

Pharmaceutical Regulatory Information System (PRISM) Internet – CT Expedited Safety Report Module

User Manual

Version 3.2 (Jul 2021)



REVISION HISTORY

Version	Effective Date	Summary of Changes	Author
1.0	March 2008	First Release	NCS PRISM Team
2.0	April 2008	Second Release	NCS PRISM Team
2.1	October 2008	Change in Screen Captures & Steps	HSA-CTB
2.2	February 2009	Additional Information	HSA-CTB
3.0	July 2009	Enhancements Added	HSA-CTB
3.1	August 2018	Change from SingPass to CorpPass	HSA-CTB
3.2	July 2021	Change in login process for Corppass	HSA-IOCTB

Table of Contents

1	INTROI	DUCTION	
	PURPOSE		4
	SCOPE		
	OVERVIEW		
2	FUNCT	ION	5
	2.1 To A	PPLY FOR SUBMISSION OF EXPEDITED SAFETY REPORT	5
	2.1.1	Login	5
	2.2 Сом	MON ICONS AND LINKS IN ALL SECTIONS:	7
	2.3 Appl	ICATION FORM OF CLINICAL TRIAL SUBMISSION OF EXPEDITED SAFETY REPORT	
	2.3.1	Introduction	
	2.3.2	Particulars of Clinical Trial Application	9
	2.3.3	Applicant Particulars	
	2.3.4	Safety Report Summary	
	2.3.5	Supporting Attachments	
	2.3.6	Confirmation	
	2.3.7	Acknowledgment	

1 Introduction

Purpose

The purpose of this user manual is to ensure that all nominated application users will be proficient in the use of the online application system.

Scope

The scope of the manual is to provide information on the use of the eService for the online application of the extended function – Submission of Expedited Safety Report

Overview

This document provides brief details on the standards and guidelines that a user should adhere to in doing an online preparation and submission of an application. It divides the application procedure into sections and provides the brief guidelines for each of them.

Page 4 of 19

2 Function

2.1 To Apply for Submission of Expedited Safety Report

Steps:

- 1) CRIS administrator grants access to eService of **CT Submission of Expedited Safety Report**
- 2) Please access the following URL (**DO NOT** click on link, please copy the URL to address bar of browser)

http://eservice.hsa.gov.sg/osc/portal/jsp/AA/process.jsp?eService=190

singpass	$\mathbb{F} \mid \mathbb{T} \mid \mathbb{F} \bar{\Theta} Q$
Advisory Note Your Singpass account contains a lot of personal data. Do not share y	our username, password and 2FA details with anyone.
	Singpass app Password login
	Logging in as Business User
	Singpass ID
	Password
ᅙ 🛛 Log in with Singpass	
Your trusted digital identity	Log in
	Forgot Singpass ID Reset password
	Register For Singpass

2.1.1 Login

- 1) Log in with your Singpass.
- 2) The predefined roles of the users, comprising of drafter, submitter, CRIS administrator, counter staff, will be verified against the CRIS authorisation.
- 3) Upon successful authentication, a page will be shown for the applicant to select the company.

WHSA				CONTACT	gapore Government grity • Service • Excellence INFO FEEDBACK SITEMAP	
HOME ABOUT US	E-SERVICES & FORMS	NEWS & EVENTS	CAREERS	PUBLICATIONS	USEFUL LINKS	
CR0007 AUTHORISATION	AND AUTHENTICATI	ON MODULE > A	UTHORISE		/ DIRECTORS	
You are the registered user fo	or the following companie	es. Please choose f	rom the list th	e one you wish to	represent.	
Company						
O NCS (PRISM)						
					Submit Reset	
Privacy Statement Terms of Use				Health Sciences Auth	ority © 2007. All Rights Reserved.	

4) Select the specific company and click the **Submit** button.

5) The Terms and Conditions page will be shown. The application user is required to read the Terms and Conditions before indicating accept or reject. If the **Accept** button is clicked, the user will be able to proceed with the eService. If the **Cancel** button is clicked, the page will be re-directed to the HSA homepage.



2.2 Common icons and links in all sections:

- Attach icon. This will allow user to go to the **Supporting Attachments** page to attach relevant documents.
 - Attach
- Save icon. This will allow the user to save the form information at any desired point of time.
- Application form links. This will allow the user to toggle to different sections of the application form.
- This will allow the user to proceed to the next section of the application form.
 Next
- Previous button. This will allow the user to proceed to the previous section of the application form.
 Previous
- Reset button. This will clear the information the user has input in the page.
 Reset
- Fields with a red asterix * are mandatory input fields. Unless it is entered, the system validation will highlight error and application submission will be disabled.

2.3 Application Form of Clinical Trial Submission of Expedited Safety Report

The application form consists of 6 sections:

1	Introduction
2	Particular Of Clinical Trial Application
3	Applicant Particulars
4	Safety Report Summary
5	Supporting Attachments
6	Confirmation

It is recommended for users to fill in the application form details in a systematic serial manner as the later sections could reference information in the earlier sections.

2.3.1 Introduction



This section shows the list of Clinical Trial Application numbers. Select a Clinical Trial Application Number and click the **Retrieve** button to go to the **Clinical Trial Application** information section.

2.3.2 Particulars of Clinical Trial Application

HSA HELEN			Singa Integrity CONTACT INFO	y · Service · Excellence FEEDBACK SITEMAP
HOME ABOUTUS	E-SERVICES & FORMS NE	WS&EVENTS CAREERS	PUBLICATIONS U	SEFUL LINKS
ogon ID : 50750213C	Client Name : SHISEIDO SING	APORE COMPANY (PTE) LTD	Transaction No :	TO802572E Log out CDA
R1700 SUBMISSION OF	EXPEDITED SAFETY RE	PORT		
Fill in the application for	m			<u>Guideline Help</u>
1. Particulars of Clinical Tr 2. Applicant Particulars	ial Application	3. Safety Report Summary 4. Supporting Attachments	5. Confirmation	Special Symbol Attach Save
				Next
Fields marked with an asteris	k * are mandatory.			
1. Particulars of Clinical 1	rial Application			
ISA Clinical Trial Application	0600450G			
itle of Clinical Trial	sdfasdfasdfasd			
rotocol Number	435345345			
Protocol Date	28/06/2006			
List of Principal Investigat	or(s) & Clinical Trial In	stitution(s)	CTC Expipe D	ate CTC Status
idasdfasd	Changi General Hospital	31/01/2007	19/03/2008	Ongoing
CT Study Drugs				
N Drug Drug Name Type	ATC Code		Class of Drug	
⊙ 1 STD weaqwerasd	fa Antineoplasti	c and immunomodulatii	Class III – Approve	ed drug undergoinc
Frial Summary				
a) Therapeutic Area:	Dentistry			
b) DSMB:	Yes O No)		
(e) ls:	Single-Blin	d 🔿 Double-Blind 🔿 Ope	en-Label	
				Next

This section shows the Clinical Trial Application information after a Clinical Trial Application Number is selected. The Clinical Trial Application information is auto-populated. Select a study drug and click the **Next** button to go to the **Applicant Particulars** section.

2.3.3 Applicant Particulars

HSA				Sin Inte CONTACT	gapore Go grity • Service INFO FEEDBAC	K SITEMAP
HOME ABOUT US	E-SERVICES & FORM	S NEWS & EVENTS	CAREERS	PUBLICATIONS	USEFUL LINKS	
.ogon ID : 50750213C	Client Name : SHISEI	DO SINGAPORE COMPANY	(PTE) LTD	Transaction	No : T0802572E	Log out CDA
PR1700 SUBMISSION	OF EXPEDITED SAFE	TY REPORT				
Fill in the application	form				<u>Guidelin</u>	<u>e Help</u>
1. Particulars of Clinical Tria 2. Applicant Particular s	l Application ;	3. Safety Report Summ 4. Supporting Attachm	ary ients	5. Confirmation	Special S Attac	ymbol h Save
Fields marked with an ast 2. Applicant Particular	erisk * are mandatory. rs				Previou	s Next
2.1 Name : *			Retrieve			
2.2 NRIC/FIN : *		(Example:		F1234567A)		
2.3 Designation : *				,		
2.4 Contact Details						
2.4.1 Tel : *		2	.4.2 Fax :			
2.4.3 Handphone :		2	4.4 Pager :			
2.4.5 Email :						
2.5 Preferences						
2.5.1 Preferred Contact N *	lode : C Email C Fa: (Please ensure that t this preferred conta course of this applic your email address :	x C SMS he relevant contact detail ct mode is the mode which ation, you will receive ou above, regardless of your	s above is enter you will receiv r input requests selected preferi	ed for your preferred e the final notification (i.e. queries), if any, ' red contact mode.)	l contact mode. Ple n of this application via email if you hav	ase note that n. During the re indicated
	,			Pr	revious Nex	t Reset
rivacy Statement Terms of Us	e			Health Sciences Aut	hority © 2007. All R	ights Reserved.

This section allows the input of applicant particulars. Please note that drafter will not be able to see this page since they are not required to enter information for applicant.

