



**REPUBLIC OF LEBANON  
MINISTRY OF PUBLIC HEALTH**

**Clinical Trial Evaluation Report**

**Name of the Trial:**

**Study Number:**

**Phase of CT:**

**Study Population:**

**Registration Number at MOH:**

**Date of Submission to MOH:**

**Received on:**

**Sponsor:**

**Country of Origin:**

**Name of Applicant:**

**Study Center in Lebanon:**

**Principle Investigator & Specialty:**

**Other Centers in Lebanon:**

**Name of IMP:**

**Type of IMP:**

**Therapeutic Benefit:**

**Objective of the Study:**

**Market Authorization of IMP:**

**Commercial Name:**

**Other Countries Authorizing the Trial:**

**Not authorizing the trial:**

**Importation of Other Products/Drugs:**

**Documents Submitted:**

√ Importation Request

√ Invoice

√ Certificate of Analysis

√ Certificate of Release

√ Principle Investigator Letter

√ Pharmacy Request

√ Protocol

√ IRBs

√ Investigator's Brochure

√ GMP Certificate

√ Registration of CT in Country of Origin: √Annex 4

√10 Page Summary on: Pharmacology & Therapeutic Benefits, Pharmacokinetics, Adverse events, Results from previous studies

**Comments:**

Rasha Hamra