Annex 1: 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: yes ❑ no ❑ If yes, date :
Date of valid application : Date of start of procedure:	Date of receipt of additional / amended information :	Authorisation/ positive opinion **:** yes ❑ no ❑ If yes, date :
Competent authority, Ethics Committee registration number :		

To be filled in by the applicant:
This form is common for request for authorisation from the Competent Authority and for the opinion from an Ethics Committee. 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

Member State in which the submission is being made :

EudraCT number[1] Full title of the trial : Sponsor's protocol code number, version, and date[2]: Name or abbreviated title of the trial where available:

ISRCTN number[3], if available :

[1] Append the EudraCT number confirmation receipt
[2] Any translation of the protocol should be assigned the same date and version as those in the original document
[3] International Standard Randomised Controlled Trial Number

B. IDENTIFICATION OF THE SPONSOR RESPONSIBLE FOR THE REQUEST

B1. Sponsor
Name of organisation : Name of the person to contact: Address : Telephone number : Fax number : e-mail:

B2. Legal representative[4] of the sponsor in the Community for the purpose of this trial (if different from the sponsor)
Name of organisation: Name of the person to contact : Address : Telephone number : Fax number : e-mail:

Status of the sponsor : commercial[5] ❑ non commercial ❑

C. APPLICANT IDENTIFICATION, (please tick the appropriate box)

C1. Request for the competent authority ❑	**C2. Request for the Ethics Committee** ❑

- Sponsor ❑
- Legal representative of the sponsor ❑
- Person or organisation authorised by the sponsor to make the application. In that case, complete below: ❑
  - Organisation :
  - Name of contact person :
  - Address :
  - Telephone number :
  - Fax number :
  - E-mail
	- Sponsor ❑
	- Legal representative of the sponsor ❑
	- Person or organisation authorised by the sponsor to make the application. In that case, complete below: ❑
	  - Organisation :
	  - Name of contact person :
	  - Address :
	  - Telephone number :
	  - Fax number :
	  - E-mail :
	- Investigator in charge of the application :
	  • Coordinating investigator (for multicentre trial) ❑
	  • Principal investigator (for single centre trial) ❑
	In the case of the investigator, complete below :
	  - Name :
	  - Address :
	  - Telephone number :
	  - Fax number :
	  - E-mail :

[4] : In accordance with article 19 of Directive 2001/20/EC

[5] : A commercial sponsor is a person or organisation that takes responsibility for a trial which at the time of the application is part of the development programme for a marketing authorisation of a medicinal product.

D. INFORMATION ON INVESTIGATIONAL MEDICINAL PRODUCT(S) BEING USED IN THE TRIAL : MEDICINAL PRODUCT BEING TESTED OR USED AS A COMPARATOR

Information on each 'Bulk product' before trial-specific operations (blinding, trial specific packaging and labelling) should be provided in this section for both the medicinal product being tested and the product being used as a comparator. Information on placebo, if relevant, should be provided in section E. If the trial is performed with several investigational medicinal products (IMP), use extra pages and give each IMP a sequential number; information should be given for each product, likewise if the product is a combination product information should be given for each active substance.

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):

This refers to the IMP number : (……..)

IMP being tested ❑

IMP used as a comparator ❑

D.1. STATUS OF THE INVESTIGATIONAL MEDICINAL PRODUCT TO BE USED IN THE TRIAL

D.1(a) Has the IMP to be used in the trial a marketing authorisation (MA) :	Yes	No	**If yes, specify for the product to be used in the trial**		
			Trade name[6]	Name of the MA holder[6]	MA number[6]
• In the Member State concerned by this submission? - If yes to this question and if the IMP is not modified but the trade name and MA holder are not fixed in the protocol, go to D.1(b)	❑	❑			
If no to the previous question, • in another Member State from which it is sourced for this trial? - If yes specify, - in which Member State?	❑	❑			
If no to the 2 previous questions, • in a third country from which it is sourced for this trial? - If yes, in which country?	❑	❑			

[6] Available from the Summary of Product Charateristics

D.1(b) Situations where the IMP to be used in the CT has a MA in the MS concerned but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance to the trial start :	Yes	No
In the protocol, is treatment defined only by active substance? - if yes, go to D2	❑	❑
In the protocol, treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS. - if yes, go to D2.	❑	❑
The products to be administered as IMPs are defined as belonging to an ATC group[6]. - if yes give the ATC group (level 3 or more to the level that can be defined) of the applicable authorised codes in the ATC code field in D.2 of this form	❑	❑
Other : - if yes, please specify :	❑	❑

Has the use of the investigational medicinal product been previously authorised in a clinical trial conducted by the sponsor in the Community?

yes ❑ no ❑

Has the investigational medicinal product been designated in this indication as an orphan drug in the Community ?

yes ❑ no ❑

If yes, give the orphan drug designation number[7] :

[7] According to the Community register on orphan medicinal products (Regulation (EC) n° 141/2000) : http://pharmacos.eudra.org/F2/register/orphreg.htm

D.2. DESCRIPTION OF THE INVESTIGATIONAL MEDICINAL PRODUCT

Product name where applicable[8] :

Product code where applicable[9] :

Name of each active substance (INN or proposed INN if available, specify whether proposed or approved INN) :

Other available name for each active substance (CAS, current sponsor code(s), other descriptive name, etc : provide all available) :

ATC code, if officially registered[10]:

Pharmaceutical form (use standard terms) :

Route of administration (use standard terms) :

Strength (specify all strengths to be used) :
- Concentration (number) :
- Concentration unit :
- Concentration type ("exact number", "range", "more than" or "up to").

[8] In the absence of a tradename, this is the name routinely used by sponsor to identify the IMP in the CT documentation (protocol, IB…)
[9] In the absence of a tradename, 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. This code is potentially used in the case of combinations of drugs or drugs and devices.
[10] Available from the Summary of Product Characteristics

Type of medicinal product	
Does the investigational medicinal product contain an active substance :	
- of chemical origin ?	yes ❑ no ❑
- of biological / biotechnological origin[11]?	yes ❑ no ❑
Is this :	
- a cell therapy medicinal product[11]?	yes ❑ no ❑
- a gene therapy medicinal product[11]?	yes ❑ no ❑
- a radiopharmaceutical medicinal product ?	yes ❑ no ❑
- an immunological medicinal product (such as vaccine, allergen, immune serum) [11]?	yes ❑ no ❑
- a herbal medicinal product?	yes ❑ no ❑
- a homeopathic medicinal product?	yes ❑ no ❑
- a medicinal product containing genetically modified organisms[11] ?	yes ❑ no ❑
• If yes,	
▪ Has the authorisation for contained use or release been granted?	yes ❑ no ❑
▪ Or is it pending ?	yes ❑ no ❑
- another type of medicinal product?	yes ❑ no ❑
• If yes, specify :	

D.3. BIOLOGICAL / BIOTECHNOLOGICAL INVESTIGATIONAL MEDICINAL PRODUCTS INCLUDING VACCINES

Type of product	
- Extractive	yes ❑ no ❑
- Recombinant	yes ❑ no ❑
- Vaccine	yes ❑ no ❑
- GMO	yes ❑ no ❑
- Plasma derived products	yes ❑ no ❑
- Others	yes ❑ no ❑
If others, specify :	

[11] Complete also sections D3, D4 or D5

D.4. SOMATIC CELL THERAPY INVESTIGATIONAL MEDICINAL PRODUCT (NO GENETIC MODIFICATION)

Origin of cells	
- autologous	yes ❑ no ❑
- allogeneic	yes ❑ no ❑
- xenogeneic	yes ❑ no ❑
- if yes, specify species of origin :	

Type of cells	
- Stem cells	yes ❑ no ❑
- Differentiated cells	yes ❑ no ❑
If yes, specify the type (e.g. keratinocytes, fibroblasts, chondrocytes,…) :	
- Others :	yes ❑ no ❑
If others, specify :	

D.5. GENE THERAPY INVESTIGATIONAL MEDICINAL PRODUCTS

Gene(s) of interest :

In vivo gene therapy: ❑	**Ex vivo gene therapy** : ❑

Type of gene transfer product	
- Nucleic acid (e.g. plasmid) :	❑ yes ❑ no
If yes, specify	
- if naked :	❑ yes ❑ no
- or complexed :	❑ yes ❑ no
- Viral vector :	❑ yes ❑ no
If yes, specify the type : adenovirus, retrovirus, AAV, …:	
- Others :	❑ yes ❑ no
If others, specify :	

Genetically modified cells :	❑ yes ❑ no
If yes, specify :	
- origin of the cells :	
- autologous :	❑ yes ❑ no
- allogeneic :	❑ yes ❑ no
- xenogeneic :	❑ yes ❑ no
- if yes, specify species of origin :	
- type of cells (hematopoietic stem cells, …) :	

E. INFORMATION ON PLACEBO (if relevant) (repeat as necessary)

This refers to Placebo number: (…….)
Is there a placebo?: ❑ yes ❑ no
Which IMP is it a placebo for? Specify IMP Number(s) from D
Pharmaceutical form : Route of administration : Composition, apart from the active substance(s) : - is it otherwise identical to the IMP? ❑ yes ❑ no - if not, specify major ingredients :

F. AUTHORISED SITE RESPONSIBLE FOR THE RELEASE OF THE INVESTIGATIONAL MEDICINAL PRODUCT IN THE COMMUNITY

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

Who is responsible in the Community for the release of the finished IMP? (please tick the appropriate box): **This site is responsible for release of (specify the number(s) from D of the IMP and E for the placebo concerned) : ……**
- Manufacturer ❑ - Importer ❑ - Both manufacturer and importer ❑
- Name of the organisation: - Address : - Please, give the manufacturer or importer authorisation number : If no authorisation, give the reasons : - Has the site been inspected by Community authorities? yes ❑ no ❑ If yes, date of the last inspection:

G. GENERAL INFORMATION ON THE TRIAL

Medical condition or disease under investigation	
Specify the medical condition (free text) :	
ICD classification code[12] :	
MedDRA classification code [13]:	
Is it a rare disease[14] ?	yes ❑ no ❑

Objective of the trial
Main objective : Secondary objectives :

Principal inclusion criteria *(list the most important)*

Principal exclusion criteria *(list the most important)*

Primary end point(s) :

Scope of the trial – Tick all boxes where applicable	
- Diagnosis	❑
- Prophylaxis	❑
- Therapy	❑
- Safety	❑
- Efficacy	❑
- Pharmacokinetic	❑
- Pharmacodynamic	❑
- Bioequivalence	❑
- Dose Response	❑
- Pharmacogenomic	❑
- Pharmacoeconomic	❑
- Others	❑
If others, specify :	

[12] Source : World Health Organization

[13] The information on the ICD and MedDRA classification is optional. When both classifications are available, only one should be provided; in this case applicants are encouraged to provide the MedDRA classification.

[14] Points to consider on the calculation and reporting of the prevalence of a condition for Orphan drug designation : COM/436/01 (www.emea.eu.int/htms/human/comp/orphaapp.htm)

Trial type[15] and phase			
❑ Human pharmacology (Phase I) Is it: ❑ First administration to humans ❑ Bioequivalence study ❑ Other : Please specify :	❑ Therapeutic exploratory (Phase II)	❑ Therapeutic confirmatory (Phase III)	❑ Therapeutic use (Phase IV)

Design of the trial					
Randomised :	yes ❑ no ❑				
Controlled :	yes ❑ no ❑	• If yes, specifiy :			
		Open :	yes ❑ no ❑		
		Single blind :	yes ❑ no ❑	Double blind :	yes ❑ no ❑
		Parallel group :	yes ❑ no ❑	Cross over :	yes ❑ no ❑
		Other :	yes ❑ no ❑	If yes, specify :	
		• Specify the comparator :			
		- (an) other medicinal product(s)			yes ❑ no ❑
		- placebo			yes ❑ no ❑
		- other			yes ❑ no ❑
		If yes, specify :			
Single site (see also section I) :	yes ❑ no ❑				
Multiple site (see also section I) :	yes ❑ no ❑				
Multiple Member States:	yes ❑ no ❑				
Does this trial involve third countries ?	yes ❑ no ❑				

Maximum duration of treatment of a subject according to the protocol :

Maximal dose allowed (specify : per day or total) :

Definition of the end of trial and justification, in the case where it is not the last visit of the last subject undergoing the trial :[16]

Initial estimate of the duration of the trial[17] (years and months) :

- in the MS concerned	years	months
- in all countries concerned by the trial	years	months

[15] according to page 5 of Community guideline CPMP/ICH/291/95
[16] if not provided in the protocol
[17] from the 1st inclusion until the last visit of the last subject

H. POPULATION OF TRIAL SUBJECTS

Age			
Age span	❑ Less than 18 years If yes specify: ❑ In Utero ❑ Preterm Newborn Infants (up to gestational age ≤ 37 weeks) ❑ Newborn (0-27 days) ❑ Infant and toddler (28 days - 23 months) ❑ Children (2-11 years) ❑ Adolescent (12-17 years)	❑ Adult (18-65 years)	❑ Elderly (> 65 years)
Gender			
❑ Female ❑ Male			

Population of trial subjects		
Healthy volunteers	yes ❑	no ❑
Patients	yes ❑	no ❑
Specific vulnerable populations		
- women of child bearing potential	yes ❑	no ❑
- pregnant women	yes ❑	no ❑
- nursing women	yes ❑	no ❑
- emergency situation	yes ❑	no ❑
- subjects incapable of giving consent personally	yes ❑ If yes, specify :	no ❑
- others :	yes ❑ If yes, specify :	no ❑

Planned number of subjects to be included :
- in the Member State : For a multinational trial: - in the Community : - in the whole clinical trial :

Plans for treatment or care after the subject has ended the participation in the trial[18] (if it is different from the expected normal treatment of that condition) :
Please specify :

[18] if not already provided in the protocol

I. PROPOSED CLINICAL TRIAL SITES IN THE MEMBER STATE CONCERNED BY THIS REQUEST

I.1. Coordinating investigator (*for multicentre trial*) and principal investigator (*for single centre trial*)			
Name	Surname	Qualification (MD…….)	Address

I.2. Principal investigators *(for multicentre trial ; where necessary, use other forms)*			
Name	Surname	Qualification (MD…….)	Address of the principal investigator site

I.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)
Organisation: Name of contact person : Address : Telephone number : Duties subcontracted :

I.4.Organisation to whom the sponsor has transferred trial related duties and functions (repeat as needed for multiple organisations)
Has the sponsor transferred any major or all the sponsor's trial related duties and functions to another organisation or third party ? yes ❑ no ❑
If yes, specify : Organisation : Name of contact person : Address : Telephone number : Duties / functions subcontracted :

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

If this application is addressed to the competent authority, please tick the Ethics Committee box and give information on the Ethics Committee concerned and vice versa **Competent authority** ❑ **Ethics Committee** ❑			
Name and address : Date of submission : Authorisation/ opinion :	❑ to be requested	❑ pending	❑ given
If given, specify:	Date of authorisation / opinion: ❑ authorisation accepted / opinion favourable: ❑ not accepted / not favourable. If not acceptable / not favourable, give : - the reasons - the eventual anticipated date of resubmission :		

L. SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

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

- the above information given on this request is correct
- the trial will be conducted according to the protocol, national regulation and the principles of good clinical practice
- it is reasonable for the proposed clinical trial to be undertaken.
- I will submit a summary of the final study report to the competent authority and the ethics committee concerned within a maximum 1 year deadline after the end of the study in all countries.
- I will declare the effective date of the commencement[19] of the trial to the competent authority and Ethics Committee concerned as soon as available.

APPLICANT of the request for the competent authority (as stated in section C1) : Date : Signature : Print name:	APPLICANT of the request for the Ethics committee (as stated in section C2) : Date : Signature : Print name:

[19] inclusion of the 1st patient in the Member State (the inclusion starts with the informed consent signature)