**APPLICATION FOR APPROVAL OF:**

CHANGES IN INVESTIGATOR(S) AT APPROVED SITE (includesadditional investigators)

**ADDITIONAL SITE(S)**

1. Title of the clinical trial:
2. Number of the clinical trial protocol:
3. Date:

# 1. APPLICANT

# Name

1. Address
2. Telephone
3. Fax number

# 2. TRIAL PARTICULARS (original application)

1. Trial approval number:
2. Date of approval of original protocol:
3. Principal investigator approved for this clinical trial:
4. Number of sites approved for this clinical trial:
5. Number of subjects approved for this clinical trial:

# 3. DETAILS OF INVESTIGATOR

1. Name and address of additional investigator or change to investigators: [Proof of ICH - GCP training must be provided for investigators who have not previously participated in clinical trials]
2. Summaries other ongoing or planned studies at the site involving the investigator: [Provide details of studies, including numbers of participants of the clinical trial, whether the investigator is involved in research in a fulltime or part-time capacity, and any other details that may affect the capacity of the site at any one time]
3. Date of application to Uganda National Council for Science and Technology
4. Date of approval by Uganda National Council of Science and Technology
5. Is CV for additional investigator(s) attached?

Yes 

No 

1. Is the declaration of intent attached?

Yes 

No 

(If yes, attach declaration)

# 4. CAPACITY OF THE SITE

Describe how the site is structured so as to be able to take on the work for which this application is being made: [Give details of support staff, facilities, back up and any other relevant infrastructure].

# 5. RATIONALE FOR APPLICATION

 1. Briefly explain the reason for the new investigator or site:

I or we, the undersigned, agree to conduct or manage the above-mentioned trial under the conditions as stated in this application. (The person(s) undertaking legal responsibility should sign this form).

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*Applicant (Sponsor or principal investigator) Date*