

Form 10 CT.

## PHARMACY, MEDICINES & POISONS BOARD

**Confidential** 

[PHARMACY ACT [CHAPTER 42]

## INDEMNITY FORM FOR CONDUCTING **CLINICAL TRIALS**

(To be completed in triplicate)

I/We
to whom authority has been granted in terms of Pharmacy Act No. 15 Section 42 to utilize the medicine or allied substance for the purposes of conducting a clinical trial therewith upon persons/animals, declare that I/We have read and understood the conditions contained in such authority and hereby indemnify the State, the Secretary for Health and the Pharmacy, Medicines and Poisons Board (and any committee thereof) from liability in respect of any injury or adverse effect whatsoever which may be sustained by any person or animal, directly or indirectly, as a result of the conduct of the trial and which occurs or reveals itself at the time of the trial or subsequently (at any time) and further indemnify the aforementioned against any claim for damages, howsoever arising notwithstanding the provision to section 42 of the said Act.
Dated at
This day ofin the month of20
Signed