

Substantial Amendment Notification Form (Cf. Section 3.7.b of the [Detailed guidance](#) on the request to the competent authorities for authorisation of a clinical trial on a medicinal product for human use, the notification of substantial amendments and the declaration of the end of the trial¹)

NOTIFICATION OF A SUBSTANTIAL AMENDMENT TO A CLINICAL TRIAL ON A MEDICINAL PRODUCT FOR HUMAN USE TO THE COMPETENT AUTHORITIES AND FOR OPINION OF THE ETHICS COMMITTEES IN THE EUROPEAN UNION

For official use:

Date of receiving the request:	Grounds for non acceptance/negative opinion: <input type="checkbox"/> Date:
Date of start of procedure:	Authorisation/positive opinion: <input type="checkbox"/> Date:
Competent authority registration number of the trial: Ethics committee registration number of the trial:	Withdrawal of amendment application: <input type="checkbox"/> Date:

To be filled in by the applicant:

This form is to be used both for a request to the Competent Authority for authorisation of a **substantial** amendment and to an Ethics Committee for its opinion on a **substantial** amendment. Please indicate the relevant purpose in Section A.

A TYPE OF NOTIFICATION

A.1 Member State in which the substantial amendment is being submitted:	United Kingdom
A.2 Notification for authorisation to the competent authority:	<input checked="" type="checkbox"/>
A.3 Notification for authorisation to the ethics committee:	<input checked="" type="checkbox"/>

⁽¹⁾ OJ, C82, 30.3.2010, p. 1; hereinafter referred to as '[detailed guidance CT-1](#)'.

B TRIAL IDENTIFICATION (When the amendment concerns more than one trial, repeat this form as necessary.)

B.1 Does the substantial amendment concern several trials involving the same IMP?²	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
B.1.1 If yes repeat this section as necessary.	

⁽²⁾ Cf. Section 3.7. of the [detailed guidance CT-1](#).

B.2 Eudract number:	2020-001113-21
B.3 Full title of the trial:	Randomised Evaluation of COVID-19 Therapy (RECOVERY)
B.4 Sponsor's protocol code number, version, and date:	NDPHRECOVERY V10.0 2020-10-24

C IDENTIFICATION OF THE SPONSOR RESPONSIBLE FOR THE REQUEST

C.1 Sponsor	
C.1.1 Organisation:	University of Oxford
C.1.2 Name of person to contact:	Heather House
C.1.3 Address:	Clinical Trials and Research Governance, 1st Floor, Boundary Brook House, Ch
C.1.4 Telephone number:	0
C.1.5 Fax number:	0
C.1.6 e-mail:	ctrng@admin.ox.ac.uk

C.2	Legal representative³ of the sponsor in the European Union for the purpose of this trial (if different from the sponsor)
C.2.1	Organisation:
C.2.2	Name of person to contact:
C.2.3	Address:
C.2.4	Telephone number:
C.2.5	Fax number:
C.2.6	e-mail:

⁽³⁾ As stated in Article 19 of Directive 2001/20/EC.

D APPLICANT IDENTIFICATION (please tick the appropriate box)

D.1	Request for the competent authority
D.1.1	Sponsor <input type="checkbox"/>
D.1.2	Legal representative of the sponsor <input type="checkbox"/>
D.1.3	Person or organisation authorised by the sponsor to make the application <input checked="" type="checkbox"/>
D.1.4	Complete below:
D.1.4.1	Organisation: University of Oxford
D.1.4.2	Name of person to contact: Peter Horby
D.1.4.3	Address: New Richards Building, Old Road Campus, Headington, Oxford OX3 7LG
D.1.4.4	Telephone number: 01865 612940
D.1.4.5	Fax number: 0
D.1.4.6	e-mail: peter.horby@ndm.ox.ac.uk

D.2	Request for the Ethics Committee
D.2.1	Sponsor <input type="checkbox"/>
D.2.2	Legal representative of the sponsor <input type="checkbox"/>
D.2.3	Person or organisation authorised by the sponsor to make the application <input checked="" type="checkbox"/>
D.2.4	Investigator in charge of the application if applicable ⁴ :
	• Co-ordinating investigator (for multicentre trial) <input type="checkbox"/>
	• Principal investigator (for single centre trial) <input type="checkbox"/>
D.2.5	Complete below:
D.2.5.1	Organisation: University of Oxford
D.2.5.2	Name of person to contact: Peter Horby
D.2.5.3	Address: New Richards Building, Old Road Campus, Headington, Oxford OX3 7LG
D.2.5.4	Telephone number: 01865 612940
D.2.5.5	Fax number: 0
D.2.5.6	e-mail: peter.horby@ndm.ox.ac.uk

⁽⁴⁾ According to national legislation.

E SUBSTANTIAL AMENDMENT IDENTIFICATION

E.1	Sponsor's substantial amendment code number, version, date for the clinical trial concerned:
	Substantial Amendment 11, 19 November 2020

E.2	Type of substantial amendment
E.2.1	Amendment to information in the CT application form yes <input checked="" type="checkbox"/> no <input type="checkbox"/>

E.2.2	Amendment to the protocol	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
E.2.3	Amendment to other documents appended to the initial application form	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
E.2.3.1	If yes specify:	
E.2.4	Amendment to other documents or information	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
E.2.4.1	If yes specify:	
E.2.5	This amendment concerns mainly urgent safety measures already implemented ⁵	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
E.2.6	This amendment is to notify a temporary halt of the trial ⁶	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
E.2.7	This amendment is to request a restart of the trial ⁷	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>

⁽⁵⁾ Cf. Section 3.9. of the [detailed guidance CT-1](#).

⁽⁶⁾ Cf. Section 3.10. of the [detailed guidance CT-1](#).

⁽⁷⁾ Cf. Section 3.10. of the [detailed guidance CT-1](#).

E.3	Reasons for the substantial amendment	
E.3.1	Changes in safety or integrity of trial subjects	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
E.3.2	Changes in interpretation of scientific documents/value of trial	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
E.3.3	Changes in quality of IMP(s)	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
E.3.4	Changes in conduct or management of trial	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
E.3.5	Change or addition of principal investigator(s), co-ordinating investigator	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
E.3.6	Change/addition of site(s)	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
E.3.7	Other change	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
E.3.7.1	If yes specify:	
E.3.8	Other case	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
E.3.8.1	If yes specify:	

E.4	Information on temporary halt of trial ⁸	
E.4.1	Date of temporary halt	
E.4.2	Recruitment has been stopped	yes <input type="checkbox"/> no <input type="checkbox"/>
E.4.3	Treatment has been stopped	yes <input type="checkbox"/> no <input type="checkbox"/>
E.4.4	Number of patients still receiving treatment at time of the temporary halt in the MS concerned by the amendment	
E.4.5	Briefly describe (free text): <ul style="list-style-type: none">• Justification for a temporary halt of the trial• The proposed management of patients receiving treatment at time of the halt (<i>free text</i>).• The consequences of the temporary halt for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product (<i>free text</i>).	

⁽⁸⁾ Cf. Section 3.10. of the [detailed guidance CT-1](#).

F DESCRIPTION OF EACH SUBSTANTIAL AMENDMENT⁹ (*free text*):

Previous and new wording in track change modus	New wording	Comments/explanations/reasons for substantial amendment
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		Please see amendment tool.
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⁽⁹⁾ Cf. Section 3.7.c. of the [detailed guidance CT-1](#). The sponsor may submit this documentation on a separate sheet.

G CHANGE OF CLINICAL TRIAL SITE(S)/INVESTIGATOR(S) IN THE MEMBER STATE CONCERNED BY THIS AMENDMENT

G.1	Type of change
G.1.1	Addition of a new site
G.1.1.1	Principal investigator (provide details below)
G.1.1.1.1	Given name
G.1.1.1.2	Middle name (if applicable)
G.1.1.1.3	Family name
G.1.1.1.4	Qualifications (MD.....)
G.1.1.1.5	Professional address
G.1.2	Removal of an existing site
G.1.2.1	Principal investigator (provide details below)
G.1.2.1.1	Given name
G.1.2.1.2	Middle name (if applicable)
G.1.2.1.3	Family name
G.1.2.1.4	Qualifications (MD.....)
G.1.2.1.5	Professional address
G.1.3	Change of co-ordinating investigator (provide details below of the new coordinating investigator)
G.1.3.1	Given name
G.1.3.2	Middle name
G.1.3.3	Family name
G.1.3.4	Qualifications (MD.....)
G.1.3.5	Professional address
G.1.3.6	Indicate the name of the previous co-ordinating investigator:
G.1.4	Change of principal investigator at an existing site (provide details below of the new principal investigator)
G.1.4.1	Given name
G.1.4.2	Middle name
G.1.4.3	Family name
G.1.4.4	Qualifications (MD.....)
G.1.4.5	Professional address
G.1.4.6	Indicate the name of the previous co-ordinating investigator:

H CHANGE OF INSTRUCTIONS TO CA FOR FEEDBACK TO SPONSOR

H.1	Change of e-mail contact for feedback on application*
H.2	Change to request to receive an .xml copy of CTA data
	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
H.2.1	Do you want a .xml file copy of the CTA form saved on EudraCT?
	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
H.2.1.1	If yes provide the e-mail address(es) to which it should be sent (up to 5 addresses):
	recoverytrial@ndph.ox.ac.uk
	richard.haynes@ndph.ox.ac.uk
H.2.2	Do you want to receive this via password protected link(s) ¹⁰ ?
	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
	If you answer no to question H.2.2 the .xml file will be transmitted by less secure e-mail link(s)
H.2.3	Do you want to stop messages to an email for which they were previously requested?
	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
H.2.3.1	If yes provide the e-mail address(es) to which feedback should no longer be sent:

(*This will only come into effect from the time at which the request is processed in EudraCT).

⁽¹⁰⁾ This requires a EudraLink account. (See <https://eudract.ema.europa.eu/> for details)

I LIST OF THE DOCUMENTS APPENDED TO THE NOTIFICATION FORM (cf. Section 3.7 of detailed guidance CT-1)


Please submit only relevant documents and/or when applicable make clear references to the new ones already submitted. Make clear references to any changes of separate pages and submit old and new texts. Tick the appropriate box(es).

I.1	Cover letter	<input checked="" type="checkbox"/>
I.2	Extract from the amended document in accordance with Section 3.7.c. of detailed guidance CT-1 (if not contained in Part F of this form)	<input type="checkbox"/>
I.3	Entire new version of the document¹¹	<input checked="" type="checkbox"/>
I.4	Supporting information	<input checked="" type="checkbox"/>
I.5	Revised .xml file and copy of initial application form with amended data highlighted	<input checked="" type="checkbox"/>
I.6	Comments on any novel aspect of the amendment if any:	


⁽¹¹⁾ Cf. Section 3.7.c. of the [detailed guidance CT-1](#).

J SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

J.1	I hereby confirm that/confirm on behalf of the sponsor that (delete which is not applicable) <ul style="list-style-type: none">• The above information given on this request is correct;• The trial will be conducted according to the protocol, national regulation and the principles of good clinical practice; and• It is reasonable for the proposed amendment to be undertaken.
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J.2	APPLICANT OF THE REQUEST FOR THE COMPETENT AUTHORITY (as stated in section D.1):	<input checked="" type="checkbox"/>
J.2.1	Signature ¹² :	
J.2.2	Print name:	Peter Horby
J.2.3	Date:	20 November 2020

⁽¹²⁾ On an application to the Competent Authority only, the applicant to the Competent Authority needs to sign.

J.3	APPLICANT OF THE REQUEST FOR THE ETHICS COMMITTEE (as stated in section D.2):	<input checked="" type="checkbox"/>
J.3.1	Signature ¹³ :	
J.3.2	Print name:	Peter Horby
J.3.3	Date:	20 November 2020

⁽¹³⁾ On an application to the Ethics Committee only, the applicant to the Ethics Committee needs to sign.