Annex 1: Clinical trial Application Form

REQUEST FOR AUTHORISATION OF A CLINICAL TRIAL ON A MEDICINAL PRODUCT FOR HUMAN USE TO THE COMPETENT AUTHORITIES AND FOR OPINION OF THE ETHICS COMMITTEES IN THE COMMUNITY

For official use:

Date of receiving the request: Date of request for information to make it valid:	Date of request for additional information:	Grounds for non acceptance/ negative opinion: ☐ Give date:
Date of valid application: Date of start of procedure:	Date of receipt of additional / amended information:	Authorisation/ positive opinion: ☐ Give date:
Competent authority registration number: Ethics Committee registration number:		Withdrawal of application ☐ Give date:

To be filled in by the applicant:

The questions in this form for the request for authorisation from the Competent Authority are also relevant for the opinion from an Ethics Committee (it represents module 1 of the form for applying to an ethics committee) and can be used as part of that application. Please indicate the relevant purpose in a box below.

REQUEST FOR AUTHORISATION TO THE COMPETENT AUTHORITY: ☐
REQUEST FOR OPINION OF THE ETHICS COMMITTEE: ☐

A TRIAL IDENTIFICATION

A.1	Member State in which the submission is being made:
A.2	EudraCT number
A.3	Full title of the trial:
A.3.1	Title of the trial for lay people, in easily understood, i.e. non-technical, language:
A.3.2	Name or abbreviated title of the trial where available:
A.4	Sponsor's protocol code number, version, and date[1]:
A.5	Additional international study identifiers (e.g. WHO, ISRCTN[2] , US NCT Number[3]) if available
A.6	Is this a resubmission? yes ☐ no ☐ If yes, indicate the resubmission letter[4]
A.7	Is the trial part of a Paediatric Investigation Plan? yes ☐ no ☐
A.8	EMEA Decision number of Paediatric Investigation Plan

[1] Any translation of the protocol should be assigned the same date and version as those in the original document.

[2] International Standard Randomised Controlled Trial Number. Sponsors may wish to use an International Standardised Random Controlled Trial Number (ISRCTN) to identify their trial in addition to the EudraCT number; for instance if their trial is part of a multinational trial with sites outside the Community. They can obtain the number and guidance from the Current Controlled Trials websitehttps: //www.isrctn.com/ When available they should provide it in Section A.5 of the application form.

[3] US National Clinical Trial (NCT) Numbers required on the FDA clinical trial application form.

[4] For a resubmission following previous withdrawal of an application or unfavourable opinion of an ethics committee, or previous withdrawal of an application or refusal of a request by the competent authority, enter a letter in the sequence, A for first resubmission, B for second, C for third et seq.

B IDENTIFICATION OF THE SPONSOR RESPONSIBLE FOR THE REQUEST

B.1	**SPONSOR**
B.1.1	Name of organisation:
B.1.2	Name of the person to contact:
B.1.2.1	Given name
B.1.2.2	Middle name
B.1.2.3	Family name
B.1.3	Address:
B.1.3.1	Street address
B.1.3.2	Town/city
B.1.3.3	Post code
B.1.3.4	Country
B.1.4	Telephone number:
B.1.5	Fax number:
B.1.6	E-mail:

B.2	**LEGAL REPRESENTATIVE[5] OF THE SPONSOR IN THE COMMUNITY FOR THE PURPOSE OF THIS TRIAL** (if different from the sponsor)
B.2.1	Name of organisation:
B.2.2	Name of the person to contact:
B.2.2.1	Given name
B.2.2.2	Middle name
B.2.2.3	Family name
B.2.3	Address:
B.2.3.1	Street address
B.2.3.2	Town/city
B.2.3.3	Post code
B.2.3.4	Country
B.2.4	Telephone number:
B.2.5	Fax number:
B.2.6	E-mail:

B.3	**STATUS OF THE SPONSOR:**	
B.3.1	Commercial	☐
B.3.2	Non commercial	☐

B.4	**Source(s) of Monetary or Material Support for the clinical trial: (repeat as necessary)[6]**
B.4.1	Name of organisation:
B.4.2	Country:
B.5	**Contact point[7] designated by the sponsor for further information on the trial**
B.5.1	Name of organisation:
B.5.2	Functional name of contact point (e.g. “Clinical Trial Information Desk”):
B.5.3	Address:
B.5.3.1	Street address
B.5.3.2	Town/city

[5] In accordance with Article 19 of Directive 2001/20/EC.

[6] If the clinical trial project received EU funding, the sponsor is requested to include the following statement under section B4.1.: “The project received funds from EU R&I framework programme under grant No xxx”.
If the clinical trial received financial support from a national grant scheme, the sponsor is requested to include the following statement under section B4.1: “The project received funds from national grants with indicating the name and ID of the grant”

[7] The contact point should give functional information rather than details of one “person”, in order to avoid the need for update and maintenance of these contact details.

