23

17 July 2008

SERVIER

Servier Laboratories (Australia) Pty Ltd

Financial Services Group
Therapeutic Goods Administration
PO Box 100
Woden ACT 2606
AUSTRALIA

To Whom It May Concern:

Re: **CTN Notification – Change of Address**

Protocol: CL3-20098-056

Trial Number: 2007/474

Title: Effects of agomelatine (25 to 50 mg/day) on sleep EEG parameters compared to escitalopram in patients with Major Depressive Disorder. A 6-week randomised, double-blind parallel groups study *versus* comparator, followed by a double-blind optional treatment extension period up to 6 months.

Drug Name: Agomelatine

Please find enclosed a "Notification of Intent to Supply Unapproved Therapeutic Goods under the CTN Scheme" for the above referenced study. The Sleep and Circadian Research Group, Woolcock Institute of Medical Research have changed their address to 431 Glebe Point Road, Glebe, NSW 2037.

Also enclosed are cheques for the total sum of $260.00.

It would be greatly appreciated if you could acknowledge receipt of this form and payment by completing and faxing the material receipt form attached to Jannine Aanensen on [redacted]

Please do not hesitate to contact me, should you require any further information, on [redacted]

Best regards,

[redacted]

Associate Project Manager
International Centre for Therapeutic Research
Australia – New Zealand

Encl.

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30th September 2008

SERVIER
Servier Laboratories (Australia) Pty Ltd

Michelle Bulman
Clinical Trials Officer
Therapeutic Goods Administration
PO Box 100
Woden ACT 2606
AUSTRALIA

Dear Michelle,

Re: **CTN Notification – Change of Address & Correction of Initial Omissions**

Trial Number: **2007/474**
Protocol: **CL3-20098-056**
Drug Name(s): **Agomelatine**
Escitalopram

We refer to your letter dated 24th July 2008, your reference: 2008/006017(34) and would like to re-submit afresh the amended "Notification of Intent to Supply Unapproved Therapeutic Goods under the CTN scheme" for the above clinical study.

Upon thoroughly looking into the details of our initial *CTN Notification of New Trial* submitted in August 2007, it has come to our attention that there were inadvertent omissions that were made with regards to the

- **Trial Site information (Section 1.5) and**
- **The Principal Investigator information (Section 2).**

We apologise for these inadvertent omissions and would like to update the correct information in the amended CTN notification submitted herewith. For this reason we have not ticked Section 1.1 Notification Type in the attached submission.

1. Study Site (Section 1.5)

- Since the study started in August 2007, there have been two locations where the study has been conducted:
  - ***Woolcock Institute of Medical Research- Sleep & Circadian Research Group (WIMR)***
    - Located at Camperdown, NSW from Aug 2007 till April 2008 and
    - Located at Glebe, NSW from May 2008.
  - ***Brain and Mind Research Institute (BMRI)***
    - Located at Camperdown, NSW from Aug 2007 till present
- Study participants are recruited and followed-up at the ***BMRI*** while at the ***WIMR*** specific sleep laboratory assessments are conducted.
- Inadvertently, the BMRI site location was not included in the initial CTN application. However, Prof. Ian Hickie from the BMRI, who is also the

Investigator responsible for the overall study, signed the 'Section 2' of the initial CTN application but with only the WIMR listed in Section 1.5.

- This is now corrected and hence there are **two 'Section 1.5's** in the attached amended CTN notification one for the BMRI site and the other for the WIMR site.

2. **Study Investigators (Section 2)**

   - As a consequence of the above, the details of the investigator responsible at the WIMR (Prof. Ron Grunstein) is now also included.

   - Hence there are also **two 'Section 2's** in the attached amended CTN notification one for each site (Prof Ian Hickie for BMRI & Prof Ron Grunstein for WIMR).

3. **HREC Approvals (Section 3)**

   - However, there has always been **only one 'Section 3'** required, which is completed by the **SSWAHS Ethics Review Committee (RPAH Zone)** for the **WIMR.**

   - This is because **The University of Sydney HREC** for the **BMRI**, have given their formal written ratification to Prof Ian Hickie to proceed with the study at the BMRI under the authority of the SSWAHS (see enclosed letter dated 27 July 2007).

