REQUEST FOR AUTHORISATION OF A CLINICAL TRIAL ON A MEDICINAL PRODUCT FOR HUMAN USE TO THE COMPETENT AUTHORITIES AND FOR OPINION OF THE ETHICS COMMITTEES IN THE COMMUNITY

For official use:

Date of receiving the request:	Date of request for additional information:	Grounds for non acceptance / negative opinion :
Date of request for information to make it valid:		Give date:
Date of valid application :	Date of receipt of additional / amended information :	Authorisation / positive opinion:
Date of start of procedure :		Give date:
Competent authority registration number :		Withdrawal of application :
Ethics Committee registration number :		Give date :

A: Trial identification

A1. National Competent Authority:

UK - MHRA

A2. European Clinical Trials Database (EudraCT) number:

2020-001209-22

A3. Full title of the trial:

Platform Randomised Trial of Treatments in the Community for Epidemic and Pandemic Illnesses

A3-1. Title of the trial for lay people, in easily understood, i.e. non-technical, language

Platform Randomised trial of INterventions against COVID-19 In older people

A3-2. Name or abbreviated title of the trial where available:

PRINCIPLE

A4. Sponsor's protocol:

Number: PRINCIPLE
Version: 0.12
Date: 23/03/2020

A5-1. ISRCTN number, if available :

ISRCTN86534580

A5-2. US NCT number:

A5-3. Who Universal Trial Reference Number (UTRN)

A5-4. Other Identifiers:

Name	Identifier

A6. Is this a resubmission?

◯ Yes ◉ No

A7. Is the trial part of a Paediatric Investigation Plan?

◯ Yes ◉ No ◯ Not Answered

B: Identification of the sponsor responsible for the request

B1. Sponsor

SP1
Contact person

Name of organisation	University of Oxford / Clinical Trials and Research Governance
Given name	N/A
Family name	CTRG
Address	Joint Research Office, 1st floor, Boundary Brook House, Churchill Drive, Headington
Town/city	Oxford
Post code	OX3 7GB
Country	United Kingdom
Telephone	0000
Fax	0000
E-mail	ctrg@admin.ox.ac.uk

B2.Legal Representative for the purpose of this CTIMP.
A legal representative must be appointed for a clinical trial of an investigational medicinal product (CTIMP) if the sponsor is not established in the UK or on the MHRA approved country list (please refer to question specific guidance).

Legal Representative 1

Contact person

Name of organisation
Given name
Family name

Address
Town/city
Post code
Country
Telephone
Fax
E-mail

B3. Status of the sponsor: Non-Commercial

B.4 Source(s) of Monetary or Material Support for the clinical trial (repeat as necessary):

Name of organisation	Department of Health
Country	United Kingdom

B.5 Contact point designated by the sponsor for further information on the trial:

Name of organisation	University of Oxford
Functional name of contact point	Chief Investigator
Street Address	Department of Primary Care and Health Sciences, Radcliffe Observatory Quarter,
Town/city	Oxford
Post code	
Country	United Kingdom
Telephone	
Fax	
E-mail	principle@phc.ox.ac.uk

C: Applicant identification

C1. Request for the competent authority

C1-1. Who is responsible for the Clinical Trial Authorisation Application?

Person or organisation authorised by the Sponsor

C1-4. Complete the details of the applicant below even if they are provided elsewhere on the form:

Contact person

Person or organisation name: Chief Investigator
Contact person Given name Christopher

Contact person Family name	Butler
Address	Primary Care Clinical Trials Unit, Nuffield Department of Primary Care Health Sciences
Town/city	Oxford
Post code	OX2 6GG
Country	United Kingdom
Telephone	+44 (0)1865 289670
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

C1-5. Do you want a xml file copy of the CTA form data saved on EudraCT?

◯ Yes ◉ No ◯ Not Answered

C2.Request for ethics commitee

C2-1. Who is responsible for the Clinical Trial Authorisation Application?

.....

C2-5. Complete the details of the applicant below even if they are provided elsewhere on the form

Person or organisation name:	.....
Title:	.....
Forename/Initials:	.....
Surname:	.....
Middlename:	.....
Address:	.....
Town/city:	.....
Post code:	.....
Country:	.....
Telephone:	.....
Fax:	.....
E-mail:	.....

Part D: Investigational Medicinal Products

D: Information on the IMPs

Information on each "bulk product" before trial-specific operations (blinding, trial specific packaging and labelling) should be provided in this section for each investigational medicinal product (IMP) being tested including each comparator, if applicable. If the trial is performed with several products please create a separate set of the following questions for each product. If the product is a combination product please give separate information for each active substance.

Click on the first row and enter details of the product in the following screens. When you have completed the details, click on the navigate button or the "See All" link and return to this section to enter details of the next product. When you have completed details of all products please move to question D7 using the navigation screen.

D. Investigational medicinal products

PR1 Plaquenil-Hydroxychloroquine

PR3 Azithromycin

PR4 Doxycycline

PR5 Pulmicort Turbohaler 400

PR10 Colchicine

PR11 Favipiravir

PR12 Ivermectin

D1. Indicate which of the following is described below then repeat as necessary for each:

This refers to the IMP number: **PR1**
Investigational medicinal product category:
Test IMP

D2. Status of the IMP ***If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2***

D2-1. Does the IMP to be used in the trial have a marketing authorisation?

◉ Yes ○ No ○ Not Answered

Trade name:
Plaquenil-Hydroxychloroquine
EV Product Code
Name of the MA holder:
Zentiva Pharma UK Limited
MA number (if MA granted by a Member State):
PL 17780/0748
Is the IMP modified in relation to its MA?

○ Yes ◉ No ○ Not Answered

Which country granted the MA?
UK - MHRA
Is this the Member State concerned with this application?

○ Yes ◉ No ○ Not Answered

D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start

In the protocol, is treatment defined only by active substance?
○ Yes ◉ No ○ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?
○ Yes ◉ No ○ Not Answered

The products to be administered as IMPs are defined as belonging to an ATC group
○ Yes ○ No ◉ Not Answered

Other :
○ Yes ○ No ◉ Not Answered

D2-3. IMPD submitted:

Full IMPD
○ Yes ◉ No ○ Not Answered

Simplified IMPD
○ Yes ◉ No ○ Not Answered

Provide justification for using simplified dossier in the covering letter

Summary of product characteristics (SmPC) only
◉ Yes ○ No ○ Not Answered

D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?

○ Yes ◉ No ○ Not Answered

D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?

○ Yes ◉ No ○ Not Answered

D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?

○ Yes ◉ No ○ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?
○ Yes ◉ No ○ Not Answered

CHMP = Committee for Medicinal Products for Human Use

From a MS competent authority?
○ Yes ◉ No ○ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3. Description of IMP

D3-1.

D.3.1 Product name where applicable	Plaquenil-Hydroxychloroquine
D.3.2 Product code where applicable	
D.3.3 ATC codes, if officially registered	P01B A02.
D.3.4 Pharmaceutical form (use standard terms)	Film-coated tablet
D.3.4.1 Is this a specific paediatric formulation?	○ Yes ◉ No ○ Not Answered
D.3.5 Maximum duration of treatment of a subject according to the protocol	7 days

D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial	
D.3.6.1 Specify per day or total:	○ per day ○ total ◉ Not Answered
D.3.6.1 Specify total dose (number and unit)	
D.3.6.1 Route of administration (relevant to the first dose):	
D.3.6.2 Maximum dose allowed	
D.3.6.2 Specify per day or total	○ per day ○ total ◉ Not Answered
D.3.6.2 Specify total dose (number and unit)	
D.3.6.2 Route of administration (relevant to the maximum dose):	

D.3.7 Routes of administration for this IMP

Oral use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

Active Substance 1

Name of active substance (INN or proposed INN if available):	Hydroxychloroquine Sulfate 200 mg
CAS number:	
Current sponsor code:	
Other descriptive name:	
Full Molecular formula	
Chemical/biological description of the Active Substance	Antimalarial agents like chloroquine and hydroxychloroquine have several pharmacological actions which may be involved in their therapeutic effect in the treatment of rheumatic disease, but the role of each is not known. These include interaction with sulphydryl groups, interference with enzyme activity (including phospholipase, NADH-cytochrome C reductase, cholinesterase, proteases and hydrolases), DNA binding, stabilisation of lysosomal membranes, inhibition of prostaglandin formation, inhibition of polymorphonuclear cell chemotaxis and phagocytosis, possible interference with interleukin 1 production from monocytes and inhibition of neutrophil superoxide release.

Strength

Concentration unit:	mg milligram(s)
Concentration type:	equal
Concentration number (only use both fields for range):	200

D3-11. Type of IMP

Does the IMP contain an active substance:

Of chemical origin?	◉ Yes	○ No	○ Not Answered
Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP))	○ Yes	◉ No	○ Not Answered

Is this a:

Advanced Therapy IMP (ATIMP) (1)	○ Yes	◉ No	○ Not Answered
Combination product that includes a device, but does not involve an Advanced Therapy	○ Yes	◉ No	○ Not Answered
Radiopharmaceutical medicinal product?	○ Yes	◉ No	○ Not Answered
Immunological medicinal product (e.g. vaccine, allergen, immune serum)?	○ Yes	◉ No	○ Not Answered
Plasma derived medicinal product?	○ Yes	◉ No	○ Not Answered
Extractive medicinal product?	○ Yes	◉ No	○ Not Answered
Recombinant medicinal product?	○ Yes	◉ No	○ Not Answered
Medicinal product containing genetically modified organisms?	○ Yes	◉ No	○ Not Answered
Herbal medicinal product?	○ Yes	◉ No	○ Not Answered
Homeopathic medicinal product?	○ Yes	◉ No	○ Not Answered
Another type of medicinal product?	○ Yes	◉ No	○ Not Answered

Specify the mode of action for the active substance in this medicinal product
The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. Antimalarial agents like chloroquine and hydroxychloroquine have several pharmacological actions

which may be involved in their therapeutic effect in the treatment of rheumatic disease, but the role of each is not known. These include interaction with sulphydryl groups, interference with enzyme activity (including phospholipase, NADH-cytochrome C reductase, cholinesterase, proteases and hydrolases), DNA binding, stabilisation of lysosomal membranes, inhibition of prostaglandin formation, inhibit

Is it an IMP to be used in a first-in-human clinical trial? ○ Yes ◉ No ○ Not Answered

(1,2,3,4,5) Complete sections D.4, D.5, D.6. and D.7, as applicable

(2,3) As defined in Annex 1 part IV of Directive 2001/83/EC as amended

(4) As defined in Article 2(1)(b) of Regulation 1394/2007/EC

(6) Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

D1. Indicate which of the following is described below then repeat as necessary for each:

This refers to the IMP number: **PR3**
Investigational medicinal product category:

D2. Status of the IMP ***If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2***

D2-1. Does the IMP to be used in the trial have a marketing authorisation?

◉ Yes ○ No ○ Not Answered

Trade name:
Azithromycin
EV Product Code
Name of the MA holder:
Teva UK Limited
MA number (if MA granted by a Member State):
PL 00289/1570
Is the IMP modified in relation to its MA?
○ Yes ◉ No ○ Not Answered

Which country granted the MA?
UK - MHRA
Is this the Member State concerned with this application?
○ Yes ◉ No ○ Not Answered

D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start

In the protocol, is treatment defined only by active substance?
○ Yes ◉ No ○ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?
○ Yes ◉ No ○ Not Answered

The products to be administered as IMPs are defined as belonging to an ATC group
○ Yes ○ No ◉ Not Answered

Other :
○ Yes ○ No ◉ Not Answered

D2-3. IMPD submitted:

Full IMPD
○ Yes ◉ No ○ Not Answered

Simplified IMPD
○ Yes ◉ No ○ Not Answered

Provide justification for using simplified dossier in the covering letter

Summary of product characteristics (SmPC) only
◉ Yes ○ No ○ Not Answered

D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?

○ Yes ◉ No ○ Not Answered

D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?

○ Yes ○ No ◉ Not Answered

D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?

○ Yes ◉ No ○ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?
○ Yes ◉ No ○ Not Answered

CHMP = Committee for Medicinal Products for Human Use

From a MS competent authority?
○ Yes ◉ No ○ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3. Description of IMP

D3-1.

D.3.1 Product name where applicable	Azithromycin
D.3.2 Product code where applicable	
D.3.3 ATC codes, if officially registered	
D.3.4 Pharmaceutical form (use standard terms)	Film-coated tablet
D.3.4.1 Is this a specific paediatric formulation?	○ Yes ○ No ◉ Not Answered
D.3.5 Maximum duration of treatment of a subject according to the protocol	

D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial

D.3.6.1 Specify per day or total:	◯ per day ◯ total ◉ Not Answered
D.3.6.1 Specify total dose (number and unit)	
D.3.6.1 Route of administration (relevant to the first dose):	
D.3.6.2 Maximum dose allowed	
D.3.6.2 Specify per day or total	◯ per day ◯ total ◉ Not Answered
D.3.6.2 Specify total dose (number and unit)	
D.3.6.2 Route of administration (relevant to the maximum dose):	

D.3.7 Routes of administration for this IMP

Oral use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

Active Substance 1

Name of active substance (INN or proposed INN if available):	Azithromycin 250 mg or 500 mg
CAS number:	
Current sponsor code:	
Other descriptive name:	
Full Molecular formula	
Chemical/biological description of the Active Substance	sensitive to azithromycin (see sections 4.4 and 5.1): - acute bacterial sinusitis (adequately diagnosed) - acute bacterial otitis media (adequately diagnosed) - pharyngitis, tonsillitis - acute exacerbation of chronic bronchitis (adequately diagnosed) - mild to moderately severe community acquired pneumonia - skin and soft tissue infections - uncomplicated Chlamydia trachomatis urethritis and cervicitis Considerations should be given to official guidance on the appropriate use of antibacterial agents.

Strength

Concentration unit:	mg milligram(s)
Concentration type:	equal
Concentration number (only use both fields for range):	500

D3-11. Type of IMP

Does the IMP contain an active substance:

Of chemical origin?	◉ Yes ○ No ○ Not Answered
Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP))	○ Yes ◉ No ○ Not Answered
Is this a:	
Advanced Therapy IMP (ATIMP) [1]	○ Yes ◉ No ○ Not Answered
Combination product that includes a device, but does not involve an Advanced Therapy	○ Yes ◉ No ○ Not Answered
Radiopharmaceutical medicinal product?	○ Yes ◉ No ○ Not Answered
Immunological medicinal product (e.g. vaccine, allergen, immune serum)?	○ Yes ◉ No ○ Not Answered
Plasma derived medicinal product?	○ Yes ◉ No ○ Not Answered
Extractive medicinal product?	○ Yes ◉ No ○ Not Answered
Recombinant medicinal product?	○ Yes ◉ No ○ Not Answered
Medicinal product containing genetically modified organisms?	○ Yes ◉ No ○ Not Answered
Herbal medicinal product?	○ Yes ◉ No ○ Not Answered
Homeopathic medicinal product?	○ Yes ◉ No ○ Not Answered
Another type of medicinal product?	○ Yes ◉ No ○ Not Answered

Specify the mode of action for the active substance in this medicinal product
The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action.

Is it an IMP to be used in a first-in-human clinical trial?	○ Yes ◉ No ○ Not Answered

[1,2,3,4,5] Complete sections D.4, D.5, D.6. and D.7, as applicable
[2,3] As defined in Annex 1 part IV of Directive 2001/83/EC as amended
[4] As defined in Article 2(1)(b) of Regulation 1394/2007/EC
[6] Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

D1. Indicate which of the following is described below then repeat as necessary for each:

This refers to the IMP number: **PR4**
Investigational medicinal product category:
Test IMP

D2. Status of the IMP ***If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2***

D2-1. Does the IMP to be used in the trial have a marketing authorisation?

