Submitting a CTA Application to the MHRA

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Version 9.0	10 Jan 2019	New version for minor updates
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Version 11.0	07 Jan 2021	Amendments due to leaving the European Union from 1st January 2021.
Version 12.0	25 Mar 2021	Remove of requirement for Annex 2 submission for amendments
Version 13.0	02 Nov 2021	Inclusion of submission via CWOW IRAS
Version 14.0	14 Mar 2024	Scheduled review
Version 15.0	27 Apr 2026	Updates following legislative changes.

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1. PURPOSE

As per regulation 2 of the Clinical Trials Regulations, a clinical trial is any investigation in human participants, other than a non-interventional trial, that is intended to:

- Discover or verify the clinical, pharmacological, or other pharmacodynamic effects of the medicinal products
- Identify any adverse reactions to the medicinal products; or
- Study absorption, distribution, metabolism, & excretion of the medicinal products

with the object of ascertaining safety or efficacy of medicinal products (as defined in regulation 2 of the Human Medicines Regulations 2012).

All research that fulfils the definition of a clinical trial, as described above, requires a Clinical Trial Authorisation (CTA) from the Competent Authority in the Member State in which research is being carried out. The Competent Authority in the United Kingdom (UK) is the MHRA, the Medicines and Healthcare products Regulatory Agency.

This SOP describes the procedure for applying for a Clinical Trial Authorisation (CTA) - a regulatory approval - from the Medicines and Healthcare products Regulatory Agency (MHRA).

2. INTRODUCTION

The MHRA is the government agency responsible for ensuring that medicines and medical devices are safe. A CTA is required only in trials of:

- Investigational medicinal products,
- Combined trials of Ionising Radiation for combined review of clinical trial of an investigational medicinal product,
- Ionising Radiation and Devices form for combined review of combined trial of an investigational medicinal product and an investigational medical device

Investigational medicinal products are substances, or combinations of substances, which either prevent or treat disease in human beings or are administered to human beings with a view to making a medical diagnosis, or to restore, correct or modify physiological functions in humans.

Clinical studies involving only medical devices, food supplements or other non-medicinal therapies (such as surgical interventions) may require other regulatory approvals. Please liaise with the RGIT for further guidance, or refer to the specific SOPs for further details.

It is the responsibility of the Chief Investigator (CI) to establish whether regulatory approval is required for their study and that it is obtained prior to initiating the trial.

The Research Governance and Integrity Team (RGIT) can help with the determination of whether a trial is a clinical trial of an investigational medicinal product (CTIMP) or not. The CTIMP algorithm should be reviewed in the first instance, which can be found at: IS IT A CLINICAL TRIAL OF A MEDICINAL PRODUCT? *(cited 28 October 2025).*

Following review of the CTIMP algorithm, if it is still uncertain whether the study is a CTIMP, you will be required to complete an ''RGIT CTIMP decision document'' -

(RGIT_TEMP_073), which will be reviewed by the RGIT CTIMP decision committee for confirmation of study categorisation (**Appendix 1**).

3. PROCEDURE

3.1. Procedure for obtaining a EudraCT number

From 1st January 2021, it is no longer mandatory for a EudraCT numbers to be created for UK-only Clinical Trial Applications. However, EudraCT numbers are still required for multi-national trials with sites in EU countries.

As of 31st January 2023, creation and submission of new Clinical Trial Applications (CTAs) for trials conducted in the EU/EEA are no longer allowed through EudraCT and must be performed through the Clinical Trials Information System Clinical Trials in the European Union - EMA (euclinicaltrials.eu) (Cited, 28 October 2025).

For guidance on how to complete registration via CTIS, please see the following link: CTIS: how to get started and how to transition a trial (Cited, 28 October 2025).

3.2. Completing the CTA application form

CTA applications are completed via the Combined review system at Identity Gateway (Cited, 28 October 2025). which combines the ethics application along with an MHRA form (further guidance can be found at the following link: Step by step guide to using IRAS for combined review - Health Research Authority) (Cited, 28 October 2025).