4. **Authority Approvals (Section 4)**

   - There are **two 'Section 4's** for each site in the study now included.

Once again, we apologise for the initial inadvertent omissions and seek your kind understanding in updating the information. Please note that the payment for this submission has already been made.

It would be greatly appreciated if you could acknowledge receipt of this form by completing and faxing the material receipt attached.

Please do not hesitate to contact me, should you require any further information, on [redacted]

Kind regards,

[redacted]

Associate Project Manager
International Centre for Therapeutic Research
Australia – New Zealand

Encl.

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MATERIAL RECEIPT FORM

Date:	30 Sep 2008
Protocol No:	CL3-20098-056
Centres:	• *Brain and Mind Research Institute (BMRI)* • *Woolcock Institute of Medical Research - Sleep & Circadian Research Group (WIMR)*
Delivery address:	Financial Services Group Therapeutic Goods Administration PO Box 100 Woden ACT 2606

Description of product received:	Quantity
CTN amended notification	1

I, _____ hereby confirm that I have received the above-mentioned products.

Date (DD/MM/YY) |__|__|\|__|__|\|__|__| Signature: _____

Please return signed and dated Material Receipt Form to:

Gemma Elias – Fax no. 03 9824 4670

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The University of Sydney

NSW 2006 Australia

Human Research Ethics Committee
www.usyd.edu.au/ethics/human
Senior Ethics Officer:
Gail Briody
Telephone: (02) 9351 4811
Facsimile: (02) 9351 6706
Email: gbriody@usyd.edu.au
Rooms L4.14 & L4.13 Main Quadrangle A14

Human Secretariat
Telephone: (02) 9036 9309
(02) 9036 9308
Facsimile: (02) 9036 9310

27 July 2007

Professor I Hickie
The Brain and Mind Research Institute
Mallett Street Campus – M02G
~~The University of Sydney~~

Dear Professor Hickie

Title: ***CL3-20098-056 Study - Effects of agomelatine (25 to 50 mg/day) on sleep EEG parameters compared to escitalopram in patients with Major Depressive Disorder. A 6-week randomised, double-blind parallel groups study versus comparator, followed by a double-blind optional treatment extension period up to 6 months, (Ref. No. 10306)***

Your application was reviewed by the Executive Committee of the Human Research Ethics Committee (HREC), and in doing so has ratified your study.

The Executive Committee acknowledges your right to proceed under the authority of Sydney South West Area Health Service Ethics Review Committee (RPAH Zone).

Please note, this ratification has been given only in respect of the ethical content of the study.

Any modifications to the study must be approved by the Sydney South West Area Health Service Ethics Review Committee (RPAH Zone) before submission to the University of Sydney Human Research Ethics Committee.

Yours sincerely

[redacted]

Professor D I Cook
Chairman
Human Research Ethics Committee

X07-0006
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Australian Government
Department of Health and Ageing
Therapeutic Goods Administration

CLINICAL TRIAL NOTIFICATION SCHEME

Notification of Intent to Supply Unapproved Therapeutic Goods under the Clinical Trial Notification (CTN) Scheme

Therapeutic Goods Act 1989

To be used for:

- **initial notifications of clinical trials involving medicines and/or medical devices under the Clinical Trial Notification (CTN) Scheme; or**
- **notification of one or more additional sites for a Clinical Trial previously reported under the Clinical Trial Notification (CTN) Scheme**

THIS IS THE FORM APPROVED BY THE SECRETARY OF THE DEPARTMENT OF HEALTH AND AGEING

For detailed information about the CTN Scheme, please see the document *Access to Unauthorised Therapeutic Goods – Clinical Trials in Australia* available from the "Unauthorised Therapeutic Goods" web page on the TGA Internet site <www.tga.gov.au>.

On completion please send this form to the Therapeutic Goods Administration:

Courier address	*or*	*Postal Address*
Financial Services Group		**Financial Services Group**
Therapeutic Goods Administration		**Therapeutic Goods Administration**
136 Narrabundah Lane		**PO Box 100**
Symonston ACT 2609		**Woden ACT 2606**
Australia		**Australia**

Cheques should be made payable to "Therapeutic Goods Administration"

RECEIVED TGA/FSG
Ent 476
18 [illegible] A.M. P.M.
B/D 06068
REC 073243, 073244
$ 260
CODE FR203

190

Therapeutic Goods Administration

For office use only			
Total Fee Paid	$	Receipt Number	
Client ID Code		TGAIN Number	

SECTION 1. TO BE COMPLETED BY THE SPONSOR OF THE TRIAL

1.1 Notification Type *Complete this section for all notifications. Select one box only. If multiple sites are being notified, complete a 'Trial Site Details' page for each site.*

Initial notification of a single CTN site (new trial) ☐ Subsequent notification of a single additional CTN site ☐

Initial notification of multiple CTN sites (new trial) ☐ Subsequent notification of multiple additional CTN sites ☐

1.2 Potential Use of Restricted Goods *Complete this section for all notifications of medicines only.*

Does this trial involve the use of any medicine as an abortifacient or for "post-coital" or "emergency" contraception in women, or the use of a progesterone antagonist or a vaccine against human chorionic gonadotrophin for any purpose? Yes ☐ No ☑

1.3 Sponsor of the trial *Complete this section for all notifications. In cases where a trial is sponsored by an individual, that person's name may also be the enterprise business name. Business details can be provided to TGA via the Client Details Form. If in doubt, contact the Experimental Drugs Section.*

Sponsor name (Enterprise Business Name): Servier Laboratories (Australia) Pty Ltd

Client ID Code (If known): 476

1.4 Trial details

Protocol Number *(Complete for all notifications; maximum of 20 characters)*: CL3-20098-056

If adding a site, Clinical Trial Number *(assigned by TGA; see acknowledgment letter for previously notified sites. Leave blank if unsure)*: 2007/474

Title of study *Complete for all notifications. Maximum of 255 characters. Title should indicate the aim of the trial and give a broad description of the trial. Include, for example: phase, indication(s) being treated, main medicines and comparators, use of placebo-control, focus of the study, patient population and any other significant or novel aspects. "A Trial of X" is not adequate. Similar detail is required for device trials.*

Effects of agomelatine (25 to 50 mg/day) on sleep EEG parameters compared to escitalopram in patients with Major Depressive Disorder. A 6-week randomised, double-blind parallel groups study versus comparator, followed by double-blind optional treatment extension period up to 6 months.

Trial Type ***Complete for initial notification only of trials involving the use of medicines****; tick relevant box(es) or otherwise describe.*

Phase 1 ☐ Phase 2 ☐ Phase 3 ☑ Phase 4 ☐ Bioavailability/bioequivalence ☐

Describe if necessary:

This trial

Complete for initial notification only; tick only those boxes which are applicable. Note: For the purpose of this document, gene therapy includes related therapies that overlap with the traditional concept of gene therapy by virtue of the fact that they introduce DNA into somatic cells. For example, modifications to immunisation strategies in which DNA, rather than protein, is used to generate an immune response for the purposes of prevention or treatment of chronic viral infection or as part of cancer treatment, would be considered a related therapy.

involves the use of a medicine	☑	involves the use of a device	☐
is placebo controlled	☐	is comparator controlled	☑
is also being conducted in other countries	☑	involves gene therapy	☐

Expected trial start date *(Complete for initial notification)*: 14 / 08 / 07

Expected trial completion date *(Complete for all notifications)*: 01 / 10 / 08

Medicine details

Complete for all notifications of clinical trials involving medicines. Do not use for clinical trials involving the use of devices only. List the therapeutically active components in formulations being used in the trial. All medicines being trialed should be listed, including comparators. The form has space for four medicines. For more than four, attach details of additional medicines in the same format. For the Active Name, enter the active ingredient name using where possible, the Australian Approved Name (AAN). A list of such names (the Approved Terminology for Medicines) is available on the TGA Internet site <www.tga.gov.au> If no AAN, BAN or USAN has been assigned, a code name (see below) or chemical name must be given. For the Code Name, enter code name/s used currently or previously to identify the drug. For the Dosage Form, enter a primary descriptor for dosage form (eg. tablet, injection) and include a secondary descriptor (eg. sustained release, microsphere emulsion) where necessary, particularly if a new dosage form is the focus of the trial.

