**Declaration of the End of Trial Form (cf. Section 4.2.1 of the *Detailed guidance on the request to the competent authorities for authorisation of a clinical trial on a medical product for human use, the notification of substantial amendments and the declaration of the end of the trial[[1]](#footnote-1)*)**

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| **NOTIFICATION OF THE END FOR HUMAN USE TO THE COMPETENT AUTHORITY AND THE ETHICS COMMITTEE** |

***For official use***

|  |  |
| --- | --- |
| **Date of receipt:** | **Competent authority registration number:****Ethics committee registration number:** |

***To be filled in by the applicant***

**A. MEMBERS STATE IN WHICH THE DECLATION IS BEING MADE:**

**B. TRIAL INDENTIFICATION**

|  |
| --- |
| **B.1 Study Reference Number:****B.2 Sponsor’s protocol code number:****B.3 SVHG Principal Investigator name: Prof/Dr/Mr/Ms** **B.4 Full title of the trial:**  |

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

|  |
| --- |
| **C.1 DECLARATION FOR THE COMPETENT AUTHORITY**  |
| C.1 Sponsor C.1.2 Legal representative of the sponsorC.1.3 Person or organisation authorised by the sponsor to make the application**C.1.4 Complete below:** C.1.4.1 Organisation: C.1.4.2 Name of person to contact:C.1.4.3 Address:C.1.4.4 Telephone Number:C.1.4.5 Fax number:C.1.4.6 Email: |

|  |
| --- |
| **C.2 DECLARATION FOR THE ETHICS COMMITTEE** |
| C.2.1 SponsorC.2.2 Legal representative of the sponsorC.2.3 Person or organisation authorised by the sponsor to make the applicationC.2.4 Investigator in charge of the application if applicable: * Co-ordinating investigator (for multicentre trial):
* Principal investigator ( for single centre trial):

**C.2.5 Complete below:**C.2.5.1 Organisation: C.2.5.2 Name:C.2.5.3 Address: C.2.5.4 Telephone number:C.2.5.5 Fax number:C.2.5.6 |

**D. END OF TRIAL**

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| **D.1 Date of the end of the trial in this Member State?[[2]](#footnote-2)** Yes No |
| D.1.1 (YYYY/MM/DD): |

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| **D.2 Date of the end of the complete trial in all countries concerned by the trial?** Yes No  |
| D.2.1 (YYYY/MM/DD):  |

|  |
| --- |
| **D.3 Is it an early termination?[[3]](#footnote-3)** Yes No |
| D.3.1 If yes, give date (YYYY/MM/DD):D.3.2 Briefly describe in an annex (free text):D.3.2.1 The justification for early termination of the trial:D.3.2.2 Number of patients still receiving treatment at time of early termination in the MS concerned by the declaration and their proposed management;D.3.2.3 The consequences of early termination for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product |

**E. SIGNATURE OF THE APPLICANT IN THE MEMBER STATE**

|  |
| --- |
| E.1 I hereby confirm that/confirm on behalf of the sponsor that (delete which is not applicable):* The above information given on this declaration is correct; and
* That the clinical trial summary report will be submitted within the applicable deadline in accordance with the applicable guidance by the Commission[[4]](#footnote-4).
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| **E.2 APPLICANT TO THE COMPETENT AUTHORITY (as stated in C.1)**  |
| E.2.1 Date:E.2.2 Signature:E.2.3 Print name: |

|  |
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| E.3 APPLICANT TO THE ETHICS COMMITTEE (as stated in C.2):  |
| E.3.1 Date:E.3.2 Signature:E.3.3 Print Name |

1. OJ, C82, 30.03.2010, p. 1; hereinafter referred to as ‘detailed guidance CT-1’. [↑](#footnote-ref-1)
2. In case of a multi-country trial, if the national and global end of trial dates are different in a given Member State, the sponsor shall submit this form two times:

At the end of the trial in the individual Member State, section D1.1 shall be completed and submitted to the respective National Competent Authority.

At the global end of the trial, the sponsor shall complete section D.2.1 with the global trial end date and the completed form shall be submitted to all participating Member States in order to allow the sponsor to prepare the trial result summary within the 12-months (or 6-months in case of paediatric trials) timeframe.

If the national and global end dates coincide in a concerned Member State, the form shall be submitted only once to the National Competent Authority of this Member State with both sectionsD1.1. and D2.1 complete. [↑](#footnote-ref-2)
3. Cf. Section 4.2. of the detailed guidance CT-1. [↑](#footnote-ref-3)
4. Section 4.3 of the detailed guidance CT-1. [↑](#footnote-ref-4)