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Detailed guidance on the European clinical trials database (EUDRACT Database)

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Detailed guidance on the European clinical trials database

1 Introduction

European regulatory authorities need a database in order to provide each of them with an overview of clinical trials being conducted in the European Union (EU). This database is needed to facilitate communication on these clinical trials between the authorities, to enable each to better undertake the oversight of clinical trials and medicinal product development, and to provide for enhanced protection of clinical trial subjects and patients receiving medicinal products.

This document provides detailed guidance on the data to be included in the European clinical trials database, the procedures for data entry and control and on the methods for electronic communication of the data, and on steps taken to ensure that the confidentiality of the data is strictly observed.

This document should be read in conjunction with the detailed guidance on the European Database of Suspected Unexpected Serious Adverse Reactions (ENTR/6101/02).

2 Scope

The scope of this guidance includes all clinical trials (as defined by Directive 2001/20/EC[1]) for which at least one site falls within the territory of a Member State. The guidance includes a description of the clinical trial information that should be included in the European database, the procedures for entering the data, the methods to ensure confidentiality of the data, and the methods for communicating the data between the Agency, the Commission and the Member States. This database is closely linked to that of Suspected Unexpected Serious Adverse Reactions, referenced in Article 17.3(a) of Directive 2001/20/EC (see detailed guidance on the European Database of Suspected Unexpected Serious Adverse Reactions (ENTR/6101/02). The clinical trial database and the database of suspected unexpected serious adverse reactions will be separate linked databases.

3 Definitions:

The definitions of the Directive 2001/20/EC and of the implementing texts adopted in line with that directive apply.

New terms not defined in these other documents are defined here:

EU Database Manager:	The organisation and function within that organisation given responsibility at an EU level for managing the database.
Local Database Manager:	The organisation and function within that organisation given responsibility at the Member State level for managing the database.
Users:	The users of this database are the staff and duly appointed experts of the Member State Competent Authorities, the European Commission and the EMEA.

4 Legal Basis

[1] Directive 2001/20/EC of the European Parliament and of the Council of 4 April 2001 on the approximation of the laws, regulations and administrative provisions of the Member states relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use

Article 11.1 of Directive 2001/20/EC requires the establishment of a European clinical trials database, accessible only to the competent authorities of the Member States, the Agency and the Commission. In accordance with article 11.1 the Member State in whose territory the clinical trial takes place shall enter the following into the database:

(a) extracts from the request for authorisation of the clinical trial
(b) any amendments made to the request
(c) any amendments made to the protocol
(d) the favourable opinion of the Ethics Committee;
(e) the declaration of the end of the clinical trial; and
(f) a reference to the inspections carried out on conformity with good clinical practice.

Article 17.3(a) requires that each Member State shall see to it that all suspected unexpected serious adverse reactions to an investigational medicinal product which are brought to its attention are immediately entered into the European database.

Article 11.3 requires the Commission, in consultation with Member States to draw up and publish detailed guidance on the relevant data to be included in a European clinical trials database, which it operates with the assistance of the Agency, as well as the methods for electronic communication of the data. The detailed guidance must ensure that the confidentiality of the data is strictly observed.

5 User Requirements

The database is designed to be a register of all clinical trials conducted in the EU. It is, in addition, designed to be linked with the European database of reports of suspected unexpected serious adverse reactions reported for investigational medicinal products.

The users i.e. the competent authorities of the Member States, the EMEA and the Commission require a European database of clinical trials for purposes including:

- Provision of an overview of all clinical trials in the EU

- Facilitation of communication between Member States, the EMEA and the Commission on clinical trials

- Identification of ongoing, completed or terminated clinical trials, conducted at one or more sites in the EU, e.g.:
    - with a given product
    - conducted by a given sponsor
    - by patient population
    - by product type
    - by therapeutic category/pathology/indication

- Generation of clinical trial statistics

- Identification of clinical trials and the medicinal products involved in order to provide a link between clinical trial information and reports of suspected unexpected serious adverse reactions that are held in a separate linked database

- Provision of information on the GCP inspections that have been undertaken by the GCP Inspectorates e.g.:

    - for a given product
    - for a given clinical trial
    - for a given sponsor

- for specified clinical trial sites

and/or for

- system inspections of sponsor/CRO/laboratory/clinical facilities etc.