1	Active name	Agomelatine				
	Trade name	Valdoxan	Code name	S 20098		
	Dosage form	Capsules	Strength	25 or 50 mg	Biological origin	no
2	Active name	Escitalopram				
	Trade name	Seroplex®	Code name			
	Dosage form	Capsules	Strength	10 or 20 mg	Biological origin	no
3	Active name					
	Trade name		Code name			
	Dosage form		Strength		Biological origin	
4	Active name					
	Trade name		Code name			
	Dosage form		Strength		Biological origin	

Device details

Complete for all notifications of clinical trials involving devices. Do not use for clinical trials involving the use of medicines only. Provide: name (trade name(s), if applicable); description of the device; details of design, composition, specification, mode of action and application; and method of use.

1.5 Trial site details

Complete for all notifications. Submit a Trial Site Details page for each site at which the trial will be conducted. Enter the name and location of the site (eg. name and address of hospital, institution, clinic or practice). For large institutions, the address need not include specific department details unless essential to identify the location or unless the unit /body/practice operates as a separate entity within the campus. In some rare circumstances, it will be appropriate to notify a trial as a composite site trial. For example, a GP-based trial conducted by a general practice network may need to be notified as a composite site trial. The site details should indicate clearly that there are multiple sites involved and include the name, address and contact numbers for the principal investigator. ***A list of all practices (sites) involved should be submitted as an attachment. The ethics committee and approving authority for such a trial must have appropriate authority for all sites. A sponsor intending to notify a composite site for the first time should contact the Experimental Drugs Section if they have any questions regarding the use of composite sites.***

[redacted]

03 10 08

03/10/2008

[redacted]

Site expected start 01 07 2007

Site: Sleep & Circadian Research Group, Woolcock Institute of Medical Research

Site address: 431 Glebe Point Road

Glebe, NSW Post code 2037

Device details

Complete for all notifications of clinical trials involving devices. Do not use for clinical trials involving the use of medicines only. Provide: name (trade name(s), if applicable); description of the device; details of design, composition, specification, mode of action and application; and method of use.

1.5 Trial site details

[redacted]

[redacted]

[redacted]

Complete for all notifications. Submit a Trial Site Details page for each site at which the trial will be conducted. Enter the name and location of the site (eg. name and address of hospital, institution, clinic or practice). For large institutions, the address need not include specific department details unless essential to identify the location or unless the unit /body/practice operates as a separate entity within the campus. In some rare circumstances, it will be appropriate to notify a trial as a composite site trial. For example, a GP-based trial conducted by a general practice network may need to be notified as a composite site trial. The site details should indicate clearly that there are multiple sites involved and include the name, address and contact numbers for the principal investigator. ***A list of all practices (sites) involved should be submitted as an attachment. The ethics committee and approving authority for such a trial must have appropriate authority for all sites. A sponsor intending to notify a composite site for the first time should contact the Experimental Drugs Section if they have any questions regarding the use of composite sites.***

Site expected start: 01 07 2007

Site: The Brain and Mind Research Institute

Site address: 100 Mallett Street

Camperdown, NSW Post code 2050

1.6 Sponsor certification

Complete this section last for all notifications. In the Name field, print the name of the person signing the form on behalf of the company, organisation, institution, body or individual sponsoring the trial. (Do not enter a company or organisation name here - the entity name appears in Section 1.3) In the Position field, state the person's position within, or relationship to, the entity sponsoring the trial.

I, the undersigned, certify:

- all details contained in this form are true and accurate, and all required information and signatures have been included;
- the sponsor of the trial named in section 1.3 of this form is taking overall responsibility for the conduct of the trial;
- the sponsor of the trial has met or agrees to meet all Human Research Ethics Committee conditions of approval;
- the investigator(s) has/have training and experience relevant to the conduct of this trial;
- the participating institution has resources adequate for the proper conduct of the trial;
- the sponsor of the trial has received an undertaking from the investigator(s) to conduct the trial in accordance with the Guidelines for Good Clinical Practice, as described in regulation 12AB(2)(a) of the Therapeutic Goods Regulations, and the National Statement on Ethical Conduct in Research Involving Humans, as described in regulation 12AD(c) of the Therapeutic Goods Regulations or in regulation 7.3(2a) of the Therapeutic Goods (Medical Devices) Regulations 2002;
- the sponsor of the trial agrees to report all serious and unexpected adverse reactions to the Therapeutic Goods Administration;
- the sponsor of the trial agrees to conduct the trial in accordance with the Guidelines for Good Clinical Practice as described in regulation 12AB(2)(a) of the Therapeutic Goods Regulations and the National Statement on Ethical Conduct in Research Involving Humans as described in regulation 12AD(c) of the Therapeutic Goods Regulations or in regulation 7.3(2a) of the Therapeutic Goods (Medical Devices) Regulations 2002;
- the sponsor of the trial agrees to comply with requests by an authorised officer, whether made before or after the start of a clinical trial, to give information about the conduct of the clinical trial and allow an authorised officer (regulation 2A of the Therapeutic Goods Regulations or regulation 10.1 of the Therapeutic Goods (Medical Devices) Regulations 2002) to do the things mentioned in regulation 12AC and regulation 12AB of the Therapeutic Goods Regulations or in regulation 7.4 of the Therapeutic Goods (Medical Devices) Regulations 2002; and
- the sponsor of the trial accepts that information concerning the use of unregistered therapeutic goods may be released to State and Territory regulatory authorities.

Name (Print)	[redacted]	Position	Director - ICTR
Signature	[redacted] 30/09/2008	Phone	[redacted]
		Fax	[redacted]

SECTION 2. TO BE COMPLETED BY THE PRINCIPAL INVESTIGATOR

The principal investigator is the person responsible for the conduct of the clinical trial at a trial site. In the case of a trial being conducted by a team of individuals at the site, the principal investigator is the responsible leader of the team.

Principal investigator certification

I, the undersigned:

- am the principal investigator at the site shown in section 1.5 of this form;
- agree to personally supervise the clinical trial at this site in accordance with the relevant current protocol(s) and will only make changes in a protocol after approval by the sponsor;
- have received and read the trial protocol and other relevant information;
- have met or agree to meet all Human Research Ethics Committee conditions of approval for this trial:
- acknowledge my obligations with respect to monitoring patient safety, record management and reporting requirements for adverse events;
- agree to ensure that all associates, colleagues and employees assisting in the conduct of the trial are informed of their obligations in meeting the above requirements;
- agree to promptly report to the Human Research Ethics Committee all unanticipated problems and will not make any changes to the trial without Human Research Ethics Committee and sponsor approval, except where necessary to eliminate apparent immediate hazards to subject safety;
- agree to conduct the clinical trial(s) in accordance with the Guidelines for Good Clinical Practice as described in regulation 12AB(2)(a) of the Therapeutic Goods Regulations and the National Statement on Ethical Conduct in Research Involving Humans as described in regulation 12AD(c) of the Therapeutic Goods Regulations or in regulation 7.3(2a) of the Therapeutic Goods (Medical Devices) Regulations 2002;
- agree to comply with requests by an authorised officer, whether made before or after the start of a clinical trial, to give information about the conduct of the clinical trial and allow an authorised officer (regulation 2A of the Therapeutic Goods Regulations or regulation 10.1 of the Therapeutic Goods (Medical Devices) Regulations 2002) to do the things mentioned in regulation 12AC and regulation 12AB of the Therapeutic Goods Regulations or in regulation 7.4 of the Therapeutic Goods (Medical Devices) Regulations 2002; and
- accept that information concerning the use of unregistered therapeutic goods may be released to State and Territory regulatory authorities.

Name (Print) [redacted]

Signature [redacted] 14/8/08

Phone [redacted]

Fax

SECTION 2. TO BE COMPLETED BY THE PRINCIPAL INVESTIGATOR

The principal investigator is the person responsible for the conduct of the clinical trial at a trial site. In the case of a trial being conducted by a team of individuals at the site, the principal investigator is the responsible leader of the team.

