatoi	Date
,		
Signature: Coordinating Investigate	or	Date / /
terrifying.	_	29/6/20
		! "
\bigcup		
Changi	ng a Coordinating/Principal Inv	estigator

☐ Yes X No

Is this notification to replace the current Coordinating/Principal Investigator?

*This form must be completed by the Coordinating Investigator for Multi-site studies or Principal Investigator for Single sites studies.

Sydney Local Health District Human Research Ethics Committee - CRGH Notification of Change in Personnel

•		
CH Reference Number: CH62/6/	2012-189	
AU RED Study Reference Numb	er: HREC/12/CRGH/248	
1. Title of the Project		
Upper Gastrointestinal and Endosur	gery Database	
2. Coordinating / Principal Inve	estigator	
Title (e.g. Prof/Dr/Mr/Ms/Mrs)	First Name	Surname
Prof	Gregory	Falk
3. Researcher / Investigator de 3.1 Deleting a Researcher/Investig		
If yes, please provide name(s) and	Date(s)	
Name:		
3.2 Adding a New Researcher/Inventor	_	
Title:Dr First name:Jin-soo	Surname:Park Position	:Registrar
Mailing Address:1303/5 Albert Road	l	
Suburb / Town:Strathfield Sta	te:NSW Postcode:2135 Country	:Australia
Organisation:Concord Upper GI Sur	gery Department	
Department: Upper GI Surgery		
E-mail:jinsoopark91@gmail.com	Phone:0404050	510 Fax:
Is this researcher / investigation	tor the contact person for this study?	☐ Yes X No
Summary of qualifications a	nd relevant expertise or attach Cv: Bl	Med/MD, MS, Surgical trainee
Please declare any general	competing interests: None	
Name of the site(s) at which	the researcher / investigator will be b	pased? Concord Hospital
Describe the role of the reserve.	earcher /investigator in this project: Re	esearch retrospective data analysis

☐ Yes

Is the researcher / investigator a student?

X No

If yes, please complete section 3.2 above and attach a detailed CV of the incoming Coordinating / Principal Investigator.

Please ensure the declaration below is signed by both the incoming and outgoing Coordinating / Principal Investigator.

Declaration by the Coordinating / Principal Investigator

Date

Please submit this form.

Via Email: <u>SLHD-ConcordEthics@health.nsw.gov.au</u>

or

Via Post: CRGH Research Office, Building 20, Hospital Road, CONCORD NSW 2139