

REQUEST FOR AUTHORISATION OF A CLINICAL TRIAL ON A MEDICINAL PRODUCT FOR HUMAN USE TO THE COMPETENT AUTHORITIES AND FOR OPINION OF THE ETHICS COMMITTEES IN THE COMMUNITY
--

To be filled in by the applicant

The questions in this form for the request for authorisation from the Competent Authority are also relevant for the opinion from an Ethics Committee (it represents module 1 of the form for applying to an ethics committee) and can be used as part of that application. Please indicate the relevant purpose in a box below.

REQUEST FOR AUTHORISATION TO THE COMPETENT AUTHORITY: Yes ●
REQUEST FOR OPINION OF THE ETHICS COMMITTEE: No ●

A. TRIAL IDENTIFICATION

A.1	Member State in which the submission is being made:	Denmark - DHMA
A.2	EudraCT number:	2020-001395-15
A.3	Full title of the trial:	
	English	Low dose hydrocortisone in patients with COVID-19 and severe hypoxia – the COVID STEROID trial
	Danish	Lavdosis hydrokortison til patienter med COVID-19 sygdom og svær hypoxi – COVID STEROID forsøget
A.3.1	Title of the trial for lay people, in easily understood, i.e. non-technical, language:	
	English	Low dose hydrocortisone in patients with COVID-19 and severe oxygen deficiency – the COVID STEROID trial
	Danish	Lavdosis hydrokortison til patienter med COVID-19 sygdom og svær iltmangel – COVID STEROID forsøget
A.3.2	Name or abbreviated title of the trial where available:	
	English	COVID-STEROID trial
A.4	Sponsor's protocol code number, version and date ¹ :	
A.4.1	Sponsor's protocol code number:	Awaiting
A.4.2	Sponsor's protocol version:	
A.4.3	Sponsor's protocol date:	2020-03-26
A.5	Additional international study identifiers (e.g. WHO, ISRCTN ² , US NCT Number ³) if available	
A.5.1	ISRCTN number:	
A.5.2	US NCT number:	
A.5.3	WHO Universal Trial Number (UTN):	
A.5.4	Other Identifier:	
A.6	Is this a resubmission?	No ●
	If 'Yes', indicate the resubmission letter ⁴ :	First Submission
A.7	Is the trial part of an agreed Paediatric Investigation Plan?	No ●
A.8	EMA Decision number of Paediatric Investigation Plan:	

B. IDENTIFICATION OF THE SPONSOR RESPONSIBLE FOR THE REQUEST

B.1	SPONSOR
B.1.1	Name of organisation: Department of Intensive Care, Rigshospitalet
B.1.2	Name of the person to contact:
B.1.2.1	Given name Anders
B.1.2.2	Middle name
B.1.2.3	Family name Perner
B.1.3	Address:
B.1.3.1	Street address Blegdamsvej 9
B.1.3.2	Town/city København Ø
B.1.3.3	Post code 2100
B.1.3.4	Country Denmark
B.1.4	Telephone number: 0045 35458333
B.1.5	Fax number:
B.1.6	E-mail: anders.perner@regionh.dk
B.2	LEGAL REPRESENTATIVE⁵ OF THE SPONSOR IN THE COMMUNITY FOR THE PURPOSE OF THIS TRIAL (if different from the sponsor)
B.2.1	Name of organisation:
B.2.2	Name of person to contact:
B.2.2.1	Given name
B.2.2.2	Middle name
B.2.2.3	Family name
B.2.3	Address:
B.2.3.1	Street address
B.2.3.2	Town/city
B.2.3.3	Post code
B.2.3.4	Country
B.2.4	Telephone number:
B.2.5	Fax number:
B.2.6	E-mail:
B.3	STATUS OF THE SPONSOR:
B.3.1	Commercial: No •
B.3.2	Non commercial: Yes •
B.4	Source(s) of Monetary or Material Support for the clinical trial (repeat as necessary):
B.4.1	Name of organisation: Novo Nordic Foundation
B.4.2	Country: Denmark
B.5	Contact point⁶ designated by the sponsor for further information on the trial
B.5.1	Name of organisation: Department of Intensive Care, Rigshospitalet
B.5.2	Functional name of contact point (e.g. "Clinical Trial Information Desk"): Clinical Trials Information
B.5.3	Address:
B.5.3.1	Street address Blegdamsvej 9
B.5.3.2	Town/city København Ø
B.5.3.3	Post code 2100
B.5.3.4	Country Denmark
B.5.4	Telephone number: 0045 35458333
B.5.5	Fax number:
B.5.6	E-mail: (use a functional e-mail address rather than a personal one) anders.perner@regionh.dk

C. APPLICANT IDENTIFICATION, (please tick the appropriate box)

C.1 REQUEST 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 Yes •
C.1.4	Complete the details of the applicant below even if they are provided elsewhere on the form:
C.1.4.1	Name of Organisation: Department of Intensive Care, Rigshospitalet
C.1.4.2	Name of contact person:
C.1.4.2.1	Given name Marie Warrer
C.1.4.2.2	Middle name
C.1.4.2.3	Family name Petersen
C.1.4.3	Address:
C.1.4.3.1	Street address Blegdamsvej 9
C.1.4.3.2	Town/city København Ø
C.1.4.3.3	Post code 2100
C.1.4.3.4	Country Denmark
C.1.4.4	Telephone number: 0045 30742123
C.1.4.5	Fax number:
C.1.4.6	E-mail: marie.warrer.petersen.01@regionh.dk
C.1.5	Request to receive a copy of CTA data as XML:
C.1.5.1	Do you want a copy of the CTA form data saved on EudraCT as an XML file? Yes •
C.1.5.1.1	If Yes provide the e-mail address(es) to which it should be sent (up to 5 addresses): marie.warrer.petersen.01@regionh.dk
C.1.5.1.2	Do you want to receive this via password protected link(s)?? No •
If you answer No to question C.1.5.1.2 the .xml file will be transmitted by less secure e-mail link(s)	

D. INFORMATION ON EACH IMP

Information on each 'bulk product' before trial-specific operations (blinding, trial specific packaging and labelling) should be provided in this section for each investigational medicinal product (IMP) being tested including each comparator and each placebo, if applicable. **For placebo go directly to D.8.** If the trial is performed with several products use extra pages and give each product a sequential number in D.1.1. If the product is a combination product, information should be given for each active substance.

