**Appendix C6**

***FDA-CRS Form 6.0***

**Letter of Authorization**

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| [Sponsor Letterhead][Date]**[Director General]**Director General Food and Drug Administration1781 Civic Drive, Filinvest CityAlabang, 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]*  |

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