National Research Ethics Committee for Clinical Trials (NREC-CT)

Cover Form for a Safety Report

**This cover form should be completed by the Sponsor and should be submitted with any safety reports.**

|  |  |
| --- | --- |
| A. TRIAL IDENTIFICATION |  |
| EudracCT No.: | Click or tap here to enter text. |
| Title of clinical trial: | Click or tap here to enter text. |
| NREC Number: | Click or tap here to enter text. |
| Name of site(s): | Click or tap here to enter text. |
| Submission date: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| B. APPLICANT IDENTIFICATION | |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Institution: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Mobile: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| C. LIST OF ENCLOSED DOCUMENTATION | |
| Reporting Period: | Click or tap here to enter text. |
| Date of Report: | Click or tap to enter a date. |