D.1 IMP IDENTIFICATION		
Indicate which of the following is described below, then repeat as necessary for each of the numbered IMPs to be used in the trial (assign numbers from 1-n):		
D.1.1	This refers to the IMP number:	PR1
D.1.2	IMP being tested	Yes •
D.1.3	IMP used as a comparator	No •
D.2 STATUS OF THE IMP		
D.2.1	Has the IMP to be used in the trial a marketing authorisation? Yes • If the IMP has a marketing authorisation in the Member State concerned by this application, but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2.	
D.2.1.1	If 'Yes', specify the product to be used in the clinical trial:	
D.2.1.1.1	Trade name Solu-Cortef	
D.2.1.1.1.1	EV Product Code (where applicable)	
D.2.1.1.2	Name of the Marketing Authorisation Holder: Pfizer	
D.2.1.1.3	Marketing Authorisation number (if Marketing Authorisation granted by a Member State):	
D.2.1.1.4	Is the IMP modified in relation to its Marketing Authorisation? No •	
D.2.1.1.4.1	If 'Yes', please specify:	
D.2.1.2	The country that granted the Marketing Authorisation Denmark	
D.2.1.2.1	Is this the Member State concerned with this application? Yes •	
D.2.2	Situations where an IMP to be used in the CT has a Marketing Authorisation in the Member State concerned, but the protocol allows that any brand of the IMP with a Marketing Authorisation in that Member State be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start	
D.2.2.1	In the protocol, is treatment defined only by active substance? Yes •	
D.2.2.1.1	If 'Yes', give active substance in D.3.8 or D.3.9	
D.2.2.2	In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS? No •	
D.2.2.2.1	If 'Yes', give active substance in D.3.8 or D.3.9	
D.2.2.3	The products to be administered as IMPs are defined as belonging to an ATC group ⁹ No •	
D.2.2.3.1	If 'Yes', give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.3	
D.2.2.4	Other: No •	
D.2.2.4.1	If 'Yes', please specify:	
D.2.3	IMPD submitted:	
D.2.3.1	Full IMPD: No •	
D.2.3.2	Simplified IMPD: No •	
D.2.3.3	Summary of product characteristics (SmPC) only: Yes •	
D.2.4	Has the use of the IMP been previously authorised in a No •	

D.2.4.1	clinical trial conducted by the sponsor in the Community? If 'Yes' specify which Member States:	
D.2.5	Has the IMP been designated in this indication as an orphan drug in the Community?	No •
D.2.5.1	If 'Yes', give the orphan drug designation number ¹⁰ :	

D.2.6	Has the IMP been the subject of scientific advice related to this clinical trial?	No •
D.2.6.1	If 'Yes' to D.2.6, please indicate source of advice and provide a copy in the CTA request:	
D.2.6.1.1	CHMP ¹¹ ?	No •
D.2.6.1.2	National Competent Authority?	No •

D.3	DESCRIPTION OF THE IMP	
D.3.1	Product name where applicable ¹² :	Solu-Cortef
D.3.2	Product code where applicable ¹³ :	
D.3.3	ATC codes, if officially registered ¹⁴ :	H02AB09
D.3.4	Pharmaceutical form (use standard terms):	Powder and solvent for solution for injection/infusion
D.3.4.1	Is this a specific paediatric formulation?	No •
D.3.5	Maximum duration of treatment of a subject according to the protocol: 7 days	
D.3.6	Dose allowed:	
D.3.6.1	For first trial only: Specify per day or total Specify total dose (number and unit): Route of administration (relevant to the first dose):	Total •
D.3.6.2	For all trials Specify per day or total Specify total dose (number and unit): Route of administration (relevant to the maximum dose):	Per day • 200 mg milligram(s) Intravenous use
D.3.7	Routes of administration (use standard terms):	Intravenous use

D.3.8	Name of each active substance (INN or proposed INN if available): hydrocortisone	
D.3.9	Other available name for each active substance (provide all available):	
D.3.9.1	CAS ¹⁵ number	
D.3.9.2	Current sponsor code	
D.3.9.3	Other descriptive name HYDROCORTISONE SODIUM SUCCINATE	
D.3.9.4	EV Substance code	SUB02569MIG
D.3.9.5	Full Molecular formula	
D.3.9.6	Chemical/biological description of the Active Substance	
D.3.10	Strength (specify all strengths to be used):	
D.3.10.1	Concentration unit:	mg milligram(s)
D.3.10.2	Concentration type ("exact number", "range", "more than" or "up to"):	equal
D.3.10.3	Concentration (number).	100

D.3.11	Type of IMP	
Does the IMP contain an active substance:		
D.3.11.1	Of chemical origin?	Yes •
D.3.11.2	Of biological / biotechnological origin (other than Advanced Therapy IMP (ATIMP))?	No •
Is this a:		

D.3.11.3	Advanced Therapy IMP (ATIMP)?	No ●
D.3.11.3.1	Somatic cell therapy medicinal product ¹⁶ ?	No ●
D.3.11.3.2	Gene therapy medicinal product ¹⁷ ?	No ●
D.3.11.3.3	Tissue Engineered Product ¹⁸ ?	No ●
D.3.11.3.4	Combination ATIMP (i.e. one involving a medical device ¹⁹)?	No ●
D.3.11.3.5	Has the Committee on Advanced Therapies issued a classification for this product?	No ●
D.3.11.3.5.1	If 'Yes' please provide that classification and its reference number:	
D.3.11.4	Combination product that includes a device, but does not involve an Advanced Therapy?	No ●
D.3.11.5	Radiopharmaceutical medicinal product?	No ●
D.3.11.6	Immunological medicinal product (such as vaccine, allergen, immune serum)?	No ●
D.3.11.7	Plasma derived medicinal product?	No ●
D.3.11.8	Extractive medicinal product?	No ●
D.3.11.9	Recombinant medicinal product?	No ●
D.3.11.10	Medicinal product containing genetically modified organisms?	No ●
D.3.11.10.1	Has the authorisation for contained use or release been granted?	No ●
D.3.11.10.2	Is it pending?	No ●
D.3.11.11	Herbal medicinal product?	No ●
D.3.11.12	Homeopathic medicinal product?	No ●
D.3.11.13	Another type of medicinal product?	No ●
D.3.11.13.1	If 'another type of medicinal product' specify the type of medicinal product:	
D.3.12	Mode of action (<i>free text</i> ²⁰)	
D.3.13	Is it an IMP to be used in a first-in-human clinical trial?	No ●
D.3.13.1	If 'Yes', are there risk factors identified, according to the guidance FIH? ²¹	

D.4	SOMATIC CELL THERAPY INVESTIGATIONAL MEDICINAL PRODUCT (NO GENETIC MODIFICATION)	
D.4.1	Origin of cells	
D.4.1.1	Autologous	No ●
D.4.1.2	Allogeneic	No ●
D.4.1.3	Xenogeneic	No ●
D.4.1.3.1	If 'Yes', specify the species of origin:	
D.4.2	Type of cells	
D.4.2.1	Stem cells	No ●
D.4.2.2	Differentiated cells	No ●
D.4.2.2.1	If 'Yes', specify the type (e.g. keratinocytes, fibroblasts, chondrocytes...):	
D.4.2.3	Others:	No ●
D.4.2.3.1	If others, specify:	

D.5	GENE THERAPY INVESTIGATIONAL MEDICINAL PRODUCTS	
D.5.1	Gene(s) of interest:	
D.5.2	In vivo gene therapy:	No ●
D.5.3	Ex vivo gene therapy:	No ●
D.5.4	Type of gene transfer product	
D.5.4.1	Nucleic acid (e.g. plasmid):	No ●
	If 'Yes', specify if:	
D.5.4.1.1	Naked:	No ●
D.5.4.1.2	Complexed	No ●

D.5.4.2	Viral vector:	No •
D.5.4.2.1	If 'Yes', specify the type: adenovirus, retrovirus, AAV, ...:	
D.5.4.3	Others	No •
D.5.4.3.1	If others, specify:	
D.5.5	Genetically modified somatic cells:	No •
	If 'Yes', specify the origin of the cells:	
D.5.5.1	Autologous:	No •
D.5.5.2	Allogeneic:	No •
D.5.5.3	Xenogeneic:	No •
D.5.5.3.1	If 'Yes', specify the species of origin:	
D.5.5.4	Specify type of cells (hematopoietic stem cells...):	

