

Section J. (Formerly Section K) CHECK LIST OF INFORMATION

(Information that the concerned Member State's Competent Authority and Ethics Committees (CA & EC¹) require according to the table in Attachment 1)

CA	EC		INFORMATION PROVIDED
		1	General
<input type="checkbox"/>	<input type="checkbox"/>	1.1	Receipt of confirmation of EudraCT number
<input type="checkbox"/>	<input type="checkbox"/>	1.2	Covering letter
<input type="checkbox"/>	<input type="checkbox"/>	1.3	Application form
<input type="checkbox"/>	<input type="checkbox"/>	1.4	List of Competent Authorities within the Community to which the application has been submitted and details of decisions
<input type="checkbox"/>	<input type="checkbox"/>	1.5	Copy of ethics committee opinion in the MS concerned when available
<input type="checkbox"/>	<input type="checkbox"/>	1.6	Copy/summary of any scientific advice
<input type="checkbox"/>	<input type="checkbox"/>	1.7	If the applicant is not the sponsor, a letter of authorisation enabling the applicant to act on behalf of the sponsor
		2	Subject related
<input type="checkbox"/>	<input type="checkbox"/>	2.1	Informed consent form
<input type="checkbox"/>	<input type="checkbox"/>	2.2	Subject information leaflet
<input type="checkbox"/>	<input type="checkbox"/>	2.3	Arrangements for recruitment of subjects
		3	Protocol related
<input type="checkbox"/>	<input type="checkbox"/>	3.1	Clinical trial protocol with all current amendments
<input type="checkbox"/>	<input type="checkbox"/>	3.2	Summary of the protocol in the national language
<input type="checkbox"/>	<input type="checkbox"/>	3.3	Peer review of trial when available
<input type="checkbox"/>	<input type="checkbox"/>	3.4	Ethical assessment made by the principal/coordinating investigator, if not given in the application form or protocol
		4	IMP related
<input type="checkbox"/>	<input type="checkbox"/>	4.1	Investigator's brochure
<input type="checkbox"/>	<input type="checkbox"/>	4.2	Investigational Medicinal Product Dossier (IMPD)
<input type="checkbox"/>	<input type="checkbox"/>	4.3	Simplified IMPD for known products (see table 1)
<input type="checkbox"/>	<input type="checkbox"/>	4.4	Summary of Product Characteristics (SmPC) (for products with marketing authorisation in the Community)
<input type="checkbox"/>	<input type="checkbox"/>	4.5	Outline of all active trials with the same IMP
		4.6	If IMP manufactured in E.U. and if no marketing authorisation in EU:
<input type="checkbox"/>	<input type="checkbox"/>	4.6.1	Copy of the manufacturing authorization referred to in Art. 13.1. of the Directive stating the scope of this authorization
		4.7	If IMP not manufactured in E.U. and if no marketing authorisation in EU:
<input type="checkbox"/>	<input type="checkbox"/>	4.7.1	Certification of the QP that the manufacturing site works in compliance with GMP at least equivalent to EU GMP, or that each production batch has undergone all relevant analyses, tests or checks necessary to confirm its quality
<input type="checkbox"/>	<input type="checkbox"/>	4.7.2	Certification of GMP status of active biological substance
<input type="checkbox"/>	<input type="checkbox"/>	4.7.3	Copy of the importers manufacturing authorization referred to in Art. 13.1. of the Directive stating the scope of this authorization
		4.8	Certificate of analysis for test product in exceptional cases :
<input type="checkbox"/>	<input type="checkbox"/>	4.8.1	Where impurities are not justified by the specification or when unexpected impurities (not covered by specification) are detected
<input type="checkbox"/>	<input type="checkbox"/>	4.9	Viral safety studies when applicable.
<input type="checkbox"/>	<input type="checkbox"/>	4.10	Applicable authorisations to cover trials or products with special characteristics (if available) e.g. GMOs, radiopharmaceuticals

¹ Tick all boxes to show information provided to the ethics committee concerned (EC) and the competent authority (CA).

CA	EC	INFORMATION PROVIDED	
<input type="checkbox"/>	<input type="checkbox"/>	4.11	TSE Certificate when applicable
<input type="checkbox"/>	<input type="checkbox"/>	4.12	Examples of the label in the national language
		5	Facilities & staff related
<input type="checkbox"/>	<input type="checkbox"/>	5.1	Facilities for the trial
<input type="checkbox"/>	<input type="checkbox"/>	5.2	CV of the coordinating investigator in the MS concerned (for multicentre trials)
<input type="checkbox"/>	<input type="checkbox"/>	5.3	CV of each investigator responsible for the conduct of a trial in a site in the MS concerned (principal investigator)
<input type="checkbox"/>	<input type="checkbox"/>	5.4	Information about supporting staff
		6	Finance related
<input type="checkbox"/>	<input type="checkbox"/>	6.1	Provision for indemnity or compensation in the event of injury or death attributable to the clinical trial
<input type="checkbox"/>	<input type="checkbox"/>	6.2	Any insurance or indemnity to cover the liability of the sponsor or investigator
<input type="checkbox"/>	<input type="checkbox"/>	6.3	Compensation to investigators
<input type="checkbox"/>	<input type="checkbox"/>	6.4	Compensation to subjects
<input type="checkbox"/>	<input type="checkbox"/>	6.5	Agreement between the sponsor and the trial site
<input type="checkbox"/>	<input type="checkbox"/>	6.6	Agreement between the investigators and the trial sites
<input type="checkbox"/>	<input type="checkbox"/>	6.7	Certificate of agreement between sponsor and investigator when not in the protocol