# Application Form for Permission to Conduct Clinical Trials with Veterinary Medicinal Products on Animals

**Protocol Title:**

**Protocol Code/Number:**

**Phase:**

**Design:**

**Applicant (name and address):**

**Principal Investigator (name and address):**

**Investigational Medicinal Products (name/possible code designation):**

**Active Substance:**

**Manufacturer of the Investigational Medicinal Product:**

**If placebo, manufacturer of placebo:**

**Information on Reference Documents (Investigator’s Brochure (IB) or Summary of Product Characteristics) for assessment of whether an adverse reaction is unexpected (SUSARs):**

**Trial Site:**

**Number of Centers in Denmark:**

**The trial is expected to start on** date **and end on**date

**Is the trial conducted in compliance with the veterinary GCP guidelines (VICH GL9)?**

**Billing Information:**

**List of Attachments (see checklist under forms on lmst.dk)**

**Applicant’s signature (sponsor or on behalf of)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Date** |  | **Signature** |