D.6 TISSUE ENGINEERED PRODUCT		
The indication which determines that this is a Tissue Engineered Product as opposed to a Cell Therapy product is given in section E.1.1.		
D.6.1	Origin of cells	
D.6.1.1	Autologous	No •
D.6.1.2	Allogeneic	No •
D.6.1.3	Xenogeneic	No •
D.6.1.3.1	If 'Yes', specify the species of origin:	
D.6.2	Type of cells	
D.6.2.1	Stem cells	No •
D.6.2.2	Differentiated cells	No •
D.6.2.2.1	If 'Yes', specify the type of cells(e.g. keratinocytes, fibroblasts, chondrocytes, ...):	
D.6.2.3	Others:	No •
D.6.2.3.1	If others, specify:	

D.7 PRODUCTS CONTAINING DEVICES (i.e. MEDICAL DEVICES, SCAFFOLDS ETC.)		
D.7.1	Give a brief description of the device:	
D.7.2	What is the name of the device?	
D.7.3	Is the device implantable?	No •
D.7.4	Does this product contain:	
D.7.4.1	A medical device?	No •
D.7.4.1.1	Does this medical device have a CE mark?	No •
D.7.4.1.1.1	The notified body is:	
D.7.4.2	Bio-materials?	No •
D.7.4.3	Scaffolds?	No •
D.7.4.4	Matrices?	No •
D.7.4.5	Other?	No •
D.7.4.5.1	If other, specify:	

D.1 IMP IDENTIFICATION		
Indicate which of the following is described below, then repeat as necessary for each of the numbered IMPs to be used in the trial (assign numbers from 1-n):		
D.1.1	This refers to the IMP number:	PR2
D.1.2	IMP being tested	No •
D.1.3	IMP used as a comparator	Yes •

D.2 STATUS OF THE IMP		
------------------------------	--	--

D.2.1	Has the IMP to be used in the trial a marketing authorisation? Yes • If the IMP has a marketing authorisation in the Member State concerned by this application, but the trade name and marketing authorisation holder are not fixed in the protocol, go to section D.2.2.
D.2.1.1	If 'Yes', specify the product to be used in the clinical trial:
D.2.1.1.1	Trade name Isotonic Sodium Chloride (0.9%)
D.2.1.1.1.1	EV Product Code (where applicable)
D.2.1.1.2	Name of the Marketing Authorisation Holder:
D.2.1.1.3	Marketing Authorisation number (if Marketing Authorisation granted by a Member State):
D.2.1.1.4	Is the IMP modified in relation to its Marketing Authorisation? No •
D.2.1.1.4.1	If 'Yes', please specify:
D.2.1.2	The country that granted the Marketing Authorisation Denmark
D.2.1.2.1	Is this the Member State concerned with this application? Yes •

D.2.2	Situations where an IMP to be used in the CT has a Marketing Authorisation in the Member State concerned, but the protocol allows that any brand of the IMP with a Marketing Authorisation in that Member State be administered to the trial subjects and it is not possible to clearly identify the IMP(s) in advance of the trial start
D.2.2.1	In the protocol, is treatment defined only by active substance? Yes •
D.2.2.1.1	If 'Yes', give active substance in D.3.8 or D.3.9
D.2.2.2	In the protocol, do treatment regimens allow different combinations of marketed products used according to local clinical practice at some or all investigator sites in the MS? No •
D.2.2.2.1	If 'Yes', give active substance in D.3.8 or D.3.9
D.2.2.3	The products to be administered as IMPs are defined as belonging to an ATC group ⁹ No •
D.2.2.3.1	If 'Yes', give the ATC group of the applicable authorised codes in the ATC code field (level 3 or the level that can be defined) in D.3.3
D.2.2.4	Other: No •
D.2.2.4.1	If 'Yes', please specify:

D.2.3	IMPD submitted:
D.2.3.1	Full IMPD: No •
D.2.3.2	Simplified IMPD: No •
D.2.3.3	Summary of product characteristics (SmPC) only: Yes •
D.2.4	Has the use of the IMP been previously authorised in a clinical trial conducted by the sponsor in the Community? Yes •
D.2.4.1	If 'Yes' specify which Member States: Czech Republic Denmark Finland Italy Spain Sweden United Kingdom
D.2.5	Has the IMP been designated in this indication as an orphan drug in the Community? No •
D.2.5.1	If 'Yes', give the orphan drug designation number ¹⁰ :

D.2.6	Has the IMP been the subject of scientific advice related to this clinical trial? No •
D.2.6.1	If 'Yes' to D.2.6, please indicate source of advice and provide a copy in the CTA request:
D.2.6.1.1	CHMP ¹¹ ? No •
D.2.6.1.2	National Competent Authority? No •

D.3 DESCRIPTION OF THE IMP	
D.3.1	Product name where applicable ¹² : Sodium Chloride
D.3.2	Product code where applicable ¹³ :
D.3.3	ATC codes, if officially registered ¹⁴ : B05BB01
D.3.4	Pharmaceutical form (use standard terms): Infusion
D.3.4.1	Is this a specific paediatric formulation? No •
D.3.5	Maximum duration of treatment of a subject according to the protocol: 7 days.
D.3.6	Dose allowed:
D.3.6.1	For first trial only: Specify per day or total Not Answered • Specify total dose (number and unit): Route of administration (relevant to the first dose):
D.3.6.2	For all trials Specify per day or total Per day • Specify total dose (number and unit): 200 ml millilitre(s) Route of administration (relevant to the maximum dose): Intravenous use
D.3.7	Routes of administration (use standard terms): Intravenous use

D.3.8	Name of each active substance (INN or proposed INN if available): Sodium Chloride
D.3.9	Other available name for each active substance (provide all available):
D.3.9.1	CAS ¹⁵ number
D.3.9.2	Current sponsor code
D.3.9.3	Other descriptive name SODIUM CHLORIDE SOLUTION 0.9%
D.3.9.4	EV Substance code SUB20079
D.3.9.5	Full Molecular formula
D.3.9.6	Chemical/biological description of the Active Substance
D.3.10	Strength (specify all strengths to be used):
D.3.10.1	Concentration unit: % (W/V) percent weight/volume
D.3.10.2	Concentration type ("exact number", "range", "more than" or "up to"): equal
D.3.10.3	Concentration (number). 0.9

D.3.11	Type of IMP
Does the IMP contain an active substance:	
D.3.11.1	Of chemical origin? Yes •
D.3.11.2	Of biological / biotechnological origin (other than Advanced Therapy IMP (ATIMP))? No •
Is this a:	
D.3.11.3	Advanced Therapy IMP (ATIMP)? No •
D.3.11.3.1	Somatic cell therapy medicinal product ¹⁶ ? No •
D.3.11.3.2	Gene therapy medicinal product ¹⁷ ? No •
D.3.11.3.3	Tissue Engineered Product ¹⁸ ? No •
D.3.11.3.4	Combination ATIMP (i.e. one involving a medical device ¹⁹)? No •
D.3.11.3.5	Has the Committee on Advanced Therapies issued a classification for this product? No •
D.3.11.3.5.1	If 'Yes' please provide that classification and its reference number:
D.3.11.4	Combination product that includes a device, but does not involve an Advanced Therapy? No •
D.3.11.5	Radiopharmaceutical medicinal product? No •

D.3.11.6	Immunological medicinal product (such as vaccine, allergen, immune serum)?	No ●
D.3.11.7	Plasma derived medicinal product?	No ●
D.3.11.8	Extractive medicinal product?	No ●
D.3.11.9	Recombinant medicinal product?	No ●
D.3.11.10	Medicinal product containing genetically modified organisms?	No ●
D.3.11.10.1	Has the authorisation for contained use or release been granted?	No ●
D.3.11.10.2	Is it pending?	No ●
D.3.11.11	Herbal medicinal product?	No ●
D.3.11.12	Homeopathic medicinal product?	No ●
D.3.11.13	Another type of medicinal product?	No ●
D.3.11.13.1	If 'another type of medicinal product' specify the type of medicinal product:	
D.3.12	Mode of action (<i>free text</i> ²⁰)	
D.3.13	Is it an IMP to be used in a first-in-human clinical trial?	No ●
D.3.13.1	If 'Yes', are there risk factors identified, according to the guidance FIH? ²¹	

D.4	SOMATIC CELL THERAPY INVESTIGATIONAL MEDICINAL PRODUCT (NO GENETIC MODIFICATION)	
D.4.1	Origin of cells	
D.4.1.1	Autologous	No ●
D.4.1.2	Allogeneic	No ●
D.4.1.3	Xenogeneic	No ●
D.4.1.3.1	If 'Yes', specify the species of origin:	
D.4.2	Type of cells	
D.4.2.1	Stem cells	No ●
D.4.2.2	Differentiated cells	No ●
D.4.2.2.1	If 'Yes', specify the type (e.g. keratinocytes, fibroblasts, chondrocytes...):	
D.4.2.3	Others:	No ●
D.4.2.3.1	If others, specify:	

D.5	GENE THERAPY INVESTIGATIONAL MEDICINAL PRODUCTS	
D.5.1	Gene(s) of interest:	
D.5.2	In vivo gene therapy:	No ●
D.5.3	Ex vivo gene therapy:	No ●
D.5.4	Type of gene transfer product	
D.5.4.1	Nucleic acid (e.g. plasmid):	No ●
	If 'Yes', specify if:	
D.5.4.1.1	Naked:	No ●
D.5.4.1.2	Complexed	No ●
D.5.4.2	Viral vector:	No ●
D.5.4.2.1	If 'Yes', specify the type: adenovirus, retrovirus, AAV, ...:	
D.5.4.3	Others	No ●
D.5.4.3.1	If others, specify:	
D.5.5	Genetically modified somatic cells:	No ●
	If 'Yes', specify the origin of the cells:	
D.5.5.1	Autologous:	No ●
D.5.5.2	Allogeneic:	No ●
D.5.5.3	Xenogeneic:	No ●
D.5.5.3.1	If 'Yes', specify the species of origin:	
D.5.5.4	Specify type of cells (hematopoietic stem cells...):	

D.6 TISSUE ENGINEERED PRODUCT		
The indication which determines that this is a Tissue Engineered Product as opposed to a Cell Therapy product is given in section E.1.1.		
D.6.1	Origin of cells	
D.6.1.1	Autologous	No •
D.6.1.2	Allogeneic	No •
D.6.1.3	Xenogeneic	No •
D.6.1.3.1	If 'Yes', specify the species of origin:	
D.6.2	Type of cells	
D.6.2.1	Stem cells	No •
D.6.2.2	Differentiated cells	No •
D.6.2.2.1	If 'Yes', specify the type of cells(e.g. keratinocytes, fibroblasts, chondrocytes, ...):	
D.6.2.3	Others:	No •
D.6.2.3.1	If others, specify:	

D.7 PRODUCTS CONTAINING DEVICES (i.e. MEDICAL DEVICES, SCAFFOLDS ETC.)		
D.7.1	Give a brief description of the device:	
D.7.2	What is the name of the device?	
D.7.3	Is the device implantable?	No •
D.7.4	Does this product contain:	
D.7.4.1	A medical device?	No •
D.7.4.1.1	Does this medical device have a CE mark?	No •
D.7.4.1.1.1	The notified body is:	
D.7.4.2	Bio-materials?	No •
D.7.4.3	Scaffolds?	No •
D.7.4.4	Matrices?	No •
D.7.4.5	Other?	No •
D.7.4.5.1	If other, specify:	

D.8 INFORMATION ON PLACEBO (if relevant; repeat as necessary)

D.8.1	Is there a placebo:	Yes •
D.8.2	This refers to placebo number:	PL1
D.8.3	Pharmaceutical form:	Infusion
D.8.4	Route of administration:	Intravenous use
D.8.5	Which IMP is it a placebo for? Specify IMP Number(s) from D.1.1	PR1
D.8.5.1	Composition, apart from the active substance(s):	
D.8.5.2	Is it otherwise identical to the IMP?	No •
D.8.5.2.1	If not, specify major ingredients:	
The Isotonic Sodium Chloride also registered as an IMP is placebo for Solu-Cortef.		

D.9 SITE(S) WHERE THE QUALIFIED PERSON CERTIFIES BATCH RELEASE²²

*This section is dedicated to **finished** IMPs, i.e. medicinal products randomised, packaged, labelled and certified for use in the clinical trial. If there is more than one site or more than one IMP is certified, use extra pages and give each IMP its number from section D.1.1 or D.8.2 In the case of multiple sites indicate the product certified by each site*

D.9.1 Do not fill in section D.9.2 for an IMP that:
*Has a MA in the EU **and***
*Is sourced from the EU market **and***
*Is used in the trial without modification(e.g. not overencapsulated) **and***
The packaging and labelling is carried out for local use only as per article 9.2. of the Directive 2005/28/EC (GCP Directive)
If all these conditions are met tick and list the number(s) of each IMP including placebo from sections D.1.1 and D.8.2 to which this applies
PR1
PR2
PL1

D.9.2 Who is responsible in the Community for the certification of the finished IMPs?

This site is responsible for certification of (list the number(s) of each IMP including placebo from sections D.1.1 and D.8.2):
please tick the appropriate box:

- | | | |
|-----------|--|---|
| D.9.2.1 | Manufacturer | ? |
| D.9.2.2 | Importer | ? |
| D.9.2.3 | Name of the organisation: | |
| D.9.2.4 | Address: | |
| D.9.2.4.1 | Street Address | |
| D.9.2.4.2 | Town/City | |
| D.9.2.4.3 | Post Code | |
| D.9.2.4.4 | Country | |
| D.9.2.5 | Give the manufacturing authorisation number: | |
| D.9.2.5.1 | If No authorisation, give the reasons: | |

Where the product does not have a MA in the EU, but is supplied in bulk and final packaging and labelling for local use is carried out in accordance with article 9.2 of Directive 2005/28/EC (GCP Directive) then enter the site where the product was finally certified for release by the Qualified Person for use in the clinical trial at D.9.2 above.

E. GENERAL INFORMATION ON THE TRIAL

This section should be used to provide information about the aims, scope and design of the trial. When the protocol includes a sub-study in the MS concerned section E.2.3 should be completed providing information about the sub-study. To identify it check the sub-study box in the 'Objective of the trial' question below.

E.1	MEDICAL CONDITION OR DISEASE UNDER INVESTIGATION				
E.1.1	Specify the medical condition(s) to be investigated ²³ (free text): English Adult patients with COVID-19 and severe hypoxia.				
E.1.1.1	Medical condition in easily understood language English Adult patients with COVID-19 and severe oxygen deficiency.				
E.1.1.2	Therapeutic area Diseases [C] - Virus Diseases [C02]				
E.1.2	MedDRA version, system organ class, level, term and classification code ²⁴ :				
	Version	System Organ Class	Classification Code	Term	Level
	23.0	100000004862	10053983	Corona virus infection	LLT
	21.1	10038738 - Respiratory, thoracic and mediastinal disorders	10021143	Hypoxia	PT
E.1.3	Is any of the conditions being studied a rare disease ²⁵ ?				No •
E.2	OBJECTIVE OF THE TRIAL				
E.2.1	Main objective: English To assess benefits and harms of low dose IV hydrocortisone versus placebo on patient-important outcome measures in adult patients with COVID-19 and severe hypoxia.				
E.2.2	Secondary objectives: English Not applicable.				
E.2.3	Is there a sub-study? No •				
E.2.3.1	If 'Yes', give the full title, date and version of each sub-study and their related objectives:				
E.3	PRINCIPAL INCLUSION CRITERIA (list the most important)				
	English	All the following criteria must be fulfilled: - Aged 18 years or above AND - Confirmed SARS-CoV-2 (COVID-19) requiring hospitalisation AND - Use of one of the following: • <input type="checkbox"/> Invasive mechanical ventilation OR • <input type="checkbox"/> Non-invasive ventilation or continuous use of continuous positive airway pressure (CPAP) OR • <input type="checkbox"/> Oxygen supplementation with an oxygen flow of at least 10 L/min independent of delivery system			
E.4	PRINCIPAL EXCLUSION CRITERIA (list the most important)				
	English	We will exclude patients who fulfil any of the following criteria: - Use of systemic corticosteroids for any other indication than COVID-19 - Invasive mechanical ventilation for more than 48 hours - Invasive fungal infection - Fertile woman (< 60 years of age) with positive urine human gonadotropin (hCG) or plasma-hCG - Known hypersensitivity to hydrocortisone - A patient for whom the clinical team has decided not to use invasive			

E.8 DESIGN OF THE TRIAL	
E.8.1	Controlled Yes • If 'Yes', specify:
E.8.1.1	Randomised: Yes •
E.8.1.2	Open: No •
E.8.1.3	Single blind: No •
E.8.1.4	Double blind: Yes •
E.8.1.5	Parallel group: Yes •
E.8.1.6	Cross over: No •
E.8.1.7	Other: No •
E.8.1.7.1	If other specify:
E.8.2	If controlled, specify the comparator:
E.8.2.1	Other medicinal product(s) No •
E.8.2.2	Placebo Yes •
E.8.2.3	Other No •
E.8.2.3.1	If 'Yes' to other, specify :
E.8.2.4	Number of treatment arms in the trial 2
E.8.3	Single site in the Member State concerned (see also section G): No •
E.8.4	Multiple sites in the Member State concerned(see also section G): Yes •
E.8.4.1	Number of sites anticipated in Member State concerned 16
E.8.5	Multiple Member States: No •
E.8.5.1	Number of sites anticipated in the EEA:
E.8.6	Trial involving sites outside the EEA:
E.8.6.1	Trial being conducted both within and outside the EEA: No •
E.8.6.2	Trial being conducted completely outside of the EEA: No •
E.8.6.3	If E.8.6.1 or E.8.6.2 are Yes, specify the regions in which trial sites are planned:
E.8.6.4	If E.8.6.1 or E.8.6.2 are Yes, specify the number of sites anticipated outside of the EEA:
E.8.7	Trial having an independent data monitoring committee: Yes •
E.8.8	Definition of the end of trial: If it is the last visit of the last subject, please enter "LVLS". If it is not LVLS provide the definition: English The trial will end when the last patient enrolled has completed 1-year follow up (last-patient last-visit).
E.8.9	Initial estimate of the duration of the trial ²⁸ (years, months and days)
E.8.9.1	In the Member State concerned 1 years 9 months days
E.8.9.2	In all countries concerned by the trial 1 years 9 months days
E.8.10	Proposed date of start of recruitment
E.8.10.1	In the Member State concerned 2020-04-15
E.8.10.2	In any country 2020-04-15

F. POPULATION OF TRIAL SUBJECTS

F.1 AGE RANGE		
F.1.1	Are the trial subjects under 18? If 'Yes', specify the estimated number of subjects planned in each age range for the whole trial:	No •
	Approx. No. of patients ²⁹	
F.1.1.1	In utero	() No •
F.1.1.2	Preterm newborn infants (up to gestational age < 37 weeks)	() No •
F.1.1.3	Newborns (0-27 days)	() No •
F.1.1.4	Infants and toddlers (28 days - 23 months)	() No •
F.1.1.5	Children (2-11 years)	() No •
F.1.1.6	Adolescents (12-17 years)	() No •
F.1.2	Adults (18-64 years)	(400) Yes •
F.1.3	Elderly (>= 65 years)	(600) Yes •

F.2 GENDER		
F.2.1	Female	Yes •
F.2.2	Male	Yes •

F.3 GROUP OF TRIAL SUBJECTS		
F.3.1	Healthy volunteers	No •
F.3.2	Patients	Yes •
F.3.3	Specific vulnerable populations	Yes •
F.3.3.1	Women of child bearing potential not using contraception	Yes •
F.3.3.2	Women of child bearing potential using contraception	Yes •
F.3.3.3	Pregnant women	No •
F.3.3.4	Nursing women	Yes •
F.3.3.5	Emergency situation	Yes •
F.3.3.6	Subjects incapable of giving consent personally	Yes •
F.3.3.6.1	If 'Yes', specify: English All patients with COVID-19 and severe hypoxia will be temporarily incompetent because of the acute illness, low oxygen saturation and stress-response associated with lack of oxygen.	
F.3.3.7	Others:	No •
F.3.3.7.1	If 'Yes', specify:	

F.4 PLANNED NUMBER OF SUBJECTS TO BE INCLUDED:		
F.4.1	In the member state	1000
F.4.2	For a multinational trial:	
F.4.2.1	In the EEA	
F.4.2.2	In the whole clinical trial	

F.5 PLANS FOR TREATMENT OR CARE AFTER THE SUBJECT HAS ENDED HIS/HER PARTICIPATION IN THE TRIAL. please specify (free text):		
English	None.	

