

PHARMACY AND POISONS ORDINANCE (CHAPTER 138)

APPLICATION FOR CERTIFICATE FOR CLINICAL TRIAL/MEDICINAL TEST

(This form is used for application for a clinical trial submitted under the Listed Scheme)

PART A: STUDY INFORMATION				
A1.	Protocol title		Protocol no.	
			Protocol date	
A2.	Name of applicant			
A3.	Business address of applicant		Tel. no.	
			Fax no.	
A4.	Name of principal investigator			
A5.	Name and address of institution conducting the study			
A6.	Is this a study in which a certificate was issued previously and will soon expire? <input type="checkbox"/> Yes (CTC no. _____ and valid until _____) <input type="checkbox"/> No			

PART B: STUDY DESCRIPTION		
B1.	The study is	<input type="checkbox"/> single centre <input type="checkbox"/> multi-centre
B2.	No. of study centres in Hong Kong	Total no. of centres _____ Centre name(s) _____
B3.	Study centres outside Hong Kong (if any)	No. of centres in each country (e.g. Mainland China – 2 centres, Singapore – 2 centres) _____
B4.	Sponsor of the study	Name of sponsor: _____ Address of sponsor: _____ <i>(Remarks: As this study is initiated and conducted by a sponsor-investigator, the sponsor should be the same person as the applicant)</i>
B5.	Recruitment size	Planned no. of subjects in Hong Kong _____ Total planned no. of subjects world-wide _____
B6.	Study period	Planned start date _____ and planned end date _____
B7.	The study is	<input type="checkbox"/> phase I (first-in-man? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> phase II <input type="checkbox"/> phase III <input type="checkbox"/> phase IV Describe if necessary: _____
B8.	The study is	<input type="checkbox"/> open label <input type="checkbox"/> single blind <input type="checkbox"/> double blind <input type="checkbox"/> other (please specify) _____)
B9.	The study is	<input type="checkbox"/> non-randomized <input type="checkbox"/> randomized
B10.	Therapeutic area	(e.g. Oncology, Endocrinology)
B11.	Disease/Disease type	(e.g. Nasopharyngeal cancer, Diabetes mellitus)

PART C: STUDY DRUG		
C1.	Study drug to be investigated	
C2.	The study involves concurrent use of	<input type="checkbox"/> placebo <input type="checkbox"/> comparator drug <input type="checkbox"/> concomitant drug <input type="checkbox"/> none of the above
C3.	Comparator drug/ placebo used (if any)	
C4.	Concomitant drug used (if any)	

PART D: DECLARATION OF THE APPLICANT	
I/We hereby declare that, if the application is approved:	
D1.	Agree to submit local drug related safety reports, yearly progress reports and final study report of the study as stated in “Notice of requirement on reporting of local drug related safety report, progress report and final study report in clinical trial”.
D2.	This study will be conducted in accordance with the principles established in Good Clinical Practice.
D3.	The information given in this application is true and correct.
D4.	By submitting this application, consent is given to the Pharmacy & Poisons Board of Hong Kong to arrange any information provided in this application to be displayed on the website of the Board.

Signature

Company stamp (if the applicant is a company)

Signatory's name in block letters

Date (DD/MM/YY)

PART E: FOR OFFICE USE ONLY	
Date Received	Fee Paid

Checklist for Clinical Trial Application Submitted under the Listed Scheme*For all studies:*

	Yes	No
1. A completed application form and this checklist.	<input type="checkbox"/>	<input type="checkbox"/>
2. A cover letter listing all the submitted documents.	<input type="checkbox"/>	<input type="checkbox"/>
3. A completed clinical trial risk assessment form.	<input type="checkbox"/>	<input type="checkbox"/>
4. Documentary evidence that the clinical trial has been approved by the Ethics Committee of the institution in which it is to be conducted (this may be submitted when available at a later date).	<input type="checkbox"/>	<input type="checkbox"/>
5. The proposed patient information and patient consent form, in both English and Chinese, or in Chinese only.	<input type="checkbox"/>	<input type="checkbox"/>
6. A copy of the proposed protocol.	<input type="checkbox"/>	<input type="checkbox"/>
7. Application fee (HK\$1,420)	<input type="checkbox"/>	<input type="checkbox"/>

For studies in which a certificate was issued previously and will expire, the following additional documents:

8. A copy of the previous certificate.	<input type="checkbox"/>	<input type="checkbox"/>
9. Clinical trial progress report(s) (if not available, please provide justification; if the trial has not been started, please also provide justification).	<input type="checkbox"/>	<input type="checkbox"/>

Risk Assessment Form for Clinical Trial Submitted under the Listed Scheme			
PART A: DRUG INFORMATION			
		Trial drug 1	Trial drug 2 (this column is used only when >1 trial drug; additional columns may be used if applicable)
A1.	Name of trial drug		
A2.	Is the trial drug registered in Hong Kong?	<input type="checkbox"/> Yes (registration no: HK-_____) <input type="checkbox"/> No	<input type="checkbox"/> Yes (registration no: HK-_____) <input type="checkbox"/> No
A3.	Approved indication, dosage and route of administration	Indication:	Indication:
		Dosage:	Dosage:
		Route of administration:	Route of administration:
PART B: TRIAL INFORMATION			
B1.	Protocol title and no.:		
B2.	Is the trial initiated and conducted by a sponsor-investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No (the Listed Scheme is <u>not applicable</u> ; please submit under the Standard Scheme)	
B3.	Targeted disease or condition:		
B4.	Trial regimen, including dosage and route of administration:		

PART C: RATIONALE FOR SUBMITTING THE TRIAL UNDER THE LISTED SCHEME

Please tick one of the following rationales and provide explanation of the risk assessment:

- C1. ☐ The trial is a Type A* because the trial drug is registered in Hong Kong and used in accordance with the approved indication, dosage and form (see 2.3.1.1 of the guidance notes).
Local package insert or other reputable drug references, e.g. Martindale, should be provided as supporting evidence.
- C2. ☐ The trial is a Type A* because the trial drug is registered in Hong Kong. Although it is not used in accordance with the approved indication, dosage and form, the use in the trial is an established practice (see 2.3.1.1 of the guidance notes).
Published evidence such as reputable clinical guidelines or institutional guidelines should be provided as supporting evidence.
- C3. ☐ The trial is a Type B**. However, there is extensive clinical experience with the trial drug and no reason to suspect a different safety profile in the trial population, Therefore, a grading of Type A is justified (see 2.3.2.1 of the guidance notes).
Other documents, when applicable, should be provided to support the risk assessment.

If the trial is submitted under the Listed Scheme with the following rationales, i.e. C4 and C5, it needs to be considered by the Pharmacy and Poisons (Registration of Pharmaceutical Products and Substances: Certification of Clinical Trial/Medicinal Test) Committee of the Pharmacy and Poisons Board of Hong Kong. The final decision on whether the trial can be proceeded under the Listed Scheme will be made by the committee.

- C4. ☐ The trial is a Type B**. There is no extensive clinical experience with the trial drug. However, the sponsor-investigator is of the view that submission under the Listed Scheme is felt to be justified (see 2.3.2.2 of the guidance notes).
Other documents, when applicable, should be provided to support the risk assessment.
- C5. ☐ The trial is a Type B**. Although the trial drug is not registered in Hong Kong, there is extensive class data or pre-clinical and clinical evidence of the drug (see 2.3.2.3 of the guidance notes).
Other documents, when applicable, should be provided to support the risk assessment.

Explanation of the risk assessment:

Remarks: * Type A trial has risk no higher than the risk of standard medical care.
 ** Type B trial has risk somewhat higher than the risk of standard medical care.