

1) ADMINISTRATIVE INFORMATION

EudraCT number	
Member State Concerned	
Title of the study	
Name of sponsors	
IMPs (repeat for PR1, PR2.....)	

Has Part I been submitted prior to the submission of Part II?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If Yes</i>		
Is there already a conclusion on part I?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the CT already approved in any member state ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2) GENERAL INFORMATION

Is the CT a low-interventional trial? ¹	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First in man <input type="checkbox"/> , Phase I <input type="checkbox"/> , II <input type="checkbox"/> , III <input type="checkbox"/> , IV <input type="checkbox"/> NA <input type="checkbox"/>		
Is the CT a cluster trial ²	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the CT intended to be performed in more than one member states?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the CT involve more than one site in the concerned member states?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the CT include healthy volunteers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the CT include female?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Male?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age group		
Adults (18-64 years)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Elderly (>= 65 years)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
< 18 years		
In Utero	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Preterm Newborn Infants (up to gestational age < 37 weeks)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

¹ If yes – other demands for damage compensation, cfr. Art. 76

² If yes – other demands for informed consent, cfr. Art. 30

Newborns (0-27 days)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Infants and toddlers (28 days - 23 months)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children (2-11 years)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adolescents (12-17 years)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the CT include vulnerable persons?	
<i>If yes</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Minors	
Incapacitated subjects	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pregnant women	Yes <input type="checkbox"/> No <input type="checkbox"/>
Breastfeeding women	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subjects in emergency situations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other groups	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there study-specific procedures and/or interventions beyond the drug application?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes</i>	
Specify:	

3) INFORMED CONSENT FORM
(Repeat for ICF1, ICR2)

Date/version of Informed Consent Form	
Does the Informed Consent Form contain the correct title of the CT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Informed Consent Form contain placeholder for the dated signature of the person performing the interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this placeholder indicate the qualification of the person performing the interview	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Informed Consent Form contain a placeholder for for the dated signature of the subject	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
for the dated signature of legally designated representative?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the subject or the legally designated representative confirm whether a copy of the Informed Consent Form (or the record) has been retained?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Does the subject or the legally designated representative declare that the information is understood?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Additional items may be added according to national requirements</i>	

Conclusion

If all points are addressed Yes): The Inform Consent Form fulfils the conditions in art. 29, 1.

If not

Questions/queries:

4) WRITTEN INFORMATION

Is the Information sheet sufficiently comprehensive, concise, clear, relevant, and understandable to a layperson?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information sheet describe adequately nature, objectives, benefits, implications, risks, and inconveniences, of the clinical trial?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information sheet adequately describe the subject's rights and guarantees regarding his or her protection, in particular his or her right to refuse to participate and the right to withdraw from the clinical trial at any time without any resulting detriment and without having to provide any justification ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information sheet adequately explain that withdrawal of the informed consent will not affect the results of activities already carried out and the use of data obtained, based on informed consent, before its withdrawal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information sheet adequately describe the conditions under which the clinical trial is to be conducted, including the expected duration of the subject's participation in the clinical trial?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information sheet adequately describe	
the possible treatment alternatives,	Yes <input type="checkbox"/> No <input type="checkbox"/>
the follow-up measures if the participation of the subject in the clinical trial is discontinued	Yes <input type="checkbox"/> No <input type="checkbox"/>
Post trial treatment options	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the information sheet provide information about the damage compensation according to national law of concerned member state	
<i>Further detailed points to be filled in at a national level</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<i>If NA</i>	
Does the information sheet adequately inform that no particular arrangements for damage compensation are in place	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information sheet provide	
the EU trial number	Yes <input type="checkbox"/> No <input type="checkbox"/>
information about the availability of the clinical trial results (that the summary of the results of the clinical trial and a summary presented in terms understandable to a layperson will be made available in the	

EU database)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the information sheet provide adequate information about planned personal data collection and processing	
Does the information sheet provide adequate information about planned collection, storage and future use of biological samples?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Further detailed points must filled in by member states at national level</i> (in accordance with Regulation (EC) No 45/2001 and national data protection legislation implementing Regulation (EU) 2016/679, respectively)	Yes <input type="checkbox"/> No <input type="checkbox"/>

In the case of a trial with minors. Is there Informed Consent documents adequately paying attentions to the information needs of these subjects?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the case of a trial with incapacitated subjects. Is there Informed Consent documents adequately paying attentions to the information needs of these subjects?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the case of a trial in a n emergency situation Are there Informed Consent documents to obtain consent from the subject and/or legally designated representative to continue the participation of the subject in the CT after the intervention?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Conclusion

If all points are addressed Yes: The written information fulfils the conditions in art. 28 and 29

If not

Questions/queries:

5) PROTECTION OF PERSONAL DATA

Has a statement been submitted by the sponsor or his or her representative that data will be collected and processed in compliance with Regulation (EC) No 45/2001 and national data protection legislation implementing Regulation (EU) 2016/679, respectively	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Further detailed points must filled in by member states at national level</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
For example	
Are the rules for the collection, storage and future use of biological samples of the subject fulfilled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the procedure to pseudonymise the data correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it described how long the data will be stored?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a comprehensive description of the aims and scope of data collection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an indication, whether the data will be transferred to a so called "third party country" with a reduced level of data protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Will the subject (or his or her legally designated representative) be asked to consent to the use of his or her data and/or biological samples outside the protocol of the clinical trial for other scientific purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the subject be informed that this consent may be withdrawn at any time by the subject or his or her legally designated representative?	

Questions/queries:

6) COMPENSATION

Is there no undue influence, including that of a financial nature, exerted on subjects to participate in the clinical trial	Yes <input type="checkbox"/> No <input type="checkbox"/>
In trials with incapacitated subjects, minors, pregnant or breastfeeding subjects: Are no incentives or financial inducements given to the subjects or their legally designated representatives, except for compensation for expenses and loss of earnings directly related to the participation in the clinical trial;	Yes <input type="checkbox"/> No <input type="checkbox"/>

Questions/queries:

7) RECRUITMENT

Is the procedure for inclusion of subjects described in detail in the protocol or a separate document	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is clearly described of what the first act of recruitment is?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the recruitment of subjects planned to be done through advertisement	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes:</i>	
Have copies of the advertising material been submitted, including any printed materials, and audio or visual recordings.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has an outline of the procedures proposed for handling responses to the advertisement been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have copies of communications used to invite subjects to participate in the clinical trial been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have arrangements for information or advice to the respondents found not to be suitable for inclusion in the clinical trial been described?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the person performing the interview has the required qualification according to the law of concerned member states	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the arrangements for recruitment of subjects adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Questions/queries:

8) SUITABILITY OF THE INVESTIGATOR

Is there an informative CV?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is previous experience obtained from work with clinical trials described?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is previous experience obtained from work with patient care described?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have certificates describing adequate ICH/GPV training been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a financial disclosure been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have institutional affiliations, that might influence the impartiality of the investigators been presented?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Further detailed points may be filled in by member states at national level</i>	

Conclusion

Reason:

9) SUITABILITY OF THE FACILITIES

Has a list of the planned clinical trial sites with name and position of the principal investigators	Yes <input type="checkbox"/> No <input type="checkbox"/>
and the planned number of subjects at the sites been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a written statement been submitted describing the suitability of the clinical trial sites adapted to the nature and use of the investigational medicinal product? (issued by the head of the clinic/institution at the clinical trial site or by some other responsible person, according to the system in the Member State concerned)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this statement adequately describe	
the suitability of facilities,	Yes <input type="checkbox"/> No <input type="checkbox"/>
the equipment,	Yes <input type="checkbox"/> No <input type="checkbox"/>
the human resources	Yes <input type="checkbox"/> No <input type="checkbox"/>
the expertise of the site,	Yes <input type="checkbox"/> No <input type="checkbox"/>

Conclusion

Reason:

10) PROOF OF INSURANCE COVER OR INDEMNIFICATION

Is the arrangement for damage compensation in accordance to national law ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Further detailed points must be filled in at the national level</i>	

Questions/queries:

11) FINANCIAL AND OTHER ARRANGEMENTS

Is there a description confirming adequate financing of the clinical trial is ensured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are financial transactions and compensation paid to subjects adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are financial transactions and compensation paid to the investigator/site for participating in the clinical trial adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any other agreement between the sponsor and the site adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Questions/queries:

12) LIST OF QUESTIONS TO THE SPONSOR

13) ASSESMENT OF THE SPONSOR ´S RESPONSE

Are all queries resolved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not specify:	

14) FINAL DECISION

The Clinical trial is approvable	<input type="checkbox"/>
The Clinical trial is not approvable	<input type="checkbox"/>
The Clinical trial is approvable subjects to conditions	<input type="checkbox"/>

In case of approval

The approval is valid for the following trial sites and investigators

List of trial sites and investigators

The approval is not valid for the following trial sites and investigators

List of trial sites and investigators

In case of approval subjects to conditions

Conditions:

List of members of the ethic committee participating in the decision