Clinical Trial Evaluation Report

Name of the Trial:

Study Number:

Phase of CT:

Study Population:

Registration Number at MOH:

Date of Submission to MOH: Received on:

Sponsor:

Country of Origin:

Name of Applicant:

Study Center in Lebanon:

Principle Investigator & Specialty:

Other Centers in Lebanon:
Name of IMP:

Type of IMP:

Therapeutic Benefit:

Objective of the Study:

Market Authorization of IMP: Commercial Name:

Other Countries Authorizing the Trial:

Not authorizing the trial:

Importation of Other Products/Drugs:

Documents Submitted:

√ Importation Request
√ Invoice
√ Certificate of Analysis
√ Certificate of Release
√ Principle Investigator Letter
√ Pharmacy Request
√ Protocol
√ IRBs
√ Investigator’s Brochure
√ GMP Certificate
√ Registration of CT in Country of Origin: √Annex 4

√10 Page Summery on: Pharmacology & Therapeutic Benefits, Pharmacokinetics, Adverse events, Results from previous studies

Comments:

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