

SingHealth PDPA Confirmation and Self-Declaration

Study title (Please use the same title being submitted to CIRB)

A pilot study of a customised nanotextile wet garment treatment on moderate and severe atopic dermatitis

Please tick and fill in the information that fits your study

I am getting consent (If appropriate, prepare and submit Participant Information Sheet & Informed Consent to CIRB for approval. [Template from CIRB website here](#)) or provide other method of consent taking. Please provide a short description of the participant group, and include the recruitment number/sample size.

60 Children from KKH and 60 adults from SGH will be recruited for the study.

My research is participatory (If appropriate, prepare and submit Participant Information Sheet & Informed Consent to CIRB for approval. [Template from CIRB website here](#)) or provide other method of consent taking. Please provide a short description of the participant group, and include the recruitment number/sample size.

My research involves deceased patients' personal information and I will not be disclosing their personal information to anyone outside of my institution. Please provide a short description of the participant group, and include the recruitment number/sample size.

I am working with aggregated / anonymised data. (I declare that the data that I am using is fully anonymised and I and my institution do not possess the key). Please provide a short description of the participant group, and include the recruitment number/sample size.

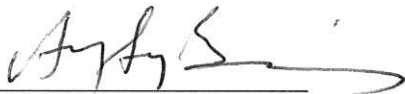
My research comes within the Research Exception (If selected, please fill in and attach the “SingHealth PDPA Research Exception Form” to this form when submitting.) Please provide a short description of the participant group, and include the recruitment number/sample size.

The PDPA Confirmation and Self-Declaration is applicable to the following SingHealth Institutions where data will be obtained:

- SGH KKH SKH NCCS NHCS SERI/SNEC NNI NDCS SHPoly SHHQ BVH

By signing below, I hereby confirm and declare that:

- (a) the above information is true, complete and accurate;
- (b) I have considered and included all the participant groups that will be involved in my study; and
- (c) I have prepared this in line with the guidelines provided in the SingHealth PDPA Employee Standards Manual.



Principal Investigator's Signature
Full Name: Ang Seng Bin
Position held: Head and Consultant
Institution: KK Women's and Children's Hospital
Department: Family Medicine Service

14 Nov 2016

Date

Department Representative's signature
Full Name:
Position held:
Institution:
Department:

Date

(if new submission via iSHaRe, signature is not required)

Institution Representative's signature
Full Name:
Position held:
Institution:
Department:

Date

(if new submission via iSHaRe, signature is not required)

This form is for the purpose of PDPA compliance and for accessing the data you require. For the avoidance of doubt, this form does not require CIRB's review. If you have any queries on the form, please contact your institution's [DR/IR/DPO Research Representative].