

## PROOF OF QUALIFICATION OF THE STUDY SITE WITH DESCRIPTION OF THE CLINICAL TRIAL TEAM

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|---|
| 1. Study title: ALBINO - Effect of Allopurinol in addition to hypothermia for hypoxic-ischemic brain injury on neurocognitive outcome |
| 2. Protocol code of the sponsors: H2020-PHC-18-2015-667224<br>EudraCT-Number: 2016-000222-19  |
| 3. Coordinating investigator: Prof. Dr. Axel Franz<br>Center of Pediatric Clinical Studies<br>Calwerstraße 7, 72076 Tübingen, Germany |

### Information on the qualification of the study site

| <b>4. ID of the clinical trial site:</b>  |                          |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--------------------------|--------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>5. Study site's main focus of treatment</b> (e.g. neonatal intensive care unit level III)  |                          |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6. Has the study site already conducted other clinical trials?</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, number, which medical indication / phase / year:  |                          |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Study Title / Indication</th> <th style="width: 20%;">Phase</th> <th style="width: 20%;">Year/s</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Study Title / Indication | Phase  | Year/s |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Study Title / Indication  | Phase                    | Year/s |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Current number of clinical trials:</b><br><b>Current number of clinical trials in the same patient population:</b>   |                          |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7. Are there any competitive trials being conducted in the study site?</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, according to which criteria the patients are being allocated to the different trials:   |                          |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



With her/his signature, the Principal Site Investigator confirms

1) the accuracy and completeness of the information

and

2) that she/he is aware of the following tasks and obligations:

**Tasks of the investigator**

- organization of the clinical trial team
- delegation of tasks to other members of the clinical trial team and its documentation
- organization of rules of representation

**Furthermore, the investigator must ensure**

- that the members of the clinical trial team are informed on all study-relevant aspects and receive or know about all relevant study documents
- the information flow within the clinical trial team
- that new members of the clinical trial team get the necessary instructions and guidance
- the compliance with all relevant laws, Good Clinical Practice, the trial protocol and if applicable of the clinical trial agreement

and

3) that she/he will ensure that all members of the clinical trial team have the necessary knowledge and qualifications to exercise her/his study-relevant duties and that she/he has been/or will be thoroughly instructed in the study and the study documents.

Date: \_\_\_\_\_  
(DD.MM.YYYY)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

With her/his signature, the Deputy Site Investigator confirms,

that she/he will assume responsibility and all obligations of the investigator in case of her/him being prevented. This also includes vacation replacement.

Date: \_\_\_\_\_  
(DD.MM.YYYY)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Declaration of consent by the Medical Director of the Study site

I agree with the conduct of above mentioned trial in my hospital/department/clinic

Date: \_\_\_\_\_  
(DD.MM.YYYY)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please print these pages and send them after signing via fax to the number:  
0049 7071 - 294471**