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| This document is intended to be used for submission of new clinical trials applications |

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| **Study title** |  | |
| Protocol No. |  | |
| Version No. |  | |
| Study Medicine |  | |
| Therapeutic Area |  | |
| SAHPRA\* Ref. no. (if applicable) | |  |
| SAHPRA\* Ref number(s) of comparator medicine(s) (if applicable) | |  |
| SAHPRA\* Ref number(s) of concomitant medicine(s) (if applicable) | |  |
| Date(s) SAHPRA approval or previous protocol(s) | |  |
| If applicable: additional international  trial identifiers (WHO, clintrials.gov,  EudraCT, SANCTR number) | |  |
| Sponsor(s)/Funder(s): | |  |
| Applicant: | |  |
| Contact Person: | |  |
| Address: | |  |
| Telephone No.: | |  |
| Cell No.: | |  |
| E-mail address: | |  |
| Date of Application: | |  |

***\*****Refers to registration number for registered medicines issued by SAHPRA*

**CHECKLIST**

***Refer to the Appendix for instructions.***

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| **Cover Letter (one signed copy in PDF and one copy in MS-WORD format)** |
| **Two completed clinical trials application (CFT1) (one signed copy in PDF and one copy in MS- WORD format)** |
| **Protocol** |
| **Patient Information Leaflet(s) and Informed Consent Form(s)** |
| **Copy/ies of Recruitment Advertisement(s) (if applicable) and Questionnaires** |
| **Investigators’ Brochure and / or all Professional Information (Package Insert(s))1** |
| **Summary of previous trials with investigational medical product(s), if applicable** |
| **Certificate(s) of Analysis** |
| **Signed Investigator’s CV(s) in SAHPRA format** |
| **Signed Declaration(s) by all Investigator(s)** |
| **Signed Joint Financial Declaration (Sponsor and National PI)** |
| **Signed Declaration by Applicant and National Principal Investigator** |
| **CV(s) and Signed Declaration by Regional Monitor(s)** |
| **Proof of Application to Register the Trial on the South African National Clinical Trials Register** |
| **Active Insurance Certificate for Clinical Trial** |
| **Proof of Sponsor Indemnification for Investigators and Trial Site** |
| **Active GCP Certificates** |
| **Workload Forms for Investigators** |
| **Current Proof of Registration with Professional Statutory Body (HPCSA, SAPC, SANC, etc)** |
| **Current Proof of Professional Indemnity (Malpractice Insurance)** |
| **Ethics Approval Letter or Copy of letter submitted to Ethics Committee** |
| **Study Budget** |
| **Electronic copies of key peer reviewed publications following ICMJE2 recommendations to support the application (if applicable)** |
| **Certificate of GMP for sites manufacturing the Investigational product(s) (including placebo and Comparator)** |
| **Evidence of accreditation/Certifications of the designated laboratories** |
| **Data Safety Monitoring Board charter and composition (where applicable)** |
| **Proof of payment (Bank validated)** |

1Include also Package inserts of concomitant medications

2 International Committee of Medical Journal Editors

**NOTE for all applications:**

1. **The submission email must include organised zipped folders for various sections of the CTF1 as per above checklist.**
2. **Individual site documents for each staff member must be uploaded into 1 document and labelled with the staff name and arranged in folders according to the site which they belong.**
3. **Incomplete documentation or sub-standard submissions will be rejected.**
4. **Applications submitted without Clinical Trial Insurance will be rejected.**
5. **Applicants will be allowed a maximum of two rounds of queries to respond to. If the responses are not satisfactory the Application will be rejected**

**Declaration by Applicant**

**Title of Protocol:**

**Protocol No:**

I/We, the undersigned have submitted all requested and required documentation, and have disclosed all information which may influence the approval of this application.

I/We, the undersigned will ensure that if the above-said clinical trial is approved, it will be conducted according to the submitted protocol and South African legal, ethical and regulatory requirements.

1st Applicant (local contact) Date

Alternative (local contact) Date

**Declaration by National Principal Investigator**

I, the undersigned as National Principal Investigator agree that I have reviewed the application and protocol and will ensure that if the above-said clinical trial is approved, it will be conducted according to the submitted protocol and South African legal, ethical and regulatory requirements. In case of the single site in SA, the PI will assume the role of the National PI.

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National Principal Investigator Date

## **SECTION 1: ADMINISTRATIVE**

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| **PART 1: ADMINISTRATIVE DETAILS** | |
| 1.1 Study Title |  |
| 1.2 Protocol No, Version and Date |  |
| 1.3 Phase of trial |  |
| 1.4 Sponsor(s)/Funder(s) – Please specify exact roles |  |
| 1.5 Applicant |  |
| 1.6 Contact Person (Address, Telephone Number, E-mail Address) |  |
| 1.7 National Principal Investigator/ Coordinator (or equivalent person) |  |
| 1.8 Regional Monitor |  |

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| **PART 2: DETAILS OF TRIALISTS AND SITES** | |
| 2.1 Details of Site(s) (Name of site, physical address, contact details, contact person) |  |
| 2.2 Details of how sites were selected |  |
| 2.3 Details of investigators and staff (Investigators, staff, number of staff, names, qualifications, experience preferably in a table and include the titles of investigators involved) |  |
| 2.4 Details of capacity of site(s):  (site facilities, equipment, emergency facilities, other relevant infrastructure and investigator work load documents) |  |
| 2.5 Details and evidence of competence of the laboratories:   * Collection and processing of samples for shipping to centralised testing facilities (include conditions of shipping) * Bedside/point-of-contact testing and details of training of staff * Screening and safety testing of clinical samples during the trial * Specialised end-point testing (virology, immunology, cytokine analysis) * Name of the organisations(s):   (Department, Name of contact person, address, Telephone number, email) |  |

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| **PART 3: REGULATORY DETAILS** | |
| 3.1 Name other Regulatory Authorities/ Ethics Committees to which application to do this trial have been submitted, and/or approved |  |
| 3.2 If the trial is to be conducted in SA and not in the host country of the applicant / sponsor, provide an explanation |  |
| 3.3 Name other Regulatory Authorities or Ethics Committees which have rejected this trial and give reasons for rejection |  |
| 3.4 If applicable, details of and reasons for this trial having been halted at any stage by other Regulatory Authorities |  |

## **SECTION 2: CLINICAL TRIAL PROTOCOL**

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| **PART 4: INVESTIGATIONAL PRODUCT (IP) AND OTHER MEDICINES** | |
| 4.1 Does the IP contain an active substance of chemical origin or of biological / biotechnological origin? | Is the IMP/Product a:   Biological Product   Chemical Product   Radiopharmaceutical product   Complementary and Alternative Medicine   Medical device   Other, specify |
| 4.2 Details of IP (name, strength, formulation, dose(s), mode of administration and other relevant IP details) |  |
| 4.3 Properties of IP i.e. mechanism of action |  |
| 4.4 Summary of Pre-clinical findings (e.g. laboratory / animal / toxicity / mutagenicity) |  |
| 4.5 Summary of Clinical Findings (e.g. phases; PK; PD; dose-finding; ADRs, NNT/NNH, other). |  |
| 4.6 Details of comparator medicine(s) (name strength, formulation, dose(s), mode of administration and justification of the choice of the comparator) |  |
| 4.7 Name(s) and details (as above) of concomitant medication(s) including rescue medications which are required or excluded in the protocol |  |
| 4.8 Registration status of IP, concomitant and/or comparator medicine(s) [include Investigator’s brochure, SAHPRA approved PI, and other international professional information (package inserts) if not approved in SA and certificate of analysis] |  |
| 4.9 For the purpose of this trial, is the IP modified in relation to its original registration? |  |
| 4.10 Estimated Quantity of Trial Material (each medicine detailed separately) for which exemption will be required (including overage and justification for overage if above 20 %) include concomitant medicines to be imported. *Specify the formulation (e.g., concentration per vial, strength of tablet, route of administration)* |  |
| 4.11 If any of the above medicines/medical devices are available in South Africa, give an explanation why they need to be imported from elsewhere |  |
| 4.12 Details of medicine(s) supply management and accountability (receipt of medicine(s) from supplier, storage, dispensing, packaging and labelling of Investigational Product) |  |
| 4.13 Give details of intention to register and justify if registration is not envisaged |  |
| 4.14 Details of the manufacture, quality control and stability of the IP (including IP destruction process). Provide certificate of GMP for manufacture of the IP. |  |
| 4.15 Previous studies using this medicine which have been approved by SAHPRA\* and include SAHPRA\* approval number Study title, Protocol number, Date of approval, National PI / Principal Investigator, Date(s) Progress report(s) and Date Final report) |  |

\**This means all studies approved in the previous SAHPRA dispensation called Medicines Control Council*

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| **PART 5: BACKGROUND INFORMATION** | |
| 5.1 Disease / problem in South African context (e.g. local epidemiology) |  |
| 5.2 Overall rationale for the study summarised |  |
| 5.3 Rationale for the study in the South African context |  |

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| **PART 6: STUDY OBJECTIVES AND ENDPOINTS (with justifications)** | |
| 6.1 Primary objectives and endpoints |  |
| 6.2 Secondary objectives and endpoints |  |
| 6.3 Tertiary Objectives and endpoints |  |
| 6.4 Exploratory objectives and endpoints |  |
| 6.5 Safety objectives and endpoints |  |
| 6.6 Other objectives |  |

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| **PART 7: STUDY DESIGN AND METHODOLOGY** | |
| 7.1 Study Design (with justifications)   * phase of trial * choice of design * use of placebo (if applicable) * dosages * randomisation * blinding * duration of study treatment |  |
| 7.2 Duration of the overall study |  |
| 7.3 Planned start, end of recruitment and stop date of the study |  |
| 7.4 Participant numbers (local and worldwide) include participant numbers per site in South Africa |  |
| 7.5 Provide information indicating potential of each site to recruit required number of patients within envisaged duration of trial |  |
| 7.6 Provide details of pharmacogenetic, biobanking or other sub-studies planned |  |

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| **PART 8: ELIGIBILITY CRITERIA (with specific justification for each criterion)** | |
| 8.1 Inclusion criteria |  |
| 8.2 Exclusion criteria |  |

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| **PART 9: DATA AND SAFETY MONITORING PLAN** | |
| 9.1 Describe and comment on Data and Safety monitoring plan (provide detailed safety and monitoring plan for the study and explain how adequate site oversight will be ensured) |  |
| 9.2 Provide details of Composition, Affiliations, Charter and Stopping rules of the Data Safety Monitoring Committee if applicable |  |
| 9.3 Provide details of interim analyses if planned |  |
| 9.4 Provide AE and SAEs definitions, reporting guidelines and causality assessments to be followed. Provide details of AE’s and SAEs of special interest |  |

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| **PART 10: STATISTICAL MEASURES** | |
| 10.1 Provide method of Sample size determination (justification of the power of the study in relation to the outcomes measures) |  |
| 10.2 Provide Statistical method(s) and analysis of qualitative and/or quantitative measures with appropriate, clear justification. Provide the statistical analysis plan if available |  |
| 10.3 Details of data processing   * how * where * when * who |  |

| **PART 11: ETHICAL AND ADMINISTRATIVE ISSUES** | |
| --- | --- |
| 11.1 Justification for deviation from current SA GCP guidelines |  |
| 11.2 Provide details of capacity building and transformation at all sites |  |
| 11.3 Provide details of insurance (including title, protocol, dates, policy #, amount, local vendor) |  |
| 11.4 Provide details of indemnity for Investigators and trial site |  |
| 11.5 Confirmation of current malpractice insurance for investigators |  |
| 11.6 Ensure Patient Information Leaflet and Informed Consent / Assent includes:   * latest ABPI and SA GCP guidelines * written in appropriate level of education /English * explains possible benefits / risks * ensuring patient rights * SAHPRA and Ethics contact names and numbers * Other details as per ICH GCP * Confirm translations available |  |
| 11.7 Provide separate PILs and informed consent forms with duration for any proposed   * archiving of blood specimens for later research * genetics research * HIV testing * any other |  |
| 11.8 Provide details of publication policy as per ICJME |  |
| 11.9 Provide details of remuneration and other benefits for participants |  |
| 11.10 Provide details of remuneration of investigators or site |  |
| 11.11 Provide a list of Ethics Committees which will be involved in approving the study |  |
| 11.12 Provide details of possible conflict of interest of any person(s)/ organisation(s) who/which will be involved in the trial |  |
| 11.13 Provide updated proof of South African SA GCP training for staff involved in this trial (done in the past three years). List the provider and date of expiry for each personnel |  |
| 11.14 Provide details on treatment and/or management of participants and their disease condition(s) after completion of trial (Post trial medicine access) |  |

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| **PART 12: ADDITIONAL COMMENTS** | |
| Provide any additional information that may be relevant to the study |  |

