

New Application

- I. Certificate Application**
 - i. Certificate Search**
 - ii. Create, Preview and Submit New Application**
 - iii. Delete a Saved Draft**
 - iv. Application Status**
- II. Payment**
- III. Certificate Download / Printing**

3. New Application

I. Certificate Application

i. Certificate Search

In order to search specific record, user can select menu "CTC" → "CTC Search" or redirect from Dash Board and then:

1. Select Prepared by and/or
2. Input Protocol Title and/or
3. Input Protocol Number and/or
4. Input Ref No. (support partial match) and/or
5. Select Application Type and/or
6. Select CTC Type and/or
7. Select Status and/or
8. Select Application date range

Drug Office
Department of Health
The Government of the Hong Kong Special Administrative Region

Dash Board | CTC | Profile | 中 | Logout

Logon as: TEST HONG KONG LTD (Doctor Two)
Date: 22.06.2022 16:57:52

CTC Search

Prepared by: [dropdown]
 Protocol Title: [text input]
 Protocol Number: [text input]
 Ref No.: [text input]
 Application Type: [dropdown]
 CTC Type: [dropdown]
 Status: All Draft DH replied Follow up (DH replied) Completed draft Pending Payment DH Pending Approved
 Rejected Expired
 Application date: (dd.mm.yyyy) [text input] to [text input]

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Ref No.	CTC No	Type	Application date (dd.mm.yyyy)	CTC Type	Protocol Title	Protocol Number	Prepared by	Status	Status update date (dd.mm.yyyy)	Action
PR/CT00254/2022	0051	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	
AMD202250234	0050	Amendment	30.05.2022	Standard	Title	Test123	Doctor Two		30.05.2022	
AMD202250232	0050	Amendment	30.05.2022	Standard	Title	Test123	Doctor Two	Pending DH	30.05.2022	
PR/CT00253/2022	0050	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	

9. Click "Search" button, result will be displayed in the result table

Status: All Draft DH replied Follow up (DH replied) Completed draft Pending Payment DH Pending Approved
 Rejected Expired
 Application date: (dd.mm.yyyy) [text input] to [text input]

Page 2 / 2

Ref No.	CTC No	Type	Application date (dd.mm.yyyy)	CTC Type	Protocol Title	Protocol Number	Prepared by	Status	Status update date (dd.mm.yyyy)	Action
PR/CT00254/2022	0051	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	
AMD202250234	0050	Amendment	30.05.2022	Standard	Title	Test123	Doctor Two		30.05.2022	
AMD202250232	0050	Amendment	30.05.2022	Standard	Title	Test123	Doctor Two	Pending DH	30.05.2022	
PR/CT00253/2022	0050	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	

10. Click link on related Ref No. to view / edit the certificate application

► Status: All Draft DH replied Follow up (DH replied) Completed draft Pending Payment DH Pending Approved
 Rejected Expired

► Application date: (dd.mm.yyyy) to

Page 2 / 2

Ref No.	CTC No	Type	Application date (dd.mm.yyyy)	CTC Type	Protocol Title	Protocol Number	Prepared by	Status	Status update date (dd.mm.yyyy)	Action
PR/CT00254/2022	0051	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	
AMD202250234	0050	Amendment	30.05.2022	Standard	Title	Test123	Doctor Two		30.05.2022	
AMD202250232	0050	Amendment	30.05.2022	Standard	Title	Test123	Doctor Two	Pending DH	30.05.2022	
PR/CT00253/2022	0050	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	

ii. Create, Preview and Submit New Application

A. Standard Scheme

1. Go to menu “CTC” → “CTC Application”
2. Select “Standard Scheme” as the CTC Type and click “Continue”

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The Government of the Hong Kong Special Administrative Region

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Logon as: TEST HONG KONG LTD (Doctor Two)
Date: 23.06.2022 11:52:18

CTC Application - Select

1. Select >>> 2. New >>> 3. Preview >>> 4. Submit

Select CTC Type:

Standard Scheme

Listed Scheme

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3. Select the type of study in Section I of the application form

CTC - New

Logon as: TEST HONG KONG LTD (Doctor Two)
Date: 23.06.2022 11:52:18

1. Select >>> 2. New >>> 3. Preview >>> 4. Submit

Section I - Type of Study

Please tick one of the following:*

This is an application for a clinical trial submitted under the Standard Scheme.

