

# CLINICAL TRIAL APPLICATION CHECKLIST

## African Vaccine Regulatory Forum (AVAREF)

### Clinical trial application checklist

<b>Trial's full title</b>	
<b>Short title</b>	
Protocol No.	
Version No.	
Investigational medical product	
Sponsor	
Contact person	
Address	
Telephone No.	
Fax No.	
Cell No.	
E-mail address	
Date of application	

## CLINICAL TRIAL APPLICATION CHECKLIST

<b>Version</b>	<b>Date</b>	<b>Comments</b>
Version 1	September 2018	Endorsed by Avaref's steering committee in Entebbe, Uganda,
Version 2	October 2019	To be tabled for adoption at the Avaref Assembly in Victoria Falls, Zimbabwe

## CLINICAL TRIAL APPLICATION CHECKLIST

### Checklist

No.	Item
1.	<input type="checkbox"/> Cover letter including list of documents submitted and their version number and date
2.	<input type="checkbox"/> Completed clinical trial application form including cover page
3.	<input type="checkbox"/> Clinical trial protocol including site specific addendums
4.	<input type="checkbox"/> Informed consent form(s)
5.	<input type="checkbox"/> Product information if the investigational medical product is registered: summary of product characteristics, patient information leaflet/package insert, and labelling
6.	<input type="checkbox"/> Investigator's brochure
7.	<input type="checkbox"/> If applicable, synopsis of previous trials with the investigational medical product(s)
8.	<input type="checkbox"/> If applicable, electronic copies of key peer reviewed publications following ICMJE recommendations to support the application
9.	<input type="checkbox"/> Copy/ies of recruitment advertisement(s) (if applicable) and questionnaires
10.	<input type="checkbox"/> Investigational medical product dossier <sup>1</sup> (If applicable)
11.	<input type="checkbox"/> Product information and certificate of analysis for the concomitant and rescue medications
12.	<input type="checkbox"/> GMP certificate for the site(s) producing the IMP(s) <sup>2</sup>
13.	<input type="checkbox"/> Certificate(s) of analysis of the IMP(s)
14.	<input type="checkbox"/> Certificate(s) of accreditation for the central laboratories
15.	<input type="checkbox"/> Signed declaration by the applicant
16.	<input type="checkbox"/> Signed declaration by the national principal investigator
17.	<input type="checkbox"/> Workload forms for investigators
18.	<input type="checkbox"/> Signed curriculum vitae <sup>3</sup> for all key staff participating in the conduct of the clinical trial, eg national principal investigator, principal and/or co-investigators, study coordinator, regional and local monitor, contract research affiliate, etc
19.	<input type="checkbox"/> Signed declaration(s) by each investigator(s) <sup>4</sup>
20.	<input type="checkbox"/> Signed joint financial declaration between the sponsor and the national principal investigator
21.	<input type="checkbox"/> Signed declaration by the sub-investigators and key staff participating in the clinical trial
22.	<input type="checkbox"/> Signed declaration by the regional monitor(s)
23.	<input type="checkbox"/> Proof of registration on PACTR or other WHO primary accessible registry
24.	<input type="checkbox"/> Active clinical trials insurance (Phase I, II, III)
25.	<input type="checkbox"/> Proof of sponsor indemnification for investigators and trial site
26.	<input type="checkbox"/> GCP certificates for the investigators
27.	<input type="checkbox"/> Proof of registration of the key investigators with a professional statutory body (if applicable)

<sup>1</sup> This is not required if the investigational medical product was granted registration by a stringent regulatory authority and will be used as defined therein, or if the investigational medical product is prequalified by the WHO. Of note, the WHO is leading a process to change the term stringent reference authority to WHO listed authorities. The term will be added to this document once the WHO completes the process

<sup>2</sup> Investigational medical product and placebo

<sup>3</sup> Curriculum vitae to be submitted in the format provided in Annex 8 of the "Clinical trial application form"

<sup>4</sup> They could include the national principal investigator, or principal investigator and co-investigator as applicable. Each investigator is expected to sign and date one form. The form is provided in Annex 3

## CLINICAL TRIAL APPLICATION CHECKLIST

28.	<input type="checkbox"/>	Proof of professional indemnity (malpractice insurance)
29.	<input type="checkbox"/>	Study budget
30.	<input type="checkbox"/>	Favourable opinion of the Ethics Committee
31.	<input type="checkbox"/>	Data Safety Monitoring Board charter and composition (where applicable)

**NB: Incomplete documentation or sub-standard submissions will be rejected. The application should be ring-bound. Lever arch files will not be accepted.**