**Clinical Trial**

**Details of Independent Review**

<Date>

Dear VMIA Health Team,

**RE:** Project <insert project number> - Indemnity for an independent review for a first time in in human study

**Project Title:** <insert project title>

**Project Description:**

|  |
| --- |
| <insert description of the project> |

**Local Sponsor:** <insert local sponsor details>

**Reviewer:** <insert name of independent reviewer>

**Insurance:** **<insert name of independent reviewer>’s insurance does not provide cover for the review**>

OR

<insert name of independent reviewer> does not have Professional Indemnity cover>

**Effective Date:** <insert effective date of the review>

**Type of Report**: <insert independent reviewer’s expertise> (e.g. Pharmacology/Toxicology)

Could you please confirm Professional Indemnity coverage for the Independent Reviewer.

Kind Regards,

<insert name of Ethics/Research Officer/Manager>

<insert name of Health Service/Organisation>