

## FORM FOR-OGIT-042

## REQUEST FOR CANCELLATION 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 I	N PERU			
(Data of the representative who channels all communication with the INS OGITT during the execution of the study)				
FILIAL B	RANCH 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:		

Date: 09/24/2019



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1.2.3. OTHERS				
If you consider any additional information important, add it.				
3. JUSTIFICATION OF THE REASONS FOR THE REQUEST FOR CANCELLATION OF THE CLINICAL TRIAL.				
If you consider any additional information important, you can attach it as an annex.				
4.REQUIREMENTS FOR THE REQUEST FOR CANCELLATION OF THE CLINICAL TRIALS				
to. Request for cancellation of the clinical trial justifying the reasons for cancellation and describing the data obtained to date				
(FOR-OGITT-042).				
b. Report on the measures to be adopted with the research subjects, if applicable.				
	88			
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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 Pr	esumption			
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 Supreme Decree 004-2019-JUS.				
As a sign of agreement, I sign this document.				
City,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 the requirements, indicating the names of each of them using separators.

Date: 09/24/2019