

**REQUEST FOR AUTHORISATION OF A CLINICAL TRIAL ON A MEDICINAL PRODUCT FOR HUMAN USE TO THE COMPETENT AUTHORITIES AND FOR OPINION OF THE ETHICS COMMITTEES IN THE COMMUNITY**

*For official use:*

Date of receiving the request:	Date of request for additional information:	Grounds for non acceptance / negative opinion :
Date of request for information to make it valid:		Give date:
Date of valid application :	Date of receipt of additional / amended information :	Authorisation / positive opinion:
Date of start of procedure :		Give date:
Competent authority registration number :		Withdrawal of application :
Ethics Committee registration number :		Give date :

**A: Trial identification**

**A1. National Competent Authority:**

UK - MHRA

**A2. European Clinical Trials Database (EudraCT) number:**

2015-002340-14

**A3. Full title of the trial:**

Randomized, Embedded, Multifactorial, Adaptive Platform trial for Community-Acquired Pneumonia

**A3-1. Title of the trial for lay people, in easily understood, i.e. non-technical, language**

REMAP-CAP: Randomised, Embedded, Multi-factorial Adaptive Platform Trial for community acquired pneumonia

**A3-2. Name or abbreviated title of the trial where available:**

REMAP-CAP

**A4. Sponsor's protocol:**

Number:

Version: 3.0

Date: 10/07/2019

**A5-1. ISRCTN number, if available :**

**A5-2. US NCT number:**

NCT02735707

**A5-3. Who Universal Trial Reference Number (UTRN)**

U1111-1189-1653

**A5-4. Other Identifiers:**

Name	Identifier
ClinicalTrials.gov	NCT02735707

**A6. Is this a resubmission?**☐ Yes ☒ No**A7. Is the trial part of a Paediatric Investigation Plan?**☐ Yes ☒ No ☐ Not Answered**B: Identification of the sponsor responsible for the request****B1. Sponsor****SP1****Contact person**

Name of organisation University Medical Centre Utrecht

Given name Wilma

Family name van Bentum-Puijk

Address Heidelberglaan 100 (Room number: Str. 3.116), 3584 CX Utrecht, The Netherlands

Town/city Utrecht

Post code 3584 CX

Country NETHERLANDS

Telephone 0887555196

Fax 0887568099

E-mail W.W.Puijk-2@umcutrecht.nl

**B2. Legal representative in the European Economic Area for the purpose of this trial**

*A legal representative must be appointed for a clinical trial of an investigational medicinal product if the sponsor is not established within the European Economic Area (EEA) (see article 19 of Directive 2001/20/EC). If this applies, please enclose evidence that the legal representative is established within the EEA and has accepted the role of legal representative.*

**Legal Representative 1****Contact person**

Name of organisation University Medical Centre Utrecht

Given name	Albert
Family name	Vermaas
Address	Heidelberglaan 100, 3584 CX Utrecht, The Netherlands
Town/city	Utrecht
Post code	3584 CX
Country	NETHERLANDS
Telephone	
Fax	
E-mail	A.M.Vermaas@umcutrecht.nl

**B3. Status of the sponsor:** Non-Commercial

**B.4 Source(s) of Monetary or Material Support for the clinical trial (repeat as necessary):**

Name of organisation	
Country	

**B.5 Contact point designated by the sponsor for further information on the trial:**

Name of organisation	ICNARC
Functional name of contact point	Farah Al-Beidh
Street Address	24 Napier House, High Holborn
Town/city	London
Post code	WC1V 6AZ
Country	UNITED KINGDOM
Telephone	02033110211
Fax	
E-mail	farah.al-beidh@icnarc.org

**C: Applicant identification**

**C1. Request for the competent authority**

**C1-1. Who is responsible for the Clinical Trial Authorisation Application?**

Sponsor

**C1-4. Complete the details of the applicant below even if they are provided elsewhere on the form:**

**Contact person**

Person or organisation name: UMC Utrecht  
 Contact person Given name Wilma  
 Contact person Family name van Bentum-Puijk  
 Address Heidelberglaan 100  
 Town/city Utrecht  
 Post code 3584 CX  
 Country NETHERLANDS  
 Telephone 310887555196  
 Fax 310887568099  
 E-mail w.w.puijk-2@umcutrecht.nl

**C1-5. Do you want a xml file copy of the CTA form data saved on EudraCT?**

☐ Yes ☒ No ☐ Not Answered

**C2.Request for ethics committee**

**C2-1. Who is responsible for the Clinical Trial Authorisation Application?**

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**C2-5. Complete the details of the applicant below even if they are provided elsewhere on the form**

Person or organisation name: .....  
 Title: .....  
 Forename/Initials: .....  
 Surname: .....  
 Middlename: .....  
 Address: .....  
 Town/city: .....  
 Post code: .....  
 Country: .....  
 Telephone: .....  
 Fax: .....  
 E-mail: .....

## Part D: Investigational Medicinal Products

### D: Information on the IMPs

*Information on each "bulk product" before trial-specific operations (blinding, trial specific packaging and labelling) should be provided in this section for each investigational medicinal product (IMP) being tested including each comparator, if applicable. If the trial is performed with several products please create a separate set of the following questions for each product. If the product is a combination product please give separate information for each active substance.*

*Click on the first row and enter details of the product in the following screens. When you have completed the details, click on the navigate button or the "See All" link and return to this section to enter details of the next product. When you have completed details of all products please move to question D7 using the navigation screen.*

### D. Investigational medicinal products

PR1 [ceftriaxone](#)

PR2 [moxifloxacin](#)

PR3 [levofloxacin](#)

PR4 [piperacilin-tazobactam](#)

PR5 [ceftaroline](#)

PR6 [amoxicillin-clavulanate](#)

PR7 [azithromycin](#)

PR8 [clarithromycin](#)

PR10 [hydrocortisone](#)

PR11 [interferon beta-1a](#)

PR12 [anakinra](#)

PR13 [Lopinavir/Ritonavir Mylan](#)

PR15 [hydroxychloroquine](#)

PR16 [tocilizumab](#)

PR17 [Sarilumab](#)

### D1. Indicate which of the following is described below then repeat as necessary for each:

This refers to the IMP number: **PR1**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

### D2-1. Does the IMP to be used in the trial have a marketing authorisation?

☒ Yes ☐ No ☐ Not Answered

Trade name:

ceftriaxone

EV Product Code

Name of the MA holder:

RANBAXY (UK)

MA number (if MA granted by a Member State):

PL 14894 / 0342

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

UNITED KINGDOM

Is this the Member State concerned with this application?

☒ Yes ☐ No ☐ Not Answered**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☐ Yes ☒ No ☐ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**☐ Yes ☒ No ☐ Not Answered**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☐ No ☒ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☐ No ☒ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP****D3-1.**

D.3.1 Product name where applicable	ceftriaxone
D.3.2 Product code where applicable	ceftriaxone
D.3.3 ATC codes, if officially registered	J01DD04
D.3.4 Pharmaceutical form (use standard terms)	Powder for solution for injection or infusion
D.3.4.1 Is this a specific paediatric formulation?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
D.3.5 Maximum duration of treatment of a subject according to the protocol	1-2g daily of ceftriaxone, once a day infusion for as many days as is clinically necessary

**D.3.6 Dose allowed**

D.3.6.1 First dose for first-in-human clinical trial	ceftriaxone has a well established safety profile in patients with pneumonia. As in normal clinical care patients will be prescribed 1-2mg / day for as long as is clinically necessary
D.3.6.1 Specify per day or total:	<input checked="" type="radio"/> per day <input type="radio"/> total <input type="radio"/> Not Answered
D.3.6.1 Specify total dose (number and unit)	1-2 g gram(s)
D.3.6.1 Route of administration (relevant to the first dose):	Intravenous Use
D.3.6.2 Maximum dose	4g/day

allowed

D.3.6.2 Specify per day or total ☒ per day ☐ total ☐ Not Answered

D.3.6.2 Specify total dose (number and unit) 4 g gram(s)

D.3.6.2 Route of administration (relevant to the maximum dose): Intravenous Use

**D.3.7 Routes of administration for this IMP**

Intravascular Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3-8. Active substances**

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

**Active Substance 1**

Name of active substance (INN or proposed INN if available): ceftriaxone sodium

CAS number: 73384-59-5

Current sponsor code:

Other descriptive name:

Full Molecular formula C18-H18-N8-O7-S3

Chemical/biological description of the Active Substance

*Strength*

Concentration unit: g gram(s)

Concentration type: equal

Concentration number (only use both fields for range): 1

**D3-11. Type of IMP**

Does the IMP contain an active substance:

Of chemical origin? ☒ Yes ☐ No ☐ Not AnsweredOf biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered*Is this a:*Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not AnsweredCombination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not AnsweredRadiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not Answered



- Immunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not Answered
- Plasma derived medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Extractive medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Recombinant medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Medicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not Answered
- Herbal medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Homeopathic medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Another type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. Ceftriaxone inhibits bacterial cell wall synthesis following attachment to penicillin binding proteins (PBPs). This results in the interruption of cell wall (peptidoglycan) biosynthesis, which leads to bacterial cell lysis and death.*

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered

<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable

<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

<sup>(6)</sup> Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR2**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

moxifloxacin

EV Product Code

Name of the MA holder:

Bayer

MA number (if MA granted by a Member State):

PL 00010/0291

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

UNITED KINGDOM

Is this the Member State concerned with this application?

☒ Yes ☐ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☐ Yes ☒ No ☐ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☐ No ☒ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☐ No ☒ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP**

**D3-1.**

D.3.1 Product name where applicable      moxifloxacin

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered      J01MA14

D.3.4 Pharmaceutical form (use standard terms)      Solution For Infusion

D.3.4.1 Is this a specific paediatric formulation?      ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol      400mg daily of moxifloxacin, for as many days as is clinically necessary

**D.3.6 Dose allowed**

D.3.6.1 First dose for first-in-human clinical trial	400mg daily of moxifloxacin, for as many days as is clinically necessary
D.3.6.1 Specify per day or total:	<input checked="" type="radio"/> per day <input type="radio"/> total <input type="radio"/> Not Answered
D.3.6.1 Specify total dose (number and unit)	400      mg milligram(s)
D.3.6.1 Route of administration (relevant to the first dose):	Intravenous Use

D.3.6.2 Maximum dose allowed	400mg
D.3.6.2 Specify per day or total	<input checked="" type="radio"/> per day <input type="radio"/> total <input type="radio"/> Not Answered
D.3.6.2 Specify total dose (number and unit)	400      mg milligram(s)
D.3.6.2 Route of administration (relevant to the maximum dose):	Intravenous Use

**D.3.7 Routes of administration for this IMP**

Intravenous Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3-8. Active substances**

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

**Active Substance 1**

Name of active substance (INN or proposed INN if available):	moxifloxacin hydrochloride
CAS number:	354812-41-2
Current sponsor code:	
Other descriptive name:	
Full Molecular formula	C <sub>21</sub> H <sub>24</sub> FN <sub>3</sub> O <sub>4</sub>
Chemical/biological description of the Active Substance	
<i>Strength</i>	
Concentration unit:	mg/ml milligram(s)/millilitre
Concentration type:	equal
Concentration number (only use both fields for range):	1.6

**D3-11. Type of IMP**

Does the IMP contain an active substance:

- Of chemical origin? ☒ Yes ☐ No ☐ Not Answered
- Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered
- Is this a:*
- Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not Answered
- Combination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not Answered
- Radiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Immunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not Answered
- Plasma derived medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Extractive medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Recombinant medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Medicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not Answered
- Herbal medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Homeopathic medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Another type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. Moxifloxacin inhibits bacterial type II topoisomerases (DNA gyrase and topoisomerase IV) that are required for bacterial DNA replication, transcription and repair*

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered

<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable

<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

<sup>(6)</sup> Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR3**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

levofloxacin

EV Product Code

Name of the MA holder:

Amneal Pharma Europe Ltd

MA number (if MA granted by a Member State):

PL 42357/0192

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

IRELAND

Is this the Member State concerned with this application?

☒ Yes ☐ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☐ Yes ☒ No ☐ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☐ No ☒ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☐ No ☒ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP**

**D3-1.**

D.3.1 Product name where applicable      levofloxacin

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered      J01MA12

D.3.4 Pharmaceutical form (use standard terms)      Solution For Infusion

D.3.4.1 Is this a specific paediatric formulation?      ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol      500 mg once or twice daily for as many days as is clinically necessary (typically 5-10 days)

**D.3.6 Dose allowed**

D.3.6.1 First dose for first-in-human clinical trial 500 mg once or twice daily  
 D.3.6.1 Specify per day or total: ☒ per day ☐ total ☐ Not Answered  
 D.3.6.1 Specify total dose (number and unit) 1000 mg  
 milligram(s)  
 D.3.6.1 Route of administration (relevant to the first dose): Intravenous Use

D.3.6.2 Maximum dose allowed 1000 mg /day  
 D.3.6.2 Specify per day or total: ☒ per day ☐ total ☐ Not Answered  
 D.3.6.2 Specify total dose (number and unit) 1000 mg  
 milligram(s)  
 D.3.6.2 Route of administration (relevant to the maximum dose): Intravenous Use

**D.3.7 Routes of administration for this IMP**

Intravenous Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3-8. Active substances**

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

**Active Substance 1**

Name of active substance (INN or proposed INN if available): levofloxacin hemihydrate

CAS number: 100986-85-4

Current sponsor code:

Other descriptive name:

Full Molecular formula C18H20FN3O4

Chemical/biological description of the Active Substance

**Strength**

Concentration unit: mg/ml milligram(s)/millilitre

Concentration type: equal

Concentration number (only use both fields for range): 5

**D3-11. Type of IMP**

Does the IMP contain an active substance:

Of chemical origin? ☒ Yes ☐ No ☐ Not Answered

Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered



*Is this a:*

Advanced Therapy IMP (ATIMP) <sup>(1)</sup>

☐ Yes ☒ No ☐ Not Answered

Combination product that includes a device, but does not involve an Advanced Therapy

☐ Yes ☒ No ☐ Not Answered

Radiopharmaceutical medicinal product?

☐ Yes ☒ No ☐ Not Answered

Immunological medicinal product (e.g. vaccine, allergen, immune serum)?

☐ Yes ☒ No ☐ Not Answered

Plasma derived medicinal product?

☐ Yes ☒ No ☐ Not Answered

Extractive medicinal product?

☐ Yes ☒ No ☐ Not Answered

Recombinant medicinal product?

☐ Yes ☒ No ☐ Not Answered

Medicinal product containing genetically modified organisms?

☐ Yes ☒ No ☐ Not Answered

Herbal medicinal product?

☐ Yes ☒ No ☐ Not Answered

Homeopathic medicinal product?

☐ Yes ☒ No ☐ Not Answered

Another type of medicinal product?

☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. As a fluoroquinolone antibacterial agent, levofloxacin acts on the DNA-DNA-gyrase complex and topoisomerase IV.*

Is it an IMP to be used in a first-in-human clinical trial?

☐ Yes ☒ No ☐ Not Answered

<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable

<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

<sup>(6)</sup> Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR4**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

piperacilin-tazobactam

EV Product Code

Name of the MA holder:

Hospira UK Limited

MA number (if MA granted by a Member State):

PL 04515/0374

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

UNITED KINGDOM

Is this the Member State concerned with this application?

☒ Yes ☐ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☐ Yes ☒ No ☐ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☐ No ☒ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☐ No ☒ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP**

**D3-1.**

D.3.1 Product name where applicable      piperacilin-tazobactam

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered      J01C R05

D.3.4 Pharmaceutical form (use standard terms)      Powder for solution for injection or infusion

D.3.4.1 Is this a specific paediatric formulation?      ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol      4g piperacillin / 0.5g tazobactam given every 6-8 hours  
Piperacillin/tazobactam 4 g / 0.5 g is administered by intravenous infusion (over 30 minutes) for as many days as is clinically necessary (typically 5-10 days)

**D.3.6 Dose allowed**

D.3.6.1 First dose for first-in-human clinical trial	Piperacillin/tazobactam 16g / 2g
D.3.6.1 Specify per day or total:	<input checked="" type="radio"/> per day <input type="radio"/> total <input type="radio"/> Not Answered
D.3.6.1 Specify total dose (number and unit)	16 / 2.0 <sup>g</sup> gram(s)
D.3.6.1 Route of administration (relevant to the first dose):	Intravenous Use

D.3.6.2 Maximum dose allowed	Piperacillin/tazobactam 16 g / 2.0 g
D.3.6.2 Specify per day or total:	<input checked="" type="radio"/> per day <input type="radio"/> total <input type="radio"/> Not Answered
D.3.6.2 Specify total dose (number and unit)	16 / 2.0 <sup>g</sup> gram(s)
D.3.6.2 Route of administration (relevant to the maximum dose):	Intravascular Use

**D.3.7 Routes of administration for this IMP**

Intravenous Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3-8. Active substances**

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

**Active Substance 1**

Name of active substance (INN or proposed INN if available):	Piperacillin
CAS number:	61477-96-1
Current sponsor code:	
Other descriptive name:	
Full Molecular formula	C23H27N5O7S
Chemical/biological description of the Active Substance	
<b>Strength</b>	
Concentration unit:	g gram(s)
Concentration type:	equal
Concentration number (only use both fields for range):	4

**Active Substance 2**

Name of active substance (INN or proposed INN if available):	tazobactam
CAS number:	89786-04-9
Current sponsor code:	

Other descriptive name:

Full Molecular formula C10H12N4O5S

Chemical/biological description of the Active Substance

*Strength*

Concentration unit: g gram(s)

Concentration type: equal

Concentration number (only use both fields for range): 0.5

**D3-11. Type of IMP**

Does the IMP contain an active substance:

Of chemical origin? ☒ Yes ☐ No ☐ Not AnsweredOf biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered*Is this a:*Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not AnsweredCombination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not AnsweredRadiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not AnsweredImmunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not AnsweredPlasma derived medicinal product? ☐ Yes ☒ No ☐ Not AnsweredExtractive medicinal product? ☐ Yes ☒ No ☐ Not AnsweredRecombinant medicinal product? ☐ Yes ☒ No ☐ Not AnsweredMedicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not AnsweredHerbal medicinal product? ☐ Yes ☒ No ☐ Not AnsweredHomeopathic medicinal product? ☐ Yes ☒ No ☐ Not AnsweredAnother type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action.* Piperacillin, a broad spectrum, semisynthetic penicillin exerts bactericidal activity by inhibition of both septum and cell-wall synthesis.

Tazobactam, a beta-lactam structurally related to penicillins, is an inhibitor of many beta-lactamases which commonly cause resistance to penicillins and cephalosporins but it does not inhibit AmpC enzymes or metallo beta-lactamases. Tazobactam extends the antibiotic spectrum to those bacteria that have acquired resistance to piperacillin

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> *As defined in Article 2(1)(b) of Regulation 1394/2007/EC*

<sup>(6)</sup> *Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007*

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**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR5**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

ceftaroline

EV Product Code

Name of the MA holder:

Pfizer Ireland Pharmaceuticals

MA number (if MA granted by a Member State):

EU/1/12/785/001

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

IRELAND

Is this the Member State concerned with this application?

☒ Yes ☐ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☐ Yes ☒ No ☐ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☐ No ☒ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☐ No ☒ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP**

**D3-1.**

D.3.1 Product name where applicable      ceftaroline

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered      J01DI02

D.3.4 Pharmaceutical form (use standard terms)      Powder For Concentrate For Solution For Infusion

D.3.4.1 Is this a specific paediatric formulation?      ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol      600mg, every 12 hours for as long as is required

**D.3.6 Dose allowed**



D.3.6.1 First dose for first-in-human clinical trial 600mg, every 12 hours  
 D.3.6.1 Specify per day or total: ☒ per day ☐ total ☐ Not Answered  
 D.3.6.1 Specify total dose (number and unit) 1200 mg  
 milligram(s)  
 D.3.6.1 Route of administration (relevant to the first dose): Intravenous Use

D.3.6.2 Maximum dose allowed 1200mg  
 D.3.6.2 Specify per day or total: ☒ per day ☐ total ☐ Not Answered  
 D.3.6.2 Specify total dose (number and unit) 1200 mg  
 milligram(s)  
 D.3.6.2 Route of administration (relevant to the maximum dose): Intravenous Use

**D.3.7 Routes of administration for this IMP**

Intravenous Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3-8. Active substances**

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

**Active Substance 1**

Name of active substance (INN or proposed INN if available): ceftaroline fosamil acetic acid solvate monohydrate

CAS number: 400827-46-5

Current sponsor code:

Other descriptive name:

Full Molecular formula C<sub>24</sub>H<sub>25</sub>N<sub>8</sub>O<sub>10</sub>PS<sub>4</sub>

Chemical/biological description of the Active Substance

**Strength**

Concentration unit: mg/ml milligram(s)/millilitre

Concentration type: equal

Concentration number (only use both fields for range): 30

**D3-11. Type of IMP**

Does the IMP contain an active substance:

Of chemical origin? ☒ Yes ☐ No ☐ Not Answered

Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered

Is this a:

Advanced Therapy IMP (ATIMP) <sup>(1)</sup>

☐ Yes ☒ No ☐ Not Answered

Combination product that includes a device, but does not involve an Advanced Therapy

☐ Yes ☒ No ☐ Not Answered

Radiopharmaceutical medicinal product?

☐ Yes ☒ No ☐ Not Answered

Immunological medicinal product (e.g. vaccine, allergen, immune serum)?

☐ Yes ☒ No ☐ Not Answered

Plasma derived medicinal product?

☐ Yes ☒ No ☐ Not Answered

Extractive medicinal product?

☐ Yes ☒ No ☐ Not Answered

Recombinant medicinal product?

☐ Yes ☒ No ☐ Not Answered

Medicinal product containing genetically modified organisms?

☐ Yes ☒ No ☐ Not Answered

Herbal medicinal product?

☐ Yes ☒ No ☐ Not Answered

Homeopathic medicinal product?

☐ Yes ☒ No ☐ Not Answered

Another type of medicinal product?

☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action.* In vitro studies have shown that ceftaroline is bactericidal and able to inhibit bacterial cell wall synthesis in methicillin-resistant Staphylococcus aureus (MRSA) and penicillin non-susceptible Streptococcus pneumoniae (PNSP) due to its affinity for the altered penicillin-binding proteins (PBPs) found in these organisms

Is it an IMP to be used in a first-in-human clinical trial?

☐ Yes ☒ No ☐ Not Answered

<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable

<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

<sup>(6)</sup> Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR6**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

amoxicillin-clavulanate

EV Product Code

Name of the MA holder:

Sandoz Ltd

MA number (if MA granted by a Member State):

PL 04416/0634

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

UNITED KINGDOM

Is this the Member State concerned with this application?

☒ Yes ☐ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☐ Yes ☒ No ☐ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☐ No ☒ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☐ No ☒ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP**

**D3-1.**

D.3.1 Product name where applicable amoxicillin-clavulanate

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered J01CR02

D.3.4 Pharmaceutical form (use standard terms) Powder for solution for injection or infusion

D.3.4.1 Is this a specific paediatric formulation? ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol 1000 mg/ 200 mg every 6-8 hours for as many days as is clinically necessary (typically 5-10 days)

**D.3.6 Dose allowed**

D.3.6.1 First dose for first-in-human clinical trial	1000 mg/ 200 mg every 6-8 hours
D.3.6.1 Specify per day or total:	<input checked="" type="radio"/> per day <input type="radio"/> total <input type="radio"/> Not Answered
D.3.6.1 Specify total dose (number and unit)	4000 / 800 mg milligram(s)
D.3.6.1 Route of administration (relevant to the first dose):	Intravenous Use

  

D.3.6.2 Maximum dose allowed	total daily dose of 3000 mg amoxicillin and 600 mg clavulanic acid
D.3.6.2 Specify per day or total	<input checked="" type="radio"/> per day <input type="radio"/> total <input type="radio"/> Not Answered
D.3.6.2 Specify total dose (number and unit)	4000/800 mg milligram(s)
D.3.6.2 Route of administration (relevant to the maximum dose):	Intravenous Use

**D.3.7 Routes of administration for this IMP**

Intravenous Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3-8. Active substances**

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

**Active Substance 1**

Name of active substance (INN or proposed INN if available): sodium amoxicillin

CAS number: 26787-78-0

Current sponsor code:

Other descriptive name:

Full Molecular formula C<sub>16</sub>H<sub>19</sub>N<sub>3</sub>O<sub>5</sub>S

Chemical/biological description of the Active Substance

**Strength**

Concentration unit: mg milligram(s)

Concentration type: equal

Concentration number (only use both fields for range): 1000

**Active Substance 2**

Name of active substance (INN or proposed INN if available): potassium clavulanate

CAS number: 61177-45-5

Current sponsor code:

Other descriptive name:

Full Molecular formula C8H8NO5.K

Chemical/biological description of the Active Substance

*Strength*

Concentration unit: mg milligram(s)

Concentration type: equal

Concentration number (only use both fields for range): 200

**D3-11. Type of IMP**

Does the IMP contain an active substance:

Of chemical origin? ☒ Yes ☐ No ☐ Not AnsweredOf biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered*Is this a:*Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not AnsweredCombination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not AnsweredRadiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not AnsweredImmunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not AnsweredPlasma derived medicinal product? ☐ Yes ☒ No ☐ Not AnsweredExtractive medicinal product? ☐ Yes ☒ No ☐ Not AnsweredRecombinant medicinal product? ☐ Yes ☒ No ☐ Not AnsweredMedicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not AnsweredHerbal medicinal product? ☐ Yes ☒ No ☐ Not AnsweredHomeopathic medicinal product? ☐ Yes ☒ No ☐ Not AnsweredAnother type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. Amoxicillin is a semisynthetic penicillin that inhibits one or more enzymes in the biosynthetic pathway of bacterial peptidoglycan, which is an integral structural component of the bacterial cell wall. Inhibition of peptidoglycan synthesis leads to weakening of the cell wall, which is usually followed by cell lysis and death. Clavulanic acid inactivates some beta-lactamase enzymes thereby preventing inactivation of amoxicillin.*

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

*(6) Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007*

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**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR7**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

azithromycin

EV Product Code

Name of the MA holder:

Aspire Pharma Ltd

MA number (if MA granted by a Member State):

PL 35533/0026

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

UNITED KINGDOM

Is this the Member State concerned with this application?

☒ Yes ☐ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☐ Yes ☒ No ☐ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD



☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☐ No ☒ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☐ No ☒ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP**

**D3-1.**

D.3.1 Product name where applicable azithromycin

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered J01FA10

D.3.4 Pharmaceutical form (use standard terms) Powder For Solution For Infusion

D.3.4.1 Is this a specific paediatric formulation? ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol 500 mg administered as a single intravenous daily dose for up to 14 days

**D.3.6 Dose allowed**

D.3.6.1 First dose for first-in-human clinical trial 500 mg administered as a single intravenous daily  
 D.3.6.1 Specify per day or total: ☐ per day ☐ total ☐ Not Answered  
 D.3.6.1 Specify total dose (number and unit) 500 mg  
 milligram(s)  
 D.3.6.1 Route of administration (relevant to the first dose): Intravenous Use

D.3.6.2 Maximum dose allowed 500 mg administered as a single intravenous daily  
 D.3.6.2 Specify per day or total: ☒ per day ☐ total ☐ Not Answered  
 D.3.6.2 Specify total dose (number and unit) 500 mg  
 milligram(s)  
 D.3.6.2 Route of administration (relevant to the maximum dose): Intravenous Use

**D.3.7 Routes of administration for this IMP**

Intravenous Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3-8. Active substances**

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

**Active Substance 1**

Name of active substance (INN or proposed INN if available): azithromycin dihydrate

CAS number: 83905-01-5

Current sponsor code:

Other descriptive name:

Full Molecular formula C38H72N2O12

Chemical/biological description of the Active Substance

**Strength**

Concentration unit: mg/ml milligram(s)/millilitre

Concentration type: equal

Concentration number (only use both fields for range): 100

**D3-11. Type of IMP**

Does the IMP contain an active substance:

Of chemical origin? ☒ Yes ☐ No ☐ Not Answered

Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered

Is this a:

Advanced Therapy IMP (ATIMP) <sup>(1)</sup>

☐ Yes ☒ No ☐ Not Answered

Combination product that includes a device, but does not involve an Advanced Therapy

☐ Yes ☒ No ☐ Not Answered

Radiopharmaceutical medicinal product?

☐ Yes ☒ No ☐ Not Answered

Immunological medicinal product (e.g. vaccine, allergen, immune serum)?

☐ Yes ☒ No ☐ Not Answered

Plasma derived medicinal product?

☐ Yes ☒ No ☐ Not Answered

Extractive medicinal product?

☐ Yes ☒ No ☐ Not Answered

Recombinant medicinal product?

☐ Yes ☒ No ☐ Not Answered

Medicinal product containing genetically modified organisms?

☐ Yes ☒ No ☐ Not Answered

Herbal medicinal product?

☐ Yes ☒ No ☐ Not Answered

Homeopathic medicinal product?

☐ Yes ☒ No ☐ Not Answered

Another type of medicinal product?

☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. The mechanism of action of azithromycin is based upon the suppression of bacterial protein synthesis by means of binding to the ribosomal 50s sub-unit and inhibition of peptide translocation.*

Is it an IMP to be used in a first-in-human clinical trial?

☐ Yes ☒ No ☐ Not Answered

<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable

<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

<sup>(6)</sup> Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR8**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

clarithromycin

EV Product Code

Name of the MA holder:

Mercury Pharmaceuticals Ltd.,

MA number (if MA granted by a Member State):

PL 12762/0404

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

UNITED KINGDOM

Is this the Member State concerned with this application?

☒ Yes ☐ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☐ Yes ☒ No ☐ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☐ No ☒ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☐ No ☒ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP**

**D3-1.**

D.3.1 Product name where applicable clarithromycin

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered J01FA09

D.3.4 Pharmaceutical form (use standard terms) Powder for solution for injection or infusion

D.3.4.1 Is this a specific paediatric formulation? ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol 1.0 gram daily of Clarithromycin powder for concentrate for solution for infusion for upto 14 days

**D.3.6 Dose allowed**

D.3.6.1 First dose for first-in-human clinical trial 1.0 gram daily of Clarithromycin powder for concentrate for solution for infusion.

D.3.6.1 Specify per day or total: ☒ per day ☐ total ☐ Not Answered

D.3.6.1 Specify total dose (number and unit) 1 g  
gram(s)

D.3.6.1 Route of administration (relevant to the first dose): Intravenous Use

D.3.6.2 Maximum dose allowed 1.0 gram daily of Clarithromycin powder for concentrate for solution for infusion.

D.3.6.2 Specify per day or total: ☒ per day ☐ total ☐ Not Answered

D.3.6.2 Specify total dose (number and unit) 1 g  
gram(s)

D.3.6.2 Route of administration (relevant to the maximum dose): Intravenous Use

**D.3.7 Routes of administration for this IMP**

Intravenous Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3-8. Active substances**

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

**Active Substance 1**

Name of active substance (INN or proposed INN if available): clarithromycin

CAS number: 81103-11-9

Current sponsor code:

Other descriptive name:

Full Molecular formula C38H69NO13

Chemical/biological description of the Active Substance

**Strength**

Concentration unit: mg/ml milligram(s)/millilitre

Concentration type: equal

Concentration number (only use both fields for range): 2

**D3-11. Type of IMP**

Does the IMP contain an active substance:

- Of chemical origin? ☒ Yes ☐ No ☐ Not Answered
- Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered
- Is this a:*
- Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not Answered
- Combination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not Answered
- Radiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Immunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not Answered
- Plasma derived medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Extractive medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Recombinant medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Medicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not Answered
- Herbal medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Homeopathic medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Another type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. The mechanism of action of clarithromycin is based on the inhibition of the protein biosynthesis by its binding to the 50S subunit of the bacterial ribosome.*

The 14(R)-hydroxy metabolite of clarithromycin, a product of the metabolism of the parent substance which is found in humans, also has an antibacterial effect.

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered

<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable

<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

<sup>(6)</sup> Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR10**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

hydrocortisone

EV Product Code

Name of the MA holder:

Pfizer

MA number (if MA granted by a Member State):

PL 00057/1050

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

UNITED KINGDOM

Is this the Member State concerned with this application?

☒ Yes ☐ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☐ Yes ☒ No ☐ Not Answered

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD



☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☐ No ☒ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☐ No ☒ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP**

**D3-1.**

D.3.1 Product name where applicable hydrocortisone

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered H02AB09

D.3.4 Pharmaceutical form (use standard terms) Powder for solution for injection or infusion

D.3.4.1 Is this a specific paediatric formulation? ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol Intravenous Hydrocortisone, 50 milligrams (mg) every 6 hours for up-to 7 days

**D.3.6 Dose allowed**

D.3.6.1 First dose for first-in-human clinical trial Intravenous Hydrocortisone, 50 milligrams (mg) every 6 hours for up-to 7 days

D.3.6.1 Specify per day or total: ☒ per day ☐ total ☐ Not Answered

D.3.6.1 Specify total dose (number and unit) 200 mg milligram(s)

D.3.6.1 Route of administration (relevant to the first dose): Intravenous Use

D.3.6.2 Maximum dose allowed 200mg

D.3.6.2 Specify per day or total: ☒ per day ☐ total ☐ Not Answered

D.3.6.2 Specify total dose (number and unit) 200 mg milligram(s)

D.3.6.2 Route of administration (relevant to the maximum dose): Intravenous Use

**D.3.7 Routes of administration for this IMP**

Intravenous Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3-8. Active substances**

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

**Active Substance 1**

Name of active substance (INN or proposed INN if available): hydrocortisone sodium succinate

CAS number: 125-04-2

Current sponsor code:

Other descriptive name:

Full Molecular formula C<sub>25</sub>H<sub>34</sub>NaO<sub>8</sub>

Chemical/biological description of the Active Substance

**Strength**

Concentration unit: mg milligram(s)

Concentration type: equal

Concentration number (only use both fields for range): 133.7

**D3-11. Type of IMP**

Does the IMP contain an active substance:

- Of chemical origin? ☒ Yes ☐ No ☐ Not Answered
- Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered
- Is this a:*
- Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not Answered
- Combination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not Answered
- Radiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Immunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not Answered
- Plasma derived medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Extractive medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Recombinant medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Medicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not Answered
- Herbal medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Homeopathic medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Another type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action.*

Corticosteroids exhibit anti-inflammatory, antipruritic, and vasoconstrictive properties. At the cellular level, corticosteroids induce peptides called lipocortins. Lipocortins antagonize phospholipase A2, an enzyme which causes the breakdown of leukocyte lysosomal membranes to release arachidonic acid. This action decreases the subsequent formation and release of endogenous inflammatory mediators including prostaglandins, kinins, histamine, liposomal enzymes and the complement system

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered

<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable

<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

<sup>(6)</sup> Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR11**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

interferon beta-1a

EV Product Code

Name of the MA holder:

MA number (if MA granted by a Member State):

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

Is this the Member State concerned with this application?

☐ Yes ☒ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☒ No ☐ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☒ No ☐ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

### D3. Description of IMP

#### D3-1.

D.3.1 Product name where applicable      interferon beta-1a

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered      L03AB07

D.3.4 Pharmaceutical form (use standard terms)      Solution for injection in pre-filled syringe

D.3.4.1 Is this a specific paediatric formulation?      ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol      IFN-β1a will be administered once daily for 6 days or until ICU discharge, whichever occurs first.

#### D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial

D.3.6.1 Specify per day or total: ☒ per day ☐ total ☐ Not Answered

D.3.6.1 Specify total dose (number and unit) 10 µg microgram(s)

D.3.6.1 Route of administration (relevant to the first dose): Intravenous Bolus Use(Noncurrent)

D.3.6.2 Maximum dose allowed IFN-β1a 10 µg will be diluted in 1 mL of sterile water. The diluted IFN-β1a will be administered as an intravenous bolus injection via a central or peripheral line. The injection will be followed with a 5 mL flush of sterile saline.

D.3.6.2 Specify per day or total: ☒ per day ☐ total ☐ Not Answered

D.3.6.2 Specify total dose (number and unit) 10 µg microgram(s)

D.3.6.2 Route of administration (relevant to the maximum dose): Intravenous Bolus Use(Noncurrent)

#### D.3.7 Routes of administration for this IMP

Intravenous Bolus Use(Noncurrent)

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

#### D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

##### Active Substance 1

Name of active substance (INN or proposed INN if available): interferon beta-1a.

CAS number: 145258-61-3

Current sponsor code:

Other descriptive name: Rebif

Full Molecular formula C908H1408N246O252S7

Chemical/biological description of the Active Substance

*Strength*

Concentration unit: µg microgram(s)

Concentration type: equal

Concentration number (only use both fields for range): 10

#### D3-11. Type of IMP

Does the IMP contain an active substance:

Of chemical origin? ☐ Yes ☒ No ☐ Not Answered

Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☒ Yes ☐ No ☐ Not Answered

*Is this a:*

Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not Answered

Combination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not Answered

Radiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not Answered

Immunological medicinal product (e.g. vaccine, allergen, immune serum)? ☒ Yes ☐ No ☐ Not Answered

Plasma derived medicinal product? ☐ Yes ☒ No ☐ Not Answered

Extractive medicinal product? ☐ Yes ☒ No ☐ Not Answered

Recombinant medicinal product? ☐ Yes ☒ No ☐ Not Answered

Medicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not Answered

Herbal medicinal product? ☐ Yes ☒ No ☐ Not Answered

Homeopathic medicinal product? ☐ Yes ☒ No ☐ Not Answered

Another type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action.* interferon beta-1a is an immunostimulant. Interferons are a group of endogenous glycoproteins endowed with immunomodulatory, antiviral and antiproliferative properties.

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered

<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable

<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

<sup>(6)</sup> Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR12**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

anakinra

EV Product Code

Name of the MA holder:

MA number (if MA granted by a Member State):

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

Is this the Member State concerned with this application?

☐ Yes ☒ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered



*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☒ No ☐ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☒ No ☐ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

### D3. Description of IMP

#### D3-1.

D.3.1 Product name where applicable

anakinra

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered

L04AC03

D.3.4 Pharmaceutical form (use standard terms)

Solution for injection/infusion in pre-filled syringe

D.3.4.1 Is this a specific paediatric formulation?

☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol

Anakinra will be administered once daily until the patient has been breathing without receiving invasive mechanical ventilation for more than 24 hours or for 14 days in patients who continue to receive invasive mechanical ventilation.

#### D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial

D.3.6.1 Specify per day or total: ☒ per day ☐ total ☐ Not Answered

D.3.6.1 Specify total dose (number and unit) 300 mg milligram(s)

D.3.6.1 Route of administration (relevant to the first dose): Intravenous Bolus Use(Noncurrent)

D.3.6.2 Maximum dose allowed 300 mg of anakinra will be administered as an intravenous bolus injection via a central or peripheral line once daily. In patients receiving renal replacement therapy, anakinra will be dosed only on alternate days.

D.3.6.2 Specify per day or total: ☒ per day ☐ total ☐ Not Answered

D.3.6.2 Specify total dose (number and unit) 300 mg milligram(s)

D.3.6.2 Route of administration (relevant to the maximum dose): Intravenous Bolus Use(Noncurrent)

#### D.3.7 Routes of administration for this IMP

Intravenous Bolus Use(Noncurrent)

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

#### D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

##### Active Substance 1

Name of active substance (INN or proposed INN if available): Anakinra

CAS number: 143090-92-0

Current sponsor code:

Other descriptive name: Interleukin-1 receptor antagonist anakinra

Full Molecular formula C759H1186N208O232S10

Chemical/biological description of the Active Substance

*Strength*

Concentration unit: mg milligram(s)

Concentration type: equal

Concentration number (only use both fields for range): 300

#### D3-11. Type of IMP

Does the IMP contain an active substance:

Of chemical origin? ☐ Yes ☒ No ☐ Not Answered

Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☒ Yes ☐ No ☐ Not Answered

*Is this a:*

Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not Answered

Combination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not Answered

Radiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not Answered

Immunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not Answered

Plasma derived medicinal product? ☐ Yes ☒ No ☐ Not Answered

Extractive medicinal product? ☐ Yes ☒ No ☐ Not Answered

Recombinant medicinal product? ☒ Yes ☐ No ☐ Not Answered

Medicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not Answered

Herbal medicinal product? ☐ Yes ☒ No ☐ Not Answered

Homeopathic medicinal product? ☐ Yes ☒ No ☐ Not Answered

Another type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. Anakinra is an immunosuppressant, it neutralises the biologic activity of interleukin-1 $\alpha$  (IL-1 $\alpha$ ) and interleukin-1 $\beta$  (IL-1 $\beta$ ) by competitively inhibiting their binding to interleukin-1 type I receptor (IL-1RI). Interleukin-1 (IL-1) is a pivotal pro-inflammatory cytokine mediating many cellular responses including those important in synovial inflammation.*

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered

<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable

<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

<sup>(6)</sup> Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007

**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR13**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

Lopinavir/Ritonavir Mylan

EV Product Code

Name of the MA holder:

MA number (if MA granted by a Member State):

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

Is this the Member State concerned with this application?

☐ Yes ☒ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☒ No ☐ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☒ No ☐ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

### D3. Description of IMP

#### D3-1.

D.3.1 Product name where applicable      Lopinavir/Ritonavir Mylan

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered      J05AR10

D.3.4 Pharmaceutical form (use standard terms)

D.3.4.1 Is this a specific paediatric formulation?      ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol      Maximum duration of 14 Days.  
Lopinavir/ritonavir will be administered for a minimum of 5 days, including if discharged from ICU before the end of study day 5.

#### D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial

D.3.6.1 Specify per day ☒ per day ☐ total ☐ Not Answered or total:

D.3.6.1 Specify total dose (number and unit) 800/200 mg milligram(s)

D.3.6.1 Route of administration (relevant to the first dose): Enteral Use

D.3.6.2 Maximum dose allowed Dosing will be Lopinavir/ritonavir 400/100 mg, administered by the enteral route every 12 hours. The preferred method of administration is two 200/50 mg tablets swallowed whole. In patients with a gastric tube-5ml of 80/20 mg per ml suspension.

D.3.6.2 Specify per day ☒ per day ☐ total ☐ Not Answered or total

D.3.6.2 Specify total dose (number and unit) 800/200 mg milligram(s)

D.3.6.2 Route of administration (relevant to the maximum dose): Enteral Use

### D.3.7 Routes of administration for this IMP

Enteral Use

Gastroenteral Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

### D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

#### Active Substance 1

Name of active substance (INN or proposed INN if available): Lopinavir

CAS number: 192725-17-0

Current sponsor code:

Other descriptive name:

Full Molecular formula C37H48N4O5

Chemical/biological description of the Active Substance

**Strength**

Concentration unit: mg milligram(s)

Concentration type: equal

Concentration number (only use both fields for range): 400

**Active Substance 2**

Name of active substance (INN or proposed INN if available): ritonavir

CAS number: 155213-67-5

Current sponsor code:

Other descriptive name:

Full Molecular formula C37H48N6O5S2

Chemical/biological description of the Active Substance

**Strength**

Concentration unit: mg milligram(s)

Concentration type: equal

Concentration number (only use both fields for range): 100

**D3-11. Type of IMP**

Does the IMP contain an active substance:

Of chemical origin? ☒ Yes ☐ No ☐ Not AnsweredOf biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered*Is this a:*Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not AnsweredCombination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not AnsweredRadiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not AnsweredImmunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not AnsweredPlasma derived medicinal product? ☐ Yes ☒ No ☐ Not AnsweredExtractive medicinal product? ☐ Yes ☒ No ☐ Not AnsweredRecombinant medicinal product? ☐ Yes ☒ No ☐ Not AnsweredMedicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not AnsweredHerbal medicinal product? ☐ Yes ☒ No ☐ Not AnsweredHomeopathic medicinal product? ☐ Yes ☒ No ☐ Not AnsweredAnother type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action. Lopinavir provides the antiviral activity of lopinavir/ritonavir. Lopinavir is an inhibitor of the HIV-1 and HIV-2 proteases. Inhibition of HIV protease prevents cleavage of the gag-pol polyprotein resulting in the production of immature, non-infectious virus.*

Is it an IMP to be used in a first-in-human clinical trial?

☐ Yes ☒ No ☐ Not Answered

*(1,2,3,4,5) Complete sections D.4, D.5, D.6. and D.7, as applicable*

*(2,3) As defined in Annex 1 part IV of Directive 2001/83/EC as amended*

*(4) As defined in Article 2(1)(b) of Regulation 1394/2007/EC*

*(6) Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007*



**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR15**

Investigational medicinal product category:

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

hydroxychloroquine

EV Product Code

Name of the MA holder:

MA number (if MA granted by a Member State):

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

Is this the Member State concerned with this application?

☐ Yes ☒ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered

**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**

☐ Yes ☒ No ☐ Not Answered

**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**

☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☒ No ☐ Not Answered

*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☒ No ☐ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

### D3. Description of IMP

#### D3-1.

D.3.1 Product name where applicable	hydroxychloroquine
D.3.2 Product code where applicable	
D.3.3 ATC codes, if officially registered	P01B A02
D.3.4 Pharmaceutical form (use standard terms)	Coated Tablet
D.3.4.1 Is this a specific paediatric formulation?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
D.3.5 Maximum duration of treatment of a subject according to the protocol	7 days

#### D.3.6 Dose allowed

D.3.6.1 First dose for first-in-human clinical trial

D.3.6.1 Specify per day or total: ☐ per day ☐ total ☐ Not Answered

D.3.6.1 Specify total dose (number and unit)

D.3.6.1 Route of administration (relevant to the first dose):

D.3.6.2 Maximum dose allowed 1600mg / day -The loading dose will be 800 mg, administered 6-hourly, until 2 doses have been administered. Subsequently, starting 12 hours after the first loading dose, the dose will be 400 mg administered 12-hourly for 12 doses.

D.3.6.2 Specify per day or total: ☐ per day ☒ total ☐ Not Answered

D.3.6.2 Specify total dose (number and unit) 6400 mg milligram(s)

D.3.6.2 Route of administration (relevant to the maximum dose): Enteral Use

#### D.3.7 Routes of administration for this IMP

Oral Use

Enteral Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

#### D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

##### Active Substance 1

Name of active substance (INN or proposed INN if available): hydroxychloriquine

CAS number: 747-36-4

Current sponsor code:

Other descriptive name:

Full Molecular formula C18H26ClN3O

Chemical/biological description of the Active Substance

##### Strength

Concentration unit: mg/g milligram(s)/gram

Concentration type: equal

Concentration number (only use both fields for range): 200

**D3-11. Type of IMP**

Does the IMP contain an active substance:

Of chemical origin? ☒ Yes ☐ No ☐ Not AnsweredOf biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☐ Yes ☒ No ☐ Not Answered*Is this a:*Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not AnsweredCombination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not AnsweredRadiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not AnsweredImmunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not AnsweredPlasma derived medicinal product? ☐ Yes ☒ No ☐ Not AnsweredExtractive medicinal product? ☐ Yes ☒ No ☐ Not AnsweredRecombinant medicinal product? ☐ Yes ☒ No ☐ Not AnsweredMedicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not AnsweredHerbal medicinal product? ☐ Yes ☒ No ☐ Not AnsweredHomeopathic medicinal product? ☐ Yes ☒ No ☐ Not AnsweredAnother type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action.*

Hydroxychloroquine is a racemic mixture consisting of an R and S enantiomer.

Hydroxychloroquine is an aminoquinoline like chloroquine. It is a commonly prescribed medication in the treatment of uncomplicated malaria and rheumatoid arthritis

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered*(1,2,3,4,5) Complete sections D.4, D.5, D.6. and D.7, as applicable**(2,3) As defined in Annex 1 part IV of Directive 2001/83/EC as amended**(4) As defined in Article 2(1)(b) of Regulation 1394/2007/EC**(6) Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007*

**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR16**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

EV Product Code

Name of the MA holder:

MA number (if MA granted by a Member State):

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

Is this the Member State concerned with this application?

☐ Yes ☒ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**☐ Yes ☒ No ☐ Not Answered**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**☐ Yes ☒ No ☐ Not Answered**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☒ No ☐ Not Answered*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☒ No ☐ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP****D3-1.**

D.3.1 Product name where applicable      tocilizumab

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered      L04AC07.

D.3.4 Pharmaceutical form (use standard terms)      Solution For Infusion

D.3.4.1 Is this a specific paediatric formulation?      ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol      The recommended dose is 8 mg/kg with the option to repeat a dose in 12 hours.

**D.3.6 Dose allowed**

D.3.6.1 First dose for first-in-human clinical trial      The recommended dose is 8 mg/kg with the option to repeat a dose

in 12 hours.	
D.3.6.1 Specify per day or total:	<input type="radio"/> per day <input checked="" type="radio"/> total <input type="radio"/> Not Answered
D.3.6.1 Specify total dose (number and unit)	
D.3.6.1 Route of administration (relevant to the first dose):	Intravenous Use
D.3.6.2 Maximum dose allowed	
The recommended dose is 8 mg/kg (800mg) with the option to repeat a dose in 12 hours. Max would therefore be 16mg/kg (1600mg)	
D.3.6.2 Specify per day or total	<input type="radio"/> per day <input checked="" type="radio"/> total <input type="radio"/> Not Answered
D.3.6.2 Specify total dose (number and unit)	1600 mg milligram(s)
D.3.6.2 Route of administration (relevant to the maximum dose):	Intravenous Use
<b>D.3.7 Routes of administration for this IMP</b>	
Intravenous Use	

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

### D3-8. Active substances

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

#### Active Substance 1

Name of active substance (INN or proposed INN if available): tocilizumab  
 CAS number: 375823-41-9  
 Current sponsor code:  
 Other descriptive name: RoActemra  
 Full Molecular formula C6428H9976N1720O2018S42  
 Chemical/biological description of the Active Substance  
 Strength  
 Concentration unit: mg/kg milligram(s)/kilogram  
 Concentration type: equal  
 Concentration number (only use both fields for range): 4 8

### D3-11. Type of IMP

Does the IMP contain an active substance:

Of chemical origin?

☐ Yes ☒ No ☐ Not Answered

- Of biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☒ Yes ☐ No ☐ Not Answered
- Is this a:*
- Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not Answered
- Combination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not Answered
- Radiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Immunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not Answered
- Plasma derived medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Extractive medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Recombinant medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Medicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not Answered
- Herbal medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Homeopathic medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Another type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action.* Interleukin (IL)-6 plays essential roles not only in the immune response, but also in haematopoiesis and the central nervous system.

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered

<sup>(1,2,3,4,5)</sup> Complete sections D.4, D.5, D.6. and D.7, as applicable

<sup>(2,3)</sup> As defined in Annex 1 part IV of Directive 2001/83/EC as amended

<sup>(4)</sup> As defined in Article 2(1)(b) of Regulation 1394/2007/EC

<sup>(6)</sup> Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007



**D1. Indicate which of the following is described below then repeat as necessary for each:**

This refers to the IMP number: **PR17**

Investigational medicinal product category:

Test IMP

**D2. Status of the IMP** *If the IMP has a marketing authorisation in the Member State concerned by this application but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2*

**D2-1. Does the IMP to be used in the trial have a marketing authorisation?**

☒ Yes ☐ No ☐ Not Answered

Trade name:

EV Product Code

Name of the MA holder:

MA number (if MA granted by a Member State):

Is the IMP modified in relation to its MA?

☐ Yes ☒ No ☐ Not Answered

Which country granted the MA?

Is this the Member State concerned with this application?

☐ Yes ☒ No ☐ Not Answered

**D2-2. Situations where an IMP to be used in the CT has a MA in the MS concerned, but the protocol allows that any brand of the IMP with a MA in that MS be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start**

In the protocol, is treatment defined only by active substance?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS?

☒ Yes ☐ No ☐ Not Answered

*If 'Yes', give active substance in D.3.8 or D.3.9*

The products to be administered as IMPs are defined as belonging to an ATC group

☒ Yes ☐ No ☐ Not Answered

*If yes, give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.1*

Other :

☐ Yes ☒ No ☐ Not Answered

**D2-3. IMPD submitted:**

Full IMPD

☐ Yes ☒ No ☐ Not Answered

Simplified IMPD

☐ Yes ☒ No ☐ Not Answered

*Provide justification for using simplified dossier in the covering letter*

Summary of product characteristics (SmPC) only

☒ Yes ☐ No ☐ Not Answered**D2-4. Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community?**☐ Yes ☒ No ☐ Not Answered**D2-5. Has the IMP been designated in this indication as an orphan drug in the Community?**☐ Yes ☒ No ☐ Not Answered**D2-6. Has the IMP been the subject of scientific advice related to this clinical trial?**☐ Yes ☒ No ☐ Not Answered

Please indicate source of advice and provide a copy in the CTA request:

From the CHMP?

☐ Yes ☒ No ☐ Not Answered*CHMP = Committee for Medicinal Products for Human Use*

From a MS competent authority?

☐ Yes ☒ No ☐ Not Answered

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3. Description of IMP****D3-1.**

D.3.1 Product name where applicable Sarilumab

D.3.2 Product code where applicable

D.3.3 ATC codes, if officially registered L04AC14

D.3.4 Pharmaceutical form (use standard terms) Solution For Infusion

D.3.4.1 Is this a specific paediatric formulation? ☐ Yes ☒ No ☐ Not Answered

D.3.5 Maximum duration of treatment of a subject according to the protocol a single dose of 400mg sarilumab will be administered.

**D.3.6 Dose allowed**

D.3.6.1 First dose for first-in-human clinical trial a single dose of 400mg sarilumab

D.3.6.1 Specify per day or total:	<input type="radio"/> per day <input checked="" type="radio"/> total <input type="radio"/> Not Answered
D.3.6.1 Specify total dose (number and unit)	
D.3.6.1 Route of administration (relevant to the first dose):	
D.3.6.2 Maximum dose allowed	a single dose of 400mg sarilumab
D.3.6.2 Specify per day or total	<input type="radio"/> per day <input checked="" type="radio"/> total <input type="radio"/> Not Answered
D.3.6.2 Specify total dose (number and unit)	400 mg milligram(s)
D.3.6.2 Route of administration (relevant to the maximum dose): Intravenous Use	

**D.3.7 Routes of administration for this IMP**

Intravenous Use

This is a sub-set of questions about each IMP. To return to the list of IMPs select "See all" at the top of the page or select "Navigate". To complete further questions about this IMP select "Next".

**D3-8. Active substances**

Complete all fields that currently apply to this Active Substance in this Product. If you have IMPs with different concentrations of the Active Substance complete a new Sub-section D for each.

**Active Substance 1**

Name of active substance (INN or proposed INN if available): sarilumab

CAS number: 1189541-98-7

Current sponsor code:

Other descriptive name:

Full Molecular formula C6388H9918N1718O1998S44

Chemical/biological description of the Active Substance

*Strength*

Concentration unit: mg milligram(s)

Concentration type: equal

Concentration number (only use both fields for range): 200

**D3-11. Type of IMP**

Does the IMP contain an active substance:

Of chemical origin? ☐ Yes ☒ No ☐ Not AnsweredOf biological / biotechnological origin?(other than Advanced Therapy IMP (ATIMP)) ☒ Yes ☐ No ☐ Not Answered

Is this a:

Advanced Therapy IMP (ATIMP) <sup>(1)</sup> ☐ Yes ☒ No ☐ Not Answered

- Combination product that includes a device, but does not involve an Advanced Therapy ☐ Yes ☒ No ☐ Not Answered
- Radiopharmaceutical medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Immunological medicinal product (e.g. vaccine, allergen, immune serum)? ☐ Yes ☒ No ☐ Not Answered
- Plasma derived medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Extractive medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Recombinant medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Medicinal product containing genetically modified organisms? ☐ Yes ☒ No ☐ Not Answered
- Herbal medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Homeopathic medicinal product? ☐ Yes ☒ No ☐ Not Answered
- Another type of medicinal product? ☐ Yes ☒ No ☐ Not Answered

Specify the mode of action for the active substance in this medicinal product

*The mode of action should briefly describe the chemical, biochemical, immunological or biological means that the IMP uses to effect its pharmaceutical action.*

Sarilumab is a human recombinant IgG1 antibody that binds to both forms of interleukin 6 receptors (IL-6R), thus inhibiting the IL-6-mediated signaling

Is it an IMP to be used in a first-in-human clinical trial? ☐ Yes ☒ No ☐ Not Answered

*(1,2,3,4,5) Complete sections D.4, D.5, D.6. and D.7, as applicable*

*(2,3) As defined in Annex 1 part IV of Directive 2001/83/EC as amended*

*(4) As defined in Article 2(1)(b) of Regulation 1394/2007/EC*

*(6) Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007*

**D8. Information on placebo (if relevant; repeat as necessary)****D8. Is there a placebo:**

☐ Yes ☒ No ☐ Not Answered

**D9. Sites responsible for final QP release for distribution to investigators.****D9-1. IMPs and placebos for which no responsible site needs to be identified.**

This section is used to identify IMPs and placebos which:

- Have an MA in the EU **and**
- Are sourced from the EU market **and**
- Are used in the trial without modification (eg not overencapsulated) **and**
- The packaging and labeling is carried out for local use only as per article 9.2 of the Directive 2005/28/EC (GCP Directive).

*If all the conditions above are met, then select below the IMPs and placebos to which this applies.*

Finished IMP  
PR1

Finished IMP  
PR2

Finished IMP  
PR3

Finished IMP  
PR4

Finished IMP  
PR5

Finished IMP  
PR6

Finished IMP  
PR7

Finished IMP  
PR8

Finished IMP  
PR10

Finished IMP  
PR11

Finished IMP  
PR12

Finished IMP  
PR13

**Index of Sites where the qualified person certifies batch release**

*In accordance with paragraph 38 of Annex 13 of Volume 4 of the Rules Governing Medicinal Products in the European Union*

**D9-2. Who is responsible in the Community for the certification of the finished IMP or placebo?**

*This section is dedicated to finished IMPs, i.e. medicinal products randomised, packaged, labelled and certified for use in the clinical trial. If there is more than one site or more than one IMP is certified, use extra pages and give each IMP its number from section D1 or D7. In the case of multiple sites indicate the product certified by each site.*

**RS1**

Manufacturer

Name of the organisation:

Address

Town/city

Post code

Country

Give the manufacturing authorisation number

If no authorisation, give the reasons:

*Select the relevant IMP(s) and Placebo(s) from the drop down lists.*

**E: Design of the Trial.****E.1 Medical Condition or Disease under Investigation****E1-1. Medical condition or disease under investigation <sup>(1)</sup>**

Specify the medical condition(s) to be investigated (free text) :

Community acquired pneumonia, including COVID-19 disease

Medical condition in easily understood language

Community acquired pneumonia, including COVID-19 disease

Identify the therapeutic area

Diseases [C] - Respiratory Tract Diseases [C08]

*<sup>(1)</sup> In the case of healthy volunteer trials, the intended indication for the product under development should be provided.*

**E1-2. MedDRA information <sup>(2)</sup>****MR1**

Version 14.0

Level LLT

Classification Code 10010120

Term Community acquired pneumonia

SOC

10021881 - Infections and infestations

(2) Applicants are encouraged to provide the MedDRA lower level term (LLT) if applicable and classification code.

### E1-3. Is any of the conditions being studied a rare disease? <sup>(3)</sup>

☐ Yes ☒ No ☐ Not Answered

(3) Refer to "Points to consider on the calculation and reporting of the prevalence of a condition for Orphan drug designation": COM/436/01

([http://www.ema.europa.eu/docs/en\\_GB/document\\_library/Regulatory\\_and\\_procedural\\_guideline/2009/09/WC500003773.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/Regulatory_and_procedural_guideline/2009/09/WC500003773.pdf))

## E2. Objective of the trial

### E2-1. What is the principal research question/objective? Please put this in language comprehensible to a lay person.

The primary objective of the REMAP is to identify the effect of a range of interventions to improve outcome of adult patients with severe community acquired pneumonia, who are admitted to ICU. This is defined by all cause mortality at 90 days from the date of enrolment into the trial.

### E2-2. What are the secondary research questions/objectives if applicable? Please put this in language comprehensible to a lay person.

The secondary objectives are to determine the effect of the interventions on:

ICU Mortality

ICU length of stay

Hospital length of stay

Ventilator free day censored at 28 days

Organ failure free days censored at 28 days

Survival at 6 months

Health Related quality of life at 6 months including EQ5D5L and WHODAS.

Secondary Antibiotic Domain-specific endpoints(censored at day 90):

1. Multi-resistant organisms (MRO) colonization/infection: Isolation of multi-drug resistant (MDR) bacteria from clinical or screening specimens

2. C. difficile illness based on detection from feces using current standard of care diagnostics used at site

3. Serious adverse event (SAE) as defined in CORE protocol

Secondary Macrolide Domain-specific endpoints (censored at day 90):

1. Serious ventricular arrhythmia (including ventricular fibrillation) or sudden unexpected death in hospital.

2. Serious Adverse Events (SAE) as defined in CORE protocol

### E2-3. Is there a sub-study?

☐ Yes ☒ No ☐ Not Answered

### E3. Please list the principal inclusion criteria (list the most important, max 5000 characters).

1. Adult patient admitted to an ICU for severe CAP within 48 hours of hospital admission with:

a) symptoms or signs or both that are consistent with lower respiratory tract infection (for example, acute onset of dyspnea, cough, pleuritic chest pain); AND

b) radiological evidence of new onset consolidation (in-patients with pre-existing radiological changes, evidence of new infiltrate)

2. Requiring organ support with one or more of:

a) Non-invasive or invasive ventilatory support;

b) Receiving infusion of vasopressor or inotropes or both

**E4. Please list the principal exclusion criteria (list the most important, max 5000 characters).**

Exclusion criteria

1. Healthcare-associated pneumonia:

- a) Prior to this illness, has been an in-patient in any healthcare facility within the last 30 days
- b) Resident of a nursing home or long term care facility

2. Death is deemed imminent or inevitable during this hospital admission AND one or more of the patient, substitute decision maker or attending physician are not committed to full active treatment

3. Previous participation in this REMAP within the last 90 days

Patients will be deemed eligible for each treatment domain if they don't meet any of the following domain specific exclusion criteria

Antibiotic Domain

- 1. Received more than 48 hours of intravenous antibiotic treatment for this index illness
- 2. More than 24 hours has elapsed since becoming eligible for this domain
- 3. Known hypersensitivity to all of the study drugs in the site randomization schedule
- 4. A specific antibiotic choice is indicated
- 5. The treating clinician believes that participation in the domain would not be in the best interests of the patient

Macrolide Duration Domain (if randomised to a beta-lactam plus macrolide intervention within the Antibiotic Domain)

- 1. The treating clinician believes that participation in the domain would not be in the best interests of the patient

Corticosteroid Domain

1. An indication to prescribe systemic corticosteroids for a reason other than community-acquired pneumonia (CAP) (or severe sepsis) such as chronic corticosteroid use before admission, acute severe asthma, or suspected or proven *Pneumocystis jirovecii* pneumonia

2. Have received an immunomodulatory dose of systemic corticosteroid therapy for more than 24 hours prior to the time of enrolment. An immunomodulatory dose is defined as >20mg of hydrocortisone, >5mg prednisone, >4mg methylprednisolone or >0.8mg dexamethasone per 24 hours.

