





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

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				
EudraCT-Number:	2016-000222-19			
3. Coordinating investigator:	Prof. Dr. Axel Franz			
	Center of Pediatric Clinical Studies			
	Calwerstraße 7, 72076 Tübingen, Germany			

Information on the qualification of the study site

5. Study site's main focus of treatment (e.g. n	eonatal intensive care u	nit level III)	
6. Has the study site already conducted other	clinical trials?		
🖸 No 🔲 Yes	1		
If yes, number, which medical indication / phase Study Title / Indication	/ year: Phase	Year/s	
	patient population:		
Current number of clinical trials in the same p		?	
Current number of clinical trials in the same p 7. Are there any competitive trials being cond No CYes	lucted in the study site		
Current number of clinical trials in the same p 7. Are there any competitive trials being cond No CYes	lucted in the study site		
Current number of clinical trials in the same p 7. Are there any competitive trials being cond No CYes	lucted in the study site		
Current number of clinical trials in the same p 7. Are there any competitive trials being cond No CYes	lucted in the study site		
Current number of clinical trials in the same p 7. Are there any competitive trials being cond No CYes	lucted in the study site		
Current number of clinical trials: Current number of clinical trials in the same p 7. Are there any competitive trials being cond No Yes If yes, according to which criteria the patients are	lucted in the study site		
Current number of clinical trials in the same p 7. Are there any competitive trials being cond No CYes	lucted in the study site		
Current number of clinical trials in the same p 7. Are there any competitive trials being cond No CYes	lucted in the study site		







Capacity:

8. Average number of patients being treated at the study site for the medical indication relevant for this study within one year:

9. Number of patients planned to be recruited at the study site for this study:

Infrastructure of the study site:

10. Facilities and equipment of the study site with regard to the planned clinical trial: (e.g.: complete facilities according to the recommendation by the medical professional society) → 11. Emergency care guaranteed by: (e.g.: medical advice around the clock by shift work and intensive care unit on the premises) →

Information on the clinical trial team:

12. Name and professional title of the principal site investigator (PSI):					
13. Name and professional title of deputy site investigator:					
14. Additional staff (Physicians	, Intensiv care nurses, study nurse)				
Number/ Qualification	Tasks				
/					
1					
1					
1					
1					
1					
1					
1					
1					
1					
1					
1					
1					







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 thouroughly instucted in the study and the study documents.				
Date: Name: (DD.MM.YYYY)				
Signature:				
With her/his signature, the <u>Deputy Site Investigator</u> 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: Name: (DD.MM.YYYY)				
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: Name: (DD.MM.YYYY)				
Signature:				

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

- Seite 3 von 3 –