# Confirmation electronic submission on enclosed CD/DVD (AM\_KlinV)

Valid for clinical trials with medicinal products for human use

and for clinical trials on transplant products, gene therapy products and genetically modified organisms (GMO)

# Application details

|  |  |
| --- | --- |
| Name of Sponsor: | …… |
| Name of Swiss representative: | …… |
| Clinical trial title (Protocol title): | …… |
| Trial Code: | …… |
| \* Swissmedic Case-ID  (*e.g.: 700123*)  *or:**former Swissmedic reference*  *number (e.g.: 2003DR1234)* | …… |

(\* Do not complete in the case of an initial submission of an application for a clinical trial.)

# Confirmation

**I hereby authorise Swissmedic to process the application on the basis of the electronic documents submitted on the enclosed CD/DVD.**

# Signature (*Person authorised to sign*):

|  |  |
| --- | --- |
| Place, date: ……  Signature: …………………………… | |
| Last Name: | …… |
| First Name: | …… |
| Company / Institution: | …… |
| Function/ Role: | …… |
| Phone Number: | …… |
| E-mail Address: | …… |
| **Please send this form together with the CD/DVD to the following address:** | |
| Swissmedic  Schweizerisches Heilmittelinstitut  Hallerstrasse 7  3012 Bern | |