3. The treating clinician believes that participation in the domain would not be in the best interests of the patient

**E5-1. What is the primary outcome measure for the study?(max 5000 characters)**

The primary outcome for all domains will be the occurrence of death at 90 days post enrolment.

In patients recruited who are suspected to have COVID-19 disease the primary outcome will be "number of days alive and not admitted to ICU up to day 21

**Timepoint(s) of evaluation of this end point (max 800 characters)**

The occurrence of death will be collected between day 1 and day 90 from the time of enrolment into the trial until end of the hospital admission.

*The protocol will usually identify a single primary end point but there may be a co-primary end point in some cases and/or a number of secondary end points.*

**E5-2. Secondary end point(s) (max 5000 characters)**

- 1. ICU mortality censored at 90 days
- 2. ICU length of stay censored at 90 days
- 3. Ventilator free days censored at 28 days
- 4. Organ failure free days censored at 28 days
- 5. proportion of intubated patients who receive a tracheostomy censored at 28 days
- 6. Hospital length of stay censored at 90 days after enrolment
- 7. Destination at time of hospital discharge
- 8. Readmission to the index ICU during the index hospitalization in the 90 days following enrolment
- 9. Survival at 6 months after enrolment
- 10. HRQoL at 6 months after enrolment using the EQ5D
- 11. Disability status measured at 6 months after enrolment using the WHODAS

Secondary Antibiotic Domain-specific endpoints(censored at day 90):

- 1. Multi-resistant organisms (MRO) colonization/infection: Isolation of multi-drug resistant (MDR) bacteria from clinical or screening specimens
- 2. *C. difficile* illness based on detection from feces using current standard of care diagnostics used at site



3. Serious adverse event (SAE) as defined in CORE protocol

Secondary Macrolide Domain-specific endpoints (censored at day 90):

1. Serious ventricular arrhythmia (including ventricular fibrillation) or sudden unexpected death in hospital.

2. Serious Adverse Events (SAE) as defined in CORE protocol

**Timepoint(s) of evaluation of this end point (max 800 characters)**

90 days or 6 months after enrolment as applicable.

#### E6. What is the scope of the trial?

- |                  |                                      |                                     |                                    |
|------------------|--------------------------------------|-------------------------------------|------------------------------------|
| Diagnosis        | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Prophylaxis      | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Therapy          | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Not Answered |
| Safety           | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Efficacy         | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Pharmacokinetic  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Pharmacodynamic  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Bioequivalence   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Not Answered |
| Dose Response    | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Not Answered |
| Pharmacogenetic  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Pharmacogenomic  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Pharmacoeconomic | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Others           | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |

Specify:

#### E7-1. Trial type and phase <sup>(1)</sup>

- |                                      |                                      |                                     |                                    |
|--------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|
| Human pharmacology (Phase I)         | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Therapeutic exploratory (Phase II)   | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Therapeutic confirmatory (Phase III) | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Not Answered |
| Therapeutic use (Phase IV)           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Not Answered |

<sup>(1)</sup> The descriptions of the trial types provided are those recommended in preference to Phases. See page 5 of Community guideline CPMP/ICH/291/95. The development of a new indication after initial approval of a medicine should be considered as a new development plan.

#### E8. Design of the Trial.

##### E8-1. Is the trial design controlled?

- ☒ Yes ☐ No ☐ Not Answered

Specify:

Randomised ☒ Yes ☐ No ☐ Not Answered

Open ☒ Yes ☐ No ☐ Not Answered

Single blind ☐ Yes ☒ No ☐ Not Answered

Double blind ☐ Yes ☒ No ☐ Not Answered

Parallel group ☐ Yes ☒ No ☐ Not Answered

Cross over ☐ Yes ☒ No ☐ Not Answered

Other ☒ Yes ☐ No ☐ Not Answered

Specify the design of the trial  
randomised, embedded, multifactorial, adaptive platform trial

**E8-2. If controlled, specify the comparator:**

Other medicinal product(s) ☒ Yes ☐ No ☐ Not Answered

Placebo ☐ Yes ☒ No ☐ Not Answered

Other ☐ Yes ☒ No ☐ Not Answered

Number of treatment arms in the trial  
24

**E8-3. Single site in the Member State concerned (see also section G):**

☐ Yes ☒ No ☐ Not Answered

**E8-4. Multiple sites in the Member State concerned (see also section G):**

☒ Yes ☐ No ☐ Not Answered

Number of sites anticipated in Member State concerned  
40

**E8-5. Multiple Member States**

☒ Yes ☐ No ☐ Not Answered

Number of sites anticipated in the Community.  
100

**E8-6. Trial being conducted both within and outside the EEA**

☒ Yes ☐ No ☐ Not Answered

Trial conducted completely outside EEA

☐ Yes ☒ No ☐ Not Answered

Specify the countries in which trial sites are planned

UNITED KINGDOM

NETHERLANDS

GERMANY

BELGIUM

PORTUGAL

CROATIA

HUNGARY

ROMANIA

AUSTRALIA

NEW ZEALAND

IRELAND

Specify the number of sites anticipated outside of the EEA

20

**E8-7. Will a data monitoring committee (DMC) be convened?**☐ Yes ☒ No ☐ Not Answered**E8-8.****Definition of the end of trial, and justification in the case where it is not the last visit of the last subject undergoing the trial.***If it is the last visit of the last subject, please enter "LVLS". If it is not LVLS provide the definition.*

The study will end when the required numbers of patients have been recruited, the final follow up visit data for the last patient has collected and the databases have been locked.

The design features of this trial create a 'perpetual' trial whose main objective is to continuously update best patient treatment for the life time of the REMAP, but current EU funding is provided until 2021.

**E8-9. How long do you expect the study to last? <sup>(1)</sup>**

In all countries concerned by the trial

Years: 2 Months: 5 Days: 22

In the MS concerned

Years: 3 Months: 1 Days: 31

*<sup>(1)</sup> From the first inclusion until the last visit of the last subject.***E8-10. Recruitment start date**

Recruitment start date in MS

01/06/2018

In any country

10/02/2016

<sup>(1)</sup> *If not provided in the protocol.*

---

**F: Population of Trial Subjects****F1. What is the age span of the trial subjects?**

Less than 18 years	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered	Approx no of participants: 0
Adult (18-64 years)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Answered	Approx no of participants: 0
Elderly (geater than 65 years)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Answered	Approx no of participants: 0

*The number of participants will be initial estimates. Applicants will not be required to update this information nor do they constitute an authorisation or restriction on the inclusion of these numbers of patients in the trial.*

**F2. What is the gender of the trial subjects?**

Female ☒ Yes ☐ No ☐ Not Answered

Male ☒ Yes ☐ No ☐ Not Answered

**F3. Please select the categories of the trial subjects:**

Healthy volunteers	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Patients	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Answered
Specific vulnerable populations	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Answered
Women of childbearing potential not using contraception	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Women of child bearing potential using contraception	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Pregnant women	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Nursing women	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Emergency situations	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Answered
Subjects incapable of giving consent personally	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Answered
If yes, please specify: Patients admitted with community acquired pneumonia will most often need treatment started in a life-threatening emergency and will be unable to provide informed consent at this time due to reduced mental capacity.	
Others	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered

**F4. Planned number of subjects to be included:**

In the member state 1200

For a multinational trial:

In the European community: 4000

In the whole clinical trial: 6800

**F5. Plans for treatment or care after a subject has ended his/her participation in the trial. If it is different from the expected normal treatment, please specify:**

Not applicable. The interventions will be provided to the patients for the period that they are in the intensive care

unit/hospital.

**G1. and G2. Investigator Details****G1. National coordinating investigator** (for a multicentre trial) **or principal investigator** (for a single centre trial)

- ☒ National coordinating investigator  
☐ Principal investigator

Given name Anthony  
 Family name Gordon  
 Qualification (MD...) MD, FRCA, FFICM  
 Institution name Imperial College London  
 Institution department name Surgery & Cancer  
 Street address Fulham Palace Road  
 Town/city London  
 Post Code W6 8RF  
 Country UNITED KINGDOM  
 Telephone 02033130657  
 Fax 02078316879  
 E-mail anthony.gordon@imperial.ac.uk

**G2. Other principal Investigators** (for a multicentre trial)**IN2**

Given name David  
 Family name Rogerson  
 Qualification (MD...) MD  
 Institution name DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST  
 Institution department name  
 Street address ROYAL DERBY HOSPITAL  
 Town/city UTOXETER ROAD  
 Post Code DE22 3NE  
 Country UNITED KINGDOM  
 Telephone  
 Fax  
 E-mail david.rogerson1@nhs.net

**IN3**

Given name Ascanio  
 Family name Tridente  
 Qualification (MD...) MD  
 Institution name ST HELENS AND KNOWSLEY HOSPITAL SERVICES NHS TRUST  
 Institution department name  
 Street address WHISTON HOSPITAL  
 Town/city WARRINGTON ROAD  
 Post Code L35 5DR  
 Country UNITED KINGDOM  
 Telephone

Fax  
E-mail Ascanio.tridente@sthk.nhs.uk

**IN4**

Given name Matt  
Family name Thomas  
Qualification (MD...) MD  
Institution name NORTH BRISTOL NHS TRUST  
Institution department name  
Street address SOUTHMEAD HOSPITAL  
Town/city SOUTHMEAD ROAD  
Post Code BS10 5NB  
Country UNITED KINGDOM  
Telephone  
Fax  
E-mail matt.thomas@nbt.nhs.net

**IN5**

Given name Ceri  
Family name Battle  
Qualification (MD...) MD  
Institution name Morriston Hospital  
Institution department name Intensive Care  
Street address Intensive Care  
Town/city Heol Maes Eglwys,  
Post Code SA6 6NL  
Country UNITED KINGDOM  
Telephone  
Fax  
E-mail ceri.battle@wales.nhs.uk

**IN6**

Given name Tom  
Family name Lawton  
Qualification (MD...) MD  
Institution name BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
Institution department name  
Street address BRADFORD ROYAL INFIRMARY  
Town/city DUCKWORTH LANE  
Post Code BD9 6RJ  
Country UNITED KINGDOM  
Telephone  
Fax  
E-mail tom.lawton@bthft.nhs.uk

**IN7**

Given name Christopher  
Family name Bassford  
Qualification (MD...) MD



Institution name	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
Institution department name	
Street address	WALSGRAVE GENERAL HOSPITAL
Town/city	CLIFFORD BRIDGE ROAD
Post Code	CV2 2DX
Country	UNITED KINGDOM
Telephone	
Fax	
E-mail	christopher.bassford@uhcw.nhs.uk

