Annual report / Final report for pharmaceuticals

Full Tittle of clinical trial	
Tittle	
Protocol code Number	
CRO	
Sponsor	

Principal Investigator		Investigators Na Homolce Hospital	
Name	**Centre**	**Name**	**Centre/phone**
Date of approval by the Ethics Committee Na Homolce Hospital (NHH)			
The start date of the clinical trial in NHH / global		**End date (also assumed) in NHH / global**	

Phase of clinical trial			
□ I. phase	□ II. phase	□ III. phase	□ IV. phase

Information of clinical trial			
□ **multi-centric**	□ **retrospective**	□ **placebo-controlled**	□ **parallel group**
□ **randomized**	□ **blinded**	□ **double dummy**	□ **cross-over**
□ **prospective**	□ **double blinded**	□ **cohort**	□ **other:……**

Test product / method	Comparator	
	□ **placebo**	□**other:**

Number of enrolled patients (signed IS) in NHH / global	Number of prematurely terminated patients in NHH / global	Number of ongoing in NHH / global	Number of completed in NHH / global	Number of deaths in NHH / global	Number of reported AE and AR in NHH / global

Adverse events (please indicate number of events in NHH / global)			
Adverse Event - AE	**Adverse Drug Reaction - ADR**	**Serious Adverse Event - SAE**	**Serious Adverse Drug Reaction - SADR**
Unexpected Adverse Drug Reaction - UADR	**Unexpected Serious Adverse Reactions**	**Suspected Unexpected Serious Adverse Reaction - SUSAR**	**AE and AR in relation to the test product**

Brief description of the goal and course of the study. In applicable for final report risk benefit conclusion.			
Date		Signature	