

## NOTIFICATION OF THE END OF A CLINICAL TRIAL

MCA-F-501/15

## **MEDICINES CONTROL AGENCY**

Off Bertil Harding Highway, Kotu East, Kanifing Municipality, P.O. Box 3162, Serekunda, The Gambia Website: <a href="mailto:www.mca.gm">www.mca.gm</a>; E-mail: <a href="mailto:info@mca.gm">info@mca.gm</a>; Tel. No.: +2204380632

A TRIAL IDENTIFICATION	N				
PACTR Number:					
Protocol Number:					
Full Title of Clinical Trial:					
R ADDITIONT IDENTIFICA	ATION (nlea	se tic	k the annro	onriate hov)	
B APPLICANT IDENTIFICATION (please tick) Sponsor				priace box)	
Legal representative of the sponsor					
Person or organisation authorised by the			П		
sponsor to make the application  Complete below:					
Organisation					
Name of person to contact					
Address					
Telephone number					
Email					
	1				
C END OF TRIAL					
Is this the end of the trial in The Gambia only¹		☐ Yes ☐	No		
If yes, give date (DD/MM/YYYY):					
Is this the end of the complete trial in all countries concerned by the trial <sup>1</sup>		☐ Yes	□ No		
If yes, give date (DD/MM/YYYY):					
Is it an early termination?		☐ Yes	□ No		
If yes, give date (DD/MM/YYYY):					
Briefly describe in an annex (free text):					
<ul> <li>The justification for early termination of the trial</li> </ul>					

- Number of participant still receiving treatment at time of early termination in The Gambia and their proposed management;
- The consequences of early termination for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product
- <sup>1</sup> In case of a multi-country trial, if the national and global end of trial dates are different submit this form two times:
- 1) At the end of the trial in The Gambia
- 2) At the global end of the trial

## **Declaration by the Applicant**

I hereby confirm that/confirm on behalf of the sponsor that (*delete which is not applicable*):

- The above information given on this declaration is correct; and
- That the clinical trial summary report will be submitted within the applicable deadlines in accordance with the MCA Guideline for Clinical Trials in Humans

Name:		
Signature	Date	
For official use		
Date of receipt		
MCA registration number		
Ethics committee registration number		