CLINICAL TRIAL APPLICATION FORM

African Vaccine Regulatory Forum (AVAREF)

Clinical trial application form

Trial's full title	
Short title	
Protocol No.	
Version No.	
Investigational medical product	
Sponsor	
Contact person	
Address	
Telephone No.	
Fax No.	
Cell No.	
E-mail address	
Date of application	

Version	Date	Comments
Version 1	September 2018	Endorsed by Avaref's steering committee in Entebbe, Uganda,
Version 2	October 2019	To be tabled for adoption at the Avaref Assembly in Victoria Falls, Zimbabwe

CLINICAL TRIAL APPLICATION FORM

Request for authorization from the National Regulatory Authority[1]

Section 1: Trial identification[2]	
Countries to which the application is submitted	
PACTR[3] number	
Trial's title	
Trial's short title where available	
Protocol number, date, and version[4]	
Phase of the trial	
If applicable: additional international trial identifiers: WHO, clintrials.gov, EudraCT, etc	
Section 2: Regulatory details	
Name other Regulatory Authorities or Ethics Committees to which this application has been submitted, and/or approved	
If applicable, explain why the trial is not going to be conducted in the host country of the applicant/sponsor	
If applicable, name other Regulatory Authorities or Ethics Committees that have rejected this trial and explain	
If applicable, provide details and explain why this trial was halted at any stage by other Regulatory Authorities	
Section 3: Identification of the sponsor responsible for the application	
Sponsor	
Name of the organization	
Name of the contact person	
Address	
Telephone number	
Fax number	
E-mail	
Sponsor's legal representative in the countries where approval is sought	
Name of the organization	
Name of the contact person	
Address	
Telephone number	

[1] Write N/A if an item is not applicable
[2] This form is meant only for new submissions of clinical trial applications
[3] Pan African clinical trials registry
[4] Any translation of the protocol should be assigned the same date and version as those in the original document

Fax number	
E-mail	
Sponsor status	
Commercial	
Non-commercial	
Section 4: Applicant identification	
State who is submitting the application: sponsor, sponsor's legal representative or person/organization authorized by the sponsor to submit the application	
Name of the organization	
Name of the contact person	
Address	
Telephone number	
Fax number	
E-mail	
Section 5: Investigators' details	
Principal investigator (if applicable)	
Name	
Qualification (MD[5], dentist, other)	
Professional address[6]	
Telephone number	
Fax number	
E-mail	
National principal investigator (if applicable)	
Name	
Qualification (MD, dentist, other)	
Professional address[7]	
Telephone number	
Fax number	
E-mail	
International principal investigator (if applicable)	
Name	
Qualification (MD, dentist, other)	
Professional address[6]	
Telephone number	
Fax number	
E-mail	
Sub-investigator (if applicable)	
Name	

[5] Medical doctor
[6] If applicable, include the institution's name and department
[7] If applicable, include the institution's name and department

Qualification (MD, dentist, other)	
Professional address[6]	
Telephone number	
Fax number	
E-mail	
Monitor (regional, national)	
Name	
Address	
Telephone number	
Fax number	
E-mail	
Section 6: Details of trialists and sites	
Details of the site(s): name, physical address, contact details, contact person including telephone and email contacts	
Details on the staff including number, names, qualifications, and experience	
Details and evidence of the labs competences: • Collection and processing of samples for shipment to centralized testing facilities • Bedside/point-of-contact testing and details of staff training • Screening and safety testing of clinical samples during the trial • Specialized end-point testing, ie virology, immunology, cytokine analysis • Name of the organization • Department • Name of the contact person • Address • Telephone number • Fax number • E-mail	
Section 7: Information[8] on the IMP(s)[9]	
Indicate if the information refers to the IMP being tested or to the IMP used as a comparator[10], repeat as necessary	
<u>Status of the IMP</u>	
Does the IMP for the trial have a	

[8] Please present this information for each and all investigational medical products to be used in the trial
[9] Investigational medical products
[10] Include a justification for choosing this comparator

registration in an African country or elsewhere?	
If yes, provide the trade name, name of the marketing authorization holder and the country that granted registration	
Is registration[11] in Africa envisioned?	
For the purpose of this trial, is the IMP modified in relation to its registration?	
IMPD[12] submitted: • Full IMPD[13] • Summary of product characteristics (SmPC) only[14]	
Has this IMP been previously authorized in a clinical trial conducted by the sponsor in Africa? If so, provide the Authority's name, date and approval number, trial title, protocol number, [national] principal investigator, and date of the final report	
Description of the IMP	
Product name[15] if applicable	
ATC[16] code if officially registered[17]	
Pharmaceutical form	
Pediatric formulation? Y/N	
Maximum duration of treatment of a patient/participant according to the protocol	
Dose allowed: • First dose for first-in-human trials, specify per day or total dose; units and route of administration • Maximum dose allowed, specify	

[11] If more than one IMP is being tested, indicate for which IMP registration is envisioned
[12] Investigational medical product dossier
[13] The IMPD gives information related to the quality of any IMP, ie including reference product and placebo, manufacture and control of the IMP, and data from nonclinical studies and from its clinical use. Details on the content and structure are provided in: Guideline on the requirements to the chemical and pharmaceutical quality documentation concerning 5 investigational medicinal products in clinical trials (EMA/CHMP/QWP/834816/2015)
[14] An SmPC can be submitted instead of the IMPD if the IMP was granted registration by a stringent regulatory authority and will be used as defined therein, or if the IMP is prequalified by the WHO. Provide the corresponding evidence if the product is prequalified. Of note, the WHO is leading a process to change the term stringent reference authority to WHO-listed authorities. This term will be added to this application form once the WHO completes the process
[15] 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)
[16] Anatomical Therapeutic Chemical Classification is an internationally accepted classification system for medicines maintained by the WHO
[17] Available from the summary of product characteristics

per day or total dose; units and route of administration	
Estimated quantity of IMP required for the trial (including overage[18])	
Route of administration	
Name of each active substance (INN[19] or proposed INN if available)	
Strength (specify all strengths to be used): • Concentration unit • Concentration type (exact number, range, more than, or up to) • Concentration (number)	
Type of IMP	
Does the IMP contain an active substance of chemical origin or of biological/biotechnological origin?	
Is the IMP a: • Immunological product (vaccine, allergen, immune serum) • Plasma derived product • Recombinant product • Radiopharmaceutical product • Herbal product • Other, specify	
Section 8: Medical condition or disease under investigation	
Medical condition/disease to be investigated; summarize the local epidemiology (up to 100 words)	
Therapeutic area	
Section 9: Scope of the trial	
Diagnosis	
Prophylaxis	
Therapy	
Safety	
Efficacy	
Other, explain	
Section 10: Trial type	
Human pharmacology (Phase I) First-in-humans Bioequivalence Other, specify	
Therapeutic exploratory (Phase II)	
Therapeutic confirmatory (Phase III)	

[18] Provide a justification if the overage is higher than 20%
[19] International Non-proprietary Names

Therapeutic use (Phase IV)	
Section 11: Trial duration and recruitment	
Total duration of the study including follow-up	
Envisioned number of participants globally	
Envisioned number of participants nationally	
Envisioned number of participants per site in the country to which the application is being submitted	

Section 12 Current workload of the investigator(s)

Provide the number of studies currently undertaken by the trialist(s) as principal and/or co-investigators, and the total number of patients participating in these studies. Present the commitments of the researcher(s) in relation to the work related to clinical trials and to other activities.

