Investigator statement

I, the undersigned, ............................, hereby confirm that:

• The information provided in this application is correct
• I shall be responsible for conducting the trial according to the protocol here enclosed (code number…………….), and according to good clinical practice
• I shall provide to the trial’s subjects appropriate medical care and treatment with the requested IMP named: ............................................................, in compliance with professional Ethics
• I shall consider the safety and welfare of trial’s subjects beyond any other consideration

Investigator or Coordinating Investigator Name:

Speciality of the Investigator:

From University Hospital:

Date:

Signature: