	FORM	FOR-DIIS-033
	REQUEST FOR EXTENSION OR MODIFICATION OF THE SUPPLIES LIST	Edition No. 01

RNE Code: 00007-23
(Automatically generated during registration) electronic in the REPEC)

I. SPONSOR'S DATA ☐ Foreign: ☐ National: ☐

1. PERSONA NATURAL

Father's Surname:		Mother's Surname:	
Names:		DNI/CE/PAS:	
Email:		Telephone and extension:	
Legal Address: *(District, Province and Department)*			

2. LEGAL ENTITY

2.1. FOREIGN SPONSOR
(Previously registered in the INS REPEC)

Registered Name: *(According to the Certificate of Incorporation of the company, business or organization or instrument equivalent in the country of origin).*		Registered Trade Names: *(From the company or organization).*	
Commercial registration number:		Names and surnames of the legal representative: *(Duly empowered to act as representative of this and grant powers in your name).*	
Identity Document Number of the legal representative: *(The document equivalent to the country of origin).*		Position held in the organization:	
Email:		Telephone and extension:	
Legal domicile:		Postal code:	

2.1.1. REPRESENTATIVE OF THE FOREIGN SPONSOR IN PERU *(Check one of the options)*

☐ FILIAL: ☐ BRANCH: ☐ OIC: OTHER: _____ ☐

RUC:		Company Name: *(Data of your legal representative add them in numerals 2.3 and 2.4)*	
Trade Name:		Telephone and extension:	

2.2. NATIONAL SPONSOR:
(Previously registered in the INS REPEC)

RUC:		Company Name: *(Data of your legal representative added in numerals 2.3 and 2.4)*	
Trade Name:		Telephone and extension:	
Email:			

2.3. LEGAL REPRESENTATIVE (For a company, accredited in the validity of the power / for a public entity, accredited in the Resolution that designates):
(If there is a person other than the legal representative as an attorney, he/ she must have the special power which must expressly indicate the act(s) to be performed. which 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)*		Cargo:	
Electronic record No.:		Seat No.:	

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Resolution number that designates him: *(Complete this item only if you are an entity public and detail the full name of the resolution)*		Date: *(Day, month and year)*	
Email:		Telephone and extension:	

2.4. ADDRESS OF THE LEGAL REPRESENTATIVE:
If you consider any additional information important, add it.

Address:		District:	
Province:		Department:	

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

TYPE OF INSTITUTION

II. GENERAL INFORMATION ABOUT THE CLINICAL TRIAL

Clinical Trial Title: *(Enter as shown in the REPEC)*			
N° EC INS:		Protocol Code:	
Policy Expiration Date Insurance:		Study Phase:	

III. INVESTIGATIONAL PRODUCT (INCLUDE PLACEBO AND/OR ACTIVE COMPARATOR)

Note: If you consider any additional information important, you can attach it as an annex.

Indicate the innovative investigational product that will be used in the clinical trial:

It can be any of these options, you can only mark one

- ☐ Expansion of the list of supplies
- ☐ Modification of supply list

The document was attached:	

IV. JUSTIFICATION OF THE REASONS FOR EXTENDING OR MODIFYING THE SUPPLY LIST.

Note: If you consider any additional information important, you can attach it as an annex.

The document was attached:	

V. REQUIREMENTS FOR THE REQUEST FOR EXTENSION OR MODIFICATION OF THE SUPPLY LIST

a Request for Extension or Modification of List of Supplies ☐

b Report justifying the reasons for the extension or modification of the list of supplies. ☐

c Additional or modified detailed list of supplies necessary for the execution of the clinical trial, according to the established model in the Clinical Trials Procedure Manual (FOR-DIIS-033) ☐

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VI. FIRMA

By signing this application, we declare that the listed investigational products and supplies will be used exclusively in the protocol of the clinical trial in question

Name and signature
Legal Representative (item 2.3)

Date ____/____/____ - Time: