

European Medicines Agency
EudraCT Registration team
Domenico Scarlattilaan 6
HS Amsterdam
Zuid
1083 HS

Entity/company name

Date mm/dd/yyyy

Dear EudraCT registration team,

Re: EudraCT - Clinical trial assignment request - result related information
Sponsor/MAH/Third country data provider name:

Acting on behalf of the sponsor, the addressee of the decision on a paediatric investigation plan or the marketing authorisation holder, I would like to request assignment of the clinical trials listed below to the following EudraCT user:

Name and Surname of Requestor

Requestor's email

Does one or more of the EudraCT requests belong to a subsidiary, Third party provider or department within your organization?

Subsidiary or Department name

Yes

No

This assignment will designate the user as the primary user for the listed clinical trials in regards to result related information. It will enable them to prepare and post result related information for these trials on behalf of the sponsor, the addressee of the decision on a paediatric investigation plan or the marketing authorisation holder in accordance with Commission Guideline 2012/C 302/03 and its technical guidance on the format of the data fields of result-related information on clinical trials submitted in accordance with article 57(2) of Regulation (EC) No 726/2004 and article 41(2) of Regulation (EC) No 1901/2006.

Furthermore, this assignment will enable the user to assign one backup user and multiple delegated results prepares and posters for each listed trial.

Yours sincerely,

Please type below name, surname and contact details of this form's signatory

EudraCT Number

Full title of Trial

Sponsor Name

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number	Full title of Trial	Sponsor Name
----------------	---------------------	--------------

EudraCT Number

Full title of Trial

Sponsor Name

EudraCT Number

Full title of Trial

Sponsor Name

EudraCT Number

Full title of Trial

Sponsor Name

EudraCT Number

Full title of Trial

Sponsor Name

EudraCT Number

Full title of Trial

Sponsor Name

EudraCT Number

Full title of Trial

Sponsor Name

EudraCT Number

Full title of Trial

Sponsor Name