

Annex 8
to the Procedure for Conducting Clinical
Trials of Medicinal Products and Expert
Evaluation of Materials Pertinent to
Clinical Trials

**NOTIFICATION
about the start of clinical trial in Ukraine**

CLINICAL TRIAL IDENTIFICATION

Clinical trial sponsor's protocol code number:
EudraCT ¹ number (when available):
Full title of clinical trial:
The State Expert Center MoH Ukraine conclusion: <i>date --/--/-- (DD/MM/YYYY)</i>
Approval of the ethics committee at HCS: <i>date --/--/-- (DD/MM/YYYY)</i>

EudraCT (European Union Drug Regulating Authorities Clinical Trials) is the European Clinical Trials Database

APPLICANT IDENTIFICATION (please tick the appropriate box)

Notification about the start of clinical trial for the State Expert Center MoH Ukraine	Notification about the start of clinical trial for the ethics committee at HCS
Clinical trial sponsor	Clinical trial sponsor
Official representative of the clinical trial sponsor	Official representative of the clinical trial sponsor
Person or organization authorized by the clinical trial sponsor to make the notification.	Person or organization authorized by the clinical trial sponsor to make the notification.
In that case complete below:	In that case complete below:

Name of legal person/full name of natural person:	Name of legal person/full name of natural person:
Full name of contact person:	Full name of contact person:
Address of legal person/address of natural person:	Address of legal person/address of natural person:
Contact phone number:	Contact phone number:
Fax number:	Fax number:
E-mail:	E-mail:

Start of clinical trial in Ukraine

Start of clinical trial in Ukraine		(DD/MM/YYYY)
Date of inclusion of the first trial subject in Ukraine		--/--/----
Indicate the clinical trial site, where the first trial subject has been included: Name: Location: Principal investigator:		

I, the undersigned, hereby confirm (on behalf of the clinical trial sponsor) that the above information is correct.	
Applicant submitting the notification about the start of clinical trial to the State Expert Center MoH Ukraine: Date: Signature: Full name (block letters):	Applicant submitting the notification about the start of clinical trial to the ethics committee at HCS: Date: Signature: Full name (block letters):

*{Annex in wording of MoH Ukraine Order
№ 523 of 12.07.2012}*