MHRA Medicines (EudraCT application form)

Medical image analysis/ review - X-ray, MRI, ultrasound, etc.	○ Yes
Primary/ surrogate endpoint test	○Yes
Other	Yes ○ No ○ Not Answered
If "Other", specify the other duties Immonogenicity assessment (Peripheral Blood Mononuclear Cell) and Long-Term Storage	
Organisation	
Central technical facility organisation name Central technical facility organisation departm Contact person Given name Contact person Family name Street address Town/city Post code Country Work Telephone Fax E-mail Enter the details of any duties subcontracted to this central technical	
facility in this trial:	
Routine clinical pathology testing	○ Yes
Clinical chemistry	○ Yes
Clinical haematology	○ Yes ● No ○ Not Answered
Clinical microbiology	○ Yes
Histopathology	○Yes
Serology / endocrinology	○Yes
Analytical chemistry	○Yes
ECG analysis / review	○ Yes
Medical image analysis/ review - X-ray, MRI, ultrasound, etc.	○ Yes
Primary/ surrogate endpoint test	○ Yes
Other	
If "Other", specify the other duties pgRNA and HBcrAg testing	

Network organisation details

G4. Network organisation details

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