

Template

Application fee reduction selfdeclaration

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TO BE FILLED OUT BY A MEMBER OF THE UPPER MANAGEMENT OF THE HOSPITAL / INSTITUTION / RESEARCH GROUP APPLYING FOR A CLINICAL TRIAL

Contact details:

First name / last name:	
Street / no.:	
Postcode / City	
Country	

Clinical trial details:

Trial title	
Trial code:	
If known: Swissmedic reference number / Case-ID:	

To whom it may concern,

In my role as *ROLE OF MEMBER OF THE UPPER MANAGEMENT* of *HOSPITAL / INSTITUTION / RESEARCH GROUP APPLYING FOR CLINICAL TRIAL*, I hereby confirm that *NAME OF SPONSOR* has not received any financial support for the conduct of the above-mentioned clinical trial (or parts thereof) from commercial "for profit" sources. This also includes support by means of the provision of medicinal products, medical devices, accessories of medical devices, personal protective equipment or other infrastructure necessary for the trial.

Sincerely,

*DIGITAL SIGNATURE UPPER MANAGEMENT**

**Unterschrift(en) der für die Gesellschaft zeichnungsberechtigten Person(en) (Prokura), (Art. 459 Abs. 1 OR)*

**Unterschrift einer/s Handlungsbevollmächtigten, (Art. 462 Abs. 1 OR)*

Change history

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