B.5.3.3 Post code B.5.3.4 Country B.5.4 Telephone number: B.5.5 Fax number: B.5.6 E-mail: (use a functional e-mail address rather than a personal one)

C APPLICANT IDENTIFICATION, (please tick the appropriate box)

C.1 REQUEST FOR THE COMPETENT AUTHORITY	☐
C.1.1 Sponsor	☐
C.1.2 Legal representative of the sponsor	☐
C.1.3 Person or organisation authorised by the sponsor to make the application	☐
C.1.4 Complete the details of the applicant below even if they are provided elsewhere on the form:	
C.1.4.1 Name of Organisation:	
C.1.4.2 Name of contact person:	
C.1.4.2.1 Given name	
C.1.4.2.2 Middle name	
C.1.4.2.3 Family name	
C.1.4.3 Address:	
C.1.4.3.1 Street address	
C.1.4.3.2 Town/city	
C.1.4.3.3 Post code	
C.1.4.3.4 Country	
C.1.4.4 Telephone number:	
C.1.4.5 Fax number:	
C.1.4.6 E-mail:	
C.1.5 Request to receive a copy of CTA data as XML:	
C.1.5.1 Do you want a copy of the CTA form data saved on EudraCT as an XML file?	☐ yes ☐ no
C.1.5.1.1 If yes provide the e-mail address(es) to which it should be sent (up to 5 addresses):	
C.1.5.1.2 Do you want to receive this via password protected link(s)[8]?	☐ yes ☐ no
If you answer no to question C.1.5.1.2 the .xml file will be transmitted by less secure e-mail link(s)	

C.2 REQUEST FOR THE ETHICS COMMITTEE	☐
C.2.1 Sponsor	☐
C.2.2 Legal representative of the sponsor	☐
C.2.3 Person or organisation authorised by the sponsor to make the application.	☐
C.2.4 Investigator in charge of the application if applicable[9]:	
• Co-ordinating investigator (for multicentre trial)	☐
• Principal investigator (for single centre trial).	☐
C.2.5 Complete the details of the applicant below even if they are provided elsewhere on the form:	
C.2.5.1 Organisation:	
C.2.5.2 Name of contact person:	
C.2.5.2.1 Given name	
C.2.5.2.2 Middle name	
C.2.5.2.3 Family name	
C.2.5.3 Address:	
C.2.5.3.1 Street address	
C.2.5.3.2 Town/city	
C.2.5.3.3 Post code	
C.2.5.3.4 Country	
C.2.5.4 Telephone number:	
C.2.5.5 Fax number:	
C.2.5.6 E-mail:	

[8] This requires a EudraLink account. (See https://eudract.emea.europa.eu/document.html for details)
[9] According to national legislation.

D INFORMATION ON EACH IMP.

*Information on each 'bulk product' before trial-specific operations (blinding, trial specific packaging and labelling) should be provided in this section for each investigational medicinal product (IMP) being tested including each comparator and each placebo, if applicable .**For placebo go directly to D8**. If the trial is performed with several products use extra pages and give each product a sequential number in D1.1 If the product is a combination product information should be given for each active substance.*

D.1 IMP IDENTIFICATION	
Indicate which of the following is described below, then repeat as necessary for each of the numbered IMPs to be used in the trial (assign numbers from 1-n):	
D.1.1 This refers to the IMP number:	(..)
D.1.2 IMP being tested	☐
D.1.3 IMP used as a comparator	☐

D.2 STATUS OF THE IMP.

D.2.1 Has this IMP to be used in the trial a marketing authorisation?: yes ☐ no ☐

If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2

D.2.1.1 If yes to D.2.1, specify for the product to be used in the trial:
D.2.1.1.1 Trade name[10]:
D.2.1.1.1.1 EV Product Code (where applicable)
D.2.1.1.2 Name of the Marketing Authorisation holder:
D.2.1.1.3 Marketing Authorisation number (if Marketing Authorisation granted by an EEA Member State):
D.2.1.1.4 Is the IMP modified in relation to its Marketing Authorisation?
yes ☐ no ☐
D.2.1.1.4.1 If yes, please specify:

D.2.1.2 The country that granted the Marketing Authorisation (……)
D.2.1.2.1 Is this the Member State concerned with this application? yes ☐ no ☐

D.2.2	Situations where an IMP to be used in the CT has a Marketing Authorisation in the Member State concerned, but the protocol allows that any brand of the IMP with a Marketing Authorisation in that Member State be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start
D.2.2.1 In the protocol, is treatment defined only by active substance?	yes ☐ no ☐
D.2.2.1.1 If yes, give active substance in D.3.8 or D.3.9	
D.2.2.2 In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?	yes ☐ no ☐
D.2.2.2.1 If yes, give active substance in D.3.8 or D.3.9	
D.2.2.3 The products to be administered as IMPs are defined as belonging to an ATC group[6]	yes ☐ no ☐
D.2.2.3.1 If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.3	
D.2.2.4 Other:	yes ☐ no ☐
D.2.2.4.1 If yes, please specify:	

[10] Available from the Summary of Product Characteristics (SmPC).

