



**PHARMACY OF SIERRA LEONE**  
**APPLICATION FORM TO CONDUCT A CLINICAL TRIAL**  
**FOR MEDICINES, VACCINES AND MEDICAL DEVICES**

**CHECKLIST**

**PBSL**  
**Double check**

**APPLICANT'S check list**

- |                          |   |                          |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | <b>COVERING LETTER</b>                          | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>SIGNED DECLARATION</b>                       | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>FULLY COMPLETED APPLICATION FORM</b>         | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>TRIAL PROTOCOL</b>                           | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>ETHICS COMMITTEE APPROVAL</b>                | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>PATIENT INFORMATION/INFORMED CONSENT</b>     | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>INVESTIGATORS BROCHURE</b>                   | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>INVESTIGATOR'S CV</b>                        | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>CERTIFICATE OF ANALYSIS OF</b>               | <input type="checkbox"/> |
|                          | <b>INVESTIGATIONAL PRODUCT</b>                  |                          |
| <input type="checkbox"/> | <b>INSURANCE CERTIFICATE</b>                    | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>FINANCIAL DECLARATION (SPONSOR &amp; PI)</b> | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>COPY OF RECRUITMENT ADVERTISEMENT</b>        | <input type="checkbox"/> |

**PHARMACY BOARD OF SIERRA LEONE**

**APPLICATION FORM TO CONDUCT A CLINICAL  
TRIAL FOR MEDICINES, VACCINES AND MEDICAL DEVICES**

**Addressed to:**

The Registrar  
Pharmacy Board of Sierra Leone  
Central Medical Stores  
New England Ville  
Freetown  
Sierra Leone  
P.M.B.322  
+232 22 229346  
Email. info@pharmacyboard.gov.sl  
Website: [www.pharmacyboard.gov.sl](http://www.pharmacyboard.gov.sl)

**Study title**

.....  
.....  
.....

**Proprietary Name of Product:** .....

.....

**Approved Name of Product:** .....

.....

**Dosage Form:** .....

.....

**Route of Administration:** .....

**Details of control (Name, dosage form, route of administration, dosing etc):** .....

.....  
.....  
.....  
.....  
.....

**Indicate whether any other drug will be given concomitantly. YES/NO\***

**If YES, state the name of the drug** .....

**Type of Trial:** .....

**Clinical Trial Registration Number** .....

**Name(s) of Trial Centre(s):** .....

**Premises Address:** .....

Phone ..... Fax .....

e-mail .....

Proposed date of commencement of trial: .....

Proposed date of completion of trial: .....

**Name of Sponsor:** .....

Address: .....

Phone ..... Fax .....

e-mail .....

**Name of Contact Person:** .....

Address: .....

Phone ..... Fax .....

e-mail .....

**Name of Principal Investigator:** ..... **Address:**

.....

.....

Phone ..... Fax .....

e-mail .....

**Name of Independent Monitor:** .....

**Address:** .....

.....

Phone ..... Fax .....

e-mail .....

**Name of Study pharmacist:** .....

**Address:** .....

.....

Phone ..... Fax .....

e-mail .....

Current work-load of Investigator(s): Number of studies currently undertaken by trialist(s) as principal and/or co-investigators, and the total number of patients/ represented by these studies. Time commitments of the researcher(s) in relation to clinical work and non-trial work.

**RECOMMENDED FORMAT FOR RESPONSE:**

Investigator (Name and designation)			
Total number of current studies (all stages) on specified date	Number	Date	
Total number of patients/participants for which responsible on specified date	Number	Date	
<b>ESTIMATED TIME PER WEEK [168 hours denominator]</b>	Hour	%	
Clinical trials	Clinical work (patient contact)		
Organization (Practice/University/employer)	Administrative work		
Teaching	Preparation/evaluation		
	Lectures/tutorials		
Writing up work for publication/presentation			
Reading /sourcing information (e.g. Internet searches)			
Other ( specify)			

Declaration

I/We the undersigned, hereby declare that all information contained herein is correct and true.

Sponsor's name/ Authorized Person: .....

Authorized signature: .....

Date: .....