**Annex 5:**

**SUPPLY OF MEDICAL DEVICES**

Mr/Ms      , in their capacity as *Director/Manager of the centre/Medical director of the Centre/Director of the Hospital Pharmacy Service* (select the role they occupy) of the      , in relation to the trail

“     ” (Title)

Protocol code:

Version:

Sponsor:

Coordinating Investigator:

Principal Investigator of the Centre:

STATES

That given the interest that the aforementioned Study shows, the Centre’s Hospital Pharmacy Service will supply the medical device used in the clinical investigation      : (Corresponding medical device) necessary for the use in the same, in accordance with the provisions of the clinical investigation protocol.

And, as a sign of their conformity with the contents of this document, it is signed in       , on       20     .

Signed: Mr/Ms

     (role)