

Verification List
Substantial Amendment

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

➤ **Clinical trial with CEIC number** and the expert .

<input type="checkbox"/> XML if applicable (if not present, request to applicant)
<input type="checkbox"/> Cover Letter <ul style="list-style-type: none"><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"/> Reasons for amendment<input type="checkbox"/> Description of the modified documents
<input type="checkbox"/> Application Form <ul style="list-style-type: none"><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"/> Applicant's wet ink signature<input type="checkbox"/> Specified changes
<input type="checkbox"/> Insurance <ul style="list-style-type: none"><input type="checkbox"/> Coverage (valid at the submission date)

Documents modified with changes highlighted.

Subject information leaflet and informed consent form

- Portuguese
- Highlighted changes
- Updated version

Note: If there are different versions produced for individual sites, these different versions, with the changes highlighted in the cover letter, should be submitted.

Protocol

- Title
- Number
- Updated version
- Date
- Signatures:
 - Sponsor
 - All the investigators

Signed declaration by the sponsor stating that all the investigators will be informed about the changes before its implementation.

Highlighted changes

Note: On the protocol's item, either one of the options is enough to validate the process: signature (sponsor and all the investigators) or a signed declaration by the sponsor stating that all the investigators will be informed about the changes before its implementation.

Protocol synopsis

- Portuguese
- Highlighted changes
- Updated version

Investigator's brochure

- Name of the experimental drug matches with the one in the CTA
- Updated version
- Date
- Highlighted changes

Others

If exist a submission of a new site or an investigator replacement, please continue.

CV of the investigators

- Readable
- Matches with the CTA
- Signature
- Date
- Present for all new investigators

Financial contract

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

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

Facilities of the site (s)

- Declaration of the Department Head
 - Infrastructure description
 - Equipments description
 - Human resources description
 - Authorization for the realization of the clinical trial in the Department
 - Authorization for the investigational team composition
 - Signature
- Present for all sites

Information about the contact person in the new site(s):

- ID
- Contact
- Present for all new sites

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 format. The documents should be submitted preferably in *Word* or in a format that allows copy.