Recommended format for response:

Investigator (Name and designation)			
Total number of trials currently undertaken by the Investigator	Number	Date of commencement: Expected date of completion of study:	
Total number of patients/participants for which the principal investigator is responsible on specified date	Number	Date	
Estimated time per week [168 hours denominator]		**Hours**	**%**
Clinical trials	Clinical work (patient contact)		
	Administrative work		
Organization	Clinical work		
(Practice/University/employer)			
	Administrative work		
Teaching	Preparation/evaluation		
	Lectures/tutorials		
Writing up work for:			
Publication/presentation			
Reading /sourcing information			
Other (specify)			

Annex 1

Standardized wording for the informed consent form

If you have questions or concerns about this trial, you can discuss them first with your doctor or the Ethics Committee (contact details as provided on this form). If you do not receive satisfactory answers from either of them contact the National Regulatory Authority at:

_____

[Add contact details]

Annex 2
Declaration by the Applicant

Title of the trial:
Protocol No:
Version No:
Date of the protocol:
Investigational medical product:

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

I/We, hereby declare that all information contained therein, or referenced by, this application is complete and accurate and is not false or misleading.

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

_____ _____
Main applicant (local contact) Date

_____ _____
Deputy (local contact) Date

Annex 3

Declaration by the principal investigator
Name: **Title of the trial:** **Protocol No:** **Version No:** **Date of the protocol:** **Investigational medical product:** **Site**:
1. I have read and understood the duties and responsibilities of the investigator as outlined in the guidelines for good clinical practice guideline ICHE6R2 or as last amended 2. I have notified the Regulatory Authority of any aspects of the above guideline with which I do not / am unable to comply. If applicable, attach it to this declaration 3. I have thoroughly read, understood, and critically analysed the protocol and all applicable documentation, including the investigator's brochure, patient information leaflet(s)/package insert and the 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 the relevant ethics committee(s) and the Regulatory Authority provide written authorization 7. I will obtain informed consent from all participants or from their legal representatives if they are not legally competent 8. I will ensure that every participant shall at all times be treated in a dignified manner and with respect including relatives 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 during the conduct of 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) 10. 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 11. 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 12. I will submit all required reports within the stipulated timeframes
Signature: Date:
Witness: Date

Annex 4

Joint declaration by the sponsor (or representative) and the national principal investigator (or principal investigator) concerning sufficient funds to complete the trial
Title of the trial: **Protocol No:** **Version No:** **Date of the protocol:** **Investigational medical product:**
I, <full name>, representing <sponsor or representative) And I, <full name>, national principal investigator/principal investigator Hereby declare that sufficient funds have been made available to complete the above-identified trial. Signed: Date: Sponsor (or representative) Name: Address: Contact details: Signed: Date: National principal investigator (or principal investigator) Name: Address: Contact details:

Annex 5

Declaration by sub-investigators and other staff involved in the clinical trial
Name: **Title of trial:** **Protocol:** **Version No:** **Date of protocol:** **Study investigational medical product:** **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 authorizations from the relevant ethics committee(s) as well as from the Regulatory Authority) 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 from their legal representatives if they are not legally competent 4. I will ensure that every participant shall at all times be treated in a dignified manner and with respect including relatives 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 timeframes
Signature: Date:

Annex 6

Declaration by the regional monitor
Name: **Title of the trial:** **Protocol No:** **Version No:** **Date of protocol:** **Study investigational medical product:** **Principal investigator's name:** **Site:** **Designation:**
1. I have read and understood the duties and responsibilities of the monitor as outlined in the guidelines for good clinical practice guideline ICHE6R2 or as last amended 2. I have notified the 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 all applicable guidelines 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) 5. 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 6. 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 7. I will submit all required reports within the stipulated timeframes
Signature: Date:

Annex 7

SUGGESTED WORDING

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 study XYZ. 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 [Sponsor's name] is notified immediately on receipt of any claim, that [Sponsor's name] 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 [Sponsor's name].

Note: This wording is meant to serve as guidance and is not an exclusive approach

Annex 8

Recommended CV format for staff conducting clinical trials	
1.	**Trial**:
2.	**Protocol**:
3.	**Designation:** national principal investigator, investigator (principal, co- or sub-), study coordinator, 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
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). If you have participated in multiple trials, list only those with relevance to this application, or in the last year.
10.	Peer-reviewed publications in the past 3 years
11.	Date of the last GCP training either as a participant or a presenter
12.	Any additional relevant information to support your participation in the conduction of this trial [briefly].
13.	Signature: Date: