Nutrition - ROMANIA

Competent authority

| Contact Details | Contact Name 1 |
|-----------------|----------------|
| | |

Ministry of Health

Contact Name 2

National Agency for Medicines and Medical Devices (NAMMD)/ Agentia Nationala a Medicamentului si a Dispozitivelor Medicale (ANMDM)

Phone

+40213171100

Fax

+40213163497

Email General

informatii@anm.ro

Address

48 Aviator Sanatescu Street, Sector 1

ZIP/City

Bucharest, Code 011478

Country

Romania (RO)

Web address

http://www.anm.ro

Trial Authorisation / Registration / Notification

Regulatory and ethics bodies involved in approval process

National Competent Authorities National Ethics Committee

CA - Registration requirements for clinical trials

Registration mandatory

CA - Submission required to

Institutional CA

Language of Submission

Language(s) of application

Official national language English

Preferred language of application

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English accepted

Yes

Documents mandatory to be in official national language

_

Documents mandatory to be in local language of study site

_

| | Documents mandatory to be in language of the study participant — |
|-------------------------|--|
| Timelines Authorisation | Time to approval of CA in weeks (minimum) 4 |
| | Time to approval of CA in weeks (maximum) |
| | 24 |
| | Time to approval CA in weeks (average) |
| | 12 |
| Safety Reporting | Sponsor must declare reportable events to |
| | _ |

| Ethics committee | |
|---|---|
| Contact Details | Contact Name 1 |
| | National Bioethics Committee of Medicines and Medical Research-2Devices |
| | Country |
| | Romania (RO) |
| | Web address |
| | http://www.adsm.ro/en |
| | Additional Information |
| | Local ECs: |
| Ethical Review - General | Submission for Ethical review mandatory for |
| | - |
| | Submission of study mandatory |
| | Yes |
| | Submission to CA and EC to be performed in the following order |
| | _ |
| Single-Centre Studies - Ethical Review | Ethical approval (favourable opinion) to be obtained from |
| Efficative wew | National EC Institutional EC |
| Submission of | Entitled to study submission |
| Application | Sponsor Industry |
| | Prerequisites for submission / approval |
| | Application is limited to the institution |
| Language of Submission | Language(s) of application |
| | Official national language English |
| | Preferred language of application |
| | _ |
| | English accepted |
| | Yes |
| | |

| | Documents mandatory to be in local language of study site |
|--------------------------|--|
| | Documents mandatory to be in language of study participant |
| Timelines Ethical Review | Time in weeks from submission to positive approval (minimum) |
| | 8 |
| | Time in weeks from submission to positive approval (maximum) |
| | 24 |
| | Time in weeks from submission to positive approval (average) |
| | 12 |
| Safety Reporting | Investigator shall report SAE to |
| | National CA Sponsor Trial Coordinator |

| Study specific Requirements | | |
|---|---|--|
| Sponsor | Sponsorship mandatory | |
| | Yes | |
| | Co-sponsorship allowed | |
| | Yes | |
| | Contracts with external sponsor | |
| | No | |
| Investigator | Entitled to be principal investigator | |
| | Physician Pharmacist | |
| | Entitled to be principal investigator for trials with patients | |
| | _ | |
| | Entitled to be principal investigator for trials with healthy participants | |
| | - | |
| | Entitled to be principal investigator for trials with vulnerable population | |
| | - | |
| Study Participants - Informed Consent (IC) | Standard IC form (ICF) available | |
| informed consent (ic) | No | |
| | Accepted format of Informed Consent (IC) form | |
| | Written consent | |
| | Accepted format of IC form for studies including patients | |
| | - | |
| | Accepted format of IC form for studies including healthy participants | |
| | - | |
| | | |
| | | |

| | Accepted format of IC form for studies including vulnerable population |
|---|---|
| Study Participants - | Considered as vulnerable population |
| Vulnerable Population | Children Unconscious Persons Incapacitated adults People with psychiatric disorder People with dementia |
| | Regulations concerning the inclusion or exclusion available |
| | Not specified |
| | Applicable ethical regulations |
| | _ |
| Study Participants - Compensation & | Reimbursement for study participants |
| Reimbursement | Not permitted |
| | Compensation is limited to/provided for |
| | _ |
| Study Participants - Recruitment & Trial | Mandatory to inform participant of clinical trial outcome |
| Outcome | Yes |
| Quality Assurance/ | Regularly performed methods |
| Quality Control (QA/QC) | Audits Monitoring Audit Trail Case Report Form (CRF) |
| | Regularly performed audits |
| | _ |
| | Additional Information |
| | internal and external audits are performed regularly |
| National legislation | |
| General Information: | Applied regulatory conventions |
| Applicable Legislation & Conventions | Other ethical principles for medical research (other than Declaration of Helsinki) ICH-GCP Guidelines International regulatory requirements European regulatory requirements - European Directive 2001/20/EC, 2005/28/EC National regulatory requirements |
| | Applicable national laws |
| | _ |
| | National regulations for volunteers exist for |
| | [- |
| Nutrition | Nutrition considered as drug |
| | No |

Data Protection

Legal framework (on safeguarding the collection, handling, recording, keeping and/or processing of any clinical trial related data and patient files)

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