- 1) Fill in Name or NRIC.
- 2) Click on the **Retrieve** button to populate the remaining fields.
- 3) Fill in the other details if applicable.
- 4) Click on the Next button to go to the Safety Report Summary section.

2.3.4 Safety Report Summary

			Dinteg	rity • Service • Excellence
			CONTACT I	NFO FEEDBACK SITEMAP
HSA				
Realth Sciences Authority				
HOME ABOUT US	E-SERVICES & FORMS N	EWS & EVENTS CAREEF	RS PUBLICATIONS	USEFUL LINKS
Logon ID : 50750213C	Client Name : SHISEIDO SING	APORE COMPANY (PTE) LTD	Transaction M	No : T0802572E Log out CDA
DRATES CURMISSION		FRONT		
PR1700 SUBMISSION C	JF EXPEDITED SAFETY RI	EPORT		
Fill in the application f	form			<u>Guideline Help</u>
1. Particulars of Clinical Tria	Application 2 Safet	by Report Suppose	E. Confirmation	Surgial Surgial
2. Applicant Particulars	4. Suppo	erting Attachments	5. Commation	Special Sympol
				Attach Save
				Description 11
				Previous Next
Fields marked with an aste	erisk * are mandatory.			
3. Safety Report Summ	iary			
 Initial 	🔘 Follow up	Please	indicate the report ty	be. MCN as used slighten Add
		MCN E	u, please enter a new i outton.	MUN ho, and click on Add
		If follo	w up. select one existi	na MCN no. from
		dropd	own list or enter a new	MCN no. if MCN no. is
		button	una in the aropaown ii i.	st. Click on Add MCN
Select Manufacturer Contro	No(MCN): Please Select	~		
Enter Manufacturer Contro	I No(MCN): MCN1111	Add	I MCN	
1. Please click on the MCN	hyperlink to enter the require	ed safety report informat	ion.	dours Next Dours
 Please click on the MCN Please ensure that all sa Previous or Next Page. 	hyperlink to enter the require afety report information is fille	ed safety report informat d in before proceeding t	ion. o Pre	vious Next Reset

Initial Safety Report

WHSA		Singapore Government Integrity • Service • Excellence CONTACT INFO FEEDBACK SITEMAP
HOME ABOUT US E-S	ERVICES & FORMS NEWS & EVENTS	CAREERS PUBLICATIONS USEFUL LINKS
Logon ID : 50750213C C	lient Name : SHISEIDO SINGAPORE COMPANY :	(PTE) LTD Transaction No : T0802572E Log out CDA
PR1700 SUBMISSION OF EXP	EDITED SAFETY REPORT	
Fill in the application form 1. Particulars of Clinical Trial Application 2. Applicant Particulars	on 3.5afety Report Sumr 4.Supporting Attachments	Guideline Heip nary 5. Confirmation Special Symbol Attach Save
Fields marked with an asterisk * a 3. Safety Report Summary	re mandatory.	Previous Next
O Initial	Follow up	Please indicate the report type. If linitial, please enter a new MCN no. and click on Add MCN button. If follow up, select one existing MCN no. from dropdown list or enter a new MCN no. if MCN no. is not found in the dropdown list. Click on Add MCN button.
Select Manufacturer Control No(MC	CN): Please Select	v
Enter Manufacturer Control No(MC	N):	Add MCN
Search Manufacturer Control No(M	CN): Search for MCN	To search for the MCN no., please click on the Search for MCN link.
 Please click on the MCN hyperli Please ensure that all safety rep Previous or Next Page. 	nk to enter the required safety report oort information is filled in before pro	information. ceeding to Previous Next Reset
Privacy Statement Terms of Use		Health Sciences Authority © 2007. All Rights Reserved.

Follow up Safety Report

				nte	gapore Gov grity · Service ·	Excellence
				CONTACT	INFO FEEDBACH	< SITEMAP
HSA HSA						
HOME ABOUT US	E-SERVICES & FORMS	S NEWS & EVENTS	CAREERS	PUBLICATIONS	USEFUL LINKS	
Logon ID : \$0750213C	Client Name : SHISEID	OO SINGAPORE COMPANY	(PTE) LTD	Transaction	No : T0802572E	Log out CDA
PR1700 SUBMISSION OF	EXPEDITED SAFE	TY REPORT				
Search For MCN						
Search Criteria * Please enter minimum ONE t	ïeld to search					
MCN:	Begins With 🚩					
Patient Age:		To	Please Select	~		
Submission Date:						
Did the SAE occur in Singapore	2:	🔿 Yes 🔘 No				
Reset Search Cancel						
Privacy Statement Terms of Use				Health Sciences Aut	hority@2007_All Ri	ights Reserves

