Declaration of the End of Trial Form (cf. Section 4.2.1 of the *Detailed guidance on the request to the competent authorities for authorisation of a clinical trial on a medicinal product for human use, the notification of substantial amendments and the declaration of the end of the trial*[1])

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

For official use

Date of receipt :	Competent authority registration number : Ethics committee registration number:

To be filled in by the applicant

A MEMBER STATE IN WHICH THE DECLARATION IS BEING MADE :

B TRIAL IDENTIFICATION

B.1 EudraCT number :	(..) 2018-004750-28
B.2 Sponsor's protocol code number:	(..) propacor
B.3 Full title of the trial :	Electrocardiographic & clinical effects of Target-controlled Infusion of propofol in adults with Brugada syndrome. A pilot study

C APPLICANT IDENTIFICATION (please tick the appropriate box)

C.1	**DECLARATION FOR THE COMPETENT AUTHORITY**	☒
C.1.1	Sponsor	☐
C.1.2	Legal representative of the sponsor	☐
C.1.3	Person or organisation authorised by the sponsor to make the application.	☒
C.1.4	**Complete below**:	
C.1.4.1	Organisation : UZ Brussel	
C.1.4.2	Name of person to contact : Panagiotis Flamée	
C.1.4.3	Address : Laarbeeklaan 101 ; 1090 Brussel	
C.1.4.4	Telephone number : +32 2 477 60 01	
C.1.4.5	Fax number :	
C.1.4.6	E-mail panagiotis.flamee@uzbrussel.be	

C.2	**DECLARATION FOR THE ETHICS COMMITTEE**	☒
C.2.1	Sponsor	☐
C.2.2	Legal representative of the sponsor	☐
C.2.3	Person or organisation authorised by the sponsor to make the application.	☒
C.2.4	Investigator in charge of the application if applicable[2]:	
	• Co-ordinating investigator (for multicentre trial):	☐
	• Principal investigator (for single centre trial):	☒
C.2.5	**Complete below** :	
C.2.5.1	Organisation: UZ Brussel	
C.2.5.2	Name : Panagiotis Flamee	
C.2.5.3	Address : Laarbeeklaan 101 ; 1090 Brussel	
C.2.5.4	Telephone number : +32 2 477 60 01	
C.2.5.5	Fax number :	
C.2.5.6	E-mail : panagiotis.flamee@uzbrussel.be	

D END OF TRIAL

D.1	**Date of the end of the complete trial in all countries concerned by the trial?**
D.1.1	(YYYY/MM/DD): 16 SEP 2024

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

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1 OJ, C82, 30.3.2010, p. 1; hereinafter referred to as 'detailed guidance CT-1'.

2 According to national legislation.

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

D.2.1	If yes, give date (YYYY/MM/DD):	16 SEP 2024
D.2.2	Briefly describe in an annex (free text):	
D.2.2.1	The justification for early termination of the trial;	not enough staff present to complete 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;	0
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.	not enough patients were included to have results.

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)	☒
E.2.1	Date :	16 SEP 2024
E.2.2	Signature :	[signature]
E.2.3	Print name:	Virgili Van Buggenhout IOV PI

E.3	**APPLICANT TO THE ETHICS COMMITTEE** (as stated in C.2) **:**	☐
E.3.1	Date :	16 SEP 2024
E.3.2	Signature :	[signature]
E.3.3	Print name:	Virgili Van Buggenhout IOV PI

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