



Quality Medicines for Malawi

DECLARATION OF INTENT, SIGNED BY CONTACT PERSON & NATIONAL PRINCIPAL INVESTIGATOR

We, the undersigned have submitted all the required documentation and have disclosed all the information required for approval of this application. We have read the Protocol and the Investigators brochure, appended and are satisfied that the proposed activities are feasible and ethical.

We have the authority and responsibility to oversee this clinical trial, and agree to ensure that the trial will be conducted according to the Protocol and all legal, ethical and regulatory requirements in this country.

Applicant (local contact);

Name:

Signature:

Designation:

Date:

National Principal Investigator;

Name:

Signature:

Designation:

Date:

This ensures that the key people responsible for the conduct of the trial fully understand and commit to comply with the regulatory requirements