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| **Date Last reviewed** |  |
| **Date Last revised** |  |

Please review the information below. If you have any questions, please contact Risk Management & Insurance at riskmgmt@ucalgary.ca or 403-220-5847.

**Request for International Clinical Trial Insurance  
Checklist**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Title of Research Project** | | | | | |  | | | | | | | | |
| 1. **Country/countries where human clinical trial will be conducted** | | | | | | | | | | | | | | |
| Site | Country | | | | | | Address | | | | | | Number of participants on site | Percentage on placebo |
| Site 1 |  | | | | | |  | | | | | |  |  |
| Phone:  Fax:  Email: | |
| Site 2 |  | | | | | |  | | | | | |  |  |
| Phone:  Fax:  Email: | |
| Site | Country | | | | | | Address | | | | | | Number of participants on site | Percentage on placebo |
| Site 3 |  | | | | | |  | | | | | |  |  |
| Phone:  Fax:  Email: | |
| Site 4 |  | | | | | |  | | | | | |  |  |
| Phone:  Fax:  Email: | |
| Site 5 |  | | | | | |  | | | | | |  |  |
| Phone:  Fax:  Email: | |
| Site | Country | | | | | | Address | | | | | | Number of participants on site | Percentage on placebo |
| Site 6 |  | | | | | |  | | | | | |  |  |
| Phone:  Fax:  Email: | |
| Site 7 |  | | | | | |  | | | | | |  |  |
| Phone:  Fax:  Email: | |
| 1. **Phases of Trial** | | | | | |  | | | | | | | | |
| Phase 1 | |  | | | | | | | | | | | | |
| Phase 2 | |  | | | | | | | | | | | | |
| Phase 3 | |  | | | | | | | | | | | | |
| Expected start date of trial outside of Canada (date enrolment of first trial participant) | | | | | | | |  | | | | | | |
| Expected length of trial | | | Months | | | | | Years | | | | | | |
| 1. **Name of drug or medical product being tested** | | | | | | | |  | | | | | | |
| Study/protocol name | | | | Title in English | | | | | | | Title in local language | | | |
| 1. **Protocol number** | | | |  | | | | | | | | | | |
| 1. **Principal Investigator**   UofC Principal Investigator | | | | | | | | | | | | | | |
| Name | | | | | Title | | | | Department/Faculty | | | Campus Address | | |
| Phone:  Fax:  Email: | | | | | | | | | | | | | | |
| Local Principal Investigator in country of clinical trial | | | | | | | | | | | | | | |
| Name | | | | | Title | | | | Department/Faculty | | | Campus Address | | |
| Phone:  Fax:  Email: | | | | | | | | | | | | | | |
| 1. **Local Lead Investigators in country of clinical trial** | | | | | | | | | | | | | | |
| Name | | | | | Title | | | | Department/Faculty | | | Campus Address | | |
| Phone:  Fax:  Email: | | | | | | | | | | | | | | |
| Name | | | | | Title | | | | Department/Faculty | | | Campus Address | | |
| Phone:  Fax:  Email: | | | | | | | | | | | | | | |
| Name | | | | | Title | | | | Department/Faculty | | | Campus Address | | |
| Phone:  Fax:  Email: | | | | | | | | | | | | | | |
| Name | | | | | Title | | | | Department/Faculty | | | Campus Address | | |
| Phone:  Fax:  Email: | | | | | | | | | | | | | | |
| 1. **Documentation** | | | | | | | | | | | | | | |
| Attach copy of the following documents: Protocol  Informed Consent  Draft Agreements, if any | | | | | | | | | | | | | | |
| If there is already a clinical trial policy in place for the trial in this particular country, attach a copy of the existing policy or at a minimum, supply the policy number, policy expiration date and insurer | | | | | | | | | | | | | | |
| Attached copy | | | Policy number | | | | | Expiry date | | | Insurer | | | |
| 1. **Company supplying equipment or pharmaceutical** | | | | | | | | | | | | | | |
| Name: | | | | | | | Address: | | | | | | Phone:    Fax:    Email: | |
| 1. **Contracts with other parties that will be part of this Clinical Trial:** | | | | | | | | | | | | | | |
| Name of party: | | | | | | | | | | Role: | | | | |
| 1. **Comments:** | | | | | | | | | |  | | | | |
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