- Notification to all competent authorities when a trial is terminated for safety reasons.

- A Member State(s) may request that the sponsor supply the investigator lists electronically (in the format foreseen by the application form) and these will be held in the database in a Member State specific section, for which that Member State(s) will take responsibility.

6 Identification of the clinical trial

Each clinical trial will be identified by a unique code. It will be automatically generated and issued to the sponsor by a central function in the database system. The code number will be issued to the sponsor at the time they complete the electronic form(s) for submission of clinical trial information to the competent authorities. The electronic forms are made available and submitted via the websites of the competent authorities, the EMEA and the Commission. The printed form including the code must be included in the submission of the request for the trial to the competent authorities, and any amendments to this or the end of trial report. The code will also be used on suspected unexpected serious adverse reactions reports.

Submissions to the Competent Authorities may not be accepted as valid without a valid code generated by the system for that trial.

The sponsor's protocol number/code and amendment numbers/codes will also be included in the database.

7 Identification of the product

The active substance of each investigational medicinal product needs to be uniquely identifiable at all stages of the clinical trial. Where several active substances are included in one product these should be individually identified. The product needs to be unambiguously identifiable throughout its development and use in different clinical trials.

Where the name of a product or substance changes or is supplemented with an additional name or code, these changes or additions should be provided in addition to previous names or codes.

Where the name of the product changes or evolves any new name should be linked to all previous names used for the product in the database.

Where a product that is being used in the trial has a marketing authorisation in the EU the tradename and the marketing authorisation number need to be provided, in addition to the name of the active ingredient. Where the product is sourced locally in different EU countries, and the tradenames differ these should be provided.

Where the product is sourced from outside the EU, and is marketed in that 3rd country the relevant tradename, the marketing authorisation number and the country from which it is sourced for the trial should be indicated.

Where the product is not authorised in the EU, as many of the following as are available for the substance should be provided:

- Product name
- Name of each active substance (INN or proposed INN if available)
- Other available name for each active substance (CAS, Sponsor code, etc)
- ATC code, if available

This identification applies to both test and comparator products.

8 Data to be entered into the database

The purpose of the database is to provide a register of all clinical trials being conducted within the European Union. The information entered should be complete for each trial and therefore all elements are mandatory (meaning that where the information is applicable for that trial it is entered, where it is not applicable then a response of "no" or "not applicable" is required). The lists of elements is given in appendices 1 and 2. The EU data manager in conjunction with local data managers will maintain a current listing of the data elements, their definitions and technical attributes.

9 Data entry procedures

For each clinical trial the sponsor provides the data required, in electronic format. The process and electronic forms required are provided on the websites of the Member State competent authorities, the Commission and the EMEA. The system will facilitate the preparation of submission forms to both competent authorities and ethics committees. Submission forms to the competent authorities of the Member States and the common elements of the submission forms to ethics committees will be available and the system will enable generation of the forms with the questions and headings in the official languages of the Member States. The system will automatically populate the data filed in the forms from one data entry exercise and allow the Member State specific elements to be entered on each.

Each sponsor must first complete a simple registration process with the system. For each new clinical trial the system issues the sponsor with a unique EUDRACT clinical trial number, identifying that trial, which is used on all electronic and paper submissions to the competent authorities and for the ethics committees.

The registration and the submitted data are validated by the Member State competent authority which enters the validated data into the EUDRACT database.

Data consistency is enforced through form design and by the use of picklists, dropdown menus and dictionaries or automatically generated codes or text as appropriate and feasible. For this reason use of free text will be minimised. In addition the system will require a mandatory response to all sections, each section will provide the appropriate set of possibilities to ensure that this is possible. Where there is no applicable response for a particular item and trial then an entry of not applicable or no is required, any related and dependent items will then automatically be completed as not applicable or no

(automatically completed fields may be overwritten if a particular combination of responses has not been foreseen).

9.1 Timing of data entry

Each clinical trial needs to be clearly identified in the database before it can proceed (i.e. before the competent authority provides written authorisation for the trial or takes the decision that there are no grounds for non-acceptance).

This is to ensure that the database is a complete database and can fulfil its objectives.
In particular it is necessary to ensure proper reporting and review of suspected unexpected serious adverse reactions (SUSARs). Unless the clinical trial is registered in the database before the trial starts, it will not be possible to ensure that the trial and the product to which each SUSAR relates are clearly identified and traceable.

9.2 Data elements and forms required for the use of the database

The data elements are identified in Appendices 1 and 2.

A sample form for completion by the sponsor is provided in Appendix 1
Flow diagrams showing the process of sponsor registration and submission of data elements as well as validation of these and entry into the database by the competent authorities are given in Appendix 3.

9.3 Registration of sponsors

Each sponsor registers with the system by completing a simple set of identification information on the registration form available on the web and submitting this electronically to the system.

9.4 Submission of data elements and receipt of EUDRACT clinical trial number.

The sponsor completes the clinical trial data form (see data elements in appendix 1) on the web and submits this electronically to the EUDRACT system. The system responds by providing the unique EUDRACT number for that trial. This submitted data then resides in a quarantine area that is visible to the competent authorities of the Member States, the EMEA and the Commission. Where data differs between member states the sponsor repeats this operation for each member state involved, but the common data elements will be automatically made available by the system, avoiding repetition of form completion as far as achievable.

Since the EUDRACT clinical trial number is required for submissions both to competent authorities and to ethics committees, the sponsor may complete the above data elements either prior to the submission to the ethics committee if that is the first step or prior to submission to the competent authority (in the case of multistate trials this means the first ethics committee or competent authority). If the information changes prior to the submission to the competent authority, the sponsor should correct and update this using the web form (see 9.6).

The web will enable the sponsor to continue and complete all the required detail for the submission form to the competent authority (see ENTR/0093/02), and print as well as save this locally in order to make the submission to the competent authority(s). This function will permit the forms, with the questions and headings, set out in the official languages of the Member States to be printed or saved, with the data completed automatically, from the first data entry (in the language in which it was entered).

The web will also make available the common elements of the form for submission to Ethics Committees, these can be completed simultaneously with the completion of the form to the competent

authority and all data fields that are the same in each form may be automatically copied across both forms.

The sponsor prints a copy of the completed form and the printed copy is included as part of the submission to the competent authority, either at the commencement of the trial or at the time of amendment (of the request or protocol), or termination of the trial, as applicable. This function will permit the forms with the questions and headings set out in the official languages of the Member States to be printed or saved, with the data completed automatically, from the first data entry (in the language in which it was entered).

9.5 Validation and data entry by the competent authority

Upon receipt of the electronic form(s) completed by the sponsor, the competent authority will perform an administrative validation, by comparison with the full submission form accompanying the request for the clinical trial. This validation is an administrative check that the fields are complete and contain information appropriate to the fields, and that the information is in accordance with that supplied on the form accompanying the full submission. To facilitate this process the data may be viewed in a format that is the same as that on the paper document. The competent authority then moves the data from the central repository (a quarantine area) and enters this data into the database. For data items that are the same across the EU, this will be done by the first Member State taking action on the clinical trial involved. Subsequent Member States will see that this has been initiated/completed and by which competent authority this has been done.
Subsequent Member States confirm the data, and may query it with the sponsor if they consider there is an inaccuracy or omission. Any correction is made by the Member State generating the query. The system will notify other Member States of changes made to the database.
For clinical trials involving only one Member State this will be done by that Member State.

9.6 Data correction or rejection

If the sponsor realises that an error, or omission has been made in data submitted, or the information has changed prior to the submission to the competent authority, the sponsor may log-on, with access only to their own submitted information, and correct this, for as long as the data remains in the quarantine area. Likewise the competent authority may query the submitted information and request correction or confirmation of the submitted data, or submission of missing elements.

Failure by the sponsor to submit accurate or complete information may be a reason to consider the request submitted to conduct a clinical trial to be invalid.

Once the data have been entered into the database by the competent authority, the sponsor no longer has access to the data and any further change needs to be made by the competent authority.

If the information contained in the initial submission form changes then this should be notified to the competent authority(s) as an amendment See detailed guidance for the request for authorisation of a clinical trial on a medicinal product for human use to the competent authorities in the European Union, notification of substantial amendments and declaration of the end of a clinical trial (ENTR/6418/01) The competent authority should then update those fields that have changed. The form design indicates those fields that appear in the database. The competent authority that first validated the data for that trial has primary responsibility for making the updates when required.

Some items will be identified as only requiring update at the end of the trial with the final information.

9.7 Data Quality Assurance and Quality Control

It is the responsibility of the party making the data submission or entry to ensure the accuracy and completeness of the data at the time it is first entered. The sponsor is responsible for the accuracy of data submitted to the Competent Authorities. The Competent Authority is responsible for the data entered into the database, based on that submitted by the sponsor.

Staff (at the sponsor and at the competent authority) responsible for data submission/ validation/entry/review should be trained for the purpose and have standard operating procedures available to them. Quality control and assurance systems should be in place to verify the accuracy and integrity of the data entry.

The database will include automated checks to ensure internal consistency, to check for duplicate entries, to check that valid terms are used and to validate where possible, information included. These functions will be capable of generating reports for the purposes of quality review and management of the database.

The database system will be equipped with an electronic audit trail to identify the date, time and source of original entries and any changes to these, including the identity of the party making the original and any new or changed entry. The audit trail will function in such a way as to ensure that the old entries as well as the most recent version can be viewed. Where appropriate the reason for change will be recorded (standard reasons will be provided by drop down menu).

9.8 Language

In order to facilitate the implementation of the database, and to enable search and reporting functions, data will be entered in English whenever possible. Where feasible dropdown menus/picklists may be provided in the official languages. It is recognised that not all dictionaries will be available in all official languages and may initially exist only in English. Translations of dictionaries will only be used where the originators of the dictionaries make full and current versions available.

9.9 Backup

The European Database Manager will ensure appropriate and regular backup on electronic media of the system and data contents, to permit restoration in case of loss or damage to the database.

10 Links with other databases

There will be a link between the information held in this database and that held in the Eudravigilance database.
The database(s) will be compatible with other EU regulatory authority databases, in particular Eudravigilance, as far as data field definitions, communication protocols, Document Type Definitions (DTD) and standards for electronic transmission and exchange are concerned.
It is the responsibility of member states to enable download/upload of data to/from their national databases and this database.

11 Data confidentiality

The security standards that apply will, as a minimum, be those set by the European Commission for the operation of secure networks for regulatory authority communication. Access to the database is restricted to the competent authorities of the Member States, the Commission and the EMEA. Sponsors

submit electronic forms containing information to be included in the database to a quarantine area but do not have access to the database itself or the information held in it (see section 7).

The Eudract database will not contain individual personal information relating to clinical trial subjects/patients. The database of suspected unexpected serious adverse reactions will contain data relating to specific study subjects/patients. The patient's right to confidentiality is paramount. The patient's identity in the suspected unexpected serious adverse reaction report forms that enter the database should be codified and only authorised persons should have access to identifiable personal details to permit data verification procedures, review or inspection of such details. Identifiable personal details must always be kept in confidence. Personal data should be protected in accordance with the provisions of Good Clinical Practice and Directive 95/46/EC and in keeping with other EU pharmacovigilance requirements (Volume 9 of the rules governing medicinal products in the European Union).