D.2.3 IMPD submitted:	
D.2.3.1 Full IMPD	yes ☐ no ☐
D.2.3.2 Simplified IMPD	yes ☐ no ☐
D.2.3.3 Summary of product characteristics (SmPC) only	yes ☐ no ☐

D.2.4 Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?	yes ☐ no ☐
D.2.4.1 If yes specify which Member States:	
D.2.5 Has the IMP been designated in this indication as an orphan drug in the Community?	yes ☐ no ☐
D.2.5.1 If yes, give the orphan drug designation number[11]: ( )	

D.2.6 Has the IMP been the subject of scientific advice related to this clinical trial?	yes ☐ no ☐
D.2.6.1 If yes to D.2.6 please indicate source of advice and provide a copy in the CTA request:	
D.2.6.1.1 CHMP[12]?	yes ☐ no ☐
D.2.6.1.2 National Competent Authority?	yes ☐ no ☐

D.3 DESCRIPTION OF THE IMP

D.3.1 Product name where applicable[13]:
D.3.2 Product code where applicable[14]:
D.3.3 ATC code, if officially registered[15]:
D.3.4 Pharmaceutical form (use standard terms):
D.3.4.1 Is this a specific paediatric formulation? yes ☐ no ☐
D.3.5 Maximum duration of treatment of a subject according to the protocol:
D.3.6 Dose allowed:
D.3.6.1 First dose for first-in-human clinical trial (specify; per day or total dose; units and route of administration):
D.3.6.2 Maximum dose allowed (specify; per day or total dose; units and route of administration):
D.3.7 Route of administration (use standard terms):
D.3.8 Name of each active substance (INN or proposed INN if available):
D.3.9 Other available name for each active substance (provide all available) :
D.3.9.1 CAS[16] number
D.3.9.2 Current sponsor code
D.3.9.3 Other descriptive name
D.3.9.4 EV Substance code
D.3.9.5 Full Molecular formula
D.3.9.6 Chemical/biological description of the Active Substance
D.3.10 Strength (specify all strengths to be used):
D.3.10.1 Concentration unit:
D.3.10.2 Concentration type (“exact number”, “range", "more than” or “up to”):
D.3.10.3 Concentration (number).

[11] According to the Community register on orphan medicinal products (Regulation (EC) n° 141/2000): https://ec.europa.eu/health/documents/community-register/html/index_en.htm
[12] Committee for Medicinal Products for Human Use of the European Medicines Agency
[13] To be provided only when there is no trade name. This is the name routinely used by a sponsor to identify the IMP in the CT documentation (protocol, IB…).
[14] To be provided only when there is no trade name. This is a code designated by the sponsor which represents the name routinely used by the sponsor to identify the product in the CT documentation. For example, a code may be used for combinations of drugs or drugs and devices.
[15] Available from the Summary of Product Characteristics (SmPC).
[16] Chemical Abstracts Service.

D.3.11	Type of IMP	
	Does the IMP contain an active substance:	
D.3.11.1	Of chemical origin?	yes ☐ no ☐
D.3.11.2	Of biological / biotechnological origin (other than Advanced Therapy IMP (ATIMP)?	yes ☐ no ☐
Is this a:		
D.3.11.3	Advanced Therapy IMP (ATIMP)?	yes ☐ no ☐
D.3.11.3.1	Somatic cell therapy medicinal product[17]?	yes ☐ no ☐
D.3.11.3.2	Gene therapy medicinal product[18]?	yes ☐ no ☐
D.3.11.3.3	Tissue Engineered Product[19]?	yes ☐ no ☐
D.3.11.3.4	Combination ATIMP (i.e. one involving a medical device[20])?	yes ☐ no ☐
D.3.11.3.5	Has the Committee on Advanced Therapies issued a classification for this product?	yes ☐ no ☐
D.3.11.3.5.1	If yes please provide that classification and its reference number:	
D.3.11.4	Combination product that includes a device , but does not involve an Advanced Therapy?	yes ☐ no ☐
D.3.11.5	Radiopharmaceutical medicinal product?	yes ☐ no ☐
D.3.11.6	Immunological medicinal product (such as vaccine, allergen, immune serum)?	yes ☐ no ☐
D.3.11.7	Plasma derived medicinal product?	yes ☐ no ☐
D.3.11.8	Extractive medicinal product?	yes ☐ no ☐
D.3.11.9	Recombinant medicinal product?	yes ☐ no ☐
D.3.11.10	Medicinal product containing genetically modified organisms?	yes ☐ no ☐
D.3.11.10.1	Has the authorisation for contained use or release been granted?	yes ☐ no ☐
D.3.11.10.2	Is it pending?	yes ☐ no ☐
D.3.11.11	Herbal medicinal product?	yes ☐ no ☐
D.3.11.12	Homeopathic medicinal product?	yes ☐ no ☐
D.3.11.13	Another type of medicinal product?	yes ☐ no ☐
D.3.11.13.1	If yes, specify:	
D.3.12	Mode of action *(free text[21])*	
D.3.13	Is it an IMP to be used in a first-in-human clinical trial?	yes ☐ no ☐
D.3.13.1	If yes, are there risk factors identified, according to the guidance FIH?[22]	yes ☐ no ☐

D.4	**SOMATIC CELL THERAPY INVESTIGATIONAL MEDICINAL PRODUCT (NO GENETIC MODIFICATION)**	
D.4.1	Origin of cells	
D.4.1.1	Autologous	yes ☐ no ☐
D.4.1.2	Allogeneic	yes ☐ no ☐
D.4.1.3	Xenogeneic	yes ☐ no ☐
D.4.1.3.1	If yes, specify species of origin:	

[17] Complete also section D.4 Cell therapy as defined in Annex 1 part IV of Directive 2001/83/EC as amended.
[18] Complete also section D.5 Gene Therapy as defined in Annex 1 part IV of Directive 2001/83/EC as amended.
[19] Complete also section D.6 - Tissue Engineered Product as defined in Article 2(1)(b) of Regulation 1394/2007/EC.
[20] Complete also section D.7
[21] The mode of action should briefly describe the chemical, biochemical, immunological or biological means the IMP uses to effect its pharmaceutical action.
[22] Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007 19 July 2007

D.4.2 Type of cells	
D.4.2.1 Stem cells	yes ☐ no ☐
D.4.2.2 Differentiated cells	yes ☐ no ☐
D.4.2.2.1 If yes, specify the type (e.g. keratinocytes, fibroblasts, chondrocytes,…):	
D.4.2.3 Others:	yes ☐ no ☐
D.4.2.3.1 If others, specify:	

D.5 GENE THERAPY INVESTIGATIONAL MEDICINAL PRODUCTS	
D.5.1 **Gene(s) of interest:**	
D.5.2 In vivo gene therapy:	yes ☐ no ☐
D.5.3 Ex vivo gene therapy:	yes ☐ no ☐
D.5.4 Type of gene transfer product	
D.5.4.1 Nucleic acid (e.g. plasmid):	yes ☐ no ☐
If yes, specify if:	
D.5.4.1.1 Naked:	yes ☐ no ☐
D.5.4.1.2 Complexed	yes ☐ no ☐
D.5.4.2 Viral vector:	yes ☐ no ☐
D.5.4.2.1 If yes, specify the type: adenovirus, retrovirus, AAV, …:	
D.5.4.3 Others:	yes ☐ no ☐
D.5.4.3.1 If others, specify:	

D.5.5 Genetically modified somatic cells**:**	yes ☐ no ☐
If yes, specify - origin of the cells:	
D.5.5.1 Autologous:	yes ☐ no ☐
D.5.5.2 Allogeneic:	yes ☐ no ☐
D.5.5.3 Xenogeneic:	yes ☐ no ☐
D.5.5.3.1 If yes, specify species of origin:	
D.5.5.4 Specify type of cells (hematopoietic stem cells…):	

D.6 TISSUE ENGINEERED PRODUCT	
The indication which determines that this is a Tissue Engineered Product as opposed to a Cell Therapy product is given in section E.1.1.	
D.6.1 Origin of cells	
D.6.1.1 Autologous	yes ☐ no ☐
D.6.1.2 Allogeneic	yes ☐ no ☐
D.6.1.3 Xenogeneic	yes ☐ no ☐
D.6.1.3.1 If yes, specify species of origin:	
D.6.2 Type of cells	
D.6.2.1 Stem cells	yes ☐ no ☐
D.6.2.2 Differentiated cells	yes ☐ no ☐
D.6.2.2.1 If yes, specify the type (e.g. keratinocytes, fibroblasts, chondrocytes,…):	
D.6.2.3 Others:	yes ☐ no ☐
D.6.2.3.1 If others, specify:	

D.7 PRODUCTS CONTAINING DEVICES (I.E. MEDICAL DEVICES, SCAFFOLDS ETC.)

