

**Annex 3**

**Investigator Letter Form**

To be filled by Investigator

**Investigator statement**

I, the undersigned, ....., hereby confirm that:

- The information provided in this application is correct
- I shall be responsible for conducting the trial according to the protocol here enclosed (code number.....), and according to good clinical practice
- I shall provide to the trial's subjects appropriate medical care and treatment with the requested IMP named: ....., in compliance with professional Ethics
- I shall consider the safety and welfare of trial's subjects beyond any other consideration

Investigator or Coordinating Investigator Name:

Speciality of the Investigator:

From University Hospital:

Date:

Signature: