
	FORM	FOR-OGIT-040
	REQUEST FOR CLOSURE OF A RESEARCH CENTER FOR A 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:	
Province:		Department:	

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1.2.3. OTHERS

If you consider any additional information important, add it.

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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. REASON WHY THE CLOSURE OF THE RESEARCH CENTER FOR THE CLINICAL TRIAL IS BEING REQUESTED.

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


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4. INFORMATION REGARDING THE CLOSURE OF THE RESEARCH CENTER

Research Institution	Name of Center Research - RCI	Principal investigator

5. REQUIREMENTS TO REQUEST THE CLOSURE OF A RESEARCH CENTER FOR A CLINICAL TRIAL

<p>to. Request for closure of a research center justifying the reasons for closure (FOR-OGITT-040).</p>	<input type="checkbox"/>
<p>b. Final report of the research center, including all data obtained up to the time of closure.</p>	<input type="checkbox"/>

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6. 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 paragraph 1.7 of article IV of the Preliminary Title of the Single Text Ordered from Law No. 27444 - General Administrative Procedure Law, approved with Decree Supremo 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 of Legal Representative (section 1.2.1)</p>

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.