

FOR OFFICIAL USE

Application number	
Date received	Date processing began
Handler	

TITLE OF THE TRIAL

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PRINCIPAL INVESTIGATOR (List other investigators participating in the trial in Appendix 1)

Name of principal investigator	
Address	
Phone number	E-mail
If the principal investigator is not a veterinarian, give the name of the principal veterinarian here	
Address	
Phone number	E-mail

MANUFACTURER AND IMPORTER OF THE MEDICINE

Manufacturer	
Manufacturer's contact person	
Address	
Phone number	E-mail
Importer	
Address	
Phone number	E-mail

SPONSOR

Sponsor	
Address	
Phone number	E-mail
Sponsor's contact person	
Address	
Phone number	E-mail

MULTICENTRE TRIAL

Number of clinics participating in the trial	Total number of study animals
<p>Research centres in Finland, their principal investigators and number of study animals. Also give information on the dosage if it differs between centres.</p>	

SIGNATURES

<p>I have read the reports issued by the sponsor on the medicine. I will keep a research diary during the veterinary clinical trial and notify the Finnish Medicines Agency Fimea or the sponsor of any serious adverse events observed in the course of the trial and any substantial changes to be made to the research plan. I have read the Fimea directive on veterinary clinical trials and the relevant European Union guidelines.</p>	
Place and date	Principal investigator's signature and name in block letters
<p>I hereby affirm that the information given above on the medicine is correct. The sponsor will submit to Fimea a report on the findings of the veterinary clinical trial and will immediately inform Fimea if the trial is discontinued or never begun, and why.</p>	
Place and date	Sponsor's signature and name in block letters

APPENDICES TO THE ADVANCE NOTIFICATION

<p><input type="checkbox"/> Research plan</p> <p><input type="checkbox"/> Consent of the owner or holder of the trial animals</p> <p><input type="checkbox"/> Investigator's info package</p> <p><input type="checkbox"/> Info letter for the owner</p> <p><input type="checkbox"/> Receipt for payment of the advance notification processing fee</p> <p><input type="checkbox"/> Recruitment advertisement</p> <p><input type="checkbox"/> Ethics committee statement</p> <p><input type="checkbox"/> Copy of the animal testing permit</p> <p><input type="checkbox"/> Other investigators in the project (see Appendix 1)</p> <p><input type="checkbox"/> Other, please specify:</p>
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