Search for Manufacturer Control Number (MCN)

WHSA			Singa Integri CONTACT IN	ty · Service ·	Excellence SITEMAP
HOME ABOUT US E-SERV	/ICES & FORMS 📔 NEWS & EVEN	TS CAREERS	PUBLICATIONS	USEFUL LINKS	
Logon ID : 5075021 8C Clien	t Name : SHISEIDO SINGAPORE COMP	ANY (PTE) LTD	Transaction No	: T0802572E	out CDA
PR1700 SUBMISSION OF EXPED	DITED SAFETY REPORT				
Fill in the application form				<u>Guideline</u>	<u>Help</u>
1. Particulars of Clinical Trial Application 2. Applicant Particulars	3.Safety Report S 4.Supporting Attachm	ummary ents	5. Confirmation	Special Syr Attach	nbol Save
				Previous	Next
Fields marked with an asterisk * are 3. Safety Report Summary	mandatory.				
● Initial	O Follow up	Please ind If Initial, p MCN butto If follow u dropdown	licate the report type lease enter a new M on. p, select one existing i list or enter a new N	: CN no. and clic MCN no. from MCN no. if MCN	k on Add I I no. is not
		found in t	he dropdown list. Cli	ck on Add MCN	V button.
Select Manufacturer Control No(MCN)	Please Select	*			
Enter Manufacturer Control No(MCN):	MCN001	Add M0	DN		
List of Saved Safety Reports:					
Click on the Manufacturer Control No	. hyperlink to view / edit detail	ls of safety repor	t		
Manufacturer Control No.	Initial / Followup	Last Modi	ified Date		
MCN001	Initial	12/03/20	08		
Delete 1. Please click on the MCN hyperlink 2. Please ensure that all safety repor Previous or Next Page.	to enter the required safety re t information is filled in before	port information. proceeding to	Prev	ious Next	Reset
Privacy Statement Terms of Use			Health Sciences Author	i <u>ty</u> © 2007. All Rig	hts Reserved.

Safety Report Added

To add a Safety Report

Please note that more than 1 CIOMS report for the same drug can be submitted per application.

- 1) Select a report type, initial or follow up report.
- 2) For <u>initial report</u>, enter a Manufacturer Control Number (MCN) and click Add MCN button. For <u>follow up report</u>, select a Manufacturer Control Number (MCN) from dropdown list and click Add MCN button. To search for Manufacturer Control Number (MCN), click on the Search for MCN link to search for MCN.
 If the Manufacturer Control Number (MCN) is not found in the dropdown list, onter a Manufacturer.

If the Manufacturer Control Number (MCN) is not found in the dropdown list, enter a Manufacturer Control Number (MCN) and click **Add MCN** button.

- 3) After adding the safety report, the Manufacturer Control Number (MCN) will appear in the list at bottom. Click on the Manufacturer Control Number (MCN) hyperlink to enter report details.
- 4) To add another CIOMS report, please return to steps 1-3.

