

Annex 4

Designation of pharmacist responsible for quality assurance and pharmacist roles

I, _____ the Chief Pharmacist of Semmelweis University.....
..... (name), declare that the following clinical trial

Study title	
Protocol No.	
The phase of the clinical trial	
Name of manufacturer or company conducting the study	
Address of manufacturer or company conducting the study	
Principal Investigator's name	
Name of site and department	
Name of the medicinal product subject to trial	
Storage conditions of the trial preparation	
NNGYK decision number	
Study unique SE identifier	

complies with legal requirements and university procedures.

I further inform you that a pharmacist responsible for quality assurance will be appointed under Regulation 166/2020. (VIII.27.) of Semmelweis University on the provision of inpatient care for inpatient pharmaceuticals:

Name of pharmacist:

Contact data:

After evaluating the pharmacist roles in the protocol, I have concluded that these roles can be delegated. The delegated person will be responsible for fulfilling the pharmacist part of the protocol. Delegated person

- Name:
- Contact data:

Budapest,

Yours sincerely:

Head pharmacist:

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