Principal investigator certification

I, the undersigned:

- am the principal investigator at the site shown in section 1.5 of this form;
- agree to personally supervise the clinical trial at this site in accordance with the relevant current protocol(s) and will only make changes in a protocol after approval by the sponsor;
- have received and read the trial protocol and other relevant information;
- have met or agree to meet all Human Research Ethics Committee conditions of approval for this trial:
- acknowledge my obligations with respect to monitoring patient safety, record management and reporting requirements for adverse events;
- agree to ensure that all associates, colleagues and employees assisting in the conduct of the trial are informed of their obligations in meeting the above requirements;
- agree to promptly report to the Human Research Ethics Committee all unanticipated problems and will not make any changes to the trial without Human Research Ethics Committee and sponsor approval, except where necessary to eliminate apparent immediate hazards to subject safety;
- agree to conduct the clinical trial(s) in accordance with the Guidelines for Good Clinical Practice as described in regulation 12AB(2)(a) of the Therapeutic Goods Regulations and the National Statement on Ethical Conduct in Research Involving Humans as described in regulation 12AD(c) of the Therapeutic Goods Regulations or in regulation 7.3(2a) of the Therapeutic Goods (Medical Devices) Regulations 2002;
- agree to comply with requests by an authorised officer, whether made before or after the start of a clinical trial, to give information about the conduct of the clinical trial and allow an authorised officer (regulation 2A of the Therapeutic Goods Regulations or regulation 10.1 of the Therapeutic Goods (Medical Devices) Regulations 2002) to do the things mentioned in regulation 12AC and regulation 12AB of the Therapeutic Goods Regulations or in regulation 7.4 of the Therapeutic Goods (Medical Devices) Regulations 2002; and
- accept that information concerning the use of unregistered therapeutic goods may be released to State and Territory regulatory authorities.

Name (Print) [redacted]

Signature [redacted] 10/08/08

Phone [redacted]

Fax

Therapeutic Goods Administration

SECTION 3. TO BE COMPLETED BY THE HUMAN RESEARCH ETHICS COMMITTEE RESPONSIBLE FOR MONITORING THE TRIAL

This section must be completed by a Human Research Ethics Committee (HREC) that satisfies the following definition of an ethics committee, as set out in the Therapeutic Goods Act 1989, otherwise the notification is invalid :

A committee constituted and operating in accordance with guidelines issued by the National Health and Medical Research Council as in force from time to time and which has notified its existence to the Australian Health Ethics Committee.

HREC certification should not be given until all conditions of approval of the protocol by that HREC have been met. Wherever possible, the certification should be completed by the Chair or Deputy Chair of the Human Research Ethics Committee. Guidelines for the approval of clinical trials by HRECs are located at 'National Statement on Ethical Conduct in Human Research, NHMRC, 2007' and in the TGA publication 'HRECs and the Therapeutic Goods Legislation'.

For trials of gene therapy and related therapies, the proposal must be approved by all relevant bodies as per the NHMRC Guidelines for Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies.

HREC name: SSWAHS Ethics Review Committee (RPAH ZONE)

HREC address: C/- Research Development Office, RPAH

Missenden Road, Camperdown, NSW Postcode 2050

Protocol Number approved by HREC: X07-0006

Does the trial for which approval is being given involve the use of gene therapy or a related therapy? (See NHMRC Guidelines for Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies) — Yes ☐ No ☑

If the trial involves gene therapy or a related therapy, has the Gene and Related Therapies Research Advisory Panel (GTRAP) agreed that the trial can be conducted under the CTN Scheme? — Yes ☐ No ☑

Human Research Ethics Committee Certification

I, the undersigned, certify:

- I am a member of the above-named Human Research Ethics Committee;
- the above-named Human Research Ethics Committee is a properly constituted ethics committee and operates in accordance with the guidelines issued by the National Health and Medical Research Council and has notified its existence to the Australian Health Ethics Committee;
- the above-named Human Research Ethics Committee, having regard to the guidance provided by the *National Statement on Ethical Conduct in Research Involving Humans* and, where applicable, the *Guidelines for Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies*, has approved the clinical trial protocol identified above and has assumed responsibility for monitoring the conduct of the trial; and
- the above-named Human Research Ethics Committee agrees to comply with requests by an authorised officer, whether made before or after the start of a clinical trial, to give information about the conduct of the clinical trial and allow an authorised officer (regulation 2A of the Therapeutic Goods Regulations or regulation 10.1 of the Therapeutic Goods (Medical Devices) Regulations 2002) to do the things mentioned in regulation 12AC and regulation 12AB of the Therapeutic Goods Regulations or in regulation 7.4 of the Therapeutic Goods (Medical Devices) Regulations 2002.