Safety Report Details

WUSA Ho	alth Scienc	ces Authorit	CONTACT INFO	v · Service · Excellence
			у	
HOME ABOUT US	E-SERVICES & FORMS	NEWS & EVENTS CAREER	S PUBLICATIONS U	SEFUL LINKS
ogon ID : 50750213C	Client Name : SHISEIDO SIN	GAPORE COMPANY (PTE) LTD CH	G Transaction I	No : T0802572E Logout
ields marked with an acterick	* are mandatony	REPORT		
3.1 PARTICULARS OF PATI	ENT			
Age: *	Please	Select 💙		
riease enter age or approximate age. If age is unknown, leave blank				
Sex: *	🔿 Male 🔘 Female 🤇	🕽 Unknown		
ls this report from the same	🔿 Yes 🔘 No	Protocol No:	435345345 🖌	For locally
Clinical Trial protocol in Singapore?: *		Protocol no. is only required if the Clinical Trial is ongoing in Singapore		registered products, only SAEs that are unexpected, related and arising from the same Clinical Trial protocol (conducted in Singapore) need to be submitted
Did this SAE occur in	🔿 Yes 🔘 No			to be submitted.
Singapore: * Manufacturar Control No:				
manuracturer Control No:	MCN001			
Date received by Manf: *				
3.2 DETAILS OF ADVERSE Date of onset(dd/mm/baae)	DRUG REACTION(S)			
Outcome:		Plance Select	v	
outcome.		Please Select		
Time to Event(days):				
nine to event(days).				
SAE Description: "		SUCT: "	Causality:	
	search keywon	<u>d</u>	Please Se	lect V Clear
	search keywon	<u>d</u>	Please Se	let Clear
	search keywon	<u>d</u>	Please Se	lect Clear
Add SAE Description				
(Flease lick all that apply).				
Life Threatening	I			
Concenitel anomaly				
Congenital anomaly	entiont begainstication			
Involved or prolonged in-	ificant disability or incar	a cite		
Medically significant	incaric disability of incap	Jacity		
 Medically significant 				
Please state why it was consid	ered medically significar	nt(max 255 characters)		
3.4 SUSPECTED DRUG DE	AILS (Minimum of one	e entry is required)		
onbinded Report.	V Yes V No V Unk	nown		
Date started(dd/mm/aaaa):		Date stopped(d	d/mm/aaadi:	
Indication:				
3.5 UTHER RELEVANT INF	d reports (max 2500 ch	aractors)		
L.g. opgraded or down grade	a reports (max 2500 ch	aratters).	~	
			~	
3.6. Supporting Attachme	nts			
To add an attachment, type ir attachment to the list below	the path or hit the brow	vse button. Then <mark>hit the A</mark>	ttach Files button to	save the
Please click <u>here</u> for guideline	on document attachmer	it.		
Documents				
Report :				Browse
3.6.2 Dear Doctor Letters :				Browse
Please attach at least ONE do Attach Files	cument			
o go back MCN Report Summ- utton.	ary Page without saving t	the changes, please click or	n the Cancel	Capcal
o save the changes, please cli o save all changes, and go has	ck on the Save button. k MCN Report Summary	Page please dick on the f	lack to	Rack to Sum
, save an enanges and go bac immary button.		, age, prease eller on the t		
rivacy Statement Terms of Use			Health Sciences Authorit	{ © 2007. All Rights Reserved.

Manufacturer Control No: MCN001		
Date received by Manf: *	SAE Description - Microsoft Internet Explorer	
3.2 DETAILS OF ADVERSE DRUG REACTION(S) Date of onset(dd/mm/yyy): Outcome:	Search SAE Description SAE Description: Gastrointestinal Search	^
Time to Event(days):	94 matching record(s) found Page GO Pag	e 1 of 5 [First] [Previous] [<u>Next]</u> [<u>Last]</u>
SAE Description: *	No. SAE Description	SOC1
Gastrointestinal search keyword	1 <u>Mitochondrial neurogastrointestinal encephalopathy</u>	Congenital, familial and genetic disorders
search keyword	2 <u>Gastrointestinal malformation</u>	Congenital, familial and genetic
Add SAE Description	3 Congenital gastrointestinal vessel anomaly	Congenital, familial and genetic disorders
Add SAE Description	4 Gastrointestinal disorder congenital	Congenital, familial and genetic disorders
3.3 CRITERIA OF SAE	5 <u>Gastrointestinal arteriovenous malformation</u>	Congenital, familial and genetic disorders
(Please tick all that apply):	6 <u>Gastrointestinal angiodysplasia haemorrhagic</u>	Congenital, familial and genetic disorders
Patient die due to reaction Life Threatening	Contraintential antichemistic	Consonital familial and constic
		🔒 🧐 Local intranet 🛒

Search for SAE Description and SOC1

3.2 DETAILS OF ADVERSE DRU	G REACTION(S)				
Date of onset(dd/mm/yyyy):					
Outcome:		Please Select 💙			
Time to Event(days):					
SAE Description: *		SOC1: *	Causality: *		
Gastrointestinal disorder	search keyword	Gastrointestinal disorders	Possible	*	Clear
	search keyword		Please Select	*	Clear
	search keyword		Please Select	*	Clear
Add SAE Description					

SAE Description and SOC1 are populated

To enter Safety Report Details

Please note that only events that meet the 3 criteria of serious, unexpected and drug-related are to be entered. MedDRA Preferred Terms are used for SAE Description.

- Enter all mandatory fields, date of onset (if available), indication, start and stop dates of drug. To enter SAE Description and SOC1, enter a keyword and click on **search keyword**. Select the appropriate SAE term from the search results. Both SAE Description and SOC1 fields will be populated. To delete SAE Description and SOC1 entry, click on **Clear** button.
- 2) Attach at least one document of any required document type and click on **Attach Files** button to upload the document.
- 3) After entering the details of safety report, click on **Back to Summary** button to save changes and go back to summary page.

2.3.5 Supporting Attachments

HSA				CONTACT IN	ty · Service ·	Excellence
HOME ABOUT US	E-SERVICES & FC	RMS NEWS & EVENTS	CAREERS	PUBLICATIONS	USEFUL LINKS	
Logon ID : 50750213C	Client Name : SH	ISEIDO SINGAPORE COMPAN	Y (PTE) LTD	Transaction No	: T0802572E	Log out CDA
PR1700 SUBMISSION OF	EXPEDITED SA	FETY REPORT				
Fill in the application for	rm				<u>Guidelin</u>	<u>e Help</u>
1. Particulars of Clinical Trial Ap 2. Applicant Particulars	plication	^{8.} Safety Report Summary 4. Supporting Attach	ments	5. Confirmation	Special Sy Attac	vmbol h Save
					Previou	s Next
Fields marked with an asteri	sk * are mandato	γ.				
4. Supporting Attachmen	its	il a la como la cita a Tha	. Lis al Ass.			
to the list below.	in the path or hit	the browse button. The	n nit the Atta	ch files button to	save the a	ttacnment
Please click <u>here</u> for guidelin	e on document at	tachment.				
Documents						
4.1 Other supporting docum if any :	ents,				Brov	/se
Attach Files						
				Prev	ious Nex	t Reset
Privacy Statement Terms of Use				Health Sciences Author	<u>ity</u> © 2007. All Ri	ights Reserved.

This section allows the attachment of the supporting documents for the application.

Add Attachment

- 1) Click on the **Browse** button to select the required file for attachment.
- 2) Select the required file.
- 3) Click on the **Ok** button.
- 4) Click on the Attach File button for the file to be attached to this application.
- 5) Fill up remarks with regards to the attachment if required.

Remove Attachment

- 1) Click on the checkbox beside the attachment or attachments from the List of Attachments table.
- 2) To delete all attachments, click on the checkbox beside S/n.
- 3) Click on the **Remove** button.

The file extensions, which are acceptable and supported, are:

- tif
- jpg
- pdf
- doc
- xls
- ppt
- avi (audio visual, if required)
- mpeg(audio visual, if required)

2.3.6 Confirmation

This section shows all the information the user has entered into the different sections of the application form. It allows the user to manually verify all the information fields.

	Client Name : SHISEIDO SIN	GAPORE COMPANY (PTE) LTD	Transaction No : TO	1802572E Log
R1700 SUBMISSION OF	EXPEDITED SAFETY F	EPORT		
ill in the application for	m			<u>Guideline Help</u>
 Particulars of Clinical Trial App 2. Applicant Particulars 	lication 3.Safe 4.Supp	ty Report Summary porting Attachments	5. Confirmation	Special Symbol
				Attach Save
ields marked with an asteris	k * are mandatory.			Previous
Particulars of Clinical T	rial Application			
umber	0600450G			
itle of Clinical Trial	sdfasdfasdfasd			
rotocol Number	435345345			
rotocol Date	28/06/2006			
st of Principal Investigat	or(s) & Clinical Trial I	nstitution(s)		here a
rincipal Investigator dasdfasd	Clinical Trial Instituti Changi General Hospital	on Date Of App 31/01/2007	roval CTC Expiry Date 19/03/2008	E CTC Status Ongoing
udy Drug Information	STP			
rug iype:	210			
rug Name:	weaqwerasdfa	and incompany and states.	Cardanaire at anna S	
ro code:	Class III - Appr	nu immunomodulating a wed drug undergoing cli	genus (Endocrine therapy) nical trial for new indications	method of
ass of Urug:	administration a	nd/or dosages,etc	and a marter new mulcations,	
rial Summary				
herapeutic Area:	Dentistry			
SMB:	Yes			
	Single-Blind			
. Applicant Particulars				
.1 Name : *				
.2 NRIC/FIN : *				
.3 Designation : *				
.4 Address				
.4.1 Address Type : *	Local			
.4.2 Postal Code : *				
4.3 Block / House No :		2.4.4 Level - Un	it: #-	
.4.5 Street Name :				
4.6 Building Name :				
4.7 Country :	Singapore			
5 Contact Details				
5.1 Tel : *		2.5.2 Fax :		
5.3 Handphone :		2.5.4 Pager :		
. 5. 5 Email :				
.6 Preferences				
.6 Preferences .6.1 Preferred Contact Mode	11			
. 6 Preferences . 6. 1 Preferred Contact Mode	: : (Please ensure that the rele this preferred contact mod course of this application, : your email address above,	vant contact details above is a is the mode which you will r you will receive our input req regardless of your selected p	entered for your preferred contac eceive the final notification of this uests (i.e. queries), if any, via emai referred contact mode.)	t mode. Please note tha application. During th I if you have indicated
.6 Preferences .6.1 Preferred Contact Mode . Safety Report Summary	: ((Please ensure that the rele this preferred contact mod course of this application, your email address above,	vant contact details above is e is the mode which you will r you will receive our input req regardless of your selected p	entered for your preferred contac eceive the final notification of this uests (i.e. queries), if any, via emai referred contact mode.)	t mode. Please note tha application. During th I if you have indicated
.6 Preferences 6.1 Preferred Contact Mode . Safety Report Summary ist of Saved Safety Report	 Please ensure that the relet this preferred contact mod course of this application. your email address above, rts: trail No. hypopolistic to citize 	vant contact details above is is the mode which you will you will receive our input req regardless of your selected p	entered for your preferred contac eceive the final notification of this uests (i.e. queries), if any, via emai referred contact mode.)	t mode. Please note tha application. During th I if you have indicated
.6 Preferences .6.1 Preferred Contact Mode 	Please ensure that the role this preferred contact mode course of this application, your email address above, tts: trol No. hyperlink to view No.	vant contact details above is is the mode which you will r you will receive our input req regardless of your selected p contails of safety report Initial / Followup	entered for your preferred contac ceave the final notification of this uest (u.e. queries), f any, via email referred contact mode.) Last Modified	t mode. Please note this application. During th I if you have indicated Date
.6 Preferences .6.1 Preferred Contact Mode .Safety Report Summary ist of Saved Safety Report lick on the Manufacturer Control Manufacturer Control MCN001	Please ensure that the rele this preferred contact mode course of this application, your email address above, rest trol No, hyperlink to view No,	vant contact details above is a is the mode which you will r you will receive our input req regardless of your selected p details of safety report Initial / Followup Initial	entered for your preferred contac eavies the final notification of this uset (0.4 querels), fany, via email referred contact mode.) Last Modified 12/03/2008	t mode. Please note this application. During th I if you have indicated Date
.6 Preferences .6.1 Preferred Contact Mode . Safety Report Summary ist of Saved Safety Report lick on the Manufacturer Con Manufacturer Control MCNOO1	Plass ensure that the rele this preferred contact mod course of this application, your email address above, rts: trol No. hyperlink to view No.	vant contact details above is is the mode which you will review our input reg regardless of your selected p r details of safety report Initial	entered for your preferred contac ceive the final notification of this south 0.4 queries (). Rany, via email referred contact mode.) Last Modified 12/03/2008	t mode. Please note tha application. During th I if you have indicated Date
.6 Preferences .6.1 Preferred Contact Mode . Safety Report Summary ist of Saved Safety Report lick on the Manufacturer Con Manufacturer Control MCN001 . Supporting Attachment 1 Attachment News	Plass ensure that the rele this preferred contact mod course of this application, your email address above, troi No. hyperlink to view No. S	vant contact details above is is the mode which you will review our input reg regardless of your selected p r details of safety report Initial Initial	entered for your preferred cortax cesive the final profifsation of this uests 0 & queries). If any, via emain referred contact mode) Last Modified I 12/03/2008	t mode. Please note the application. During th I if you have indicated

Confirmation Page for Drafter

Notify

The drafter would need to click on the **Notify** button to inform the applicant the application of Clinical Trial Submission of Expedited Safety Report. The notification email will be sent to the email of the latest submitter of Clinical Trial Extended eService. The applicant will fill in the applicant details and submit the application.

