	FORM	FOR-OGIT-041
	REQUEST FOR SUSPENSION OF THE CLINICAL TRIAL	Edition No. 02

RNE code:
(Automatically generated during electronic registration in REPEC)

1. SPONSOR INFORMATION

Foreign ☐ **National** ☐

1.1.PERSONA NATURAL ☐

Last name:		Mother's last name:	
Names:		DAYS/CE:	
Email:		Telephone and annex	
Legal domicile: *(District, Province and Department)*			

1.2. LEGAL PERSON ☐

SPONSOR REPRESENTATIVE IN PERU

(Data of the representative who channels all communication with the INS OGITT during the execution of the study)

FILIAL ☐ **BRANCH** ☐ **OIC** ☐ **OTHER:** …… ☐

RUC:		Business name: *(Add details of your legal representative in sections 1.2.1 and 1.2.2)*	
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): *(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)*

Last name:		Mother's last name:	
Names:		DAYS/CE:	
Power registered in the Office Registry - SUNARP: *(Complete if you are from Lima or province)*		Cargo:	
Electronic item No.:		Seat No.:	
Resolution No. designating it: *(Complete this item only if you are a public entity and detail the full name of the resolution)*		Date: *(Day, month and year)*	
Email:		Telephone and annex:	

1.2.2. ADDRESS OF THE LEGAL REPRESENTATIVE

Address:		District:	
Province:		Department:	

Form approved by RD No. 423 – 2019 - OGITT/INS **Date: 09/24/2019**

1.2.3. OTHERS *If you consider any additional information important, add it.*			

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. JUSTIFICATION OF THE REASON WHY THE SUSPENSION OF THE CLINICAL TRIAL IS BEING REQUESTED *If you consider any additional information important, you can attach it as an annex.*

4. REQUIREMENTS FOR THE REQUEST FOR SUSPENSION OF THE CLINICAL TRIAL	
to. Request for suspension of the clinical trial justifying the reasons for suspension and describing the data obtained to date (FOR-OGITT-041)	☐
b. Report on the measures to be adopted with the research subjects, if applicable.	☐

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 article IV, numeral 1.7 of the TUO of Law No. 27444, Law of General Administrative Procedure, approved with Supreme Decree 004-2019 -JUS.

As a sign of agreement, I sign this document.

City,…….of……..of 20…

_____

Name and signature

of 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 what is established in the requirements, indicating the names of each of them using separators.*