

Appendix 2

Investigator's Brochure/SPC Review Template

Study Title:	
UoL Study Number:	
IB/SPC Version being reviewed: <i>(Specify IB or SPC)</i>	
<i>(Delete the appropriate statement below and provide details of changes if applicable)</i> The above document has been reviewed and there are no changes required.	
The above document has been reviewed and the following changes are required:	
The Reference Safety Information requires to be amended Yes/No <i>(Delete as appropriate)</i>	
Chief Investigator Name: Chief Investigator Signature: Date:	Clinical Trials Pharmacist Name: Clinical Trials Pharmacist Signature: Date:
Sponsor Representative Name: Sponsor Representative Signature: Date:	