12 Electronic data communication between competent authorities, EMEA, Commission, Member States

Electronic communication will be enabled using the current EU secure network for regulatory authority communication. Electronic forms will be provided on websites to be completed by sponsors making submissions to the competent authorities (list of data elements is in Appendix 1).
The sponsor will only have access to its own data, and only that which remains in the quarantine area and is not entered into the database by the competent authority. Each sponsor will register with the system.

The EU data manager will establish in consultation with the Commission and the Local Data Managers, the precise technical specifications for the database(s), communications, data fields and electronic transmission of data. The data flow is illustrated in appendix 3.

For details on electronic data communication on suspected unexpected serious adverse reactions reference should be made to the Detailed Guidance on the European Database of Suspected Unexpected Serious Adverse Reactions (ENTR/6101/02).

13 Reporting and Search Functions

The database will be provided with a number of pre-established reporting functions.

The database will be provided with a number of search functions that will permit the location of specific information using key data items (e.g. Clinical trial number, product identification) and the generation of a range of ad hoc reports based on this function and the relations between the data items.

The database will provide a number of management reports to facilitate its use, quality control and maintenance.

14 Product Safety

14.1 Suspected Unexpected Serious Adverse Reactions

The details regarding the database for suspected unexpected serious adverse reactions, their electronic transmission, recording, etc are to be found in the detailed guidance on the European Database of Suspected Unexpected Serious Adverse Reactions (ENTR/6101/02).

14.2 Trials terminated for safety reasons

The database will send a message to the competent authorities whenever an entry is made in the database indicating that a trial has been terminated for safety reasons.

Appendix 1

EUDRACT Clinical Trial Database – data content

ELECTRONIC DATA SUBMISSION BY THE SPONSOR/APPLICANT TO THE COMPETENT AUTHORITY(s)

Data to be submitted by the sponsor in electronic form at or before the time of submission of the clinical trial request to the competent authority (s)

NB the layout of the forms is illustrative only

ELECTRONIC DATA SUBMISSION BY THE SPONSOR/APPLICANT TO THE COMPETENT AUTHORITY (S)

The section headings are the same as those used in the application form for submission to the competent authorities, the data elements are all required by that form (see ENTR/6418/01)

Specify the competent authority to whom this data is addressed: (pick list)

Any change made to the details given in this request form should be notified using the amendment request form

A. TRIAL IDENTIFICATION

For official use

Date of receiving the request:	Date of request for additional information by the competent authority	Date of approval
National number (identifier) of the trial		

To be filled in by the applicant

EUDRACT clinical trial number: Full title of the trial: Sponsor's code: Name or abbreviated title of the trial where available:

B. APPLICANT IDENTIFICATION

Sponsor
Name: Status: academic ❑ pharmaceutical industry ❑ other ❑: Specify: Address: Town/City, Country
Legal representative of the sponsor in the EU for the purpose of this trial (if different from the sponsor)
Name: Address: Town/City, Country
Representative of the sponsor in the Member State or in the EU:
Name of the contact person: Address: Town/City, Country

C. TYPE OF APPLICATION

Please tick in the appropriate box	
❑	Clinical trial application including a full IMPD
❑	Clinical trial with an authorised medicinal product in a new indication (with respect to the authorised Summary of Products Characteristics SPC)
❑	Clinical trial with an authorised medicinal product in new conditions of use (different from in the authorised Summary of Products Characteristics, i.e. new target population, new dosage schemes, new administration routes, etc.)
❑	Clinical trial with an authorised medicinal product used according to the SPC
❑	Other. Specify:

D. TRIAL MONITORING AND CENTRAL TECHNICAL FACILITIES (repeat as needed for multiple organisations)

Has the sponsor transferred any (or all) of the sponsor's trial-related duties and functions to another organisation or third party: yes ❑ no ❑
If yes, specify: Name: Address: Town/City, Country Duties / functions subcontracted (picklist):

Central facilities to be used in the conduct of the trial (laboratory or other technical facility, e.g. ECG reading):
Name: Address: Town/Country Duties subcontracted (picklist):

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

Information on each 'Bulk product' before trial-specific operations (blinding, trial specific packaging and labelling) should be provided in this section for the medicinal product being tested and used as a reference. Information on placebo, if relevant, should be provided in section F.