D.7.1	Give a brief description of the device:	
D.7.2	What is the name of the device?	
D.7.3	Is the device implantable?	yes ☐ no ☐
D.7.4	Does this product contain:	
D.7.4.1	A medical device?	yes ☐ no ☐
D.7.4.1.1	Does this medical device have a CE mark?	yes ☐ no ☐
D.7.4.1.1.1	The notified body is:	
D.7.4.2	Bio-materials?	yes ☐ no ☐
D.7.4.3	Scaffolds?	yes ☐ no ☐
D.7.4.4	Matrices?	yes ☐ no ☐
D.7.4.5	Other?	yes ☐ no ☐
D.7.4.5.1	If other, specify:	

D.8	**INFORMATION ON PLACEBO (if relevant; repeat as necessary)**	
D.8.1	Is a there a placebo:	yes ☐ no ☐
D.8.2	This refers to placebo number:	(..)
D.8.3	Pharmaceutical form:	
D.8.4	Route of administration:	
D.8.5	Which IMP is it a placebo for? Specify IMP Number(s) from D1.1:	(..)
D.8.5.1	Composition, apart from the active substance(s):	
D.8.5.2	Is it otherwise identical to the IMP?	yes ☐ no ☐
D.8.5.2.1	If not, specify major ingredients:	

D.9 SITE(S) WHERE THE QUALIFIED PERSON CERTIFIES BATCH RELEASEITE WHERE THE QUALIFIED PERSON CERTIFIES BATCH RELEASE[23]

*This section is dedicated to **finished** IMPs, i.e. medicinal products randomised, packaged, labelled and certified for use in the clinical trial. If there is more than one site or more than one IMP is certified, use extra pages and give each IMP its number from section D.1.1 or D.8.2 In the case of multiple sites indicate the product certified by each site.*

D.9.1 Do not fill in section D.9.2 for an IMP that:

*Has a MA in the EU **and***

*Is sourced from the EU market **and***

*Is used in the trial without modification(e.g. not overencapsulated) **and***

The packaging and labelling is carried out for local use only as per article 9.2. of the Directive 2005/28/EC (GCP Directive)

If all these conditions are met tick ☐ and list the number(s) of each IMP including placebo from sections D.1.1 and D.8.2 to which this applies: (..);

D.9.2 **Who is responsible in the Community for the certification of the finished IMP?**

This site is responsible for certification of (list the number(s) of each IMP including placebo from sections D.1.1 and D.8.2): (..);

please tick the appropriate box:

D.9.2.1 Manufacturer	☐
D.9.2.2 Importer	☐

D.9.2.3 Name of the organisation:

[23] In accordance with paragraph 38 of Annex 13 of Volume 4 of the Rules Governing Medicinal Products in the European Union

D.9.2.4 Address:
D.9.2.4.1 Street Address
D.9.2.4.2 Town/City
D.9.2.4.3 Post Code
D.9.2.4.4 Country
D.9.2.5 Give the manufacturing authorisation number:
D.9.2.5.1 If no authorisation, give the reasons:

*Where the product does not have a MA in the EU, but is supplied in bulk **and** final packaging and labelling for local use is carried out in accordance with article 9.2. of Directive 2005/28/EC (GCP Directive) then enter the site where the product was finally certified for release by the Qualified Person for use in the clinical trial at D9.2 above.*

E GENERAL INFORMATION ON THE TRIAL

This section should be used to provide information about the aims, scope and design of the trial. When the protocol includes a sub-study in the MS concerned section E.2.3 should be completed providing information about the sub-study. To identify it check the sub-study box in the 'Objective of the trial' question below

E.1	**MEDICAL CONDITION OR DISEASE UNDER INVESTIGATION**	
E.1.1	Specify the medical condition(s) to be investigated[24] (free text):	
E.1.1.1	Medical condition in easily understood language	
E.1.1.2	Therapeutic area	
E.1.2	MedDRA version, level, term and classification code[25](repeat as necessary):	
E.1.3	Is any of the conditions being studied a rare disease[26]?	yes ☐ no ☐

E.2	**OBJECTIVE OF THE TRIAL**	
E.2.1	Main objective:	
E.2.2	Secondary objectives:	
E.2.3	Is there a sub-study?	yes ☐ no ☐
E.2.3.1	If yes give the full title, date and version of each sub-study and their related objectives:	

E.3	**PRINCIPAL INCLUSION CRITERIA** ***(list the most important)***

E.4	**PRINCIPAL EXCLUSION CRITERIA** ***(list the most important)***

E.5	**END POINT(S):**
E.5.1	Primary End Point (repeat as necessary)[27]
E.5.1.1	Timepoint(s) of evaluation of this endpoint
E.5.2	Secondary End Point (repeat as necessary)
E.5.2.1	Timepoint(s) of evaluation of this endpoint

E.6	**SCOPE OF THE TRIAL –** Tick all boxes where applicable	
E.6.1	Diagnosis	yes ☐ no ☐
E.6.2	Prophylaxis	yes ☐ no ☐
E.6.3	Therapy	yes ☐ no ☐
E.6.4	Safety	yes ☐ no ☐
E.6.5	Efficacy	yes ☐ no ☐
E.6.6	Pharmacokinetic	yes ☐ no ☐
E.6.7	Pharmacodynamic	yes ☐ no ☐
E.6.8	Bioequivalence	yes ☐ no ☐
E.6.9	Dose Response	yes ☐ no ☐
E.6.10	Pharmacogenetic	yes ☐ no ☐
E.6.11	Pharmacogenomic	yes ☐ no ☐
E.6.12	Pharmacoeconomic	yes ☐ no ☐
E.6.13	Others	yes ☐ no ☐
E.6.13.1	If others, specify:	

[24] In the case of healthy volunteer trials, the intended indication for the product under development should be provided.
[25] Applicants are encouraged to provide the MedDRA lower level term if applicable and classification code. Please refer to https://www.meddra.org/
[26] Points to consider on the calculation and reporting of the prevalence of a condition for Orphan drug designation please refer to https://www.ema.europa.eu/en/human-regulatory/overview/orphan-designation-overview
[27] The protocol will usually identify a single primary end point but there may be a co-primary end point in some cases and/or a number of secondary end points.

E.7	TRIAL TYPE[28]	
E.7.1	Human pharmacology (Phase I)	yes ☐ no ☐
	Is it:	
E.7.1.1	First administration to humans	yes ☐ no ☐
E.7.1.2	Bioequivalence study	yes ☐ no ☐
E.7.1.3	Other:	yes ☐ no ☐
E.7.1.3.1	If other, please specify	
E.7.2	Therapeutic exploratory (Phase II)	yes ☐ no ☐
E.7.3	Therapeutic confirmatory (Phase III)	yes ☐ no ☐
E.7.4	Therapeutic use (Phase IV)	yes ☐ no ☐

E.8	DESIGN OF THE TRIAL	
E.8.1	Controlled	yes ☐ no ☐
	If yes, specify:	
E.8.1.1	Randomised	yes ☐ no ☐
E.8.1.2	Open:	yes ☐ no ☐
E.8.1.3	Single blind:	yes ☐ no ☐
E.8.1.4	Double blind:	yes ☐ no ☐
E.8.1.5	Parallel group:	yes ☐ no ☐
E.8.1.6	Cross over:	yes ☐ no ☐
E.8.1.7	Other:	yes ☐ no ☐
E.8.1.7.1	If yes to other specify:	
E.8.2	If controlled, specify the comparator:	
E.8.2.1	Other medicinal product(s)	yes ☐ no ☐
E.8.2.2	Placebo	yes ☐ no ☐
E.8.2.3	Other	yes ☐ no ☐
E.8.2.3.1	If yes to other, specify:	
E.8.2.4	Number of treatment arms in the trial	
E.8.3	Single site in the Member State concerned (see also section G)**:**	yes ☐ no ☐
E.8.4	Multiple sites in the Member State concerned(see also section G)**:**	yes ☐ no ☐
E.8.4.1	Number of sites anticipated in Member State concerned ( )	
E.8.5	Multiple Member States**:**	yes ☐ no ☐
E.8.5.1	Number of sites anticipated in the EEA: ( )	
E.8.6	Trial involving sites outside the EEA:	
E.8.6.1	Trial being conducted both within and outside the EEA:	yes ☐ no ☐
E.8.6.2	Trial being conducted completely outside of the EEA:	yes ☐ no ☐
E.8.6.3	If E.8.6.1 or E.8.6.2 are yes, specify the regions in which trial sites are planned: (repeat as necessary)	
E.8.6.4	If E.8.6.1 or E.8.6.2 are yes, specify the number of sites anticipated outside of the EEA:	
E.8.7	Trial having an independent data monitoring committee:	yes ☐ no ☐

[28] The descriptions of the trial types provided are those recommended in preference to Phases. See page 5 of Community guideline CPMP/ICH/291/95. The development of a new indication after initial approval of a medicine should be considered as a new development plan.