◉ Yes ○ No ○ Not Answered

Trade name:
Doxycycline
EV Product Code
Name of the MA holder:
Accord-UK Ltd
MA number (if MA granted by a Member State):
PL 0142/0407
Is the IMP modified in relation to its MA?
○ Yes ◉ No ○ Not Answered

Which country granted the MA?
UK - MHRA
Is this the Member State concerned with this application?
○ Yes ◉ No ○ Not Answered

D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start

In the protocol, is treatment defined only by active substance?
○ Yes ◉ No ○ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?
○ Yes ◉ No ○ Not Answered

The products to be administered as IMPs are defined as belonging to an ATC group
○ Yes ○ No ◉ Not Answered

Other :
○ Yes ○ No ◉ Not Answered

D2-3. IMPD submitted:

Full IMPD
○ Yes ◉ No ○ Not Answered

Simplified IMPD
○ Yes ◉ No ○ Not Answered

Provide justification for using simplified dossier in the covering letter

Summary of product characteristics (SmPC) only
(●) Yes ( ) No ( ) Not Answered

D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?

( ) Yes (●) No ( ) Not Answered

D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?

( ) Yes ( ) No (●) Not Answered

D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?

( ) Yes (●) No ( ) Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?
( ) Yes (●) No ( ) Not Answered

CHMP = Committee for Medicinal Products for Human Use

From a MS competent authority?
( ) Yes (●) No ( ) Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3. Description of IMP

D3-1.

D.3.1 Product name where applicable	Doxycycline
D.3.2 Product code where applicable	
D.3.3 ATC codes, if officially registered	
D.3.4 Pharmaceutical form (use standard terms)	Capsule, hard
D.3.4.1 Is this a specific paediatric formulation?	( ) Yes ( ) No (●) Not Answered
D.3.5 Maximum duration of treatment of a subject according to the protocol	

D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial

D.3.6.1 Specify per day or total:	◯ per day ◯ total ◉ Not Answered
D.3.6.1 Specify total dose (number and unit)	
D.3.6.1 Route of administration (relevant to the first dose):	
D.3.6.2 Maximum dose allowed	
D.3.6.2 Specify per day or total	◯ per day ◯ total ◉ Not Answered
D.3.6.2 Specify total dose (number and unit)	
D.3.6.2 Route of administration (relevant to the maximum dose):	

D.3.7 Routes of administration for this IMP

Oral use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

Active Substance 1

Name of active substance (INN or proposed INN if available):	Doxycycline hyclate equivalent to 100mg of Doxycycline base
CAS number:	
Current sponsor code:	
Other descriptive name:	
Full Molecular formula	
Chemical/biological description of the Active Substance	Therapeutic indications (see sections 4.1 of SmP - Respiratory tract infections - Urinary tract infections - Sexually transmitted diseases: - Skin infections - Ophthalmic infection - Rickettsial infections - Other infections

Strength

Concentration unit:	mg milligram(s)
Concentration type:	equal
Concentration number (only use both fields for range):	100

D3-11. Type of IMP

Does the IMP contain an active substance:

Of chemical origin? ◉ Yes ◯ No ◯ Not Answered

Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP))	○ Yes ◉ No ○ Not Answered
Is this a:	
Advanced Therapy IMP (ATIMP) [1]	○ Yes ◉ No ○ Not Answered
Combination product that includes a device, but does not involve an Advanced Therapy	○ Yes ◉ No ○ Not Answered
Radiopharmaceutical medicinal product?	○ Yes ◉ No ○ Not Answered
Immunological medicinal product (e.g. vaccine, allergen, immune serum)?	○ Yes ◉ No ○ Not Answered
Plasma derived medicinal product?	○ Yes ◉ No ○ Not Answered
Extractive medicinal product?	○ Yes ◉ No ○ Not Answered
Recombinant medicinal product?	○ Yes ◉ No ○ Not Answered
Medicinal product containing genetically modified organisms?	○ Yes ◉ No ○ Not Answered
Herbal medicinal product?	○ Yes ◉ No ○ Not Answered
Homeopathic medicinal product?	○ Yes ◉ No ○ Not Answered
Another type of medicinal product?	○ Yes ◉ No ○ Not Answered

Specify the mode of action for the active substance in this medicinal product
The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action.

Is it an IMP to be used in a first-in-human clinical trial?	○ Yes ◉ No ○ Not Answered

[1,2,3,4,5] Complete sections D.4, D.5, D.6. and D.7, as applicable
[2,3] As defined in Annex 1 part IV of Directive 2001/83/EC as amended
[4] As defined in Article 2(1)(b) of Regulation 1394/2007/EC
[6] Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

D1. Indicate which of the following is described below then repeat as necessary for each:

This refers to the IMP number: **PR5**
Investigational medicinal product category:
Test IMP

D2. Status of the IMP ***If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2***

D2-1. Does the IMP to be used in the trial have a marketing authorisation?

◉ Yes ○ No ○ Not Answered

Trade name:
Pulmicort Turbohaler 400
EV Product Code
Name of the MA holder:
AstraZeneca UK Ltd
MA number (if MA granted by a Member State):
PL 17901/0164
Is the IMP modified in relation to its MA?
○ Yes ◉ No ○ Not Answered

Which country granted the MA?
UK - MHRA
Is this the Member State concerned with this application?
○ Yes ◉ No ○ Not Answered

D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start

In the protocol, is treatment defined only by active substance?
○ Yes ◉ No ○ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?
○ Yes ◉ No ○ Not Answered

The products to be administered as IMPs are defined as belonging to an ATC group
○ Yes ○ No ◉ Not Answered

Other :
○ Yes ○ No ◉ Not Answered

D2-3. IMPD submitted:

Full IMPD
○ Yes ◉ No ○ Not Answered

Simplified IMPD
○ Yes ◉ No ○ Not Answered

Provide justification for using simplified dossier in the covering letter

Summary of product characteristics (SmPC) only
◉ Yes ○ No ○ Not Answered

D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?

○ Yes ◉ No ○ Not Answered

D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?

○ Yes ◉ No ○ Not Answered

D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?

○ Yes ◉ No ○ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?
○ Yes ◉ No ○ Not Answered

CHMP = Committee for Medicinal Products for Human Use

From a MS competent authority?
○ Yes ◉ No ○ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3. Description of IMP

D3-1.

D.3.1 Product name where applicable	Pulmicort Turbohaler 400
D.3.2 Product code where applicable	
D.3.3 ATC codes, if officially registered	R03B A02
D.3.4 Pharmaceutical form (use standard terms)	Inhalation powder
D.3.4.1 Is this a specific paediatric formulation?	○ Yes ◉ No ○ Not Answered
D.3.5 Maximum duration of treatment of a subject according to the protocol	14 days

D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial

D.3.6.1 Specify per day or total:	◯ per day ◯ total ◉ Not Answered
D.3.6.1 Specify total dose (number and unit)	
D.3.6.1 Route of administration (relevant to the first dose):	
D.3.6.2 Maximum dose allowed	
D.3.6.2 Specify per day or total	◯ per day ◯ total ◉ Not Answered
D.3.6.2 Specify total dose (number and unit)	
D.3.6.2 Route of administration (relevant to the maximum dose):	

D.3.7 Routes of administration for this IMP

Inhalation use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

Active Substance 1

Name of active substance (INN or proposed INN if available):	Budesonide 400 micrograms/actuation
CAS number:	
Current sponsor code:	
Other descriptive name:	
Full Molecular formula	
Chemical/biological description of the Active Substance	Budesonide is a glucocorticosteroid which possesses a high local anti-inflammatory action, with a lower incidence and severity of adverse effects than those seen with oral corticosteroids. Recommended in patients with bronchial asthma.

