**Appendix C6**

***FDA-CRS Form 6.0***

**Letter of Authorization**

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| [Sponsor Letterhead]  [Date]  **[Director General]**  Director General  Food and Drug Administration  1781 Civic Drive, Filinvest City  Alabang, Muntinlupa City  ATTENTION: [**Name of CDRR Director]**  Center for Drug Regulation and Research  [Name of Sponsor]with business address at [Sponsor’s Business Address] hereby authorize [Name of Local Companywith business address at [Local Applicant’s Business Address]to represent our establishment in the Clinical Trial Registration in the Philippines of:  Title of the Clinical Trial : ………………….  Protocol No : ………………….  [Local Applicant Company] is authorized to be the representative of the [Sponsor] and will be responsible for all matters pertaining to the clinical trial application for the above mentioned study protocol. In addition, the [Local Applicant Company] is authorized to conduct the following activities with regard to the above mentioned clinical trial:   * All tasks of the sponsor * Monitoring * Regulatory * Data management * SUSAR reporting * Quality assurance (QA) auditing * Other duties subcontracted   If yes to other please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Complimentary Close],   |  | | --- | | [Signature]  *[Name of Responsible Person]*  *[Sponsor]*  *[Address]*  *[Contact Number and email]* | |