**Appendix 2: DSMC Charter Signature Page**

I confirm that I have read *<vx.x dd/mm/yyyy>* Charter for the <*insert trial name>* trial, I understand it, and I will work according to it. I will also work consistently with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with the Department of Health’s Research Policy Framework for Health and Social Care Research, Medicines for Human Use (Clinical Trials) Regulations (if applicable), Medical Device Regulation (if applicable) and the Guidelines for Good Clinical Practice.

Pleasecomplete the table below. Once completed, please send to *<insert detail of where the signed copy needs to be sent e.g. email address>. (A copy should also be retained by the DSMC member, please ensure a copy is emailed/copied as required).*

|  |  |
| --- | --- |
| **Committee Member Name (please print)** |  |
| **Committee Member Signature** |  |
| **Date** |  |
| **Committee Member Title** |  |
| **Name of Institution** |  |
| **Location of Institution (City, County, Country)** |  |