Strength

Concentration unit:	µg microgram(s)
Concentration type:	equal
Concentration number (only use both fields for range):	400

D3-11. Type of IMP

Does the IMP contain an active substance:

Of chemical origin?	◉ Yes ◯ No ◯ Not Answered
Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP))	◯ Yes ◉ No ◯ Not Answered

Is this a:

Advanced Therapy IMP (ATIMP) (1)	○ Yes ◉ No ○ Not Answered
Combination product that includes a device, but does not involve an Advanced Therapy	○ Yes ◉ No ○ Not Answered
Radiopharmaceutical medicinal product?	○ Yes ◉ No ○ Not Answered
Immunological medicinal product (e.g. vaccine, allergen, immune serum)?	○ Yes ◉ No ○ Not Answered
Plasma derived medicinal product?	○ Yes ◉ No ○ Not Answered
Extractive medicinal product?	○ Yes ◉ No ○ Not Answered
Recombinant medicinal product?	○ Yes ◉ No ○ Not Answered
Medicinal product containing genetically modified organisms?	○ Yes ◉ No ○ Not Answered
Herbal medicinal product?	○ Yes ◉ No ○ Not Answered
Homeopathic medicinal product?	○ Yes ◉ No ○ Not Answered
Another type of medicinal product?	○ Yes ◉ No ○ Not Answered

Specify the mode of action for the active substance in this medicinal product
The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. Budesonide is a glucocorticosteroid which possesses a high local anti-inflammatory action, with a lower incidence and severity of adverse effects than those seen with oral corticosteroids.

Pharmacotherapeutic group: Other drugs for obstructive airway diseases, inhalants, glucocorticoids.

Is it an IMP to be used in a first-in-human clinical trial?	○ Yes ◉ No ○ Not Answered

(1,2,3,4,5) Complete sections D.4, D.5, D.6. and D.7, as applicable
(2,3) As defined in Annex 1 part IV of Directive 2001/83/EC as amended
(4) As defined in Article 2(1)(b) of Regulation 1394/2007/EC
(6) Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

D1. Indicate which of the following is described below then repeat as necessary for each:

This refers to the IMP number: **PR10**
Investigational medicinal product category:
Test IMP

D2. Status of the IMP ***If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2***

D2-1. Does the IMP to be used in the trial have a marketing authorisation?

◉ Yes ○ No ○ Not Answered

Trade name:
Colchicine
EV Product Code
Name of the MA holder:
Accord-UK Ltd (Trading style: Accord)
MA number (if MA granted by a Member State):
PL 0142/0918
Is the IMP modified in relation to its MA?
○ Yes ◉ No ○ Not Answered

Which country granted the MA?
UK - MHRA
Is this the Member State concerned with this application?
○ Yes ◉ No ○ Not Answered

D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start

In the protocol, is treatment defined only by active substance?
○ Yes ◉ No ○ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?
○ Yes ◉ No ○ Not Answered

The products to be administered as IMPs are defined as belonging to an ATC group
◉ Yes ○ No ○ Not Answered

If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1

Other :
○ Yes ○ No ◉ Not Answered

D2-3. IMPD submitted:

Full IMPD
○ Yes ◉ No ○ Not Answered

Simplified IMPD
○ Yes ◉ No ○ Not Answered

Provide justification for using simplified dossier in the covering letter

Summary of product characteristics (SmPC) only
◉ Yes ○ No ○ Not Answered

D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?

○ Yes ◉ No ○ Not Answered

D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?

○ Yes ◉ No ○ Not Answered

D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?

○ Yes ◉ No ○ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?
○ Yes ◉ No ○ Not Answered

CHMP = Committee for Medicinal Products for Human Use

From a MS competent authority?
○ Yes ◉ No ○ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3. Description of IMP

D3-1.

D.3.1 Product name where applicable	Colchicine
D.3.2 Product code where applicable	
D.3.3 ATC codes, if officially registered	M04AC01
D.3.4 Pharmaceutical form (use standard terms)	Tablet
D.3.4.1 Is this a specific paediatric formulation?	○ Yes ◉ No ○ Not Answered
D.3.5 Maximum duration of treatment of a subject according to the protocol	14

D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial	
D.3.6.1 Specify per day or total:	◯ per day ◯ total ◉ Not Answered
D.3.6.1 Specify total dose (number and unit)	
D.3.6.1 Route of administration (relevant to the first dose):	
D.3.6.2 Maximum dose allowed	500 micrograms per day for 14 days
D.3.6.2 Specify per day or total	◉ per day ◯ total ◯ Not Answered
D.3.6.2 Specify total dose (number and unit)	500 µg microgram(s)
D.3.6.2 Route of administration (relevant to the maximum dose):	Oral use

D.3.7 Routes of administration for this IMP

Oral use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

Active Substance 1

Name of active substance (INN or proposed INN if available):	Colchicine
CAS number:	64-86-8
Current sponsor code:	
Other descriptive name:	
Full Molecular formula	
Chemical/biological description of the Active Substance	Colchicine is a broad spectrum anti-inflammatory agent. Colchicine inhibits cellular transport and mitosis by binding to tubulin and preventing its polymerisation as part of the cytoskeleton transport system Therapeutic indications in adults: • Treatment of acute gout • Prophylaxis of gout attack during initiation of therapy with allopurinol and uricosuric drugs

Strength

Concentration unit:	µg microgram(s)
Concentration type:	equal
Concentration number (only use both fields for range):	500

D3-11. Type of IMP

Does the IMP contain an active substance:

Of chemical origin?	◉ Yes ○ No ○ Not Answered
Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP))	○ Yes ◉ No ○ Not Answered
Is this a:	
Advanced Therapy IMP (ATIMP) [1]	○ Yes ◉ No ○ Not Answered
Combination product that includes a device, but does not involve an Advanced Therapy	○ Yes ◉ No ○ Not Answered
Radiopharmaceutical medicinal product?	○ Yes ◉ No ○ Not Answered
Immunological medicinal product (e.g. vaccine, allergen, immune serum)?	○ Yes ◉ No ○ Not Answered
Plasma derived medicinal product?	○ Yes ◉ No ○ Not Answered
Extractive medicinal product?	○ Yes ◉ No ○ Not Answered
Recombinant medicinal product?	○ Yes ◉ No ○ Not Answered
Medicinal product containing genetically modified organisms?	○ Yes ◉ No ○ Not Answered
Herbal medicinal product?	○ Yes ◉ No ○ Not Answered
Homeopathic medicinal product?	○ Yes ◉ No ○ Not Answered
Another type of medicinal product?	○ Yes ◉ No ○ Not Answered

Specify the mode of action for the active substance in this medicinal product
The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. Colchicine is a broad spectrum anti-inflammatory agent. Colchicine inhibits cellular transport and mitosis by binding to tubulin and preventing its polymerisation as part of the cytoskeleton transport system.

Therapeutic indications in adults:
• Treatment of acute gout
• Prophylaxis of gout attack during initiation of therapy with allopurinol and uricosuric drugs

Is it an IMP to be used in a first-in-human clinical trial?	○ Yes ◉ No ○ Not Answered

[1,2,3,4,5] Complete sections D.4, D.5, D.6. and D.7, as applicable
[2,3] As defined in Annex 1 part IV of Directive 2001/83/EC as amended
[4] As defined in Article 2(1)(b) of Regulation 1394/2007/EC
[6] Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

D1. Indicate which of the following is described below then repeat as necessary for each:

This refers to the IMP number: **PR11**
Investigational medicinal product category:
Test IMP

D2. Status of the IMP ***If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2***

D2-1. Does the IMP to be used in the trial have a marketing authorisation?

○ Yes ◉ No ○ Not Answered

D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start

In the protocol, is treatment defined only by active substance?
○ Yes ◉ No ○ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?
○ Yes ◉ No ○ Not Answered

The products to be administered as IMPs are defined as belonging to an ATC group
○ Yes ◉ No ○ Not Answered

Other :
○ Yes ◉ No ○ Not Answered

D2-3. IMPD submitted:

Full IMPD
○ Yes ◉ No ○ Not Answered

Simplified IMPD
◉ Yes ○ No ○ Not Answered

Provide justification for using simplified dossier in the covering letter

Summary of product characteristics (SmPC) only
○ Yes ◉ No ○ Not Answered

D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?

