|  |
| --- |
| **Clinical trial identifiers** |
| Trial title: |       |
| Short name: |       |
| Protocol no. |       |
| **Description of the trial** |
| Question, hypotheses, objective, endpoints, etc.:      |
| Study design: | [ ]  | single-centre | [ ]  | multi-centre |  |  |
|  | [ ]  | open-label | [ ]  | single-blind | [ ]  | double-blind |
|  | [ ]  | randomised | [ ]  | cross-over |  |  |
|  | [ ]  | verum-controlled | [ ]  | placebo-controlled |  |  |
|  | [ ]  | Investigator initiated | [ ]  | not Investigator initiated |  |  |
|  | [ ]  | other:       |
| Phase:  | [ ]  | I | [ ]  | II | [ ]  | III | [ ]  | IV | [ ]  | Other (e.g. Ib, IIa):       |
| Total number of subjects/patients: |       | of which at USZ: |       |
| Trial start: |       |
| Planned trial duration: |       |
| Schedule detailed at USZ:      |
| **Parties involved:** |
| Sponsor:(Company/Contact person/Tel/Fax/E-mail) |       |
| CRO:(Company/Name Clinical Research Associate (CRA)/Tel/Fax/E-mail) |       |
| Principal Investigator (PI):(Clinic/Name/Tel/Fax/E-mail) |       |
| Pflegepersonal / Study Nurse:(Clinic/Name/Tel/Fax/E-mail) |       |
| **Authorities and approvals:** |
| Cantonal Ethics Committee (CEC): | [ ]  | Application pending, expected submission date:       |
|  | [ ]  | Application submitted on:       |
|  | [ ]  | Positive CEC approval received on:       |
|  |  | CEC number: |       |
| Swissmedic notification: | [ ]  | Application pending, expected submission date:       |
|  | [ ]  | Application submitted on:       |
|  | [ ]  | Swissmedic notification received on:       |
|  |  | Swissmedic notification number: |       |
| other (e.g. BAG): |       |
| **Tasks for ZüriPharm:** |
| [ ]  | product development |
| [ ]  | sterile manufacturing | [ ]  | non-sterile manufacturing | [ ]  | no manufacturing |
| [ ]  | packaging |
| [ ]  | creating the randomisation list/s |
| [ ]  | use of computerized systems (IVRS, IWRS, IRT, IXRS) |
| [ ]  | blinding of the IMP in accordance with the randomisation list / IVRS |
| [ ]  | storage | [ ]  | disposal | [ ]  | accounting |
| [ ]  | other: |       |
| Order to ZüriPharm:(Please specify precisely the nature and scope of the order. Please discuss with the responsible person at ZüriPharm.)      |

|  |  |
| --- | --- |
| **Payment** | **ZüriPharm costumer number (debtor):** |
| Pay office | USZ | [ ]  |       | Profitzenter:  |       |
| UZH | [ ]  |       | PSE Element:  |       |
| Others: | [ ]  |       |
| Invoice recipient: |
| Client / Company |       |
| Name: |       |
| Department: |       |
| Street / No.: |       |
| Post code / Town/City / Country |       |
| IC no. (Zurich canton intercompany no.) |       |
| Remarks: Payment deadline:  |       days |
| Invoice address: (if different to invoice recipient) |
| Client / Company |       |
| Street / No.: |       |
| Post code / Town/City / Country |       |

|  |
| --- |
| **Application completed by** |
| Place: | Date: | Sponsor’s signature |
|       |       | CRA’s signature |
|  |  | PI’s signature |

|  |  |
| --- | --- |
| Contact at ZüriPharm: | Study CoordinationZüriPharm AGSüdstrasse 38952 SchlierenTel: +41 (0)43 258 54 12Email: clinicaltrials@zueripharm.ch |

*Please return this application once completed and signed, along with the draft trial protocol, to the Study Coordination of ZüriPharm.*

*The application will be evaluated by ZüriPharm and an offer created. The work order to ZüriPharm must follow in writing.*