This is an application for a medicinal test.

*Mandatory ^Need original copy

4. Fill-in Section II of the application form

Section II - Study Information

1. Protocol Title*	<input type="text"/>		
2. Protocol No.*	<input type="text"/>		
3. Name of Applicant*	TEST HONG KONG LTD		
4. Business Address of Applicant*	SHOP 2, G/F, QUEEN ST, SHEUNG WAN		
Contact Person*	<input type="text"/>		
5. Tel. No.*	<input type="text"/>	Fax No.*	<input type="text"/>
Email*	ctc.system.user9@gmail.com		
6. Name of Principal Investigator*	<input type="text"/>	Medical Council Registration Number*	<input type="text"/>
7. Name of Institution Conducting the Study*	4 <input type="text"/>		
Address of Institution Conducting the Study*	<input type="text"/>		
8. Is this a study in which a certificate was issued previously and will soon expire?*	<input type="radio"/> Yes (CTC No. <input type="text"/> and valid until <input type="text"/>) <input type="radio"/> No		
9. Is this study also the subject of an application for approval by National Medical Products Administration (NMPA)?*	<input type="radio"/> Yes (if available, the acceptance number of Drug Clinical Trial Approval Document (藥物臨床試驗通知書) <input type="text"/> and date of approval <input type="text"/>) <input type="radio"/> No		

Remarks:

- Name of Applicant and Business Address of Applicant will be filled-in automatically by the system and cannot be revised
- Address of Institution Conducting the Study will be filled-in automatically after selecting the Name of Institution Conducting the Study

5. Fill-in Section III of the application form

Section III - Study Description

1. Single Centre Multi-Centre

2. Phase I (First in Human: Yes No)
 Phase II Phase III Phase IV
Remark

3. Open Label Single Blind Double Blind
Describe if necessary

4. Non-Randomized Randomized

5. Total Number of Centres in Hong Kong*
Name of Other Participating Centre(s)

6. Total Number of Centre outside Hong Kong (if any)
Other Participating Region(s) (e.g. USA, China etc.)

7. Sponsor of the Study*
 The sponsor is a pharmaceutical company or research organization / institution
Name of Sponsor
Address of Sponsor
5
 The sponsor is initiated and conducted by a sponsor-investigator
Name of Sponsor
Address of Sponsor
(Remarks: As this study is initiated and conducted and conducted by a sponsor-investigator, the sponsor should be the same person as the applicant)

8. Recruitment Size
Planned Number of Subjects in Hong Kong*
Total Planned Number of Subjects World-wide*

9. Study Period*
Planned start date and planned end date

10. Therapeutic Area (e.g. Oncology, Endocrinology)*

11. Disease / Disease Type (e.g. Breast Cancer)*

6. Fill-in Section IV of the application form, select if Advanced Therapy Products (ATP) is/are involved in the study
7. Select applicable type of study drug(s) and fill-in the drug name, dosage form, strength and source of supply as applicable (Note: Please only provide name and address of final product manufacturer(s))

Section IV - Study Drug

Advanced Therapy Products (ATP) Yes No

The clinical trial will involve

Investigational Drug(s) Placebo Comparator Drug(s) Concomitant Drug(s)

1. Investigational Drug Name

Dosage Form

Strength ?

Supply

1. Placebo Drug

Dosage Form

Supply

1. Comparator Drug Name

Dosage Form

Strength ?

Supply

1. Concomitant Drug Name

Dosage Form

Strength ?

