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| D:\nda\2016\memo\nda logo.jpg | **National Drug Authority**  Plot No. 46 - 48 Lumumba Avenue,  P.O. Box 23096, Kampala, Uganda.  email: [ndaug@nda.or.ug](mailto:ndaug@nda.or.ug); website: [www.nda.or.ug](http://www.nda.or.ug) Tel: +256-414-255665, +256-414-347391/2 |  |
| 4. Format for Declaration by the Investigators | | |

Trial protocol number. . . . . . . . . . .

Name: ………………………………..

Role in trial …………………………..

Trial title: ……………………………..

Site: A current Curriculum Vitae is attached.

I am aware of the responsibilities of my role as . . . . . . . . . . . . . in trial number . . . . . . as required by the legal, ethical and regulatory requirements of Uganda.

I have read and understand the attached Protocol, investigators brochure and supporting documentation and I will comply with the procedures and requirements included in them.

I have read the attached trial application form as submitted to the National Drug Authority in Uganda and confirm that the information is complete, true and accurate, and conform to the protocol and supporting documentation.

I will not commence with this trial before written authorization has been received from the Uganda National Drug Authority and other government bodies as may be required. I will provide the NDA and other relevant bodies with reports as required.

I will obtain Informed consent from all animal owners participating in the trial. I will ensure that every animal in the trial will be treated ethically.

I will ensure that the District Veterinary Officer and the area veterinarian are aware and involved in the trial.

I DECLARE: I have no conflict of interest in terms of financial interests or personal relationships that may inappropriately influence my responsibilities and conduct of this trial.

Initials: . . . . . . . . .

I DECLARE: I have not previously been associated with any trial that has been terminated, or study-site that was closed, due to failure to comply with Good Clinical Practice for the conduct of trials on veterinary medicinal products..

Initials:……………………………………

SIGNED ……………………..DATE ………………………………………………….

WITNESS:……………………NAME ……………………..DATE ………………….