## **Annexure 1**

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| **STANDARDISED WORDING TO BE ADDED TO PATIENT INFORMATION LEAFLET (PILs)**  If you have questions about this trial, you should first discuss them with your doctor or the Ethics Committee (contact details as provided on this form). After you have consulted your doctor or the Ethics Committee and if they have not provided you with answers to your satisfaction, you should write to the South African Health Products Regulatory Authority (SAHPRA) at:  The Chief Executive Officer  South African Health Products Regulatory Authority  Loftus Park  Building A  402 Kirkness Street  Arcadia, Pretoria  0083  E-mail: Boitumelo.Semete@sahpra.org.za  Tel: 012 501 0413 |

## **Annexure 2**

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| SAHPRA FORMAT FOR CVs OF INDIVIDUALS PARTICIPATING IN THE CONDUCT OF CLINICAL TRIALS IN SOUTH AFRICA |
| 1. Trial:  2. Protocol:  3. Designation: (e.g. National Principal Investigator, Investigator (Principal, Co- or sub-), Study Co-ordinator, Regional Monitor, Local Monitor, Contract Research Affiliate) |
| 4. Personal Details  Name:  Work Address:  Telephone Number:  Fax Number:  Cell-phone Number:  e-mail address: |
| 5. Academic and Professional Qualifications |
| 6. Professional Statutory body registration number i.e. HPCSA, SAPC, SANC, etc. |
| 7. Current personal medical malpractice insurance details (all investigators) |
| 8. Relevant related work experience (brief) and current position |
| 9. Participation in clinical trials research in the last three years (title, protocol number, designation and SAHPRA reference number) [If multiple trials, only list those with relevance to this application, or in the last years.] |
| 10. Peer-reviewed publications in the past 3 years |
| 11. Date of last GCP training (as a participant or presenter) |
| 12. Any additional relevant information supporting abilities to participate in conducting this trial. [briefly] |
| 13. Signature: Date: |

## **Annexure 3**

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| **DECLARATION BY CO- AND PRINCIPAL INVESTIGATOR** |
| **Name:**  **Title of Trial:**  **Protocol:**  **Site:** |
| 1. I have read and understood ‘Responsibility of The Principal Investigator (PI) and Participating Investigators’ of the current Good Clinical Practice Guidelines of the Department of Health. 2. I have notified the South African Health Products Regulatory Authority (SAHPRA) of any aspects of the above guidelines with which I do not / am unable to, comply. (If applicable, this may be attached to this declaration.) 3. I have thoroughly read, understood, and critically analysed (in terms of the South African context) the protocol and all applicable accompanying documentation, including the investigator’s brochure, patient information leaflet(s) and informed consent form(s). 4. I will conduct the trial as specified in the protocol. 5. To the best of my knowledge, I have the potential at the site(s) I am responsible for, to recruit the required number of suitable participants within the stipulated time period. 6. I will not commence with the trial before written authorisations from the relevant ethics committee(s) as well as the SAHPRA have been obtained. 7. I will obtain informed consent from all participants or if they are not legally competent, from their legal representatives. 8. I will ensure that every participant (or other involved persons, such as relatives), shall at all times be treated in a dignified manner and with respect. 9. Using the broad definition of conflict of interest below, I declare that I have no financial or personal relationship(s) which may inappropriately influence me in carrying out this clinical trial.   *[Conflict of interest exists when an investigator (or the investigator’s institution), has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions.]\**  \*Modified from: Davidoff F, *et al.* Sponsorship, Authorship, and Accountability. (Editorial) JAMA Volume 286 number 10 (September 12, 2001)   1. I have\* / have not (delete as applicable) previously been the principal investigator at a site which has been closed due to failure to comply with Good Clinical Practice. (\*Attach details.) 2. I have\* / have not (delete as applicable) previously been involved in a trial which has been closed as a result of unethical practices. (\*Attach details) 3. I will submit all required reports within the stipulated time-frames. |
| Signature: Date: |
| Witness: Date: |

## **Annexure 4**

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| **JOINT DECLARATION BY SPONSOR (OR REPRESENTATIVE) AND PRINCIPAL INVESTIGATOR (OR NATIONAL PRINCIPAL INVESTIGATOR) CONCERNING SUFFICIENT FUNDS TO COMPLETE STUDY\*** |
| Title: |
| Protocol: |
| I, <full name>, representing <sponsor or representative)  And  I, <full name>, Principal Investigator/National Principal Investigator  Hereby declare that sufficient funds have been made available to complete the above-identified study. |
| Signed: Date: |
| SPONSOR (or alternative)  Name:  Address:  Contact details: |
| Signed: Date: |
| National PI (or PRINCIPAL INVESTIGATOR)  Name:  Address:  Contact details: |
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## **Annexure 5**