○ Yes ◉ No ○ Not Answered

D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?

○ Yes ◉ No ○ Not Answered

D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?

◯ Yes ◉ No ◯ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

◯ Yes ◉ No ◯ Not Answered

CHMP = Committee for Medicinal Products for Human Use

From a MS competent authority?

◯ Yes ◉ No ◯ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3. Description of IMP

D3-1.

D.3.1 Product name where applicable	Favipiravir
D.3.2 Product code where applicable	
D.3.3 ATC codes, if officially registered	
D.3.4 Pharmaceutical form (use standard terms)	Tablet
D.3.4.1 Is this a specific paediatric formulation?	◯ Yes ◯ No ◉ Not Answered
D.3.5 Maximum duration of treatment of a subject according to the protocol	5 Days

D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial	
D.3.6.1 Specify per day or total:	◯ per day ◯ total ◉ Not Answered
D.3.6.1 Specify total dose (number and unit)	
D.3.6.1 Route of administration (relevant to the first dose):	
D.3.6.2 Maximum dose allowed	First batch: 1800mg favipiravir to be taken twice a day on day one, and then 800mg twice daily for four days. Second batch: 2000mg in the morning and 1600mg in evening on day one, then 800mg twice daily for four days
D.3.6.2 Specify per day or total	◉ per day ◯ total ◯ Not Answered
D.3.6.2 Specify total dose (number and unit)	3600, 1600 mg milligram(s)

D.3.6.2 Route of administration (relevant to the maximum dose):	Oral use

D.3.7 Routes of administration for this IMP

Oral use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

Active Substance 1

Name of active substance (INN or proposed INN if available):	Favipiravir
CAS number:	
Current sponsor code:	
Other descriptive name:	
Full Molecular formula	
Chemical/biological description of the Active Substance	Favipiravir is an oral antiviral that is licensed in Japan for use against novel and re-emerging influenzae. It is a nucleoside analogue which selectively inhibits viral RNA polymerase, and has been shown to have in vitro activity against a range of RNA viruses including SARS-CoV-2. Favipiravir was one of seven antiviral agents reported to achieve plasma concentrations at least double the reported concentrations required to inhibit 90% of SARS-CoV-2 replication in vitro. In animal models, high dose favipiravir was found to reduce viral titres and lung pathology in SARS-CoV-2 infected hamsters.

Strength

Concentration unit:	mg milligram(s)
Concentration type:	equal
Concentration number (only use both fields for range):	200, 400

D3-11. Type of IMP

Does the IMP contain an active substance:

Of chemical origin?	◉ Yes	○ No	○ Not Answered
Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP))	○ Yes	◉ No	○ Not Answered
Is this a:			
Advanced Therapy IMP (ATIMP) (1)	○ Yes	◉ No	○ Not Answered
Combination product that includes a device, but does not involve an Advanced Therapy	○ Yes	◉ No	○ Not Answered
Radiopharmaceutical medicinal product?	○ Yes	◉ No	○ Not Answered

Immunological medicinal product (e.g. vaccine, allergen, immune serum)?	○ Yes ◉ No ○ Not Answered
Plasma derived medicinal product?	○ Yes ◉ No ○ Not Answered
Extractive medicinal product?	○ Yes ◉ No ○ Not Answered
Recombinant medicinal product?	○ Yes ◉ No ○ Not Answered
Medicinal product containing genetically modified organisms?	○ Yes ◉ No ○ Not Answered
Herbal medicinal product?	○ Yes ◉ No ○ Not Answered
Homeopathic medicinal product?	○ Yes ◉ No ○ Not Answered
Another type of medicinal product?	○ Yes ◉ No ○ Not Answered

Specify the mode of action for the active substance in this medicinal product
The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. Favipiravir is an oral antiviral that is licensed in Japan for use against novel and re-emerging influenzae. It is a nucleoside analogue which selectively inhibits viral RNA polymerase, and has been shown to have in vitro activity against a range of RNA viruses including SARS-CoV-2.

Is it an IMP to be used in a first-in-human clinical trial?	○ Yes ◉ No ○ Not Answered

(1,2,3,4,5) Complete sections D.4, D.5, D.6. and D.7, as applicable
(2,3) As defined in Annex 1 part IV of Directive 2001/83/EC as amended
(4) As defined in Article 2(1)(b) of Regulation 1394/2007/EC
(6) Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

D1. Indicate which of the following is described below then repeat as necessary for each:

This refers to the IMP number: **PR12**
Investigational medicinal product category:
Test IMP

D2. Status of the IMP ***If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2***

D2-1. Does the IMP to be used in the trial have a marketing authorisation?

○ Yes ◉ No ○ Not Answered

D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start

In the protocol, is treatment defined only by active substance?
○ Yes ◉ No ○ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?
○ Yes ◉ No ○ Not Answered

The products to be administered as IMPs are defined as belonging to an ATC group
◉ Yes ○ No ○ Not Answered

If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1

Other :
○ Yes ◉ No ○ Not Answered

D2-3. IMPD submitted:

Full IMPD
○ Yes ◉ No ○ Not Answered

Simplified IMPD
◉ Yes ○ No ○ Not Answered

Provide justification for using simplified dossier in the covering letter

Summary of product characteristics (SmPC) only
○ Yes ◉ No ○ Not Answered

D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?

○ Yes ◉ No ○ Not Answered

D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?

○ Yes ◉ No ○ Not Answered

D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?

◯ Yes ◉ No ◯ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

◯ Yes ◉ No ◯ Not Answered

CHMP = Committee for Medicinal Products for Human Use

From a MS competent authority?

◯ Yes ◉ No ◯ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3. Description of IMP

D3-1.

D.3.1 Product name where applicable	Ivermectin
D.3.2 Product code where applicable	
D.3.3 ATC codes, if officially registered	P02CF01
D.3.4 Pharmaceutical form (use standard terms)	Tablet
D.3.4.1 Is this a specific paediatric formulation?	◯ Yes ◯ No ◉ Not Answered
D.3.5 Maximum duration of treatment of a subject according to the protocol	

D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial	
D.3.6.1 Specify per day or total:	◯ per day ◯ total ◉ Not Answered
D.3.6.1 Specify total dose (number and unit)	
D.3.6.1 Route of administration (relevant to the first dose):	

D.3.6.2 Maximum dose allowed	Tablets to be taken as one dose each day for 3 days at 300 microgram/kg body weight (weight range below) up to maximum of 30 mg tablets
D.3.6.2 Specify per day or total	◉ per day ◯ total ◯ Not Answered
D.3.6.2 Specify total dose (number and unit)	30 mg milligram(s)

D.3.6.2 Route of administration (relevant to the maximum dose):	Oral use

D.3.7 Routes of administration for this IMP

Oral use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

Active Substance 1

Name of active substance (INN or proposed INN if available):	Ivermectin
CAS number:	
Current sponsor code:	
Other descriptive name:	
Full Molecular formula	
Chemical/biological description of the Active Substance	Therapeutic Indications Ivermectin is being investigated for the treatment of COVID-19 in patients in the community experiencing symptoms for less than 15 days. Approved Indications (outside of UK): Treatment of intestinal strongyloidiasis (anguillulosis). Treatment of proven or suspected microfilaremia in patients with lymphatic filariasis caused by Wuchereria bancrofti. Treatment of human sarcoptic scabies. Treatment is justified when the diagnosis of scabies has been established clinically and/or by parasitological examination. Without formal diagnosis treatment is not justified in case of pruritus.

Strength

Concentration unit:	mg milligram(s)
Concentration type:	equal
Concentration number (only use both fields for range):	3

D3-11. Type of IMP

Does the IMP contain an active substance:

Of chemical origin?	◉ Yes ○ No ○ Not Answered
Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP))	○ Yes ◉ No ○ Not Answered

Is this a:

Advanced Therapy IMP (ATIMP) (1)	○ Yes ◉ No ○ Not Answered

Combination product that includes a device, but does not involve an Advanced Therapy	○ Yes ◉ No ○ Not Answered
Radiopharmaceutical medicinal product?	○ Yes ◉ No ○ Not Answered
Immunological medicinal product (e.g. vaccine, allergen, immune serum)?	○ Yes ◉ No ○ Not Answered
Plasma derived medicinal product?	○ Yes ◉ No ○ Not Answered
Extractive medicinal product?	○ Yes ◉ No ○ Not Answered
Recombinant medicinal product?	○ Yes ◉ No ○ Not Answered
Medicinal product containing genetically modified organisms?	○ Yes ◉ No ○ Not Answered
Herbal medicinal product?	○ Yes ◉ No ○ Not Answered
Homeopathic medicinal product?	○ Yes ◉ No ○ Not Answered
Another type of medicinal product?	○ Yes ◉ No ○ Not Answered

Specify the mode of action for the active substance in this medicinal product
The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. Ivermectin is derived from the avermectins, that are isolated from fermentation of Streptomyces avermitilis. It binds selectively and with high affinity to glutamate-gated chloride ion channels which occur in invertebrate nerve and muscle cells. This leads to an increase in the
permeability of the cell membrane to chloride ions with hyperpolarization of the nerve or muscle cell, resulting
in paralysis and death of the parasite

Is it an IMP to be used in a first-in-human clinical trial?	○ Yes ◉ No ○ Not Answered

(1,2,3,4,5) Complete sections D.4, D.5, D.6. and D.7, as applicable
(2,3) As defined in Annex 1 part IV of Directive 2001/83/EC as amended
(4) As defined in Article 2(1)(b) of Regulation 1394/2007/EC
(6) Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

D8. Information on placebo *(if relevant; repeat as necessary)*

D8. Is there a placebo:

◯ Yes ◉ No ◯ Not Answered

D9. Sites responsible for final QP release for distribution to investigators.

D9-1. IMPs and placebos for which no responsible site needs to be identified.

This section is used to identify IMPs and placebos which:

- Have an MA in the EU **and**
- Are sourced from the EU market **and**
- Are used in the trial without modification (eg not overencapsulated) **and**
- The packaging and labeling is carried out for local use only as per article 9.2 of the Directive 2005/28/EC (GCP Directive).

If all the conditions above are met, then select below the IMPs and placebos to which this applies.

Finished IMP
PR3

Finished IMP
PR4

Finished IMP
PR5

Index of Sites where the qualified person certifies batch release

In accordance with paragraph 38 of Annex 13 of Volume 4 of the Rules Governing Medicinal Products in the European Union

D9-2. Who is responsible in the Community for the certification of the finished IMP or placebo?
This section is dedicated to finished IMPs, i.e. medicinal products randomised, packaged, labelled and certified for use in the clinical trial. If there is more than one site or more than one IMP is certified, use extra pages and give each IMP its number from section D1 or D7 In the case of multiple sites indicate the product certified by each site.

RS1

Importer

Name of the organisation:	Zentiva
Address	Zentiva Pharma Limited
Town/city	
Post code	
Country	United Kingdom

Give the manufacturing authorisation number
PL17780/0748

If no authorisation, give the reasons:

Select the relevant IMP(s) and Placebo(s) from the drop down lists.

IMP
PR1

RS3

Both

Name of the organisation:	FISHER CLINICAL SERVICES UK LIMITED
Address	LANGHURSTWOOD ROAD
Town/city	HORSHAM
Post code	RH12 4QD
Country	United Kingdom

Give the manufacturing authorisation number
MIA(IMP) Number: MIA(IMP) 18693

If no authorisation, give the reasons:

Select the relevant IMP(s) and Placebo(s) from the drop down lists.

IMP
PR1

IMP
PR3

IMP
PR4

IMP
PR5

RS4

Manufacturer

Name of the organisation:	Accord-UK Ltd
Address	Whiddon Valley, Barnstaple
Town/city	Devon
Post code	EX32 8NS
Country	United Kingdom

Give the manufacturing authorisation number
PL 0142/0918

If no authorisation, give the reasons:

Select the relevant IMP(s) and Placebo(s) from the drop down lists.

IMP
PR4

IMP
PR10

RS5

Both

Name of the organisation:	AstraZeneca UK Limited
Address	Horizon Place, 600 Capability Green
Town/city	Luton
Post code	LU1 3LU
Country	United Kingdom

Give the manufacturing authorisation number
PL 17901/0164

If no authorisation, give the reasons:

Select the relevant IMP(s) and Placebo(s) from the drop down lists.

IMP
PR5

RS12

Importer

Name of the organisation:	Vertical Pharma Resources Ltd (trading as IPS Pharma)
Address	41 Central Avenue, West Molesey
Town/city	Surrey
Post code	KT8 2QZ
Country	United Kingdom

Give the manufacturing authorisation number
Manufacturing licence number: MS32879, Authorisation number: WDA(H) 32879

If no authorisation, give the reasons:

Select the relevant IMP(s) and Placebo(s) from the drop down lists.

IMP
PR10

IMP
PR11

RS13

Manufacturer

Name of the organisation:	Cellvera Asia Limited
Address	14th Floor, One JLT, Jumeirah Lakes Towers
Town/city	Dubai, UAE
Post code	PO Box 103805
Country	

Give the manufacturing authorisation number
DCD/FMG/CR-292/2021-22

If no authorisation, give the reasons:

Select the relevant IMP(s) and Placebo(s) from the drop down lists.

IMP
PR11

RS14

Manufacturer

Name of the organisation:	Edenbridge Pharmaceuticals
Address	169 Lackawanna Avenue, Suite 110 Parsippany
Town/city	New Jersey, USA
Post code	07054
Country	

Give the manufacturing authorisation number

If no authorisation, give the reasons:
USA Manufacturer: ANDA 204154. The drug product is on the WHO Prequalification List (WHO Reference Number NT009)

Select the relevant IMP(s) and Placebo(s) from the drop down lists.

IMP
PR12

RS15

Importer

Name of the organisation:	Torbay Pharmaceuticals, Torbay and South Devon NHS Foundation Trust
Address	Wilkins Drive
Town/city	Paignton
Post code	TQ4 7FG
Country	

Give the manufacturing authorisation number

MIA(IMP) 13079

If no authorisation, give the reasons:

Select the relevant IMP(s) and Placebo(s) from the drop down lists.

IMP

PR12

E: Design of the Trial.

E.1 Medical Condition or Disease under Investigation

E1-1. Medical condition or disease under investigation (1)

Specify the medical condition(s) to be investigated (free text) :
Suspected COVID-19

Medical condition in easily understood language
Suspected COVID-19

Identify the therapeutic area

Diseases [C] - Virus Diseases [C02]

(1) In the case of healthy volunteer trials, the intended indication for the product under development should be provided.

E1-2. MedDRA information (2)

MR1

Version	21.1
Level	LLT
Classification Code	10053983
Term	Corona virus infection
SOC	10021881 - Infections and infestations

(2) Applicants are encouraged to provide the MedDRA lower level term (LLT) if applicable and classification code.

E1-3. Is any of the conditions being studied a rare disease? (3)

○ Yes ◉ No ○ Not Answered

(3) Refer to "Points to consider on the calculation and reporting of the prevalence of a condition for Orphan drug designation":

COM/436/01 (http://www.ema.europa.eu/docs/en_GB/document_library/Regulatory_and_procedural_guideline/2009/09/WC500003773.pd

E2. Objective of the trial

E2-1. What is the principal research question/objective? *Please put this in language comprehensible to a lay person.*

To assess the effectiveness of trial treatments in reducing time to recovery and hospitalisation and/or death for patients aged ≥18 years with confirmed COVID-19 infection during time of prevalent COVID-19 infections.

