Annex 10

Declaration of the pharmacist responsible for quality assurance

Study title	
Protocol No.	
The phase of the clinical trial	
Name of manufacturer or company conducting the study	
Adress of manufacturer or company conducting the study	
Principal Investigator's name	
Name of trial site and department	

I, the undersigned pharmacist responsible for quality assurance, declare that the storage conditions of the above-named test facility

Compliant

NOT compliant

to the requirements of the protocol *(underline as appropriate)*

If compliant, the clinical trial products may be delivered directly to and stored at the site.

In non-compliance, the clinical trial product may be delivered and stored at the University Pharmacy site.

Budapest:

Pharmacist responsible for quality assurance

The completed declaration must be sent electronically in PDF format to klinikaikutatas@semmelweis-univ.hu.