**1. Completion**

|  |
| --- |
| Danish Medicines Agency case number: |
| EUDAMED CIV-ID number (if known): |
| Date of submission: |

**2. Sponsor**

*Sponsor is the individual or organization who or which takes responsibility for the initiation and implementation of a clinical investigation.*

|  |  |
| --- | --- |
| Company / institution |  |
| Contact person |  |
| Title |  |
| Address |  |
| Phone number |  |
| Fax number |  |
| E-mail |  |

**3. Manufacturer**

|  |  |
| --- | --- |
| Company / institution |  |
| Contact person |  |
| Title |  |
| Address |  |
| Phone number |  |
| Fax number |  |
| E-mail |  |

**4. Medical Device**

|  |  |
| --- | --- |
| Make |  |
| Name of device |  |
| Model |  |

**5. Clinical investigation**

|  |
| --- |
| Clinical investigation plan title: |
| Sponsor’s Reference/ID number:       Date: |
| Reason for the completion of clinical investigation:  As scheduled  Prior to scheduled  If prior to scheduled, please attach explanation and description of the consequences for the subjects. |

**6. Sponsor’s signature**

*Sponsor declares that the final report will be submitted to the Danish Medicines Agency no later than 12 months after the completion of the investigation in the centres which were specified, or amended in the application.*

|  |  |
| --- | --- |
| Date |  |
| Name |  |
| Signature |  |