G. CLINICAL TRIAL SITES/INVESTIGATORS IN THE MEMBER STATE CONCERNED BY THIS REQUEST

G.1	CO-ORDINATING INVESTIGATOR (for multicentre trial) and principal investigator (for single centre trial)	
G.1.1	Given name:	Anders
G.1.2	Middle name, if applicable:	
G.1.3	Family name:	Perner
G.1.4	Qualification (MD.....)	MD, PhD, Professor
G.1.5	Professional address:	
G.1.5	Institution name	Rigshospitalet
G.1.5	Institution department	Department of Intensive Care
G.1.5.1	Street address	Blegdamsvej 9
G.1.5.2	Town/city	København Ø
G.1.5.3	Post code	2100
G.1.5.4	Country	Denmark
G.1.6	Telephone number:	0045 35458333
G.1.7	Fax number:	
G.1.8	E-mail:	anders.perner@regionh.dk

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Marie
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Helleberg
G.2.4	Qualification (MD.....)	MD, PhD, DMSc
G.2.5	Professional address:	
G.2.5	Institution name	Rigshospitalet
G.2.5	Institution department	Department of Infectious Diseases
G.2.5.1	Street address	Blegdamsvej 9
G.2.5.2	Town/city	2100
G.2.5.3	Post code	København Ø
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Klaus
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Tjelle
G.2.4	Qualification (MD.....)	MD
G.2.5	Professional address:	
G.2.5	Institution name	Hvidovre Hospital
G.2.5	Institution department	Department of Anaesthesia and Intensive Care
G.2.5.1	Street address	Kettegård Alle 30
G.2.5.2	Town/city	Hvidovre
G.2.5.3	Post code	2650
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2 PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)		
G.2.1	Given name:	Thomas
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Benfield
G.2.4	Qualification (MD.....)	MD, DMSc, Professor
G.2.5	Professional address:	
G.2.5	Institution name	Hvidovre Hospital
G.2.5	Institution department	Department of Infectious Diseases
G.2.5.1	Street address	Kettegård Alle 30
G.2.5.2	Town/city	Hvidovre
G.2.5.3	Post code	2650
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2 PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)		
G.2.1	Given name:	Charlotte
G.2.2	Middle name, if applicable:	Suppli
G.2.3	Family name:	Ulrik
G.2.4	Qualification (MD.....)	MD, DMSc, Professor
G.2.5	Professional address:	
G.2.5	Institution name	Hvidovre Hospital
G.2.5	Institution department	Department of Respiratory Medicine
G.2.5.1	Street address	Kettegård Alle 30
G.2.5.2	Town/city	Hvidovre
G.2.5.3	Post code	2650
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2 PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)		
G.2.1	Given name:	Ann-Sofie
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Andreasen
G.2.4	Qualification (MD.....)	MD, PhD
G.2.5	Professional address:	
G.2.5	Institution name	Herlev Hospital
G.2.5	Institution department	Department of Anaesthesia and Intensive Care
G.2.5.1	Street address	Borgmester Ib Juuls Vej 1
G.2.5.2	Town/city	Herlev
G.2.5.3	Post code	2730
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2 PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)		
G.2.1	Given name:	Thomas
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Mohr

G.2.4	Qualification (MD.....)	MD, PhD
G.2.5	Professional address:	
G.2.5	Institution name	Gentofte Hospital
G.2.5	Institution department	Department of Intensive Care
G.2.5.1	Street address	Gentofte Hospitalsvej 1
G.2.5.2	Town/city	Hellerup
G.2.5.3	Post code	2900
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Morten
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Bestle
G.2.4	Qualification (MD.....)	MD, PhD
G.2.5	Professional address:	
G.2.5	Institution name	North Zealand Hospital
G.2.5	Institution department	Department of Anaesthesia and Intensive Care
G.2.5.1	Street address	Dyrehavevej 29
G.2.5.2	Town/city	Hillerød
G.2.5.3	Post code	3400
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Lone
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Poulsen
G.2.4	Qualification (MD.....)	MD
G.2.5	Professional address:	
G.2.5	Institution name	Zealand University Hospital, Køge
G.2.5	Institution department	Department of Anaesthesia and Intensive Care
G.2.5.1	Street address	Lykkebækvej 1
G.2.5.2	Town/city	Køge
G.2.5.3	Post code	4600
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Thomas
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Hildebrandt
G.2.4	Qualification (MD.....)	MD
G.2.5	Professional address:	
G.2.5	Institution name	Zealand University Hospital, Roskilde
G.2.5	Institution department	Department of Anaesthesia and Intensive Care
G.2.5.1	Street address	Sygehusvej 10
G.2.5.2	Town/city	Roskilde

G.2.5.3	Post code	4000
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Anders
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Møller
G.2.4	Qualification (MD.....)	MD
G.2.5	Professional address:	
G.2.5	Institution name	Slagelse Hospital
G.2.5	Institution department	Department of Anaesthesia
G.2.5.1	Street address	Ingemanns vej 18
G.2.5.2	Town/city	Slagelse
G.2.5.3	Post code	4200
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Christoffer
G.2.2	Middle name, if applicable:	G.
G.2.3	Family name:	Sølling
G.2.4	Qualification (MD.....)	MD, PhD
G.2.5	Professional address:	
G.2.5	Institution name	Viborg Hospital
G.2.5	Institution department	Department of Anaesthesia and Intensive Care
G.2.5.1	Street address	Heibergs Alle 5A
G.2.5.2	Town/city	Viborg
G.2.5.3	Post code	8800
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Anne
G.2.2	Middle name, if applicable:	Craveiro
G.2.3	Family name:	Brøchner
G.2.4	Qualification (MD.....)	MD, PhD
G.2.5	Professional address:	
G.2.5	Institution name	Kolding Hospital
G.2.5	Institution department	Department of Anaesthesia and Intensive Care
G.2.5.1	Street address	Sygehusvej 24
G.2.5.2	Town/city	Kolding
G.2.5.3	Post code	6000
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2 PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)		
G.2.1	Given name:	Bodil
G.2.2	Middle name, if applicable:	Steen
G.2.3	Family name:	Rasmussen
G.2.4	Qualification (MD.....)	MD, PhD, Professor
G.2.5	Professional address:	
G.2.5	Institution name	Aalborg University Hospital
G.2.5	Institution department	Department of Anaesthesia and Intensive Care
G.2.5.1	Street address	Hobrovej 18-22
G.2.5.2	Town/city	Aalborg
G.2.5.3	Post code	9000
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2 PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)		
G.2.1	Given name:	Henrik
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Nielsen
G.2.4	Qualification (MD.....)	MD, DMSc, Professor
G.2.5	Professional address:	
G.2.5	Institution name	Aalborg University Hospital
G.2.5	Institution department	Department of Infectious Diseases
G.2.5.1	Street address	Hobrovej 18-22
G.2.5.2	Town/city	Aalborg
G.2.5.3	Post code	9000
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2 PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)		
G.2.1	Given name:	Steffen
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Christensen
G.2.4	Qualification (MD.....)	MD, PhD
G.2.5	Professional address:	
G.2.5	Institution name	Aarhus University Hospital
G.2.5	Institution department	Department of Anaesthesia and Intensive Care
G.2.5.1	Street address	Palle Juul-Jensens Boulevard 99
G.2.5.2	Town/city	Aarhus N
G.2.5.3	Post code	8200
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2 PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)		
G.2.1	Given name:	Thomas
G.2.2	Middle name, if applicable:	

G.2.3	Family name:	Strøm
G.2.4	Qualification (MD.....)	MD, PhD
G.2.5	Professional address:	
G.2.5	Institution name	Odense University Hospital
G.2.5	Institution department	Department of Anaesthesia and Intensive Care
G.2.5.1	Street address	J. B. Winsløvs vej 4
G.2.5.2	Town/city	Odense C
G.2.5.3	Post code	5000
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Isik
G.2.2	Middle name, if applicable:	Somuncu
G.2.3	Family name:	Johansen
G.2.4	Qualification (MD.....)	MD, DMSc, Professor
G.2.5	Professional address:	
G.2.5	Institution name	Odense University Hospital
G.2.5	Institution department	Department of Infectious Diseases
G.2.5.1	Street address	J. B. Winsløvs vej 4
G.2.5.2	Town/city	Odense C
G.2.5.3	Post code	5000
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Thomas
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Hildebrandt
G.2.4	Qualification (MD.....)	MD
G.2.5	Professional address:	
G.2.5	Institution name	Zealand University Hospital, Roskilde
G.2.5	Institution department	Department of Infectious Diseases
G.2.5.1	Street address	Sygehusvej 10
G.2.5.2	Town/city	Roskilde
G.2.5.3	Post code	4000
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Vibeke
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Jørgensen
G.2.4	Qualification (MD.....)	MD, PhD
G.2.5	Professional address:	
G.2.5	Institution name	Rigshospitalet
G.2.5	Institution department	Department of Thoracic Anaesthesiology
G.2.5.1	Street address	Blegdamsvej 9

G.2.5.2	Town/city	København Ø
G.2.5.3	Post code	2100
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Mette
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Friberg
G.2.4	Qualification (MD.....)	MD, PhD
G.2.5	Professional address:	
G.2.5	Institution name	Zealand University Hospital, Køge
G.2.5	Institution department	Internal Medicine Department, Endocrinology
G.2.5.1	Street address	Lykkebækvej 1
G.2.5.2	Town/city	Køge
G.2.5.3	Post code	4600
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Merete
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Storgaard
G.2.4	Qualification (MD.....)	MD, Clinical Associate Professor
G.2.5	Professional address:	
G.2.5	Institution name	Aarhus University Hospital
G.2.5	Institution department	Department of Clinical Medicine - Department of Infectious Diseases
G.2.5.1	Street address	Palle Juul-Jensens Boulevard 45
G.2.5.2	Town/city	Aarhus N
G.2.5.3	Post code	8200
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Iben Strøm
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Darfelt
G.2.4	Qualification (MD.....)	MD
G.2.5	Professional address:	
G.2.5	Institution name	Regional Hospital West Jutland, Herning
G.2.5	Institution department	Department of Anaesthesiology
G.2.5.1	Street address	Gl. Landevej 61
G.2.5.2	Town/city	Herning
G.2.5.3	Post code	7400
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	

G.2.8	E-mail:	IBEDAR@rm.dk
-------	---------	---------------------

G.2	PRINCIPAL INVESTIGATORS (for multicentre trial ; where necessary, use additional forms)	
G.2.1	Given name:	Margit
G.2.2	Middle name, if applicable:	
G.2.3	Family name:	Smitt
G.2.4	Qualification (MD.....)	MD
G.2.5	Professional address:	
G.2.5	Institution name	Rigshospitalet
G.2.5	Institution department	Department of Neuroanaesthesiology
G.2.5.1	Street address	Blegdamsvej 9
G.2.5.2	Town/city	København Ø
G.2.5.3	Post code	2100
G.2.5.4	Country	Denmark
G.2.6	Telephone number:	
G.2.7	Fax number:	
G.2.8	E-mail:	

G.3	CENTRAL TECHNICAL FACILITIES TO BE USED IN THE CONDUCT OF THE TRIAL	
	Laboratory or other technical facility, in which the measurement or assessment of the main evaluation criteria are centralised (repeat as needed for multiple organisations).	
G.3.1	Name of organisation:	
G.3.2	Department	
G.3.3	Name of contact person:	
G.3.3.1	Given name	
G.3.3.2	Middle name	
G.3.3.3	Family name	
G.3.4	Address:	
G.3.4.1	Street address	
G.3.4.2	Town/city	
G.3.4.3	Post code	
G.3.4.4	Country	
G.3.5	Telephone number:	
G.3.6	Fax number:	
G.3.7	E-mail:	
G.3.8	Enter the details of any duties subcontracted to this central technical facility in this trial	
G.3.8.1	Routine clinical pathology testing	Yes ? No ? Not Answered ?
G.3.8.2	Clinical chemistry	Yes ? No ? Not Answered ?
G.3.8.3	Clinical haematology	Yes ? No ? Not Answered ?
G.3.8.4	Clinical microbiology	Yes ? No ? Not Answered ?
G.3.8.5	Histopathology	Yes ? No ? Not Answered ?
G.3.8.6	Serology/ endocrinology	Yes ? No ? Not Answered ?
G.3.8.7	Analytical chemistry	Yes ? No ? Not Answered ?
G.3.8.8	ECG analysis/ review	Yes ? No ? Not Answered ?
G.3.8.9	Medical image analysis/ review - X-ray, MRI, ultrasound, etc.	Yes ? No ? Not Answered ?
G.3.8.10	Primary/ surrogate endpoint test	Yes ? No ? Not Answered ?
G.3.8.11	Other Duties subcontracted?	Yes ? No ? Not Answered ?
G.3.8.11.1	If 'Yes', specify the other duties	

G.4	NETWORKS TO BE INVOLVED IN THE TRIAL (e.g. Paediatric Networks involved in the trial)	
G.4.1	Name of organisation:	Copenhagen Trial Unit, Centre for Interventional Research

G.4.2	Name of contact person:	
G.4.2.1	Given name	
G.4.2.2	Middle name	
G.4.2.3	Family name	
G.4.3	Address:	
G.4.3.1	Street address	Tagensvej 22
G.4.3.2	Town/city	Copenhagen
G.4.3.3	Post code	2200
G.4.3.4	Country	Denmark
G.4.4	Telephone number:	
G.4.5	Fax number:	
G.4.6	E-mail:	
G.4.7	Activities carried out by the network:	Methods center


G.5	ORGANISATIONS TO WHOM THE SPONSOR HAS TRANSFERRED TRIAL RELATED DUTIES AND FUNCTIONS	
G.5.1	Has the sponsor transferred any major or all the sponsor's trial related duties and functions to another organisation or third party?	Yes •
Repeat as necessary for multiple organisations:		
G.5.1.1	Organisation name:	Copenhagen University Hospital GCP Unit
G.5.1.2	Organisation department	
G.5.1.3	Name of contact person :	
G.5.1.3.1	Given name	
G.5.1.3.2	Middle name	
G.5.1.3.3	Family name	
G.5.1.4	Address:	
G.5.1.4.1	Street address	Nordre Fasanvej 57, Skadestuevej 1, parterre
G.5.1.4.2	Town/city	Frederiksberg
G.5.1.4.3	Post code	2000
G.5.1.4.4	Country	
G.5.1.5	Telephone number:	0045 28635620
G.5.1.6	Fax number:	
G.5.1.7	E-mail:	gcp-enheden.bispebjerg-frederiksberg-hospitaler@regionh.dk
G.5.1.8	All tasks of the sponsor	No •
G.5.1.9	Monitoring	Yes •
G.5.1.10	Regulatory (e.g. preparation of applications to CA and ethics committee)	No •
G.5.1.11	Investigator recruitment	No •
G.5.1.12	IVRS ³⁰ – treatment randomisation	No •
G.5.1.13	Data management	No •
G.5.1.14	E-data capture	No •
G.5.1.15	SUSAR reporting	No •
G.5.1.16	Quality assurance auditing	No •
G.5.1.17	Statistical analysis	No •
G.5.1.18	Medical writing	No •
G.5.1.19	Other duties subcontracted?	No •
G.5.1.19.1	If 'Yes' to other, please specify:	

