

Verification List

New Trial

EudraCT number:	CEIC number:
Done by:	
Start Date:	End Date:
<input type="checkbox"/> Valid	<input type="checkbox"/> Not Valid
Task Number	

<input type="checkbox"/> XML (if not present, request to applicant)
<input type="checkbox"/> Receipt of confirmation of the EUDRACT number <input type="checkbox"/> Receipt from EMEA
<input type="checkbox"/> Cover Letter <input type="checkbox"/> In paper <input type="checkbox"/> In portuguese <input type="checkbox"/> EUDRACT number <input type="checkbox"/> Protocol number <input type="checkbox"/> Title of the clinical trial <input type="checkbox"/> Index (identification of the documents kept in each folder of the CD-ROM) <input type="checkbox"/> Adressed to CEIC <input type="checkbox"/> Wet ink signature
<input type="checkbox"/> Application Form <input type="checkbox"/> In paper <input type="checkbox"/> Adressed to CEIC <input type="checkbox"/> EudraCT number <input type="checkbox"/> Title <input type="checkbox"/> Sponsor ID <input type="checkbox"/> Information about the experimental drug <input type="checkbox"/> Information about the clinical trial <input type="checkbox"/> List of investigators and sites <input type="checkbox"/> Competent authority <input type="checkbox"/> Applicant's wet ink signature

<input type="checkbox"/> Authorization letter that allows the applicant to represent the sponsor <ul style="list-style-type: none"> <input type="checkbox"/> Applicable <input type="checkbox"/> Includes the clinical trial that is being submitted <input type="checkbox"/> Includes all intermediaries <input type="checkbox"/> Signature
<input type="checkbox"/> List of competent authorities to which the application has been submitted and details of decisions, if available
<input type="checkbox"/> Decision from Ethics Committees to which the application has been submitted <ul style="list-style-type: none"> <input type="checkbox"/> Portuguese
<input type="checkbox"/> Subject information leaflet and informed consent form <ul style="list-style-type: none"> <input type="checkbox"/> Portuguese <p>Note: If there are different versions produced for individual sites, these different versions, with the changes highlighted in the cover letter, should be submitted.</p>
<input type="checkbox"/> Information about the contact person <ul style="list-style-type: none"> <input type="checkbox"/> ID <input type="checkbox"/> Contact <input type="checkbox"/> Present for all sites
<input type="checkbox"/> Participants recruitment strategies (when applicable: variable depending among sites, announcements, etc.)
<input type="checkbox"/> Facilities of the site (s) <ul style="list-style-type: none"> <input type="checkbox"/> Declaration of the Department Head <ul style="list-style-type: none"> <input type="checkbox"/> Infrastructure description <input type="checkbox"/> Equipments description <input type="checkbox"/> Human resources description <input type="checkbox"/> Authorization for the realization of the clinical trial in the Department <input type="checkbox"/> Authorization for the investigational team composition <input type="checkbox"/> Signature <input type="checkbox"/> Present for all sites
<input type="checkbox"/> CV of the coordinating investigator in Portugal <ul style="list-style-type: none"> <input type="checkbox"/> Applicable (for multicentre trials) <input type="checkbox"/> Readable <input type="checkbox"/> Matches with the CTA <input type="checkbox"/> Signature <input type="checkbox"/> Date
<input type="checkbox"/> CV of each principal investigator <ul style="list-style-type: none"> <input type="checkbox"/> Readable <input type="checkbox"/> Matches with the CTA <input type="checkbox"/> Signature <input type="checkbox"/> Date <input type="checkbox"/> Present for all sites

Insurance

- ID of the clinical trial
- Insurance company
- Insured
- Policy number
- Type of insurance
- Coverage (valid at the submission date)
- Date
- Insurance company signature

Participants reimbursement

Financial contract

- Present for all sites
- Confirm subcontractors (sponsor/site)
- Draft contract
- Final contract
- Investigators payment for all sites involved

Note: Either one of the options is enough to validate the process: draft contract or final contract.

Protocol and addendum updated version

- Title
- Number
- Version
- Date
- Signatures:
 - Sponsor
 - Principal investigator/coordinator

Protocol synopsis

- Portuguese

General description of all the active trials with the same experimental drug

Scientific peer review of the trial, when available

Ethical assessment of the principal/ coordinating investigator

- Evaluation
- Matches with the CTA
- Signature

Investigator's brochure

Name of the experimental drug matches with the one in the CTA

Version

Date

Absence: see SmPC

SmPC (for products with MA)

Appendix I – auxiliary documents/ supplements

<input type="checkbox"/> List of the submitted documents and versions in <i>Word</i> format. (see note 1) <input type="checkbox"/> EudraCT number <input type="checkbox"/> Protocol number <input type="checkbox"/> Title of the clinical trial
<input type="checkbox"/> Case Report Form (CRF)
<input type="checkbox"/> Patient quality of life questionnaires
<input type="checkbox"/> Scales to be used in the study <input type="checkbox"/> Validation in the portuguese population <input type="checkbox"/> Validation of the translation
<input type="checkbox"/> Other documentation to be provided to the participant (e. g. patient cards, informative sheets, etc.)
<input type="checkbox"/> Declaration of the responsible pharmacist <input type="checkbox"/> Present for all sites
<input type="checkbox"/> Experimental drug circuit <input type="checkbox"/> Present for all sites

NOTES:

1. This list will be updated and sent back to the sponsor with the final CEIC notification, including the indication of the final version of all documents submitted.
2. All documentation should be sent in electronic format (two copies) including those documents requested in paper. The documents should be submitted preferably in *Word* or in a format that allows copy.