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| **PROVISIONAL DECLARATION BY SUB-INVESTIGATORS AND OTHER STAFF INVOLVED IN A CLINICAL TRIAL** |
| Name:  Title of Trial:  Protocol:  Principal Investigator’s Name:  Site:  Designation: |
| 1. I will carry out my role in the trial as specified in the protocol.  2. I will not commence with my role in the trial before written authorisations from the relevant ethics committee(s) as well as the South African Health Products Regulatory Authority (SAHPRA) have been obtained.  3. If applicable to my role in the trial, I will ensure that informed consent has been obtained from all participants or if they are not legally competent, from their legal representatives.  4. I will ensure that every participant (or other involved persons, such as relatives), shall at all times be treated in a dignified manner and with respect.  5. Using the broad definition of conflict of interest below, I declare that I have no financial or personal relationship(s) which may inappropriately influence me in carrying out this clinical trial.  *[Conflict of interest exists when an investigator (or the investigator’s institution), has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions.]\**  \*Modified from: Davidoff F, *et al.* Sponsorship, Authorship, and Accountability. (Editorial) JAMA Volume 286 number 10 (September 12, 2001)  6. I have\* / have not *(delete as applicable)* previously been involved in a trial which has been closed due to failure to comply with Good Clinical Practice. *(\*Attach details)*  7. I will submit all required reports within the stipulated time-frames. |
| Signature: Date: |
| Witness: Date: |

## **Annexure 6**

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| **DECLARATION BY REGIONAL MONITOR** |
| Name:  Title of Trial:  Protocol:  Principal Investigator’s Name:  Site:  Designation: |
| 1. I have read and understood “The Monitor” of the current Clinical Trials Guidelines of the Department of Health. 2. I have notified the South African Health Products Regulatory Authority of any aspects of the above guidelines with which I do not / am unable to, comply. *(If applicable, this may be attached to this declaration.)* 3. I will carry out my responsibilities as specified in the trial protocol and according to the current Good Clinical Practice Guidelines of the Department of Health. 4. Using the broad definition of conflict of interest below, I declare that I have no financial or personal relationship(s) which may inappropriately influence me in carrying out this clinical trial.   [*Conflict of interest exists when an investigator (or the investigator’s institution), has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions*.]\*  \*Modified from: Davidoff F, et al. Sponsorship, Authorship, and Accountability. (Editorial) JAMA Volume 286 number 10 (September 12, 2001)   1. I have\* / have not *(delete as applicable)* previously been the monitor at a site which has been closed due to failure to comply with Good Clinical Practice. *(\*Attach details.)* 2. I have\* / have not *(delete as applicable)* previously been involved in a trial which has been closed as a result of unethical practices. *(\*Attach details)* 3. I will submit all required reports within the stipulated time-frames. |
| Signature: Date: |
| Witness: Date: |

## **Annexure 7**

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| **WORDING FOR THE SPONSOR INDEMNIFICATION FOR SITES AND INVESTIGATORS**  In consideration of the {PI’s / Institution’s / Research Unit’s] participation in the study, we shall indemnify and hold harmless [Name of PI / Institution / Research Unit] and its employees from any legal liability for costs or damages for death or personal injury which may result from the administration of [Name of compound] pursuant to the said study. This indemnity does not apply to the extent that such death or personal injury arises out of any negligent act, default or omission of [Name of PI / Institution / Research Unit] or its employees. Furthermore, this indemnity is subject to the condition that the study is carried out in accordance with the Protocol approved by us in writing, that [Name of Sponsor] is notified immediately on receipt of any claim, that [Name of Sponsor] shall have full control of the management and defence of any such claim and that no offer to compromise or settle any claim is made without the written agreement of [Name of Sponsor]. |

**NOTE:** The wording for Sponsor Indemnification for investigators and sites serves as a guide and is not an exclusive approach.