Name (Print): [redacted] Position: Chairman

Signature: [redacted] 26/8/08 Phone: [redacted]

Fax: [redacted]

SECTION 4. TO BE COMPLETED BY THE AUTHORITY APPROVING THE CONDUCT OF THE TRIAL

Complete for all notifications. In cases where the Human Research Ethics Committee or Approving Authority for more than one site is the same, it is still necessary to submit a Trial Site Details Page for ***each*** *site. The bodies approving the conduct of the trial at each site need to be declared individually. This requirement also still applies in cases where, for example, an Area Health Service or Hospitals Group may encompass several different institutions.*

The Approving Authority must appoint a person to be responsible for giving approval on its behalf. The terms of approval for the conduct of the trial must be consistent with the Human Research Ethics Committee's (HREC) recommendations and these terms must be no less restrictive than the HREC advice.

Approving Authority name	The Brain and Mind Research Institute
Address	100 Mallett Street
	Camperdown, NSW Postcode 2050

Approving Authority Certification

I, the undersigned

- am authorised to represent the body, organisation or institution at which the above mentioned clinical trial will be conducted and, having regard to the advice and approval of the trial protocol by the Human Research Ethics Committee responsible for monitoring the trial at this site, give approval for this trial to proceed;
- undertake that the use of the drug will comply with all relevant Commonwealth and State or Territory legislation; and
- undertake to comply with requests by an authorised officer, whether made before or after the start of a clinical trial, to give information about the conduct of the clinical trial and allow an authorised officer (regulation 2A of the Therapeutic Goods Regulations or regulation 10.1 of the Therapeutic Goods (Medical Devices) Regulations 2002) to do the things mentioned in regulation 12AC and regulation 12AB of the Therapeutic Goods Regulations or in regulation 7.4 of the Therapeutic Goods (Medical Devices) Regulations 2002.

Name (Print)	[redacted]	Position	Executive Director
Signature	[redacted] 08/09/08	Phone	[redacted]
		Fax	

SECTION 4. TO BE COMPLETED BY THE AUTHORITY APPROVING THE CONDUCT OF THE TRIAL

Complete for all notifications. In cases where the Human Research Ethics Committee or Approving Authority for more than one site is the same, it is still necessary to submit a Trial Site Details Page for ***each*** *site. The bodies approving the conduct of the trial at each site need to be declared individually. This requirement also still applies in cases where, for example, an Area Health Service or Hospitals Group may encompass several different institutions.*

The Approving Authority must appoint a person to be responsible for giving approval on its behalf. The terms of approval for the conduct of the trial must be consistent with the Human Research Ethics Committee's (HREC) recommendations and these terms must be no less restrictive than the HREC advice.

Approving Authority name	Sydney South West Area Health Service
Address	Locked Bag 7017
	Liverpool, NSW Postcode 1871

Approving Authority Certification

I, the undersigned

- am authorised to represent the body, organisation or institution at which the above mentioned clinical trial will be conducted and, having regard to the advice and approval of the trial protocol by the Human Research Ethics Committee responsible for monitoring the trial at this site, give approval for this trial to proceed;
- undertake that the use of the drug will comply with all relevant Commonwealth and State or Territory legislation; and
- undertake to comply with requests by an authorised officer, whether made before or after the start of a clinical trial, to give information about the conduct of the clinical trial and allow an authorised officer (regulation 2A of the Therapeutic Goods Regulations or regulation 10.1 of the Therapeutic Goods (Medical Devices) Regulations 2002) to do the things mentioned in regulation 12AC and regulation 12AB of the Therapeutic Goods Regulations or in regulation 7.4 of the Therapeutic Goods (Medical Devices) Regulations 2002.

Name (Print)	[redacted]	Position	Director, PPP
Signature	[redacted] 15/9/08	Phone	[redacted]
		Fax	[redacted]