

**Notification of the end of the clinical trial**

<b>Principal Investigator:</b>	
<b>Protocol No.:</b>	
<b>Study unique SE identifier:</b>	
<b>Date of Closing visit:</b>	

**Declaration by the Principal Investigator:** (Please select the appropriate section!)

Number of patients:

Number of patients planned:	
Screened number of patients:	
The number of patients included:	
Number of patients completing the entire study/trial	

Budapest,

Principal Investigator:

The completed declaration must be sent electronically in PDF format to [klinikaikutatas@semmelweis-univ.hu](mailto:klinikaikutatas@semmelweis-univ.hu).