## **Annexure 8**

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| **WORKLOAD TABLE** | | | | | |
| Date | | |  | | |
| Study Title | | |  | | |
| Protocol number | | |  | | |
| Phase of study | | |  | | |
| Investigator (Title, Name and Designation i.e. PI, Co-PI or sub-I) | | |  | | |
| Primary Employer *e.g* University, Research Unit, CRO, Private Practice of the investigator | | |  | | |
| Area of expertise of Investigator | | |  | | |
| Area of Study Research (*e.g*. oncology, cardiology) | | |  | | |
| **NUMBER OF CURRENT CLINICAL TRIALS OF INVESTIGATOR’S INVOLVEMENT** | | | | | |
| **Role (Principal Investigator/Co-PI or Sub-Investigator)** | **Number of participants responsible for in actively recruiting clinical trials** | **Number of participants responsible for in follow-up clinical trials** | | **Number of actively recruiting clinical trials** | **Number of clinical trials in follow-up phase** |
| Principal /Co-Principal Investigator |  |  | |  |  |
| Sub-Investigator |  |  | |  |  |
| **ESTIMATED TIME SPENT PER WEEK** | | | | | Hours |
| Clinical trials | | | Clinical work (patient contact) | |  |
| Administrative work | |  |
| Organisation 1 (e.g. Private practice / University / Governmental) | | | Clinical / Routine work | |  |
| Teaching/Research | |  |
| Administrative work | |  |
| Organisation 2 (e.g. Private practice / University / Governmental), if applicable | | | Clinical / Routine work | |  |
| Teaching / Research | |  |
| Administrative work | |  |
| Organisation 3 (e.g. Private practice / University / Governmental), if applicable | | | Clinical / Routine work | |  |
| Teaching / Research | |  |
| Administrative work | |  |
| Total | | |  | |  |
| **Investigator Signature:** | | | | | **Date:** |

## **APPENDIX**

**Requirements for submission of a clinical trial application**

***Note: This Appendix should not be submitted with the application form***

1. Cover letter (one signed in PDF and one in MS-Word format)
2. Two completed copies of the clinical trials application (CTF1) one signed in PDF and one in MS-Word format
3. Checklist

4. Protocol and Summary of previous trials with investigational medical product(s)

5. Patient Information leaflets and Informed consent forms (PIL/ICF). Include a standardised South African Health Products Regulatory Authority (SAHPRA) contact details in PIL/ICON **(Annexure 1)**

6. Relevant questionnaires

7. Investigators Brochure / SAHPRA and other regulatory authorities’ approved professional information (Package insert(s))

8. Certificate of analysis of the product

9. Signed investigator(s) Curriculum Vitae(s) (CV) in SAHPRA format **(Annexure 2)**

10. Signed declaration by Co- or Principal investigator(s) **(Annexure 3)**

11. Signed joint declaration by Sponsor/National Principal investigator **(Annexure 4)**

12. Signed declaration by Applicant

13. Signed declaration by National Principal investigator **(See page 4 and Annexure 3)**

14. Signed declaration by Sub-investigators **(Annexure 5)**

15. Curriculum Vitae(s) (CV) and signed declaration by regional monitor **(Annexures 2 and Annexure 6)**

16. Proof of application to register the trial on the South African National Clinical Trials Register

17. Active Insurance Certificate for clinical Trial

18. Proof of Sponsor Indemnity for Investigators and trial site(s) **(Annexure 7)**

19. Active GCP Certificates (not more than 3 years old)

20. Workload forms for investigators **(Annexure 8)**

21. Current Proof of registration with professional statutory bodies

22. Current Proof of professional indemnity (Malpractice insurance) of trialist(s)

23. Ethics Committee(s) approval letter or Copy of letter submitted to Ethics committee(s).

24. Study Budget

25. Electronic copies of key peer reviewed publications following ICMJE recommendations to support the application (if applicable)

26. Proof of payment (Bank validated)

27. Certificate of GMP for manufacturing of the Investigational product(s) (including placebo and comparator)

28. Evidence of accreditation/Certifications of the designated laboratories

29. Data Safety Monitoring Board charter and composition (where applicable)

**Document History**

|  |  |  |
| --- | --- | --- |
| **Final Version** | **Reason for Amendment** | **Effective Date** |
| 1 | New | 01 May 2003 |
| 2 | Revised version published for implementation | 01 October 2017 |
| 3 | Revised version published for implementation | 01 June 2018 |
| 4 | Administrative Changes for implementation | 04 May 2019 |
| 5 | Administrative Changes for implementation | 01 November 2019 |
| 6 | Administrative Changes for implementation | 01 March 2020 |
| 7 | Administrative Changes for implementation, revision to sections Checklist, 2.3, 4.8, 4.9, 4.12, 10.2 and Annexure 1 | 01 June 2022 |
| 8 | Revision to sections Checklist, declaration, 1, 2.5, 4, 6, 7.1, 7.2, 7.3, 8, 9.3, 11.5, 11.8, 11.13, annexure 4 and appendix | 18 September 2023 |