E2-2. What are the secondary research questions/objectives if applicable? *Please put this in language comprehensible to a lay person.*

To explore whether trial treatment reduces
1) Participant reported illness severity
2) Duration of severe symptoms and symptom recurrence
3) Contacts with the health services
4) Consumption of antibiotics
5) Hospital assessment not leading to admission
6) Oxygen administration
7) Intensive Care Unit admission
8) Mechanical ventilation
9) Duration of hospital admission
10) Negative effects on well being
11) New infections in household
12) To determine if effects are specific to those with a positive test for COVID-19

E2-3. Is there a sub-study?

○ Yes ◉ No ○ Not Answered

E3. Please list the principal inclusion criteria (list the most important, max 5000 characters).

Inclusion criteria

1. Participant or their legal representative, is willing and able to give informed consent for participation in the study, and is willing to comply with all trial procedures
2. A positive test for SARS-CoV-2 infection within the past 14 days (patient reported PCR test or lateral flow test result), with symptoms consistent with COVID-19*
3. Symptoms must have started within the past 14 days and be ongoing

AND

4. Participant is aged 18 or over

*These symptoms may include, but are not limited to: a high temperature; a new, continuous cough; loss or change to your sense of smell or taste; sore throat; shortness of breath; general feeling of being unwell; muscle pain; diarrhoea and vomiting.

Exclusion criteria

• Patient currently admitted in hospital
• Almost recovered (generally much improved and symptoms now mild or almost absent)
• Judgement of the recruiting clinician deems ineligible.
• Previous randomisation to an arm of the PRINCIPLE trial

Additional exclusions specific to each intervention arm are listed in the ISAs. For participation, participants must be eligible to be randomised to at least one intervention arm as well as the Usual Care arm.

E4. Please list the principal exclusion criteria (list the most important, max 5000 characters).

- Pregnancy
- Breastfeeding
- Known severe hepatic impairment
- Known severe renal impairment
- Known acute porphyrias
- Type 1 diabetes or insulin dependent Type 2 Diabetes mellitus
- Known G6PD deficiency
- Known myasthenia gravis
- Known severe Psoriasis
- Known severe neurological disorders (especially those with a history of epilepsy may lower seizure threshold)
- Previous adverse reaction to, or currently taking, hydroxychloroquine
- Known retinal disease
- Judgement of the recruiting clinician deems ineligibile

E5-1. What is the primary outcome measure for the study?(max 5000 characters)

1) Time to self-reported recovery, defined as the first instance that a participant reports feeling recovered from possible COVID-19, and
2) Hospitalisation and/or death due to confirmed SARS-CoV-2 infection

Timepoint(s) of evaluation of this end point (max 800 characters)
Within 28 days.

The protocol will usually identify a single primary end point but there may be a co-primary end point in some cases and/or a number of secondary end points.

E5-2. Secondary end point(s) (max 5000 characters)

To explore whether trial treatment reduces the following:

1. Duration of severe symptoms
2. Time taken to resumption of usual daily activities

Measured by daily online symptoms score and the day the patient reports they returned to usual activities.

3. Contacts with health services

Reported by patients and captured by reports of patients‘ medical records where the practice is a member of RSC.

4. Consumption of antibiotics

Measured using bi-weekly reports from participants primary care medical records.

5. Hospital assessment not leading to admission
6. Oxygen administration
7. Intensive Care Unit admission
8. Mechanical ventilation

All measured using patient report/carer report/medical record in primary care and hospital care. HES/ONS data linkage after 28 days where patients have been assessed in hospital.

9. To determine if effects are specific to those with the infections syndrome but who test positive for COVID-19.

Swab results for COVID-19 will indicate an “Intention to Treat Infected” group within the overall cohort for sub analysis (Swab result available once processed from GP record and from PHE laboratory).

10. Duration of hospital admission
Measured using patient report/carer report/medical record in primary care and hospital care. HES/ONS data linkage after 28 days where patients have been assessed in hospital.

Timepoint(s) of evaluation of this end point (max 800 characters)
Within 28 days

E6. What is the scope of the trial?

Diagnosis	○ Yes	◉ No	○ Not Answered
Prophylaxis	○ Yes	◉ No	○ Not Answered
Therapy	◉ Yes	○ No	○ Not Answered
Safety	○ Yes	◉ No	○ Not Answered
Efficacy	○ Yes	◉ No	○ Not Answered
Pharmacokinetic	○ Yes	◉ No	○ Not Answered
Pharmacodynamic	○ Yes	◉ No	○ Not Answered
Bioequivalence	○ Yes	◉ No	○ Not Answered
Dose Response	○ Yes	◉ No	○ Not Answered
Pharmacogenetic	○ Yes	◉ No	○ Not Answered
Pharmacogenomic	○ Yes	◉ No	○ Not Answered
Pharmacoeconomic	○ Yes	◉ No	○ Not Answered
Others	○ Yes	◉ No	○ Not Answered

Specify:

E7-1. Trial type and phase [(1)]

Human pharmacology (Phase I)	○ Yes	◉ No	○ Not Answered
Therapeutic exploratory (Phase II)	○ Yes	◉ No	○ Not Answered
Therapeutic confirmatory (Phase III)	◉ Yes	○ No	○ Not Answered
Therapeutic use (Phase IV)	○ Yes	◉ No	○ Not Answered

(1) The descriptions of the trial types provided are those recommended in preference to Phases. See page 5 of Community guideline CPMP/ICH/291/95. The development of a new indication after initial approval of a medicine should be considered as a new development plan.

E8. Design of the Trial.

E8-1. Is the trial design controlled?

◉ Yes ○ No ○ Not Answered

Specify:

Randomised	◉ Yes	○ No	○ Not Answered
Open	◉ Yes	○ No	○ Not Answered

Single blind	○ Yes	◉ No	○ Not Answered
Double blind	○ Yes	◉ No	○ Not Answered
Parallel group	○ Yes	◉ No	○ Not Answered
Cross over	○ Yes	◉ No	○ Not Answered
Other	○ Yes	◉ No	○ Not Answered

E8-2. If controlled, specify the comparator:

Other medicinal product(s)	○ Yes	◉ No	○ Not Answered
Placebo	○ Yes	◉ No	○ Not Answered
Other	◉ Yes	○ No	○ Not Answered

Specify the comparator
Usual Care

Number of treatment arms in the trial
2

E8-3. Single site in the Member State concerned (see also section G):

○ Yes ◉ No ○ Not Answered

E8-4. Multiple sites in the Member State concerned (see also section G):

◉ Yes ○ No ○ Not Answered

Number of sites anticipated in Member State concerned
300

E8-5. Multiple Member States

○ Yes ◉ No ○ Not Answered

Number of sites anticipated in the Community.

E8-6. Trial being conducted both within and outside the EEA

○ Yes ◉ No ○ Not Answered

Trial conducted completely outside EEA

○ Yes ◉ No ○ Not Answered

E8-7. Will a data monitoring committee (DMC) be convened?

◉ Yes ○ No ○ Not Answered

E8-8.

Definition of the end of trial, and justification in the case where it is not the last visit of the last subject undergoing the trial.
If it is the last visit of the last subject, please enter "LVLS". If it is not LVLS provide the definition.
Last data capture of last participant, when no further suitable interventions are available and/or COVID 19 is no longer prevalent.

E8-9. How long do you expect the study to last? (1)

In all countries concerned by the trial
Years: 2 Months: 0 Days: 1

In the MS concerned
Years: 2 Months: 0 Days: 1

(1) From the first inclusion until the last visit of the last subject.

E8-10. Recruitment start date

Recruitment start date in MS
25/03/2020
In any country
25/03/2020

(1) If not provided in the protocol.

F: Population of Trial Subjects

F1. What is the age span of the trial subjects?

Less than 18 years	○ Yes ◉ No ○ Not Answered	Approx no of participants: 0
Adult (18-64 years)	◉ Yes ○ No ○ Not Answered	Approx no of participants: 500
Elderly (geater than 65 years)	◉ Yes ○ No ○ Not Answered	Approx no of participants: 2500

The number of participants will be initial estimates. Applicants will not be required to update this information nor do they constitute an authorisation or restriction on the inclusion of these numbers of patients in the trial.

F2. What is the gender of the trial subjects?

Female	◉ Yes ○ No ○ Not Answered
Male	◉ Yes ○ No ○ Not Answered

F3. Please select the categories of the trial subjects:

Healthy volunteers	○ Yes ◉ No ○ Not Answered
Patients	◉ Yes ○ No ○ Not Answered
Specific vulnerable populations	○ Yes ◉ No ○ Not Answered

F4. Planned number of subjects to be included:

In the member state 7000

For a multinational trial:

In the European community: 3000

In the whole clinical trial: 7000

F5. Plans for treatment or care after a subject has ended his/her participation in the trial. ***If it is different from the expected normal treatment, please specify:***

This is a 7 day treatment in the first instance, therefore there will be no provision of the IMP beyond the trial period.

G1. and G2. Investigator Details

G1. National coordinating investigator (for a multicentre trial) **or principal investigator** (for a single centre trial)

- (●) National coordinating investigator
- ( ) Principal investigator

Given name	Christopher
Family name	Butler
Qualification (MD...)	Professor
Institution name	University of Oxford
Institution department name	Department of Primary Care Health Sciences
Street address	Radcliffe Observatory Quarter, Woodstock Road
Town/city	Oxford
Post Code	OX2 6GG
Country	United Kingdom
Telephone	0000
Fax	0000
E-mail	christopher.butler@phc.ox.ac.uk

G2. Other principal Investigators *(for a multicentre trial)*

IN1

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	NIHR CRN: Thames Valley and South Midlands
Institution department name	
Street address	
Town/city	
Post Code	OX3 9DU
Country	United Kingdom
Telephone	01865 289363
Fax	
E-mail	chris.butler@phc.ox.ac.uk

IN2

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	NIHR CRN:North East and North Cumbria
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
Telephone	0191 2823845

Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN3

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	NIHR CRN:North West Coast
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
Telephone	
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN4

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	NIHR CRN:Yorkshire and Humber
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
Telephone	0113 206 0441
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN5

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	NIHR CRN:Greater Manchester
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
Telephone	0161 701 5600
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN6

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH

Institution name	NIHR CRN:East Midlands
Institution department name	
Street address	
Town/city	
Post Code	
Country	
Telephone	0116 258 6185
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN7

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	NIHR CRN:West Midlands
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
Telephone	0121 371 8558
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN8

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	NIHR CRN:West of England
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
Telephone	0117 342 1375
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN9

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	NIHR CRN:Eastern
Institution department name	
Street address	
Town/city	
Post Code	
Country	

Telephone	01603 287490
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN10

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	NIHR CRN:Kent, Surrey and Sussex
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
Telephone	0300 303 3840
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN11

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	Wessex
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
Telephone	01489 771110
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN12

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	South West Peninsula
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
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Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN13

Given name	Christopher
Family name	Butler

Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	North Thames
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
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IN14

Given name	Christopher
Family name	Bulter
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	South London
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
Telephone	020 7188 0494
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

IN15

Given name	Christopher
Family name	Butler
Qualification (MD...)	MBChB, Dip Child Health, MRCGP, MD, FRCGP, HonFFPH
Institution name	North West London
Institution department name	
Street address	
Town/city	
Post Code	
Country	United Kingdom
Telephone	020 3313 411
Fax	
E-mail	christopher.butler@phc.ox.ac.uk

For multi-centre trials where the CI is also a local PI, please list the CI as a PI at G2 (single-centre).

G3. Central Technical Facility Details

G3. Central technical facilities to be used in the conduct of the trial. *Laboratory or other technical facility, in which the measurement or assessment of the main evaluation criteria are centralised.*

Organisation

Central technical facility organisation name	Public Health England
Central technical facility organisation department	Respiratory Virus Unit (RVU)
Contact person Given name	Anna
Contact person Family name	Garrido
Street address	61 Colindale Avenue
Town/city	London
Post code	NW9 5EQ
Country	United Kingdom
Work Telephone	+44 (0) 20 8327 6155
Fax	
E-mail	anna.garrido@phe.gov.uk

Enter the details of any duties subcontracted to this central technical facility in this trial:

Routine clinical pathology testing	(•) Yes ( ) No ( ) Not Answered
Clinical chemistry	( ) Yes (•) No ( ) Not Answered
Clinical haematology	( ) Yes (•) No ( ) Not Answered
Clinical microbiology	( ) Yes (•) No ( ) Not Answered
Histopathology	( ) Yes (•) No ( ) Not Answered
Serology / endocrinology	( ) Yes (•) No ( ) Not Answered
Analytical chemistry	( ) Yes (•) No ( ) Not Answered
ECG analysis / review	( ) Yes (•) No ( ) Not Answered
Medical image analysis/ review - X-ray, MRI, ultrasound, etc.	( ) Yes (•) No ( ) Not Answered
Primary/ surrogate endpoint test	( ) Yes (•) No ( ) Not Answered
Other	( ) Yes (•) No ( ) Not Answered

Network organisation details

G4. Network organisation details

Organisation	Thames Valley and South Midlands Clinical Research Network
Contact person Given name	Vicki
Contact person Middle name	
Contact person Family name	Clatworthy
Street address	TVCN Offices Block-8 Nuffield Orthopaedic Centre, Windmill Road, Headington
Town/city	Oxford
PostCode	OX3 7HE
Country	
Telephone number	07900 407260
Fax number	
E-mail	vicki.clatworthy@oxfordhealth.nhs.uk

Activities carried out by the network

G5. Organisations to whom the sponsor has transferred trial related duties and functions

G5. Subcontractor organisations.
Enter details of central CRO facilities supplying services for at least this Member State.

Organisation
Department
Contact person Given name
Contact person Family name
Street address
Town/city
PostCode
Country
Telephone number
Fax
E-mail

Enter the details of any duties/ functions subcontracted to this sponsor's subcontractor facility in this trial

All tasks of the sponsor:	○ Yes	◉ No	○ Not Answered
Monitoring:	○ Yes	◉ No	○ Not Answered
Regulatory (e.g. preparation of applications to CA and Ethics Committee):	○ Yes	◉ No	○ Not Answered
Investigator recruitment:	○ Yes	◉ No	○ Not Answered
IVRS(1) - treatment randomisation:	○ Yes	◉ No	○ Not Answered
Data management:	○ Yes	◉ No	○ Not Answered
E-data capture:	○ Yes	◉ No	○ Not Answered
SUSAR reporting:	○ Yes	◉ No	○ Not Answered
Quality assurance auditing:	○ Yes	◉ No	○ Not Answered
Statistical analysis:	○ Yes	◉ No	○ Not Answered
Medical writing:	○ Yes	◉ No	○ Not Answered
Other duties subcontracted:	○ Yes	◉ No	○ Not Answered

H: Ethics Committee

H1-1. Type of application
Please tick the Ethics Committee box and give information of the Ethics committee concerned.

Ethics committee ☑

H2-1. Limited Name and address of ethics committee:

Organisation	South Central - Berkshire
Work Address	To Follow
PostCode	To Follow
Country	United Kingdom
Fax	To Follow

H2-2. Date of submission:

23/03/2020

H2-3. Current status of Ethics Committee Opinion at the time of submission to the National Competent Authority:

○ To be requested ◉ Pending ○ Given

I: Signature Of The Applicant In The Member State

I1. I hereby confirm that /confirm on behalf of the sponsor (tick which is applicable) that:

☐ The information provided is complete;

☐ The attached documents contain an accurate account of the information available;

☐ the clinical trial will be conducted in accordance with the protocol;

☐ The clinical trial will be conducted, and SUSARs and result-related information will be reported, in accordance with the applicable legislation.

I2. Applicant of the request for the competent authority (as stated in section C.1):

Date .....

Signature .....

Print name .....

J: Checklist

J3. ***For details of the documents required for applications to the MHRA in the UK please see*** ***http://www.mhra.gov.uk/Howweregulate/Medicines/Licensingofmedicines/Clinicaltrials/Applyingforaclinicaltrialauthorisation/Whattosend/index.htm***