E.8.8	Definition of the end of trial: If it is the last visit of the last subject, please enter "LVLS". If it is not LVLS provide the definition**:**			
E.8.9	Initial estimate of the duration of the trial[29](years ,months and days):			
E.8.9.1	In the Member State concerned	years	months	days
E.8.9.2	In all countries concerned by the trial	years	months	days
E.8.10	Proposed date of start of recruitment			
E.8.10.1	In the Member State concerned			
E.8.10.2	In any country			

F POPULATION OF TRIAL SUBJECTS

F.1	**AGE RANGE**		
F.1.1	Less than 18 years		yes ☐ no ☐
	If yes specify the estimated number of subjects planned in each age range for the whole trial:	Approx. no. of patients[30]	
F.1.1.1	In Utero	( )	yes ☐ no ☐
F.1.1.2	Preterm Newborn Infants (up to gestational age < 37 weeks)	( )	yes ☐ no ☐
F.1.1.3	Newborns (0-27 days)	( )	yes ☐ no ☐
F.1.1.4	Infants and toddlers (28 days - 23 months)	( )	yes ☐ no ☐
F.1.1.5	Children (2-11 years)	( )	yes ☐ no ☐
F.1.1.6	Adolescents (12-17 years)	( )	yes ☐ no ☐
F.1.2	Adults (18-64 years)	**( )**	yes ☐ no ☐
F.1.3	Elderly (>= 65 years)	**( )**	yes ☐ no ☐

F.2	**GENDER**	
F.2.1	Female	☐
F.2.2	Male	☐

[29] From the first inclusion until the last visit of the last subject.

[30] These numbers will be initial estimates. Applicants will not be required to update this information nor do they constitute an authorisation or restriction on the inclusion of these numbers of patients in the trial. The numbers of subjects whose inclusion is authorised are those set out in the authorised version of the protocol, or subsequent authorised amendments.

F.3	GROUP OF TRIAL SUBJECTS	
F.3.1	Healthy volunteers	yes ☐ no ☐
F.3.2	Patients	yes ☐ no ☐
F.3.3	Specific vulnerable populations	yes ☐ no ☐
F.3.3.1	Women of child bearing potential not using contraception	yes ☐ no ☐
F.3.3.2	Women of child bearing potential using contraception	yes ☐ no ☐
F.3.3.3	Pregnant women	yes ☐ no ☐
F.3.3.4	Nursing women	yes ☐ no ☐
F.3.3.5	Emergency situation	yes ☐ no ☐
F.3.3.6	Subjects incapable of giving consent personally	yes ☐ no ☐
F.3.3.6.1	If yes, specify:	
F.3.3.7	Others:	yes ☐ no ☐
F.3.3.7.1	If yes, specify	

F.4	PLANNED NUMBER OF SUBJECTS TO BE INCLUDED:	
F.4.1	In the Member State	( )
F.4.2	For a multinational trial**:**	
F.4.2.1	In the EEA	( )
F.4.2.2	In the whole clinical trial	( )

F.5	PLANS FOR TREATMENT OR CARE AFTER A SUBJECT HAS ENDED HIS/HER PARTICIPATION IN THE TRIAL. **please specify** (free text):

G CLINICAL TRIAL SITES/INVESTIGATORS IN THE MEMBER STATE CONCERNED BY THIS REQUEST

G.1	CO-ORDINATING INVESTIGATOR (*for multicentre trial*) and principal investigator (*for single centre trial*)
G.1.1	Given name:
G.1.2	Middle name, if applicable:
G.1.3	Family name:
G.1.4	Qualification (MD…….)
G.1.5	Professional address:
G.1.5.1	Institution name
G.1.5.2	Institution department
G.1.5.3	Street address
G.1.5.4	Town/city
G.1.5.5	Post code
G.1.5.6	Country
G.1.6	Telephone number:
G.1.7	Fax number:
G.1.8	E-mail:

G.2	**PRINCIPAL INVESTIGATORS** ***(for multicentre trial ; where necessary, use additional forms)***
G.2.1	Given name:
G.2.2	Middle name, if applicable:
G.2.3	Family name:
G.2.4	Qualification (MD…….)
G.2.5	Professional address:
G.2.5.1	Street address
G.2.5.2	Town/city
G.2.5.3	Post code
G.2.5.4	Country
G.2.6	Telephone number:
G.2.7	Fax number:
G.2.8	E-mail:

G.3	**CENTRAL TECHNICAL FACILITIES TO BE USED IN THE CONDUCT OF THE TRIAL** **Laboratory or other technical facility, in which the measurement or assessment of the main evaluation criteria are centralised** (repeat as needed for multiple organisations).
G.3.1	Name of Organisation:
G.3.2	Department
G.3.3	Name of contact person ::
G.3.3.1	Given name
G.3.3.2	Middle name
G.3.3.3	Family name
G.3.4	Address:
G.3.4.1	Street address
G.3.4.2	Town/city
G.3.4.3	Post code
G.3.4.4	Country
G.3.5	Telephone number:
G.3.6	Fax number:
G.3.7	E-mail:
G.3.8	Duties subcontracted:

G.4	**NETWORKS TO BE INVOLVED IN THE TRIAL** **(e.g. Paediatric Networks involved in the trial)**
G.4.1	Name of Organisation:
G.4.2	Name of contact person ::
G.4.2.1	Given name
G.4.2.2	Middle name
G.4.2.3	Family name
G.4.3	Address:
G.4.3.1	Street address
G.4.3.2	Town/city
G.4.3.3	Post code
G.4.3.4	Country
G.4.4	Telephone number:
G.4.5	Fax number:
G.4.6	E-mail:
G.4.7	Activities carried out by the network:

G.5	**ORGANISATIONS TO WHOM THE SPONSOR HAS TRANSFERRED TRIAL RELATED DUTIES AND FUNCTIONS** (repeat as needed for multiple organisations)	
G.5.1	**Has the sponsor transferred any major or all the sponsor's trial related duties and functions to another organisation or third party?**	yes ☐ no ☐
Repeat as necessary for multiple organisations:		
G.5.1.1	Name of Organisation:	
G.5.1.2	Department	
G.5.1.3	Name of contact person:	
G.5.1.3.1	Given name	
G.5.1.3.2	Middle name	
G.5.1.3.3	Family name	
G.5.1.4	Address:	
G.5.1.4.1	Street address	
G.5.1.4.2	Town/city	
G.5.1.4.3	Post code	
G.5.1.4.4	Country	
G.5.1.5	Telephone number:	
G.5.1.6	Fax number:	
G.5.1.7	E-mail:	
G.5.1.8	All tasks of the sponsor	yes ☐ no ☐
G.5.1.9	Monitoring	yes ☐ no ☐
G.5.1.10	Regulatory (e.g. preparation of applications to CA and ethics committee)	yes ☐ no ☐
G.5.1.11	Investigator recruitment	yes ☐ no ☐
G.5.1.12	IVRS[31] – treatment randomisation	yes ☐ no ☐
G.5.1.13	Data management	yes ☐ no ☐
G.5.1.14	E-data capture	yes ☐ no ☐
G.5.1.15	SUSAR reporting	yes ☐ no ☐
G.5.1.16	Quality assurance auditing	yes ☐ no ☐
G.5.1.17	Statistical analysis	yes ☐ no ☐
G.5.1.18	Medical writing	yes ☐ no ☐
G.5.1.19	Other duties subcontracted	yes ☐ no ☐
G.5.1.19.1	If yes to other please specify:	

[31] Interactive Voice Response System: commonly used for randomisation of treatment and controlling the shipment of stock of product.

H COMPETENT AUTHORITY / ETHICS COMMITTEE IN THE MEMBER STATE CONCERNED BY THIS REQUEST

H.1	**TYPE OF APPLICATION**	
If this application is addressed to the Competent Authority, please tick the Ethics Committee box and give information on the Ethics committee concerned. If this application is addressed to the Ethics Committee, please tick the Competent Authority box and give the information on the Competent Authority concerned.		
H.1.1	Competent Authority	☐
H.1.2	Ethics Committee	☐

H.2	**INFORMATION ON COMPETENT AUTHORITY/ETHICS COMMITTEE**
H.2.1	Name :
H.2.2	Address
H.2.2.1	Street address
H.2.2.2	Town/city
H.2.2.3	Post code
H.2.2.4	Country
H.2.3	Date of submission:

H.3	**AUTHORISATION/OPINION:**	
H.3.1	To be requested	☐
H.3.2	Pending	☐
H.3.3	Given	☐
	If 'Given', specify:	
H.3.3.1	Date of authorisation / opinion:	
H.3.3.2	Authorisation accepted / opinion favourable	☐
H.3.3.3	Not accepted / not favourable	☐
	If not accepted / not favourable, give:	
H.3.3.3.1	The reasons	
H.3.3.3.2	The eventual anticipated date of resubmission:	

I SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

I.1 I hereby confirm that /confirm on behalf of the sponsor (delete which is not applicable) that:

- the information provided is complete;
- the attached documents contain an accurate account of the information available;
- the clinical trial will be conducted in accordance with the protocol; and
- the clinical trial will be conducted, and SUSARs and result-related information will be reported, in accordance with the applicable legislation.

I.2	**APPLICANT OF THE REQUEST FOR THE COMPETENT AUTHORITY**(as stated in section C.1):
I.2.1	Date:
I.2.2	Signature[32]:
I.2.3	Print name:

I.3	**APPLICANT OF THE REQUEST FOR THE ETHICS COMMITTEE** (as stated in section C.2):
I.3.1	Date:
I.3.2	Signature [33]:
I.3.3	Print name:

[32] On an application to the Competent Authority only, the applicant to the Competent Authority needs to sign.
[33] On an application to the Ethics Committee only, the applicant to the Ethics Committee needs to sign.