H. COMPETENT AUTHORITY / ETHICS COMMITTEE IN THE MEMBER STATE CONCERNED BY THIS REQUEST

H.1 TYPE OF APPLICATION		
If this application is addressed to the Competent Authority, please tick the Ethics Committee box and give information on the Ethics committee concerned. If this application is addressed to the Ethics Committee, please tick the Competent Authority box and give the information on the Competent Authority concerned.		
H.1.1	Competent Authority	No •
H.1.2	Ethics Committee	Yes •
H.2 INFORMATION ON ETHICS COMMITTEE		
H.2.1	Name:	The Committees for Health Research Ethics for the Capital Region of Denmark
H.2.2	Address	
H.2.2.1	Street address	Kongens Vænge 2
H.2.2.2	Town/city	Hillerød
H.2.2.3	Post code	3400
H.2.2.4	Country	Denmark
H.2.3	Date of submission:	
H.3 OPINION		
H.3.1	To be requested	Yes •
H.3.2	Pending	No •
H.3.3	Given	No •
	If 'Given', specify:	
H.3.3.1	Date of opinion:	
H.3.3.2	Opinion favourable	No •
H.3.3.3	Opinion not favourable	No •
	If not favourable, give:	
H.3.3.3.1	The reasons	
H.3.3.3.2	The eventual anticipated date of resubmission:	

I. SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

I.1	I hereby confirm that /confirm on behalf of the sponsor (delete which is not applicable) that: <ul style="list-style-type: none">• the information provided is complete;• the attached documents contain an accurate account of the information available;• the clinical trial will be conducted in accordance with the protocol; and• the clinical trial will be conducted, and SUSARs and result-related information will be reported, in accordance with the applicable legislation.
------------	--

I.2	APPLICANT OF THE REQUEST FOR THE COMPETENT AUTHORITY (as stated in section C.1):
I.2.1	Date: 30/4-2020
I.2.2	Signature ³¹ : 
I.2.3	Print name: Anders Perner

I.3	APPLICANT OF THE REQUEST FOR THE ETHICS COMMITTEE (as stated in section C.2):
I.3.1	Date:
I.3.2	Signature ³² :
I.3.3	Print name:

ENDNOTES

- ¹ Any translation of the protocol should be assigned the same date and version as those in the original document.
- ² International Standard Randomised Controlled Trial Number. Sponsors may wish to use an International Standardised Random Controlled Trial Number (ISRCTN) to identify their trial in addition to the EudraCT number; for instance if their trial is part of a multinational trial with sites outside the Community. They can obtain the number and guidance from the Current Controlled Trials website <http://www.controlled-trials.com/isrctn> to which there is a link from the EudraCT database website <http://eudract.ema.europa.eu>. When available they should provide it in Section A.6 of the application form.
- ³ US National Clinical Trial (NCT) Numbers required on the FDA clinical trial application form.
- ⁴ For a resubmission following previous withdrawal of an application or unfavourable opinion of an ethics committee, or previous withdrawal of an application or refusal of a request by the competent authority, enter a letter in the sequence, A for first resubmission, B for second, C for third et seq.
- ⁵ In accordance with Article 19 of Directive 2001/20/EC.
- ⁶ The contact point should give functional information rather than details of one "person", in order to avoid the need for update and maintenance of these contact details.
- ⁷ This requires a EudraLink account. (See <https://eudract.ema.europa.eu/document.html> for details)
- ⁸ According to national legislation.
- ⁹ Available from the Summary of Product Characteristics (SmPC)
- ¹⁰ According to the Community register on orphan medicinal products (Regulation (EC) n° 141/2000): <http://ec.europa.eu/enterprise/pharmaceuticals/register/index.htm>
- ¹¹ Committee for Medicinal Products for Human Use of the European Medicines Agency
- ¹² To be provided only when there is No trade name. This is the name routinely used by a sponsor to identify the IMP in the CT documentation (protocol, IB...).
- ¹³ To be provided only when there is No trade name. This is a code designated by the sponsor which represents the name routinely used by the sponsor to identify the product in the CT documentation. For example, a code may be used for combinations of drugs or drugs and devices.
- ¹⁴ Available from the Summary of Product Characteristics (SmPC).
- ¹⁵ Chemical Abstracts Service.
- ¹⁶ Complete also section D.4 Cell therapy as defined in Annex 1 part IV of Directive 2001/83/EC as amended.
- ¹⁷ Complete also section D.5 Gene Therapy as defined in Annex 1 part IV of Directive 2001/83/EC as amended.
- ¹⁸ Complete also section D.6 - Tissue Engineered Product as defined in Article 2(1)(b) of Regulation 1394/2007/EC.
- ¹⁹ Complete also section D.7
- ²⁰ The mode of action should briefly describe the chemical, biochemical, immunological or biological means the IMP uses to effect its pharmaceutical action.
- ²¹ Guideline on strategies to identify and mitigate risks for first-in-human clinical trials with investigational medicinal products. EMEA/CHMP/SWP/28367/2007 19 July 2007
- ²² In accordance with paragraph 38 of Annex 13 of Volume 4 of the Rules Governing Medical Products in the European Union.
- ²³ In the case of healthy volunteer trials, the intended indication for the product under development should be provided.
- ²⁴ Applicants are encouraged to provide the MedDRA lower level term if applicable and classification code. These can be accessed from the EMEA EudraCT website (<http://eudract.ema.europa.eu/>).
- ²⁵ Points to consider on the calculation and reporting of the prevalence of a condition for Orphan drug designation: COM/436/01 (<http://www.ema.europa.eu/htms/human/orphans/intro.htm>).
- ²⁶ The protocol will usually identify a single primary end point but there may be a co-primary end point in some cases and/or a number of secondary end points.
- ²⁷ The descriptions of the trial types provided are those recommended in preference to Phases. See page 5 of Community guideline CPMP/ICH/291/95. The development of a new indication after initial approval of a medicine should be considered as a new development plan.
- ²⁸ From the first inclusion until the last visit of the last subject.
- ²⁹ These numbers will be initial estimates. Applicants will not be required to update this information nor do they constitute an authorisation or restriction on the inclusion of these numbers of patients in the trial. The numbers of subjects whose inclusion is authorised are those set out in the authorised version of the protocol, or subsequent authorised amendments.
- ³⁰ Interactive Voice Response System: commonly used for randomisation of treatment and controlling the shipment of stock of product.
- ³¹ On an application to the Competent Authority only, the applicant to the Competent Authority needs to sign.

³² On an application to the Ethics Committee only, the applicant to the Ethics Committee needs to sign.