If the trial is performed with several medicinal products, use extra pages; 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:	
Investigational medicinal product being tested	❑
Investigational medicinal product used as a reference	❑

E.1. STATUS OF THE INVESTIGATIONAL MEDICINAL PRODUCT AND MANUFACTURE

Has the medicinal product a marketing authorisation:		
- in the Member State?	yes ❑	no ❑
- in the EU?	yes ❑	no ❑
- in a third country?	yes ❑	no ❑

If yes,

- Give the trade name(s) and the name(s) and address(es) of marketing authorisation holder(s) for the product to be used in the trial and marketing authorisation number:

- Give the country(ies) from which the product is sourced for the trial:

Manufacturer of the investigational medicinal product
Name:
Address: town/country

TO BE FILLED IN ONLY FOR THE INVESTIGATIONAL MEDICINAL PRODUCT TO BE TESTED		
Have you made any other submission for a clinical trial authorisation request relating to the medicinal product to be tested	yes ❑	no ❑
- to the Member state?	yes ❑	no ❑
- to another Member State in the EU?		
If yes, specify and give the EUDRACT number (s):		
- to a third country?	yes ❑	no ❑
If yes, specify:		

E.2. DESCRIPTION OF THE INVESTIGATIONAL MEDICINAL PRODUCT

Product name: Name of each active substance (INN or proposed INN if available): Other available name (s) for each active substance (CAS, Sponsor code, common name, a descriptive name for biological/biotechnological/cell/gene products or other special products, etc) ATC code, if available: Pharmaceutical form (use standard terms): Route of administration: Strength:

Type of medicinal product		
- Is the active substance of chemical origin?	yes ❑	no ❑
- Is the active substance of biological / biotechnological origin **?	yes ❑	no ❑
- Is this a cell therapy product **?	yes ❑	no ❑
- Is this a gene therapy product **?	yes ❑	no ❑
- Is this a radiopharmaceutical product?	yes ❑	no ❑
- Is this an immunological medicinal product (such as vaccine, allergen, immune serum)**?	yes ❑	no ❑
	yes ❑	no ❑
- Is this a herbal medicinal product?	yes ❑	no ❑
- Is this a homeopathic medicinal product?	yes ❑	no ❑
- Is this a product containing genetically modified organisms ?	yes ❑	no ❑
- Is it another product? If yes, specify:	yes ❑	no ❑

** *Complete also sections E3, E4 or E5*

E.3. BIOLOGICAL / BIOTECHNOLOGICAL PRODUCTS INCLUDING VACCINES

Type of product
❑ extractive
❑ recombinant
❑ vaccine
❑ plasma derived products
❑ others Specify:

E.4. CELL THERAPY PRODUCT (NO GENETIC MODIFICATION)

2 Origin of cells	
❑ autologous	
❑ allogeneic	
❑ xenogeneic	Specify species of origin:

Type of cells	
❑ stems cells	
❑ cells of the immune system	
❑ keratinocytes	
❑ fibroblasts	
❑ chondrocytes	
❑ others	Specify :

E.5. GENE THERAPY PRODUCTS

Gene of interest:

In vivo gene therapy : ❑ yes ❑ no	**Ex vivo gene therapy :** ❑ yes ❑ no

Type of gene transfer product	
❑ plasmid	Specify if naked or complexed :
❑ virus	Specify if adenovirus, retrovirus, AAV, …:
❑ others	Specify :

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

F. INFORMATION ON PLACEBO (IF RELEVANT)

Manufacturer
Name : Address : Town/Country
Product name : **Pharmaceutical form (use standard terms):** **Route of administration:** **Qualitative and quantitative composition :**

G. MANUFACTURER OR IMPORTER RESPONSIBLE FOR THE RELEASE OF THE INVESTIGATIONAL MEDICINAL PRODUCT

*This section is dedicated to **finished** investigational medicinal products, i.e. medicinal products randomised, packaged, labelled and released for the intent of the clinical trial.*

Manufacturer of the finished investigational medicinal product (if located in the European Union)		
Name of the manufacturer :		
Address : Town/Country		
Function performed :		
Site inspected by EU authorities? :	yes ❑	no ❑
If yes, date of the last inspection:		
Finished investigational medicinal product from a third country	yes ❑	no ❑
If yes, specify :		
Name of the importer:		
Address : Town/ Country		
Site inspected by EU authorities?	yes ❑	no ❑
If yes, date of the last inspection:		

H. GENERAL CONSIDERATIONS FOR THE TRIAL

Medical condition or disease under investigation
Please specify : ICD10 classification code : MEDDRA classification code :

Objective of the trial
Main objective : Secondary objectives :

Scope of the trial	
Is the research with direct benefit for the subject ?	yes ❑ no ❑
Therapeutic	yes ❑ no ❑
Prophylactic	yes ❑ no ❑
Diagnostic	yes ❑ no ❑
Other:	yes ❑ no ❑ If yes, specify :
Indicate each of the following which apply:	
- Safety	yes ❑ no ❑
- Efficacy	yes ❑ no ❑
- Pharmacokinetic	yes ❑ no ❑
- Pharmacodynamic	yes ❑ no ❑
- Bioequivalence	yes ❑ no ❑
- Dose Response	yes ❑ no ❑
- Pharmacogenomic	yes ❑ no ❑
- Pharmacoeconomic	yes ❑ no ❑

Trial type* and phase			
❑Human pharmacology(Phase I) ❑ Bioequivalence study	❑ Therapeutic exploratory (Phase II) ❑ Other :	❑ Therapeutic confirmatory (Phase III)	❑ Standard conditions of use (Phase IV)

*****according to (CPMP/ICH/291/95)*

Design of the trial					
Randomised :	yes ❑ no ❑				
Controlled :	yes ❑ no ❑	If yes, specify :			
		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 :	
		If controlled, specify the comparator :			
		(An) Other medicinal product(s) as comparator			yes ❑ no ❑
		Placebo as comparator			yes ❑ no ❑
		Other			yes ❑ no ❑
		If other, specify (e.g. no treatment , best standard of care, surgery, local treatment protocol etc) :			
Multiple site :	yes ❑ no ❑				
Multiple state :	yes ❑ no ❑	If yes, specify other countries involved in the trial : - EU countries : - Third countries :			

Primary end point:

Description of the treatment allocated to each group of patients, if relevant :

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

Estimated starting date of the trial (DD/MM/YYYY) **:**

Estimated finishing date of the trial (DD/MM/YYYY) **:**

Definition of the end of trial given in the protocol and justification, in the case where it is not the last visit of the last patient undergoing the trial :

Estimated total duration of the trial (in days or months) **:**

J. POPULATION OF TRIAL SUBJECTS

Age			
Age span :			
❑ In Utero	❑ Preterm Newborn Infants ❑ Newborn (0-27 days) ❑ Infant and toddler (28 days - 23 months) ❑ Children (2-11 years) ❑ Adolescent (12-18 years)	❑ Adult (18-65)	❑ Elderly (> 65)
Gender			
❑ Female	❑ Male	Planned sex ratio:	

Special population of trial subjects		
- woman of child bearing potential	yes ❑	no ❑
- pregnant woman	yes ❑	no ❑
- nursing woman	yes ❑	no ❑
- emergency situation	yes ❑	no ❑
- subjects incapable of giving their consent personally	yes ❑	no ❑
	If yes, specify :	

Principal inclusion criteria *(list the most important, maximum 3)*

Principal exclusion criteria *(list the most important, maximum 3)*

Number of subjects to be included:
- in the Member State:
- in each Member State trial centre:
- in the EU:
- in the whole clinical trial:

K. ETHICS COMMITTEE IN THE MEMBER STATE

Ethics committee			
Name and address of the ethics committee:			
Date of submission:			
Opinion**:**	❑ to be requested	❑ submitted	❑ given
If given, specify:	Date of opinion:		
	❑ favourable:		
	❑ not favourable. Please give the reasons and anticipated date of resubmission :		

N. PRINT NAME OF THE SPONSOR OR HIS LEGAL REPRESENTATIVE IN THE MEMBER STATE

I hereby confirm that the above information given on this request is correct and that I am of the opinion that it is reasonable for the proposed clinical trial to be undertaken.

I will declare the effective date of the commencement of the trial as soon as available.

Name: Surname: Address: Position: Date:

APPENDIX 2

EUDRACT Clinical Trial Database – data content

Data to be completed at the time of initiation or after the initiation of the clinical trial and up to and after its completion

Data items to be entered after the initial submission of the study to the Competent Authority.
This data needs to be entered separately for each Member State.

Section 1
Dates and associated information on the initiation, amendment and end of the trial

National Clinical Trial Number	To be entered at option of each national competent authority	
Ethics Committee Opinion	Positive or Negative	Date
Competent Authority Authorisation or non-objection	Authorised/no objection Refused	Date
Amendment to Request	Amendment No., Type of amendment, Date of amendment	
Amendment to Protocol	Amendment No., Type of amendment, Date of Amendment	
Ethics Committee Opinion on Protocol Amendment	Notification only or, Positive / negative opinion	Date
Competent Authority Authorisation or non-objection to the Protocol Amendment	Authorised/no objection Refused	Date

End of trial

Date of the end (DD/MM/YY):		
	Yes	No
Is it the completion of the trial?	❑	❑
Is the trial terminating early?	❑	❑
If yes, what is(are) the reason(s):		
- safety	❑	❑
- lack of efficacy	❑	❑
- not commenced	❑	❑
- suspended	❑	❑
- other	❑	❑
Specify the reason in case of a premature termination:		
Number of patients (all numbers related to treatment groups)		
- recruited : - withdrawn : - completing the trial : - drop outs : - still receiving treatment at time of study termination (in case of premature ending) :		

Section 2

Inspections
To be completed by the Member State Inspectorate

Inspection of clinical trial sites	
Was the inspection clinical trial specific	Y/N – if yes enter Eudract number(s)
System or facility inspection – not clinical trial specific	Specify system or facility – (drop down list)
Type of site	Specify trial site – (drop down list e.g. investigator, clinical laboratory, data management, monitoring, several may be specified for one inspection)
First and last date of the on-site part of the inspection	
Inspection authority	The authority of the lead inspector for this site
Name and address of site	Enter in a name and address form, to include inspections in third country
Was the inspection triggered?	Y/N
Inspection outcome	Drop down list – simple categories

Inspection of Investigational Medicinal Product Manufacturer / importer	
Date of inspection	
Inspecting authority	
Site inspection	Enter in a name and address form, to include inspections in third country
Type of site	Manufacturer Importer Importer/Manufacturer
Was the inspection part of the site authorisation process (initial or recontrol)?	Indicate initial or recontrol
Was the inspection part of the control of a particular product(s)?	Products
Was the inspection part of the control of a particular trial(s)?	Eudract numbers
Was the inspection triggered?	Y/N
Inspection outcome	Drop down list – simple categories

Section 3
Reporting of Suspected Unexpected Serious Adverse Reactions (SUSARs)

SUSARs are reported electronically by the sponsor to the Competent Authorities via the clinical trial module of Eudravigilance. See ENTR/6101/02.

Appendix 3 Data Flow Diagrams