|  |  |
| --- | --- |
| NAME OF MANAGEMENT AGENCY *(if applicable)* | **SOCIALIST REPUBLIC OF VIET NAM** |
| NAME OF ORGANIZATION HAVING INVESTIGATIONAL PRODUCT | **Independence - Freedom - Happiness**    *Date…..* |

**CLINICAL TRIAL APPLICATION FORM**

Attention to: Ministry of Health (Administration of Science Technology and Training)

**1. Organization/Individual applying for clinical trial:**

Organiztion/ Individual name ( Vietnamese):

Short name in Vietnamese *(if applicable):*

Organiztion/ Individual name in foreign language*(if applicable):*

Short name in foreign language *(nếu có):*

**2. Headquarter:**

Business address:

**Telephone: Email:**

**3. Agencies / organizations issuing the Decision:**

Agencies/ organization:

No. of Decision: date…

**4. Representative:**

Name:

Date of birth: Sex:

Telephone: Email:

Title:

ID card: No: Place : Date:

(Passport: No: place: Date: , to foreigner).

**5. Business License in Clinical Trials :** summary of operation *(base on the decision of the establishment and operation of the organization)*

**6. Checklist of submission**

**7. Commitment :**

- Responsible for the accuracy and appropriate content of the application dossier.

- Operation to comply with the business license, legal regulations and responsible for any activities of the organization.

**ORGANIZATION/ INDIVIDUAL HAVING INVESTIGATIONAL PRODUCT**

*(sign, name, stamp)*