



NO FAULT COMPENSATION FOR CLINICAL TRIALS

MULTIPLE TRIALS

QUESTIONNAIRE

Name of Company or Body to be Insured
Address
Telephone no.
Fax no.
Website
Description of Business
Date Established

PLEASE COMPLETE THE FOLLOWING DECLARATION - Give full details if any reply is "NO".

1. Are all trials conducted in full accordance with:
 - (a) Department of Health requirements with protocols approved by an independent Ethics Committee? YES NO
 - (b) Royal College of Physicians recommendations? YES NO
 - (c) Applicable Government Department or Medical Body or Pharmaceutical Industry Body guidelines? YES NO
 - (d) E.C. guidelines on Good Clinical Practice? YES NO
 - (e) I.C.H. Guidelines (when applicable)? YES NO
2. Are all trials conducted in the United Kingdom? YES NO
3. If applicable, are all rights of recourse retained against Trial Sponsors and/or Product Manufacturers? YES NO
4. Give details of incidents during the last 5 years resulting in death, injury, disease or illness (physical or mental) to patients or volunteers, and any circumstances, which might give, rise to a claim of compensation against you.

5. For each trial please attach a copy of:
- (a) PROTOCOL (or summary thereof) or ETHICS COMMITTEE SUBMISSION
 - (b) PATIENT/VOLUNTEER INFORMATION (if not incorporated into the Protocol)
 - (c) PATIENT/VOLUNTEER CONSENT FORM (if not incorporated into the Protocol)
 - (d) ANY AGREEMENT/CONTRACT WITH OTHER PARTIES (if applicable)

6. **SUMMARY OF TRIALS PERFORMED IN THE LAST 12 MONTHS:**

Date Commenced/Finished	Trial Title/Description	Phase	No. of Research Subjects	Country

7. **SUMMARY OF TRIALS PLANNED FOR THE NEXT 12 MONTHS:**

Start Date	Trial Title/Description	Phase	No. of Research Subjects	Country

If trials overlap period, please include in both tables allocating the appropriate Number of Research Subjects to each timescale.

