

BRAZIL CLINICAL TRIAL END DATE FORM –**Version 3**

National Health Surveillance Agency
Brazil Clinical Trial End Date Form – Version 3

1- Clinical Trial End Date in Brazil*: ____/____/____

2. Information about the center of the last participant and investigator

Name of the research center where the last participant's last visit occurred clinical trial in Brazil or other definition of the sponsor, expressly determined in the specific protocol of the clinical trial:	Name of the principal investigator of this center

3. Research centers that completed clinical trials in Brazil:

Name of the Center	Researcher Number of	Number of Trial Participants	Number of Trial Participants	Total number of Trial Participants	Number of Trial Participants
		Clinical no Brazil	Clinicians who completed the study	Clinical removed from the study	Clinical withdrawn for safety reasons

4. In the case of multinational studies, has the study already been completed in the other countries participating in the clinical trial? ☐ Yes ☐ No

5. Countries where the clinical trial has not yet been completed (if applicable):

6. The clinical trial was completed ahead of schedule: ☐ Yes ☐ No

If so:

6.1 Justify:

6.2 Present an assessment of the impact of completing the clinical trial ahead of schedule in relation to the outcome assessment and the overall benefit-risk assessment of the trial.

experimental drug:

6.3 In the event of termination earlier than expected, for safety reasons, inform how the clinical trial participants will be monitored:

- The form must be sent to Anvisa within **30 business days** of the Clinical Trial End Date in Brazil.

- We assume full civil and criminal responsibility for the information provided here.

Legal Representative (Signature and Stamp)

* Clinical Trial End Date in Brazil: corresponds to the date of the last visit of the last clinical trial participant in Brazil or another definition by the sponsor, expressly determined in the specific clinical trial protocol.