
	FORM	FOR-OGIT-038
	REQUEST FOR CHANGE OF PRINCIPAL INVESTIGATOR	Edition No. 02

RNE code: <i>(Automatically generated during electronic registration in REPEC)</i>			
1. SPONSOR INFORMATION		Foreign <input type="checkbox"/>	National <input type="checkbox"/>
1.1. PERSONA NATURAL <input type="checkbox"/>			
Last name:		Mother's last name:	
Names:		DAYS/CE:	
Email:		Telephone and annex	
Legal domicile: <i>(District, Province and Department)</i>			
1.2. LEGAL PERSON <input type="checkbox"/>			
SPONSOR REPRESENTATIVE IN PERU <i>(Data of the representative who channels all communication with the INS OGITT during the execution of the study)</i>			
FILIAL <input type="checkbox"/>	BRANCH <input type="checkbox"/>	OIC <input type="checkbox"/>	OTHER: <input type="checkbox"/>
RUC:		Business name: <i>(Add details of your legal representative in sections 1.2.1 and 1.2.2)</i>	
Tradename:		Telephone and annex:	
1.2.1. LEGAL REPRESENTATIVE (For a company, accredited in the validity of the power / for a public entity, accredited in the Resolution that designates it): <i>(If there is a person other than the legal representative as an attorney-in-fact, the person must have the special power, which must expressly indicate it or the acts for which it was conferred)</i>			
Last name:		Mother's last name:	
Names:		DAYS/CE:	
Power registered in the Office Registry - SUNARP: <i>(Complete if you are from Lima or province)</i>		Cargo:	
Electronic item No.:		Seat No.:	
Resolution No. designating it: <i>(Complete this item only if you are a public entity and detail the full name of the resolution)</i>		Date: <i>(Day, month and year)</i>	
Email:		Telephone and annex:	
1.2.2. ADDRESS OF THE LEGAL REPRESENTATIVE			
Address:		District:	
Province:		Department:	

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1.2.3. OTHERS

If you consider any additional information important, add it.

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2. GENERAL INFORMATION OF THE CLINICAL TRIAL**Clinical Trial Title:**

(Enter as it appears in the REPEC)

N° EC INS:**Expiration Date****Insurance policy:****3. INFORMATION REGARDING THE CHANGE OF PRINCIPAL INVESTIGATOR****3.1 Justification of the reasons for the change of principal investigator:**

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3.2 Data on the Change of Principal Investigator


Institution of Investigation	Name of Center Investigation	Principal investigator Anterior	Principal investigator Proposed

4. REQUIREMENTS FOR THE REQUEST FOR CHANGE OF PRINCIPAL INVESTIGATOR

to. Request to change the principal investigator justifying the reasons, including information on the payment receipt No.....dated...../...../.....(FOR-OGITT-038)

b. Undocumented updated CV of the proposed principal investigator, according to model established in the Clinical Trial Procedures Manual. (FOR-OGITT-031)

c. New informed consent format(s) approved by the CIEI that approved the study, recording data from the proposed principal investigator.

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5. COMPANY

I declare that the information provided is true and I authorize the verification of what was declared in accordance with the "Principle of Presumption of Truth" of numeral 1.7 of article IV of the Preliminary Title of the Single Ordered Text of Law No. 27444 - Law of General Administrative Procedure, approved with decree Supremo 004-2019-JUS.

As a sign of agreement, I sign this document.

City,.....of.....of 20...

Name and signature

Legal Representative (section 1.2.1)

NOTE: All documents must be paged, presented to the National Institute of Health in a folder or filing cabinet and ordered according to the requirements, indicating the names of each of them using separators.