WHSA			Singapore Integrity • S CONTACT INFO FR	ECOVERNMENT ervice • Excellence EDBACK SITEMAP
HOME ABOUT US	E-SERVICES & FORMS NEW	S&EVENTS CAREERS	PUBLICATIONS USEFU	LLINKS
Logon ID : 50750213C	Client Name : SHISEIDO SINGAP	ORE COMPANY (PTE) LTD	Transaction No : T080	2572E Log out CDA
PR1700 SUBMISSION OF	EXPEDITED SAFETY REP	ORT		
Fill in the application fo	rm			<u>Guideline Help</u>
1. Particulars of Clinical Trial Ap 2. Applicant Particulars	plication 3. Safety Re 4. Supportir	port Summary 5. ng Attachments	Confirmation S	pedal Symbol
				Previous
Fields marked with an asteri	sk * are mandatory. Trial Application			
HSA Clinical Trial Application	0600450G			
Number Title of Clinical Trial	sdfasdfasdfasd			
Protocol Number	435345345			
Protocol Date	28/06/2006			
list of Principal Invoction	tor(s) & Clinical Trial lassi	tution(s)		
Principal Inv <u>estigator</u>	Clinical Trial Institution	Date Of Approv	al CTC Expiry Date	CTC Status
adasdfasd	Changi General Hospital	31/01/2007	19/03/2008	Ongoing
Study Drug Information				
Drug Type:	STD			
Drug Name:	weaqwerasdfa			
ATC Code:	Antineoplastic and i	mmunomodulating ager	its (Endocrine therapy)	
Class of Drug:	Class III - Approved administration and/	drug undergoing clinica or dosages,etc	al trial for new indications, m	nethod of
Trial Summary				
Therapeutic Area:	Dentistry			
DSMB:	Yes			
ls:	Single-Blind			
2 Applicant Particulars				
2.1 Name : *				
2.2 NRIC/FIN : *				
2.3 Designation : *				
2.4 Address				
2.4.1 Address Type : *	Local			
2.4.2 Postal Code : *				
2.4.3 Block / House No :		2.4.4 Level - Unit :	# -	
2.4.5 Street Name :				
2.4.6 Building Name :				
2.4.7 Country :	Singapore			
2.5 Contact Details				
2.5.1 Tel : *		2.5.2 Fax :		
2.5.3 Handphone :		2.5.4 Pager :		
2.5.5 Email :				
2.6 Preferences				
2.6.1 Preferred Contact Mod *	le : (Please ensure that the relevant this preferred contact mode is th course of this application, you v your email address above, rega	contact details above is entr ne mode which you will recei vill receive our input request rdless of your selected prefe	ered for your preferred contact m ve the final notification of this ap is ().e. queries), if any, via email if rred contact mode.)	ode. Please note that plication. During the you have indicated
3. Safety Report Summar List of Saved Safety Repo Click on the Manufacturer Co	ν orts: ntrol No. hyperlink to view det	ails of safety report		
SN Manufacturer Contro 1 <u>MCN001</u>	ol No. In Ini	itial / Followup tial	Last Modified Da 12/03/2008	te
4. Supporting Attachmen	ts			
Sn Attachment Name	Attachment Type	Size Re (Kb)	marks	
			Previous Validate :	Submit Reset
Privacy Statement Terms of Use			Health Sciences Authority @ 20	07. All Rights Reserved.

Confirmation Page for Submitter

To proceed with the system verification of the information on the application form,

- 1) Click on the Validate button.
- 2) If there is any missing mandatory information or details, which do not meet the application requirements, a pop up screen will appear with the details of the validation error. (Please disable any popup blockers to allow the notification to show.)
- 3) If there is no validation error, click on the **Submit** button to submit the application.

Logon	ID : 50750213C	Client Name : SHISEIDO SINGAPORE COMPANY (PTE) LTD	Transaction No : T0802572E	CDA
PZ01	01 VALIDATION ERRO	R REPORT		
2. A	pplicant Particulars			
2.1	Name for applicant is ma	indatory		
2.2	NRIC/FIN for applicant is	mandatory		
2.3	Designation for applicant	is mandatory		
2.4.2	Postal code for applicant	's local address is mandatory		
2.5.1	Telephone number in ap	plicant is mandatory		
2.6.1	Preferred contact mode	or applicant is mandatory		
3. Sa	afety Report Summary			
3 P	lease ensure all the mand	atory fields in report are entered		
3 P N	'lease ensure that there is MCN001	a CIOMS report / Dear Doctor Letter attached for each r	eport:	
				Class
				CIOS

This will allow the user to take note of the relevant changes to be made and return back to the application form and amend accordingly.

2.3.7 Acknowledgment

HSA				Sine Integ	gapore Go grity • Service INFO FEEDBAC	Vernment • Excellence K SITEMAP
HOME ABOUT US	E-SERVICES & FORMS	NEWS & EVENTS	CAREERS	PUBLICATIONS	USEFUL LINKS	
Logon ID : S0750213C	Client Name : SHISEIDO S	INGAPORECOMPANY	(PTE) LTD	Application I	No : 0800986Q	
				Date of Subn	nission: 12/03/200	0011 CDA 08
PR1700 SUBMISSION OF	EXPEDITED SAFETY	REPORT				
Acknowledgement						
Your application have been s	uccessfully submitted					
Please note that your applica	tion number is 080098	5Q				
			Ç	Show Printer	-Friendly vers	sion
Click Here To Start A New ESR	Application					
Back to HSA Home Page						
Privacy Statement Terms of Use				Health Sciences Auth	<u>ority</u> © 2007. All R	ights Reserved.

This section acknowledges that the application has been submitted to HSA for processing. An application number will be generated for the application.

<u>Links</u>

- 1) Show Printer Friendly version This allows the applicant to print or view the application.
- 2) Click here to start a new ESR application This allows the applicant to start a new ESR application.
- 3) Back to HSA Home

This allows the applicant to go back to HSA home page.