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| D:\nda\2016\memo\nda logo.jpg | National Drug AuthorityPlot 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 |  |
| 7. **Sample Interim or End of Ectoparasiticide Study Summary Report** | | |

Date

The Secretary to the Authority

National Drug Authority

Attention: Head, Drug Information Department

Dear < Insert Name>

INTERIM OR END OF STUDY SUMMARY REPORT <Whichever applicable>

< Trial Protocol Title and Protocol Number>

<NDA reference number>

The following is a summary of the <study title> trial conducted in <insert institution name>:

Number of animals screened: < insert number**>**

Number of animals randomized: **<**insert number**>**

Number of animals discontinued: **<** insert number**>**

Reasons for discontinued: **<**insert number>

Reason for discontinuation: **<**List of individual discontinued animals

Number of animals completed study: **<** insert number**>**

Number of Suspected adverse events: **<** insert number**>**

Number of endpoints: <insert number if applicable, if not, to be removed>

Last batch of drug supplies collected back from site: < insert date>

Last batch of drug supplies sent back to < originating site> for destruction: <insert date>; if local destruction, attach copy of NDA destruction certificate.

List of any changes in trial personnel – including full Curriculum Vitae and declaration

List of monitor and audit reports to date.