
	FORM	FOR-OGIT-043
	REQUEST FOR CHANGE OF TITLE OF THE CLINICAL TRIAL	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:	


	FORM	FOR-OGIT-043
	REQUEST FOR CHANGE OF TITLE OF THE CLINICAL TRIAL	Edition No. 02

Province:		Department:	
1.2.3. OTHERS			
<i>If you consider any additional information important, add it.</i>			

2. GENERAL INFORMATION OF THE CLINICAL TRIAL	
Clinical Trial Title: <i>(Enter as it appears in the REPEC)</i>	
N° EC INS:	
Expiration Date Insurance policy:	

3. INFORMATION REGARDING THE CHANGE OF CLINICAL TRIALS TITLE	
3.1 Justification of the reasons for changing the title of the clinical trial <i>If you consider any additional information important, you can attach it as an annex</i>	
3.2 Title of the proposed Clinical trial:	
4. REQUIREMENTS FOR THE REQUEST FOR CHANGE OF CLINICAL TITLE TITLE	
to. Request to Change the Title of a Clinical Trial justifying the reasons, including information on payment receipt No.....dated/...../...(FOR-OGITT-043)	<input type="checkbox"/>
b. Approval of the change of title of the clinical trial by a CIEI accredited by the INS.	<input type="checkbox"/>

5. COMPANY
<p>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 Supreme Decree 004-2019-JUS.</p> <p>As a sign of agreement, I sign this document.</p> <p>City,.....of.....of 20...</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name and signature</p>

	FORM	FOR-OGIT-043
	REQUEST FOR CHANGE OF TITLE OF THE CLINICAL TRIAL	Edition No. 02

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.