**Annex 3**

# Supplementary notification to the Danish Medicines Agency about

**clinical trials of veterinary medicinal products in animals.**

Danish Medicines Agency's case no.:

### MEDICINES USED IN THE TRIAL:

(Name and code name used in the trial (if any))

### PROTOCOL

**Title:**

**code number(if any):**

**SPONSOR:**

(Name and address):

### Trial site (participating centre) Address:

clinical practice company

university other

farm

The undersigned hereby confirms my participation in the above clinical trial.

I understand and accept that the trial sponsor or applicant is the Danish Medicines Agency's contact persons for all questions regarding the trial. The Danish Medicines Agency's permission, terms, deadlines and other orders as well as any information concerning the trial will only be notified to the sponsor or applicant.

### SIGNATURE

Date: (stamp)

Please complete the form, sign it and send it to:

Danish Medicines Agency, Clinical Trials, Axel Heides Gade 1, 2300 Copenhagen S, Denmark

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