**IN8**

Given name	Jonathan
Family name	Paddle
Qualification (MD...)	MD
Institution name	ROYAL CORNWALL HOSPITALS NHS TRUST
Institution department name	
Street address	ROYAL CORNWALL HOSPITAL
Town/city	
Post Code	TR1 3LJ
Country	UNITED KINGDOM
Telephone	
Fax	
E-mail	jonathon.paddle@nhs.net

**IN10**

Given name	Jason
Family name	Cupitt
Qualification (MD...)	MD
Institution name	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST
Institution department name	
Street address	VICTORIA HOSPITAL
Town/city	WHINNEY HEYS ROAD
Post Code	FY3 8NR
Country	UNITED KINGDOM
Telephone	
Fax	
E-mail	Dr.cupitt@bfwhospitals.nhs.uk

**IN11**

Given name	Daniel
Family name	Conway
Qualification (MD...)	MD
Institution name	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
Institution department name	
Street address	TRUST HEADQUARTERS, COBBETT HOUSE
Town/city	MANCHESTER ROYAL INFIRMARY
Post Code	M13 9WL
Country	UNITED KINGDOM

Telephone  
 Fax  
 E-mail Daniel.Conway@cmft.nhs.uk

**IN14**

Given name Elankumaran  
 Family name Paramasivam  
 Qualification (MD...) MD  
 Institution name LEEDS TEACHING HOSPITALS NHS TRUST  
 Institution department name  
 Street address ST. JAMES'S UNIVERSITY HOSPITAL  
 Town/city BECKETT STREET  
 Post Code LS9 7TF  
 Country UNITED KINGDOM  
 Telephone  
 Fax  
 E-mail eparamasivam@nhs.net

**IN15**

Given name Richard  
 Family name Innes  
 Qualification (MD...) MD  
 Institution name TAUNTON AND SOMERSET NHS FOUNDATION TRUST  
 Institution department name  
 Street address MUSGROVE PARK HOSPITAL  
 Town/city  
 Post Code TA1 5DA  
 Country UNITED KINGDOM  
 Telephone  
 Fax  
 E-mail Richard.Innes@tst.nhs.u

**IN16**

Given name Dan  
 Family name Harvey  
 Qualification (MD...) MD  
 Institution name NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST  
 Institution department name  
 Street address TRUST HEADQUARTERS  
 Town/city QUEENS MEDICAL CENTRE  
 Post Code NG7 2UH  
 Country UNITED KINGDOM  
 Telephone  
 Fax  
 E-mail daniel.harvey@nuh.nhs.uk

**IN18**

Given name Henrik  
 Family name Reschreiter

Qualification (MD...)	MD
Institution name	POOLE HOSPITAL NHS FOUNDATION TRUST
Institution department name	
Street address	LONGFLEET ROAD
Town/city	
Post Code	BH15 2JB
Country	UNITED KINGDOM
Telephone	
Fax	
E-mail	henrik.reschreiter@poole.nhs.uk

**IN19**

Given name	Farooq
Family name	Brohi
Qualification (MD...)	MD
Institution name	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST
Institution department name	
Street address	UNIVERSITY HOSPITAL OF HARTLEPOOL
Town/city	HOLDFORTH ROAD
Post Code	TS24 9AH
Country	UNITED KINGDOM
Telephone	
Fax	
E-mail	

**IN20**

Given name	Andrew
Family name	Walden
Qualification (MD...)	MD
Institution name	ROYAL BERKSHIRE NHS FOUNDATION TRUST
Institution department name	
Street address	ROYAL BERKSHIRE HOSPITAL
Town/city	LONDON ROAD
Post Code	RG1 5AN
Country	UNITED KINGDOM
Telephone	
Fax	
E-mail	andrew.walden@royalberkshire.nhs.uk

**IN21**

Given name	Alistair
Family name	Roy
Qualification (MD...)	MD
Institution name	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST
Institution department name	
Street address	SUNDERLAND ROYAL HOSPITAL
Town/city	KAYLL ROAD
Post Code	SR4 7TP
Country	UNITED KINGDOM

Telephone  
Fax  
E-mail Alistair.Roy@chsft.nhs.uk

**IN22**

Given name Anthony  
Family name Ashton  
Qualification (MD...) MD  
Institution name HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST  
Institution department name  
Street address ALDERMASTON ROAD  
Town/city  
Post Code RG24 9NA  
Country UNITED KINGDOM  
Telephone  
Fax  
E-mail antony.ashton@hhft.nhs.uk

**IN23**

Given name Srikanth  
Family name Chukkambotla  
Qualification (MD...) MD  
Institution name EAST LANCASHIRE HOSPITALS NHS TRUST  
Institution department name  
Street address ROYAL BLACKBURN HOSPITAL  
Town/city HASLINGDEN ROAD  
Post Code BB2 3HH  
Country UNITED KINGDOM  
Telephone  
Fax  
E-mail srikanth.Chukkambotla@elht.nhs.uk

**IN24**

Given name David  
Family name Pogson  
Qualification (MD...) MD  
Institution name PORTSMOUTH HOSPITALS NHS TRUST  
Institution department name  
Street address DE LA COURT HOUSE  
Town/city QUEEN ALEXANDRA HOSPITAL  
Post Code PO6 3LY  
Country UNITED KINGDOM  
Telephone  
Fax  
E-mail david.pogson@porthosp.nhs.uk

**IN25**

Given name Prad

Family name	Shanmugansundaram
Qualification (MD...)	MD
Institution name	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST
Institution department name	
Street address	AMERSHAM HOSPITAL
Town/city	WHIELDEN STREET
Post Code	HP7 0JD
Country	UNITED KINGDOM
Telephone	
Fax	
E-mail	prad.shanmuga@nhs.net

**IN26**

Given name	coralie
Family name	carle
Qualification (MD...)	MD
Institution name	CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST
Institution department name	
Street address	ELIZABETH HOUSE, FULBOURN HOSPITAL
Town/city	CAMBRIDGE ROAD
Post Code	CB21 5EF
Country	UNITED KINGDOM
Telephone	
Fax	
E-mail	coralie.carle@nhs.net

**IN27**

Given name	David
Family name	Golden
Qualification (MD...)	MD
Institution name	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST
Institution department name	
Street address	MAIDSTONE HOSPITAL
Town/city	HERMITAGE LANE
Post Code	ME16 9QQ
Country	UNITED KINGDOM
Telephone	
Fax	
E-mail	david.golden@nhs.net

*For multi-centre trials where the CI is also a local PI, please list the CI as a PI at G2 (single-centre).*

**G3. Central Technical Facility Details**

**G3. Central technical facilities to be used in the conduct of the trial.** *Laboratory or other technical facility, in which the measurement or assessment of the main evaluation criteria are centralised.*

**Organisation**

Central technical facility organisation name  
 Central technical facility organisation department  
 Contact person Given name  
 Contact person Family name  
 Street address  
 Town/city  
 Post code  
 Country  
 Work Telephone  
 Fax  
 E-mail

**Enter the details of any duties subcontracted to this central technical facility in this trial:**

Routine clinical pathology testing	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Clinical chemistry	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Clinical haematology	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Clinical microbiology	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Histopathology	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Serology / endocrinology	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Analytical chemistry	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
ECG analysis / review	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Medical image analysis/ review - X-ray, MRI, ultrasound, etc.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Primary/ surrogate endpoint test	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered
Other	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Answered

**Network organisation details**

**G4. Network organisation details**

Organisation  
 Contact person Given name  
 Contact person Middle name  
 Contact person Family name  
 Street address  
 Town/city  
 PostCode  
 Country  
 Telephone number  
 Fax number

E-mail

Activities carried out by the network

**G5. Organisations to whom the sponsor has transferred trial related duties and functions****G5. Subcontractor organisations.***Enter details of central CRO facilities supplying services for at least this Member State.*

Organisation

Department

Contact person Given name

Contact person Family name

Street address

Town/city

PostCode

Country

Telephone number

Fax

E-mail

**Enter the details of any duties/ functions subcontracted to this sponsor's subcontractor facility in this trial**All tasks of the sponsor: ☐ Yes ☒ No ☐ Not AnsweredMonitoring: ☐ Yes ☒ No ☐ Not AnsweredRegulatory (e.g. preparation of applications to CA and Ethics Committee): ☐ Yes ☒ No ☐ Not AnsweredInvestigator recruitment: ☐ Yes ☒ No ☐ Not AnsweredIVRS<sup>(1)</sup> - treatment randomisation: ☐ Yes ☒ No ☐ Not AnsweredData management: ☐ Yes ☒ No ☐ Not AnsweredE-data capture: ☐ Yes ☒ No ☐ Not AnsweredSUSAR reporting: ☐ Yes ☒ No ☐ Not AnsweredQuality assurance auditing: ☐ Yes ☒ No ☐ Not AnsweredStatistical analysis: ☐ Yes ☒ No ☐ Not AnsweredMedical writing: ☐ Yes ☒ No ☐ Not AnsweredOther duties subcontracted: ☐ Yes ☒ No ☐ Not Answered

**H: Ethics Committee**

**H1-1. Type of application**

*Please tick the Ethics Committee box and give information of the Ethics committee concerned.*

Ethics committee ☒

**H2-1. Name and address of ethics committee:**

Organisation      London - Surrey Borders Research Ethics Committee

Work Address

PostCode

Country

Fax

**H2-2. Date of submission:**

23/03/2018

**H2-3. Current status of Ethics Committee Opinion at the time of submission to the National Competent Authority:**

☐ To be requested   ☐ Pending   ☒ Given

If "Given", please specify:

Date of opinion: 18/04/2018

State opinion:   ☒ Accepted   ☐ Not Accepted



**I: Signature Of The Applicant In The Member State**

**I1. I hereby confirm that /confirm on behalf of the sponsor (tick which is applicable) that:**

- ☒ The information provided is complete;
- ☒ The attached documents contain an accurate account of the information available;
- ☒ the clinical trial will be conducted in accordance with the protocol;
- ☒ The clinical trial will be conducted, and SUSARs and result-related information will be reported, in accordance with the applicable legislation.

**I2. Applicant of the request for the competent authority (as stated in section C.1):**

This section was signed electronically by MSc Wilma Van Bentum-Puijk on 09/04/2020 19:56.

Job Title/Post:           sPM  
Organisation:            UMC Utrecht  
Email:                    w.w.puijk-2@umcutrecht.nl

**J: Checklist**

**J3. For details of the documents required for applications to the MHRA in the UK please see <http://www.mhra.gov.uk/Howweregulate/Medicines/Licensingofmedicines/Clinicaltrials/Applyingforaclinicaltrialauthorisation/Whattosend/index.htm>**