**Sponsor Co-ordinator:** XXX **R&D Management Office**

**Telephone Number:** XXX  **Clinical Research & Development**

**E-Mail:** XXX  **Admin Building, Level 2 h Gartnavel Royal Hospital**

 **1055 Great Western Road, Glasgow**

 **G12 0XH**

Date

Medicines and Healthcare Products Regulatory Agency (MHRA)

Information Processing Unit

10 South Colonnade

London

E14 4PO

Dear Sir/Madam

**Study Title:** XXX

**Short Title:** XXX

**ISRCTN:** XXX

**Current Protocol Version and Date:** XXX

I would be very grateful if you would consider the enclosed application for End of Trial.

Please find enclosed documentation in relation to the End of Trial Declaration for the above trial, which ended on XXX.

Please find attached the following supporting documentation:

* Covering Letter (this letter)
* End of Trial Declaration Form

I hope the above information and the enclosed documentation are sufficient, however please do not hesitate to contact me if you need any further information.

Yours sincerely,

Insert Signature

Full name

Job title

**Form signatories**

|  |  |
| --- | --- |
| Prepared by |  |
| Signature | Shanice White | Date |  |
| Approved by |  |
| Signature | Melissa Robert | Date |  |

**Document history**

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| --- | --- | --- |
| **Version** | **Date** | **Description** |
| 1.0 | 22/04/2025 | First Release  |

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