**Section 1: Study Protocol Information**

**DAIDS Protocol Number***(if more than one study, see section 4)*

**1a) In-country Sponsor Representative/Submitting Organization:** *(Identify the Representative/Organization that submitted the Clinical Trial Application (CTA) to the National Regulatory Authority/Regulatory Entity)*

**Section 2: National Regulatory Authority (NRA)/ Regulatory Entity (RE) Information**

**2a) Name of the NRA/RE:**
*(Identify the NRA/RE that the CTA was submitted to)*

**2b) Study Sponsor as identified in the CTA** *(If there is no requirement to identify the Study Sponsor in the CTA application state N/A)*

**Section 3: Country and Site Applicability**

**3a) Name of the Country(ies) where the CTA was submitted.**

**3b) List all DAIDS CRS IDs that the CTA applies to?**

**3c)** **Identify the page number within the CTA where the sites are identified**

**Section 4: Protocol Applicability**

 **4a) DAIDS Protocol number(s) included in the CTA** (*if CTA applies to more than one study.)*

I certify that the information above is accurate and the included Clinical Trial Application is a true and exact copy of the submission sent to the NRA/RE identified in section 2a above.

Signature:
Date: