







D.2.1	If yes, give date (YYYY/MM/DD):
D.2.2	Briefly describe in an annex (free text):
D.2.2.1	The justification for early termination of the trial;
D.2.2.2	Number of patients still receiving treatment at time of early termination in the MS concerned by the declaration and their proposed management;
D.2.2.3	The consequences of early termination for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product.

E SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

E.1	I hereby confirm that/confirm on behalf of the sponsor that (delete which is not applicable): <ul style="list-style-type: none">• The above information given on this declaration is correct; and• That the clinical trial summary report will be submitted within the applicable deadlines in accordance with the applicable guidance by the Commission.⁴
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E.2	APPLICANT TO THE COMPETENT AUTHORITY (as stated in C.1) <input type="checkbox"/>
E.2.1	
E.2.2	
E.2.3	

E.3	APPLICANT TO THE ETHICS COMMITTEE (as stated in C.2) : <input type="checkbox"/>
E.3.1	
E.3.2	
E.3.3	

⁴ Section 4.3. of the detailed guidance CT-1.