Supply

6 - 7

8. Upload related Supporting Document(s), fill-in File Name, Version and Date
(Multiple upload is supported if needed)

Supporting Document(s)				
No.	Document Description	File Name	Version / Date	Action
1 *	Cover letter		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/>
2 *	Letter from the principal investigator confirming his involvement in the clinical trial or medicinal test		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
3 *	Curriculum Vitae of the principal investigator		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
4	Documentary evidence that the clinical trial has been approved by the Ethics Committee of the institution in which it is to be conducted		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
5 *	Proposed patient information and patient consent form	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
6 #	Tracked change of patient information and patient consent form			
7 *	Copy of the proposed protocol		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
8 #	Summary of changes of protocol			
9 *	Information of the drug (e.g. investigator's brochure, package insert, other information if applicable, etc.)	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
10 #	Summary of changes of investigator's brochure			
11 *	Sample certificate of analysis of the drug and/ or placebo	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
12 *	Evidence that the drug and/ or placebo are manufactured in accordance with Good Manufacturing Practices (GMP)	<input type="text"/>	<input type="text"/> / <input type="text"/> ?	<input type="button" value="Upload"/> <input type="button" value="Add"/>
13	Copy of the previous certificate		<input type="text"/> / <input type="text"/> ?	<input type="button" value="Upload"/>
14	Clinical trial progress report		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/>
15	Drug clinical trial approval document (藥物臨床試驗通知書) issued by NMPA	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
16	Copy of the protocol submitted to NMPA		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
17 #	Cover letter issued by original certificate holder			
18 #	Letter issued by new certificate holder confirming acceptance of the CTC			
19 #	Copy of Wholesale Dealer Licence of the new certificate holder			
20 #	Copy of Wholesale Dealer Licence with new address			
21 #	Safety update documents			
22	Others	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>

#Documents relevant to amendment submission only

9. Put a tick in the declaration boxes

9

Section V - Declaration of 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.

10B **10A** **10C**

Save as draft Preview Cancel

10. A) After all information is filled, user can click “Preview” button to view the filled details in the Preview page.

i Back Submit **ii**

- i) Click “Back” button to re-edit the form or
- ii) Click “Submit” button to submit the new application to DHDO
 - Click “Choose E-cert” button,
 - Select the corresponding E-cert,
 - Input the corresponding Passphrase of the login user account and
 - Click “Submit” button to submit the new application to DHDO

Verify user information	
e-Cert:	<input type="text"/> Choose e-Cert
Passphrase:	<input type="text"/>
Submit Cancel	

- The successful message of the application will be shown.

Link for another application

CTC No.: CTSCR303/2022 is submitted successfully, please wait for DH approval , click **here** for another application.

- B) Or click “Save as draft” button for future editing.
- The successful message will be shown.

Saved as draft. (Ref No.: TS03975)

- C) Or click “Cancel” button to leave the form and back to search page.

B. Listed Scheme

1. Go to menu “CTC” → “CTC Application”
2. Select “Listed Scheme” as the CTC Type and click “Continue”

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The Government of the Hong Kong Special Administrative Region

Dash Board | CTC | Profile | 中 | Logout

CTC Application - Select

Logon as: TEST HONG KONG LTD (Doctor Two)
Date: 23.06.2022 14:02:07

1. Select >>> 2. New >>> 3. Preview >>> 4. Submit

Select CTC Type:

Standard Scheme

Listed Scheme

2

Continue Cancel

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3. Fill-in Part A of the Risk Assessment Form

CTC - New

Logon as: TEST HONG KONG LTD (Doctor Two)
Date: 23.06.2022 14:02:07

1. Select >>> 2. New >>> 3. Preview >>> 4. Submit

Mandatory ^ Need original copy

Risk Assessment Form for Clinical Trial Submitted under the Listed Scheme

Part A: Drug Information

1. Name of trial drug

Is the trial drug registered in Hong Kong?

Yes(registration no: HK-)

No

3

Approved indication, dosage and route of administration

Indication

Dosage

Route of administration

Add trial drug

Remarks: Applicant can add trial drug(s) if needed.

4. Fill-in Part B of the Risk Assessment Form

Part B: Trial Information

1. Protocol no.*

Protocol title*

2. Is the trial initiated and conducted by a sponsor-investigator?* Yes **4**
 No (the Listed Scheme is not applicable; please submit under the Standard Scheme)

3. Targeted disease or condition*

4. Trial regimen, including dosage and route of administration*

5. Select the Rationale for Submitting the Trial under the Listed Scheme

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 4.1.1 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 4.1.1 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 4.2.1 of the guidance notes).
Other documents, when applicable, should be provided to support the risk assessment.

5

If the trial is submitted under the Listed Scheme with the following rationale, 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 4.2.2 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 evidence of the drug (see 4.2.3 of the guidance notes).
Other documents, when applicable, should be provided to support the risk assessment.

6. Fill-in Part D of the Risk Assessment Form

Part D: Explanation of the risk assessment*

6

7. Fill-in Section I of the application form

Section I - Study Information

1. Protocol Title*
2. Protocol No.*
3. Name of Applicant* TEST HONG KONG LTD
4. Business Address of Applicant* SHOP 2, G/F, QUEEN ST, SHEUNG WAN
- Contact Person*
5. Tel. No.* Fax No.*
- Email* ctc.system.user9@gmail.com
6. Name of Principal Investigator* Medical Council Registration Number*
7. Name of Institution Conducting the Study*
- Address of Institution Conducting the Study*
8. Is this a study in which a certificate was issued previously and will soon expire?*

Yes (CTC No. and valid until)

No

Remarks:

- Name of Applicant and Business Address of Applicant will be filled-in automatically by the system and cannot be revised
- Address of Institution Conducting the Study will be filled-in automatically after selecting the Name of Institution Conducting the Study

8. Fill-in Section II of the application form

Section II - Study Description

1. Single Centre Multi-Centre
2. Phase I (First in Human: Yes No)
 Phase II Phase III Phase IV
Remark
3. Open Label Single Blind Double Blind
Describe if necessary
4. Non-Randomized Randomized
5. Total Number of Centres in Hong Kong*
Name of Other Participating Centre(s)
6. Total Number of Centre outside Hong Kong (if any)
Other Participating Region(s) (e.g. USA, China etc.)
7. Sponsor of the Study*
Name of Sponsor
Address of Sponsor
(Remarks: As this study is initiated and conducted and conducted by a sponsor-investigator, the sponsor should be the same person as the applicant)
8. Recruitment Size
Planned Number of Subjects in Hong Kong*
Total Planned Number of Subjects World-wide*
9. Study Period*
Planned start date and planned end date
10. Therapeutic Area (e.g. Oncology, Endocrinology)*
11. Disease / Disease Type (e.g. Breast Cancer)*

9. Fill-in Section III of the application form, select if Advanced Therapy Products (ATP) is/are involved in the study
10. Select applicable type of study drug(s) and fill-in the drug name, dosage form, strength and source of supply as applicable (Note: Please only provide name and address of final product manufacturer(s))

Section III - Study Drug

Advanced Therapy Products (ATP) Yes No

The clinical trial will involve

Investigational Drug(s)
 Placebo
 Comparator Drug(s)
 Concomitant Drug(s)

1. Investigational Drug Name

Dosage Form

Strength ?

Supply

1. Placebo Drug

Dosage Form

Supply

1. Comparator Drug Name

Dosage Form

Strength ?

Supply

1. Concomitant Drug Name

Dosage Form

Strength ?

Supply

9 - 10

11. Upload related Supporting Document(s), fill-in File Name, Version and Date (Multiple upload is supported if needed)

No.	Document Description	File Name	Version / Date	Action
1*	Cover letter		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/>
2	Documentary evidence that the clinical trial has been approved by the Ethics Committee of the institution in which it is to be conducted		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
3*	Proposed patient information and patient consent form	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
4*	Tracked change of patient information and patient consent form			
5*	Copy of the proposed protocol		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>
6*	Summary of changes of protocol			
7	Copy of the previous certificate		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/>
8	Clinical trial progress report		<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/>
9*	Cover letter issued by original certificate holder			
10*	Letter issued by new certificate holder confirming acceptance of the CTC			
11	Others	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="button" value="Upload"/> <input type="button" value="Add"/>

* Documents relevant to amendment submission only

12. Put a tick in the declaration boxes

Section V - Declaration of 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.

12

13B **13A** **13C**

13. A) After all information is filled, user can click "Preview" button to view the filled details in the Preview page.

i **ii**

- i) Click "Back" button to re-edit the form or
- ii) Click "Submit" button to submit the new application to DHDO
 - Click "Choose E-cert" button,
 - Select the corresponding E-cert,
 - Input the corresponding Passphrase of the login user account and

- Click “Submit” button to submit the new application to DHDO

Verify user information	
e-Cert:	<input type="text"/> <input type="button" value="Choose e-Cert"/>
Passphrase:	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

- The successful message of the application will be shown.

Link for another application

CTC No.: CTSCR303/2022 is submitted successfully, please wait for DH approval , click [here](#) for another application.

B) Or click “Save as draft” button for future editing.

- The successful message will be shown.

Saved as draft. (Ref No.: TS03975)

C) Or click “Cancel” button to leave the form and back to search page.

iii. Delete a Saved Draft

Only draft record can be deleted, the steps show as follows.

1. Select menu “CTC” → “CTC Search” or redirect from Dash Board
2. Select application with the status as “Draft”
3. Click “Search” button
4. Click “Delete” button on related record

Ref No.	CTC No	Type	Application date (dd.mm.yyyy)	CTC Type	Protocol Title	Protocol Number	Prepared by	Status	Status update date (dd.mm.yyyy)	Action
AMD202250264	0051	Amendment		Standard	Title	Test123	Doctor Two	Draft	14.06.2022	Delete
AMD202250262	0051	Amendment		Standard	Title	Test123	Doctor Two	Draft	14.06.2022	Delete
AMD202250258	0051	Amendment		Standard	Title	Test123	Doctor Two	Draft	10.06.2022	Delete
AMD202250256	0051	Amendment		Standard	Title	Test123	Doctor Two	Draft	10.06.2022	Delete
AMD202250254	0051	Amendment		Standard	Title	Test123	Doctor Two	Draft	10.06.2022	Delete
AMD202250250	0051	Amendment		Standard	Title	Test123	Doctor Two	Draft	10.06.2022	Delete
AMD202250248	0050	Amendment		Standard	Title	Test123	Doctor Two	Draft	10.06.2022	Delete

5. Click “OK” button on the popup box

Confirm delete draft? Click [OK/確定] to continue or click [Cancel/取消] to return page

5 OK Cancel

iv. Application Status

Status name	Status description
Draft	Applications are open for edit and delete.
DH replied	Applications are replied by DHDO, user need to follow DHDO officer's instruction before re-submit them.
Follow up (DH replied)	Follow up application are replied by DHDO.
Completed Draft	Applications are completed by normal users / supervisors and are ready to submit.
Pending Payment	Applications are pending for payment by applicant.
DH Pending	Applications are under screening or evaluation in DHDO.
Approved	Applications are approved by DHDO.
Rejected	Applications are rejected by DHDO.
Expired	CTCs are expired.

II. Payment

In order to complete payment, user can select menu “CTC” → “CTC Search” and search with following criteria:

1. Select Prepared by and/or
2. Input Protocol Title and/or
3. Input Protocol Number and/or
4. Input Ref No. (support partial match) and/or
5. Select Application Type and/or
6. Select CTC Type and
7. Select “Pending Payment” as Status and/or
8. Select Application date range

Drug Office
Department of Health
The Government of the Hong Kong Special Administrative Region

Dash Board | CTC | Profile | 中 | Logout

CTC Search Logon as: TEST HONG KONG LTD (Doctor Two)
Date: 23.06.2022 17:22:59

Prepared by:

Protocol Title:

Protocol Number:

Ref No.: P

Application Type:

CTC Type:

Status: All Draft DH replied Follow up (DH replied) Completed draft Pending Payment DH Pending Approved Rejected Expired

Application date: (dd.mm.yyyy) to

1-8

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Ref No.	CTC No	Type	Application date (dd.mm.yyyy)	CTC Type	Protocol Title	Protocol Number	Prepared by	Status	Status update date (dd.mm.yyyy)	Action
CTSCR261/2022		New Application	10.05.2022	Standard	Protocol Title	1234	Doctor Two	Pending Application Payment	10.05.2022	<input type="button" value="Pay Now"/> <input type="button" value="Pay by Cash/Cheque"/>

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9. Click “Search” button, result will be displayed in the result table

Status: All Draft DH replied Follow up (DH replied) Completed draft Pending Payment DH Pending Approved Rejected Expired

Application date: (dd.mm.yyyy) to

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Ref No.	CTC No	Type	Application date (dd.mm.yyyy)	CTC Type	Protocol Title	Protocol Number	Prepared by	Status	Status update date (dd.mm.yyyy)	Action
CTSCR261/2022		New Application	10.05.2022	Standard	Protocol Title	1234	Doctor Two	Pending Application Payment	10.05.2022	<input type="button" value="Pay Now"/> <input type="button" value="Pay by Cash/Cheque"/>

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10. Select pay method

A Click “Pay Now” button for making on-line payment or

B Click “Pay by Cash/Cheque” button

All Draft DH replied Follow up (DH replied) Completed draft Pending Payment DH Pending Approved
 Rejected Expired

Application date: (dd.mm.yyyy) to

Page 1 / 1

Ref No.	CTC No	Type	Application date (dd.mm.yyyy)	CTC Type	Protocol Title	Protocol Number	Prepared by	Status	Status update date (dd.mm.yyyy)	Action
CTSCR261/2022		New Application	10.05.2022	Standard	Protocol Title	1234	Doctor Two	Pending Application Payment	10.05.2022	<input type="button" value="Pay Now"/> 10A <input type="button" value="Pay by Cash/Cheque"/> 10B

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10 A. On-line payment

i. Select Payment Method and

ii. Click “Pay” button

GovHK 香港政府一站通

Online Payment Service

Help

General Customer Service Hotline (852) 183 5500

Email enquiry@1835500.gov.hk

Please select the payment method :

Type of Service: DH Drug Office Drug Clinical Trials
 Merchant Name: DH Drug Office
 Transaction Date: 09-06-2022
 Transaction Reference Number: DHC TC-202206091810-95558
 Total Amount: HK\$ 1,420.00
 Payment Method:

10A i







10A ii

- Please take note of the transaction reference number or **PRINT** this page for making enquiry on the payment status when necessary.
- After pressing the 'Pay' button, please **DO NOT** leave this e-service until you receive the acknowledgement page, otherwise your transaction may not be successful.
- Merchant Name is applicable to credit card payment method only.
- PPS Shop&Buy (PPS) does not support payment via browsers of mobile devices (including mobile phones and tablets) at the moment. If you wish to pay by PPS, please change to use desktop computer.**
- Under exceptional conditions, a refund may need to be arranged. If the payment is made by Credit Card, the refund can normally be made to the Credit Card account that is used for the payment.
- Some users may receive an error page or have to wait for several minutes before they get a response from the credit card payment gateway. If you experience such a problem, please wait a moment and retry, or change to use other available payment methods. We apologise for any inconvenience caused.
- Different credit card issuers may have implemented different mechanisms to authenticate the cardholder's identity during online payment. Please contact your card issuer if you want to learn more about the J/Secure, Mastercard SecureCode and Verified by Visa service.



- iii. Fill-in the details of the selected payment method
- iv. Click “Pay now” button

Secure payment

Card number *

Expiry month ^ Expiry year ^

MM ^ YY ^

Cardholder name *

Security code ^

3 digits on back of your card

10A iii

TOTAL HKD: 1420.00

The next screen you see may be payment card verification through your card issuer.

[Cancel](#)
Pay now

10A iv

- v. Successful payment message will be shown



Date	Type	Message
14.06.2022	Amendment	AMD202250266 was submitted.
10.06.2022	Amendment	AMD202250252 was submitted.
02.06.2022	New Application	Payment is pending for CTSCR261/2022 .
30.05.2022	Amendment	AMD202250238 was submitted.
30.05.2022	New Application	CTSCR284/2022 certificate fee was paid.

10 B. Pay by Cash/Cheque

- i. Click “Pay by Cash/Cheque” button to download the payment notification
- ii. The payment details are listed in the notification

PHARMACY AND POISONS ORDINANCE
(CHAPTER 138)
香港法例第138章藥劑業及毒藥條例

Ref: 檔號	CTSCR 288/2022	Date: 日期	09 June 2022
NOTIFICATION 通知書			
This is to notify you to pay for the following application(s)/certificate(s): 現通知閣下繳交下列申請/註冊之費用:			
		Number 數量	Fee 費用
Clinical Trial Application Fee	10B ii	<u>1</u>	<u>1420</u>
Clinical Trial Certificate Fee		<u> </u>	<u> </u>
Amendment Certificate Fee		<u> </u>	<u> </u>
			(W.K. NG)
			For Chief Pharmacist
			總藥劑師 (高級藥劑師代行)

- iii. Bring along the notification to Drug office to complete the payment

III. Certificate Download / Printing

In order to print the Approved Certificate(s), user can select menu “CTC” → “CTC Search” and search with following criteria:

1. Select Prepared by and/or
2. Input Protocol Title and/or
3. Input Protocol Number and/or
4. Input Ref No. (support partial match) and/or
5. Select Application Type and/or
6. Select CTC Type and
7. Select “Approved” as Status and/or
8. Select Application date range

Drug Office
Department of Health
The Government of the Hong Kong Special Administrative Region

Dash Board | CTC | Profile | 中 | Logout

Logon as: TEST HONG KONG LTD (Doctor Two)
Date: 24.06.2022 12:20:56

CTC Search

Prepared by: [dropdown]
 Protocol Title: [text field]
 Protocol Number: [text field]
 Ref No.: [text field] ⓘ
 Application Type: [dropdown]
 CTC Type: [dropdown]
 Status: All Draft DH replied Follow up (DH replied) Completed draft Pending Payment DH Pending Approved Rejected Expired
 Application date: (dd.mm.yyyy) [text field] to [text field] [Clear date field] [Search]

1-8

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Ref No.	CTC No	Type	Application date (dd.mm.yyyy)	CTC Type	Protocol Title	Protocol Number	Prepared by	Status	Status update date (dd.mm.yyyy)	Action
PR/CT00254/2022	0051	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	
PR/CT00253/2022	0050	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	

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9. Click “Search” button, result will be displayed in the result table

Status: All Draft DH replied Follow up (DH replied) Completed draft Pending Payment DH Pending Approved Rejected Expired

Application date: (dd.mm.yyyy) [text field] to [text field] [Clear date field] [9 Search]

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Ref No.	CTC No	Type	Application date (dd.mm.yyyy)	CTC Type	Protocol Title	Protocol Number	Prepared by	Status	Status update date (dd.mm.yyyy)	Action
PR/CT00254/2022	0051	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	
PR/CT00253/2022	0050	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	

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10. Click link on related Ref No. to Download / Print the certificate

► Status: All Draft DH replied Follow up (DH replied) Completed draft Pending Payment DH Pending Approved
 Rejected Expired

► Application date: (dd.mm.yyyy) to

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Ref No.	CTC No	Type	Application date (dd.mm.yyyy)	CTC Type	Protocol Title	Protocol Number	Prepared by	Status	Status update date (dd.mm.yyyy)	Action
PR/CT00254/2022	0051	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	
PR/CT00253/2022	0050	New Application	30.05.2022	Standard	Title	Test123	Doctor Two	Approved	30.05.2022	

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11. Click “Print CTC” button to Download / Print the certificate

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Remarks: The “Print CTC” button would be disappeared after clicking once.