	FORM	FOR-DIIS-021
	APPLICATION FOR REGISTRATION OF AN ORGANIZATION CONTRACT RESEARCH	Edition No. 01

Instructions: Dear User, remember that the application must be completed through the electronic form available on the website of the Peruvian Registry of Clinical Trials (REPEC) available at: http:// ensayosclinicos-repec.ins.gob.pe

Request Code:
(Temporary OIC number for this record, automatically generated by REPEC)

1. ABOUT THE CONTRACT RESEARCH ORGANIZATION TO BE REGISTERED

RUC:		Company Name: *(Add details of your legal representative in sections 1.1 and 1.2)*	
Trade Name:		Telephone and extension:	
Email:			

1.1. LEGAL REPRESENTATIVE (For a company, accredited during the validity of the power of attorney / for a public entity, accredited in the Resolution that designates it): *(If there is a person other than the legal representative as an attorney, they must have the special power of attorney which must expressly indicate the act or acts for which it was conferred)*

Father's Surname:		Mother's Surname:	
Names:		DNI/ CE/ PAS:	
Power of attorney registered at the Office Registry - SUNARP: *(Complete if you are from Lima or province)*		Post:	
Electronic Game No.:		Seat No.: *(Add details of your legal representative in sections 2.3 and 2.4)*	
Resolution No. that designates him: *(Complete this item only if it is a public entity and detail the full name of the resolution)*		Date: *(Day, month and year)*	
Email:		Telephone and extension:	

1.2. ADDRESS OF THE LEGAL REPRESENTATIVE:

Address:		District:	
Province:		Department:	

1.3. OTHERS:
If you consider any additional information important, add it.

The document was attached:	

1.4. TYPE OF INSTITUTION:

2. REQUIREMENTS TO PRESENT

a OIC Registration Application including payment voucher information N/A dated N/A (FOR-DIIS-021) ☐

b Curriculum vitae of the legal representative of the OIC, which will prove such status with a simple copy of the current registration document that records said position, and of the monitors. ☐

c Institutional description (brochure), containing institutional objectives, structural and functional organization chart, procedures for selecting research centers and researchers to conduct clinical trials, staff training plan in aspects related to clinical trials, good clinical practices and research ethics, and a summary of the studies in which the researcher has participated. ☐

d Affidavit indicating that they carry out clinical trials in accordance with local Peruvian regulations and good clinical practices. Including having an adequate area that complies with good storage practices. ☐

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Note:

- All documents must be paginated, submitted to the National Institute of Health in a folder or filing cabinet, and organized according to the requirements, indicating the names of each document using dividers.

3. FIRMA

I declare that the information provided is true and authorize verification of the statements in accordance with the "Principle of Presumption of Truth" set forth in Section 1.7 of Article IV of the Preliminary Title of the Consolidated Text of Law No. 27444 - General Administrative Procedure Law, approved by Supreme Decree 004-2019-JUS. I sign this document as a sign of my agreement.

Likewise, I declare that the attached documents comply with the requirements established in the Clinical Trials Regulation approved by DS N 021-2017-SA.

In token of conformity, I sign this document.

Legal Representative
(Recorded in numeral 1.1)

Date ____/____/____ - Time: