Name:………………………………………………………………………….......................

Title of the clinical trial:………………………………………………………………………..

Number of the clinical trial protocol:…………………………………………………………

Clinical trial site:……………………………………………………………………………….

I, the undersigned, declare that:

1. I am familiar with the internationally recognized and national guidelines of internationally accepted Good Clinical Practices Guidelines adopted by the Authority and understand the responsibilities and obligations of the clinical trial monitor within the context of this trial.
2. I have notified the Authority of any aspects of the above with which I do not or which I am unable to, comply. (If applicable, this may be attached to this declaration.)
3. I will carry out my responsibilities as specified in the trial protocol and in accordance with requirements by the Authority on internationally accepted Good Clinical Practices Guidelines adopted by the Authority.
4. I declare that I have no financial or personal relationship(s) which may inappropriately influence me in monitoring this clinical trial.
5. I have\* or have not (delete as applicable) previously been the monitor at a site which has been closed due to failure to comply with internationally accepted Good Clinical Practices Guidelines adopted by the Authority. (\*Attach details.).
6. I have\*or have not (delete as applicable) previously been involved in a clinical trial which has been closed as a result of unethical practices. (\*Attach details).
7. I will submit all required reports when needed.

*Signed* …………………………………… *Date* …………………………

Witness ………………………………………*Date*…………………………