

**NOTIFICATION OF THE END OF A CLINICAL TRIAL OF A MEDICINE FOR HUMAN USE
TO THE COMPETENT AUTHORITY AND THE ETHICS COMMITTEE**

Date of receipt :	Competent authority registration number : Ethics committee registration number:
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B TRIAL IDENTIFICATION

B.1 EudraCT number :	(2006-005777-22)
B.2 Sponsor's protocol code number:	(MRSA-01)
B.3 Full title of the trial :	Control of MRSA skin and wound colonisation

C.1	DECLARATION FOR THE COMPETENT AUTHORITY	X
C.1.1	Sponsor	X
C.1.2	Legal representative of the sponsor	<input type="checkbox"/>
C.1.3	Person or organisation authorised by the sponsor to make the application.	<input type="checkbox"/>
C.1.4	Complete below:	
C.1.4.1	Organisation : Dermal Laboratories	
C.1.4.2	Name of person to contact : Lindsay Livett	
C.1.4.3	Address : Tatmore Place, Gosmore, Hitchin, Herts, SG4 7QR	
C.1.4.4	Telephone number : 01462 458866	
C.1.4.5	Fax number : 01462 438707	
C.1.4.6	E-mail: Lindsay.livett@dermal.co.uk	

C.2	DECLARATION FOR THE ETHICS COMMITTEE	<input type="checkbox"/>
C.2.1	Sponsor	<input type="checkbox"/>
C.2.2	Legal representative of the sponsor	<input type="checkbox"/>
C.2.3	Person or organisation authorised by the sponsor to make the application.	<input type="checkbox"/>
C.2.4	Investigator in charge of the application if applicable ² :	
	• Co-ordinating investigator (for multicentre trial):	<input type="checkbox"/>
	• Principal investigator (for single centre trial):	<input type="checkbox"/>
C.2.5	Complete below :	
C.2.5.1	Organisation:	
C.2.5.2	Name :	
C.2.5.3	Address :	
C.2.5.4	Telephone number :	
C.2.5.5	Fax number :	
C.2.5.6	E-mail :	

D.1	Date of the end of the complete trial in all countries concerned by the trial?
D.1.1	(2011/09/29):

D.2 Is it an early termination?³ yes ☒ no ☐


³ Cf. Section 4.2. of the detailed guidance CT-1.

- D.2.1 If yes, give date (2011/09/29):
D.2.2 Briefly describe in an annex (free text):
D.2.2.1 The justification for early termination of the trial;
D.2.2.2 Number of patients still receiving treatment at time of early termination in the MS concerned by the declaration and their proposed management;
D.2.2.3 The consequences of early termination for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product.

Please see covering letter for reasons for Early Termination.

E SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

- E.1 I hereby confirm that/confirm on behalf of the sponsor that (delete which is not applicable):
- The above information given on this declaration is correct; and
 - That the clinical trial summary report will be submitted within the applicable deadlines in accordance with the applicable guidance by the Commission.⁴

E.2	APPLICANT TO THE COMPETENT AUTHORITY (as stated in C.1)	X
E.2.1	Date : 30 th September 2011	
E.2.2	Signature : 	
E.2.3	Print name: Lindsay Livett	

E.3	APPLICANT TO THE ETHICS COMMITTEE (as stated in C.2) :	<input type="checkbox"/>
E.3.1	Date :	
E.3.2	Signature :	
E.3.3	Print name:	

⁴ Section 4.3. of the detailed guidance CT-1.