

**CLINICAL TRIAL SUBMISSION FORM (CTR) – Version 6**

National Health Surveillance Agency  
Clinical Trial Submission Form (CTF) – Version 6

Document Identification

(For use by the receiving agency)

1	Applicant Name/Company Name	2	CNPJ
3	Municipality / City	4	UF
		5	Country
6	Name / Company name of the Sponsor	7	Sponsor's CNPJ, if applicable
8	Sponsor Municipality/City	9	Sponsor State
		10	Sponsor Country

11	Does this form refer to any changes to previously submitted information? <input type="checkbox"/> No
	<input type="checkbox"/> Sim
	<input type="checkbox"/> If so, does the change refer to
	<input type="checkbox"/> Change in Medicines and Products to be imported for conducting the clinical trial <input type="checkbox"/> Inclusion of Clinical Trial Centers <input type="checkbox"/> Exclusion of Clinical Trial Centers
	<input type="checkbox"/> Change in Principal Investigator <input type="checkbox"/> Change in ORPC or delegated activities <input type="checkbox"/> Others
	<input type="checkbox"/> Which ones?

<b>Information Related to the Investigational Drug</b>			
12	Name of the active pharmaceutical ingredient or active substance	13	Business name, if applicable
14	Pharmaceutical form	15	Route of Administration
16	Storage conditions	17	Expiration date
18	Presentation of the medicine (concentration/pharmaceutical form/primary and secondary packaging/quantity or volume per packaging)		
19	<p><b>Is the investigational medicinal product(s) identical to the authorized DDCM or substantial modification already approved?</b></p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Yes. Case Number(s): _____</p> <p><input type="checkbox"/> Não</p> <p><input type="checkbox"/> If not, is there any modification to the product under investigation, referring to the experimental drug to be used in this protocol, that has not yet been completed by Copec? <input type="checkbox"/> Yes – Case number: <input type="checkbox"/> No – Justification for use of the experimental drug other than that previously approved by Copec: _____</p>		
20	Drug approved in Brazil <input type="checkbox"/> Não <input type="checkbox"/> Sim <input type="checkbox"/> If yes, registration number	21	Medicine approved in the world <input type="checkbox"/> Não <input type="checkbox"/> Sim <input type="checkbox"/> Countries where the drug is approved
<b>Information Related to the Comparator Drug (Active or Placebo)</b>			
22	Name of the active pharmaceutical ingredient or active substance	23	Business name, if applicable
24	Pharmaceutical form	25	Route of Administration
26	Storage conditions	27	Expiration date
28	Presentation of the medicine (concentration/pharmaceutical form/primary and secondary packaging/quantity or volume per packaging)		
29	Therapeutic Class (ATC Code) / category		
30	Drug approved in Brazil <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, registration number:	31	Medicine approved in the world <input type="checkbox"/> Não <input type="checkbox"/> Sim

<b>Clinical Trial Related Information</b>			
32	Clinical Protocol Title	33	Clinical Protocol Number/Code
34	Clinical Protocol Phase <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Outra:	35	Clinical Protocol Version and Date

36	Controlled Studies <input type="checkbox"/> Placebo If yes, is there exclusive use of placebo in the study? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Active comparator <input type="checkbox"/> Outros:																	
37	Conditions to be studied <table border="1"> <thead> <tr> <th>All ICD-10s under investigation</th> <th>Clinical Indication to be researched</th> <th>Treatment or therapy now available in Brazil</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			All ICD-10s under investigation	Clinical Indication to be researched	Treatment or therapy now available in Brazil												
All ICD-10s under investigation	Clinical Indication to be researched	Treatment or therapy now available in Brazil																
38	The study is: <input type="checkbox"/> Strictly National <input type="checkbox"/> Foreign Cooperation Countries where the proposed clinical trial is planned to be conducted																	
39	Has the clinical trial already started in any country? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If so, in which country(ies):																	
40	Registration number(s) in electronic clinical trials registry database																	
41	Study population <input type="checkbox"/> Under 12 years old. Inform the age range: <input type="checkbox"/> Adolescentes <input type="checkbox"/> Adultos <input type="checkbox"/> Over 65 years old <input type="checkbox"/> Gestantes <input type="checkbox"/> Lactantes																	

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Type of clinical trial risk category (according to Article 3 of IN 338/2024):

☐ **Low risk**

Subcategory:

☐ a. Medicine used as registered in Brazil or by AREE, without substantial modifications.

☐ b. New therapeutic indication and/or target population and/or dosage regimen, supported by robust evidence from scientific literature based on meta-analyses, systematic reviews of scientific articles published in indexed journals containing information on the safety and efficacy of the drug or API.

☐ c. Fixed-dose combinations (FDA) with registered active pharmaceutical ingredients (APIs) already used concomitantly in medical practice, for the same claimed indication, target population and dosage regimen (without clinically significant pharmacokinetic and/or pharmacodynamic interaction).

☐ **Moderate risk**

Subcategory:

☐ a. New therapeutic indication and/or target population and/or dosage regimen.

☐ b. New Pharmaceutical Form and/or concentration.

☐ c. New route of administration.

☐ d. Biosimilars Products

☐ e. Drug registered in Brazil or by AREE, modified for use in clinical trials.

☐ f. Fixed-dose combinations (FDA) with registered APIs already used concomitantly in medical practice, for the same claimed indication, target population and dosage regimen (with clinically significant pharmacokinetic and/or pharmacodynamic interaction).

☐ **High risk**

Subcategory:

☐ a. New medicines;

☐ b. Fixed-dose combinations (FDCs) with one or more unregistered APIs

☐ c. Association of registered APIs considering new therapeutic indication

**( ) We request the application of the optimized analysis procedure, in accordance with Art. 8 of IN nº 338/2024**

*Check this item if the sponsor wishes to request the application of the optimized analysis procedure based on the risk assessment supported by the experience of using the product under investigation.*

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Is it a complex clinical trial (as per item VIII of Art. 3 of IN 338/2024 and Art. 1 of IN 345/2025)?

☐ No

☐ Try.

Select the type of clinical trial:

☐ a. Trials that study multiple therapies or multiple indications in a single clinical trial, called master protocols (in English, Basket trials, Umbrella trials, Platform trials);

☐ b. New adaptive trial designs that allow planned changes to the study protocol to occur at pre-specified times during the life cycle of a trial;

☐ c. Phase 1 clinical trials, in which the experimental drug is being used for the first time in humans (First In Human - FIH);

☐ d. Phase 1, 2 and 3 clinical trials integrated into a single protocol;

☐ e. Pragmatic clinical trials or those containing real-world data (RWD);

☐ f. Clinical trials involving vulnerable populations such as pediatric, pregnant and lactating women.

44. Medicines and Products to be imported for conducting the clinical trial				
Products with their respective presentations	Route of administration	Conditions Storage	Expiration Date	Controlled
				<input type="checkbox"/> SIM <input type="checkbox"/> NÃO
				<input type="checkbox"/> SIM <input type="checkbox"/> NÃO

				ÿSIM ÿNÃO
				ÿSIM ÿNÃO

45. Information on all Clinical Trial Centers					
Test Center Number Clinical	Center of Clinical trial	City and Unit Federative	CNES	Institution management email	Number of Participants in the center
1					
2					
3					
4					

46. Information on all respective principal investigators				
Number of Center of Rehearsal Clinical	Researcher	CPF	Researcher's Email	Date of Birth
1				
2				
3				
4				

\* The information regarding the investigators requested above must be completed in accordance with the corresponding number of the clinical trial center provided in the previous table, since the investigator is responsible for conducting the clinical trial at the center.

47. Information about the Clinical Research Representative Organizations (CRROs) participating in the clinical trial hired for Brazil	
Name of ORPC	Delegated activities in the clinical trial

## Disclaimer

We assume full civil and criminal responsibility for the information provided here (including the quality of the product(s) to be used in the clinical trial presented herein).

\_\_\_\_\_  
Legal Representative  
(Signature and Stamp)

\_\_\_\_\_  
Responsible Pharmacist  
(Signature and Stamp)