Section A: Trial Identification
This section identifies your clinical trial. Where the Trust or College is acting as the sponsor, The Research Governance and Integrity Team (RGIT) reference number can be used as the Sponsor's Protocol Code number. This number will be issued from the RGIT at the time of providing initial sponsorship review. The designated Competent Authority (CA) will be UK-MHRA for UK only studies. If studies are conducted elsewhere in the EU, a CTA should be submitted to each country's CA. In some circumstances, the RGIT reference number can be issued prior to sponsorship review.

Section B: Sponsor Details
This section identifies the name of the Sponsor organisation and relevant contact details. Hence you must have a sponsorship letter from Imperial College Academic Health Science Centre (AHSC) for your study before you can submit your application. You will be required to provide a copy of the letter with the completed form. For Imperial College AHSC Sponsored studies, the "name of the person to contact" is the current RGIT Clinical Trials Manager, Research Governance and Integrity Team, 191 Wood Lane, London, W12 7FP, email: rgit.ctimp.team@imperial.ac.uk.

If the sponsor of the study is not based in a member state of the EU or the UK, then a legal representative who is based in the UK or on an approved country list: Importing investigational medicinal products into Great Britain from approved countries which currently includes EU/EEA countries (Cited, 28 October 2025) (as described in B2).

Section C: Applicant Details
This section identifies you, the Applicant. This section is split into two parts: C1 - Application to the MS Competent Authority and C2 - Application to the Ethics Committee. Both sections require completion. Sections should be completed with the relevant details of the person making the application to the CA and Research Ethics Committee. If you are applying on behalf of Imperial College AHSC who are acting as Sponsor (and this is confirmed by the sponsor), then as such you are the person authorised by the Sponsor to make the application.

Section D: IMP Details
This section asks for a description of, and information about, the Investigational Medicinal Product(s) (IMP) being used in your study, including any comparator drug(s). You will need to repeat this section if more than one test or comparator product is being used. Much of the information required can be found on the Summary of Product Characteristics (SmPC) (if the drug is already licensed), Investigator Brochure (IB) or provided to you by your manufacturer. Each product will be given a number (e.g. PR1, PR2 etc) and should indicate whether this is a test product or a comparator.

Sections D1 to D3 should be completed for all products.

Sections D4 to D7 deals with specific types of products:
- D4 is for somatic cell therapy investigational medicinal product (no genetic modification) D5 is for gene therapy investigational medicinal products
- D6 is for tissue engineering product
- D7 for products containing devices
- D8 is for placebos

Section D9 asks about the release/supply of the investigational medicinal product(s) from their manufacturing source. The section is split into two parts: D.9.1 list IMPs & placebos for which no responsible site needs to be identified & D.9.2 add responsible site.

Section D.9.1 is used to identify IMPs and placebos that do not need to have responsible sites identified, i.e. which:
- Have a Marketing Authorisation in the EU **AND**
- Are sourced from the EU market **AND**
- Are used in the trial without modification (e.g. not over encapsulated) **AND**
- The packaging and labelling is carried out for local use only as per article 9.2 of the Directive 2005/28/EC (GCP Directive).

If all the above conditions are met, tick the appropriate box and indicate which IMP these refer to.

Section 9.2 is dedicated to finished IMPs, i.e. medicinal products randomised, packaged, labelled and certified for use in the clinical trial when conditions in 9.1 are not met. If there is more than one site, or more than one IMP is certified, then give each IMP its number from section D.1.1 or D.8.2. In the case of multiple sites indicate the product certified by each site.

For products with marketing authorisation which are repackaged by a hospital pharmacy for use in a clinical trial (i.e., off the shelf) enter 'Hospital Packaging' as Name of the Organisation, along with the address of the Pharmacy Department for the hospital.

Section E: General Trial Information
This section is concerned with general information about the trial: disease states, objectives, inclusion/exclusion criteria, end points, scope of the trial, study design, duration, drug dosage. The majority of this information can be taken from the protocol.

Section F: Participant Population Details
This section is concerned with the subject population: age, gender, vulnerable groups, numbers, treatment afterwards. his information can be taken from the study protocol.

Section G: Investigator(s) Details
This Section should be completed for the Chief Investigator, as well as all Principal Investigators in the case of multi-centre studies, and collaborators.

Question G5, relating to the sponsor's delegation of duties to other organisations, should be answered in consultation with the RGIT as it will be project specific.

Section H: Competent Authority/Ethics Committee
This section asks for details regarding the ethics committee application. You will need to provide the name and address of the ethics committee as well as date of application (if already submitted) and the current status of the application, i.e. the date and opinion of the ethics committee, if available. A copy of the CTA application should be included in the ethics application.

3.3. Supporting documentation

In addition to the completed application form, you are also required to send supporting documentation. The additional information required will depend on the design of the trial (full details regarding each of the below can be located at the following link: Clinical trials for medicines: apply for approval in the UK - GOV.UK) (Cited, 28 October 2025). The minimum requirement for all studies is as follows:

- A cover letter https://www.gov.uk/guidance/clinical-trials-for-medicines-apply-for-approval-in-the-uk
- Medicines Form (found on IRAS)
- Protocol
- IMPD/simplified IMPD
- IB or document replacing the IB (e.g. SmPC)
- NIMP Dossier (if required)
- A description of the content of the label for all IMPs, in accordance with the guidance on clinical trial-specific labelling (Cited, 28 October 2025) (or a statement that IMPs will be labelled according to Part 13 of the Human Medicines Regulations 2012) (Cited, 28 October 2025). For further details on this (and when variations to IMP Labelling are allowed) please refer to SOP_026_IMP Management & Accountability).
- Any documents relevant to applications for trials requiring consultation with a committee or specialist group (Cited, 28 October 2025).
- If received, copies of any scientific advice relevant to the trial (including relevant correspondence with the Commission on Human Medicines or other regulatory authorities) or any pediatric investigation plan opinion.

- For trials that include the use of an IVD device (including companion diagnostic devices), additional documentation is required per the guidance on Clinical trials that include an in vitro diagnostic device (Cited, 28 October 2025).
- Proof of payment

It is very important that all required documentation for your application is submitted to the MHRA with the CTA application. If the application is received in the wrong format or with documentation missing, it may be returned as an 'invalid submission'. In CWOW all documentation can be uploaded to the Project Documents section.

Notifiable Trials (Low-risk CTIMPs)

The MHRA has introduced the concept of Notifiable Trials as part of a risk-proportionate approach to the regulation of CTIMPs. The previous MHRA "notification scheme" and Type A/B/C classification are no longer used as regulatory pathways.
These have been replaced by the Notifiable Trials framework, which applies a risk-proportionate approach within the standard CTA process.

A notifiable Trial is a clinical trial that is considered to present no significant additional safety concerns compared with standard medical care. This typically includes trials where:

- The IMP is authorised in the UK, and
- The IMP is used:
  - Within its licensed indication; or
  - Outside its licensed indication where such use is supported by established clinical practice and sufficient published evidence.

Notifiable trials must be submitted for approval via the standard combined review process (MHRA and REC), using the same application documentation as required for any other CTIMP application. The application and cover letter must clearly state that the study is proposed as a Notifiable Trial'.
The requirement to submit a full application dossier applies as:

- The same documentation is required for ethics review
- The MHRA may decide to conduct a full assessment instead of a streamlined review
- Documentation may be required for inspection or audit purposes

Applications will undergo the same validation checks as standard CTIMP applications.
Where a trial is proposed as notifiable:

- The MHRA will determine whether the trial meets the criteria for a notifiable (streamlined) assessment, or
- A full review will be undertaken if required

Therefore, sufficient justification must be provided within the application (e.g., SmPC alignment, evidence of established practice, or prior approvals where relevant).

Notifiable trials remain subject to the requirement for:

- A clinical Trial Authorisation (CTA) from the MHRA, and
- A favourable opinion from the REC

There is no separate "notification-only" approval route, and all trials must follow the standard approval process.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/343677/Risk-adapted_approaches_to_the_management_of_clinical_trials_of_investigational_medicinal_products.pdf

3.4. How and where to apply?

From 1st January 2022, UK clinical trial submissions are to be made through the IRAS CWOW system (Identity Gateway). This system provides streamlined review process with MHRA, REC and the HRA.

3.5. How are the fees paid?

Once the application has been validated, an invoice will be sent to make payment for the correct amount. PO details need to be included in the application so payments can be handled accordingly.

Invoices must be settled on receipt of invoice. Penalty fees can be incurred for non-payment; details of the penalties are set out in the Fees Regulations.

Non-payment may also result in suspension of any licence or authorisation, followed by legal proceedings for unpaid amounts, as a debt due to the Crown.

3.5.1 Payment Methods

Bank transfer
account name: MHRA
account number: 10004386
sort code: 60-70-80
swift code: NWBKGB2L
IBAN: GB68NWBK60708010004386
National Westminster Bank,
RBS, London Corporate Service Centre, 2nd Floor
280 Bishopsgate,

Send remittance details to: MHRA Accounts Receivable

Please send the remittance advice notices to Sales.Invoices@mhra.gov.uk and ensure the relevant invoice number is quoted on the remittance advice.

The MHRA does not accept any documentation sent by post. For more information see: Guidance Clinical trials for medicines: manage your authorisation, report safety issues (Cited, 28 October 2025).

Credit or debit card
Outstanding invoices can also be paid by credit and debit card. See the terms and conditions for making a payment by credit and debit card on the MHRA using the following link: Making a payment to MHRA by credit or debit card - terms and conditions (Cited, 28 October 2025).

3.6. Do I have to apply anywhere else?

All clinical trials also require a favourable opinion from an Ethics Committee and any other body where appropriate (e.g. CAG (Confidentiality Advisory Group), GTAC (Gene Therapy Advisory Committee), ARSAC (Administration of Radioactive Substances Advisory Committee), etc).

3.7. What happens next?

Once submitted, the application undergoes validation checks to ensure that all documentation required for the application to be reviewed has been included. The outcome of these checks will be communicated by email and through the CWOW dashboard within 7 calendar days of submission. As soon as possible during this 7-day period, and no later than on the fifth calendar day, the licensing authority may notify the applicant by email of any deficiencies identified during the validation checks and allow them to be addressed. If these deficiencies remain unresolved by the end of this 7-day period, the application will be invalidated, and the applicant will need to resubmit the application with the deficiencies corrected. If the application is valid then the assessment period will begin. This starts from the date of receipt of a valid application.

The MHRA have issued guidance on common issues during the validation of Clinical Trial Applications at the following link: MHRA - Guidance Common issues: Validation (Cited, 28 October 2025).

Please see the following link for a flowchart summarising the approval process: Fig1. Applying for approval in the UK.pdf (Cited 28 October 2025).

3.8. What is the timeframe?

Valid applications are reviewed by the licensing authority and ethics committee. A combined decision will be issued to the applicant by email and through IRAS within 30 calendar days of validation. For the purposes of this calculation, the day of receipt of the valid application by the MHRA Clinical Trials Unit is day 0.

The licensing authority and ethics committee may consult with a relevant committee or specialist group (termed “Expert Advice”) on an application for clinical trial approval before issuing a decision. While expert advice can be sought about any clinical trial, the authorities will consider factors such as the investigational medicinal product (IMP)’s mode of action, the nature of the target, and the relevance of animal species and models when determining whether to consult a committee or specialist group.

A non-exhaustive list of circumstances in which expert advice may be needed can be found on the following webpage: Clinical trials for medicines: expert advice - GOV.UK

Prior to submitting an application for clinical trial approval, the applicant should use the criteria in the link above to assess whether their trial may need to be reviewed by a specialist group or relevant committee. If unsure, contact the licensing authority for advice by emailing clintrialhelpline@mhra.gov.uk with a summary of the nature of the compound, its target and mechanism of action, and the relevance of the animal models. While the licensing authority will provide an opinion based on the information provided, it is possible that this may change following review of the full application and expert advice may then

be sought. If the applicant believes that expert review is required, please follow the guidance on the following webpage: Clinical trials for medicines: expert advice - GOV.UK

Where a specialist group or committee is consulted, the maximum timeline for the authorities to issue a decision on clinical trial approval is extended by 90 calendar days (to 120 calendar days from the date of validation). The combined decision will be issued through IRAS through the same process as for trials not identified as requiring expert advice.

The timelines associated with obtaining expert advice on an application for clinical trial approval are summarised in the following figure: Fig1. Expert advice.pdf

For certain trials that are categorised as 'notifiable', per regulation 11A of the Clinical Trials Regulations, and are eligible for automatic authorisation from the licensing authority. Further details are available in the guidance on notifiable clinical trials (Clinical trials for medicines: notifiable trials - GOV.UK).

3.9. What are the possible outcomes?

The initial decision will be one of the following:

- The licensing authority and ethics committee ("the authorities") approve the application for a clinical trial approval.
- The authorities approve the application for a clinical trial approval subject to conditions.
- The authorities do not approve the application for a clinical trial approval, setting out the grounds for this decision and the further information required for the application to be reconsidered.

Approval
Once you have received approval from the MHRA you may start the trial, subject to receiving favourable opinion from the ethics committee and HRA (Health Research Authority) approval. Approvals (confirmation of capacities and capabilities (CCC)) from participating NHS Trust(s) Research and Development Offices will also need to be in place.

Approval with conditions
If an application is approved subject to conditions, the notice will specify what actions the sponsor must take to meet those conditions and when these actions must be taken by. The clinical trial is considered approved only if all of the specified conditions are satisfied. In most cases, the sponsor must ensure that the conditions are met before the trial commences. The sponsor should keep records of how the conditions have been met, but it is not necessary to inform the authorities that the conditions have been met before starting the trial, unless otherwise specified in the approval letter.

In some cases, the authorities may allow a condition of approval to be fulfilled at a specific timepoint after the trial begins. In these cases, the trial may begin before meeting the condition, but failure to meet the condition by the specified timepoint will mean that the approval is not valid and the trial must be stopped until the condition is discharged. A substantial modification can then be submitted requesting approval to restart the trial.

The licensing authority will assess compliance with any conditions of clinical trial approval during inspection. The MHRA may suspend or terminate a clinical trial where it feels the conditions for authorisation are not being met.

Requests for further information

If an application for clinical trial approval is not approved, applicants will have 60 calendar days from the date the decision letter was issued to provide the requested further information through IRAS (either as a written response or an amended application for approval) in order for the application to be reconsidered.

The application will be treated as rejected if this deadline is not met. Extensions to this deadline can be requested by contacting the MHRA at clintrialhelpline@mhra.gov.uk (or contacting the ethics committee directly, if the information requested relates only to its opinion), explaining why the extension is needed and proposing an alternative submission date.

Once further information has been provided, a decision will be issued by email and through IRAS within 10 calendar days from the date of the response being submitted. The response will result in one of the following:

- The application is approved
- The application is approved with conditions
- The application is not approved (Grounds for Non-Acceptance will be issued).

If the application is still not approved, the reasons will be outlined, and the application will be treated as rejected. No further amendments to the application will be considered (although the applicant can appeal this decision). If the applicant wishes to continue obtaining approval for the clinical trial, a new application will need to be submitted (including the full application fee).

Appeals

If the licensing authority does not approve an application or the applicant disagrees with the conditions attached to the approval by the licensing authority, they have 28 calendar days from receiving the decision to send written notice to (appeals@hra.nhs.uk) of their intention to appeal the licensing authority decision. Per Schedule 5 of the Clinical Trial Regulations, the licensing authority will then inform the Commission on Human Medicines (CHM), and CHM will give the applicant a period of 6 months in which to provide:

- either written representations concerning the decision or a written summary of the oral representations that they intend to make
- any supporting documents

CHM may agree an extension to this 6-month period if requested by the applicant, up to a maximum of 12 months.

If the applicant has chosen to make oral representations to CHM, this will be arranged following receipt of the written summary and supporting documents.

After reviewing the applicant's representations, CHM will report its findings and advice to the licensing authority. The licensing authority will consider CHM's report and make a final decision regarding the application for clinical trial approval.

If the applicant remains dissatisfied with this decision, they may notify the licensing authority via appeals@hra.nhs.uk that they wish to appear before or be heard by a person appointed by the licensing authority, and will then a period of 3 months in which to provide:

- a written summary of the oral representations that they intend to make
- any supporting documents
- confirmation of whether they wish for the hearing to be public

Following the hearing, the appointed person will provide a report to the licensing authority. The licensing authority will then make a final decision regarding the application for approval of a substantial modification.

Withdrawing an application for clinical trial approval

Applicants can withdraw their application for clinical trial approval at any time before a decision is issued or a request for further information is raised by submitting a withdrawal request via IRAS (guidance on this can be found in the Step-by-step guide to using IRAS for combined review: Step by step guide to using IRAS for combined review - Health Research Authority).The submission should include a brief description of why the withdrawal request is being made.

The applicant will receive an email and a notification in IRAS confirming that the application has been withdrawn. Depending on the proportion of the review that had been completed at the point of withdrawal, some of the application fee may be refunded.

Transitional Arrangements

Old rules clinical trials:

If an application to approval a clinical trial is submitted before 28 April 2026:

- the Medicines for Human Use (Clinical Trials) Regulations 2004 as in force immediately before 28 April 2026 ("old regulations") apply to the whole process of requesting approval (even after 28 April 2026, if the licensing authority and ethics committee have not issued a decision or opinion by then).
- if the licensing authority issues a notice of grounds for non-acceptance after 28 April 2026, the old rules still apply following the applicant's response to the grounds for non-acceptance.
- the provision that a clinical trial approval will lapse two years from the date on which the trial was approved if no participants have been recruited to take part does not apply.

New rules clinical trials:

If an application to approve a clinical trial is submitted on or after 28 April 2026, the amended Clinical Trials Regulations apply to the whole process of requesting approval.

Area	Old rules clinical trials (application for clinical trial approval submitted before 28 April 2026)	New rules clinical trials (application for clinical trial approval submitted on or after 28 April 2026)

Applying for approval of a clinical trial	The Medicines for Human Use (Clinical Trials) Regulations 2004 as in force immediately before 28 April 2026	The Medicines for Human Use (Clinical Trials) Regulations 2004, as amended by the Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025

3.10. Terms and conditions of approval

If a trial recruits no participants within 2 years, the approval for the trial will lapse. In this scenario, the sponsor will have to end the trial and submit notification in writing by the date that the approval lapsed. Continuing to run a CTIMP after the approval has lapsed would be considered an offence under the regulations. Sponsors will need to confirm the date that the first UK participant in a trial is recruited. Sponsors will be able to do this by using the modification tool to submit a modification of an important detail which confirms the first recruitment has occurred.

3.10.1 In accordance with regulation 27, you must notify the Competent Authority within 90 days of the conclusion/end of the trial (EOT) notification and within 15 days of the premature EOT.

The trigger for EOT notification should be defined under the approved study protocol and is usually considered as the last patient last follow up visit.

Whilst the EOT notification should usually be submitted via the CI and study team, in certain circumstances the Sponsor- via RGIT- may initiate the EOT notification from their end. The latter may occur if no responses are received from the CI and study team following Sponsor's monitoring queries or follow up requests.

The EOT notification can be submitted to the MHRA electronically via Home - MHRA Submissions (appiancloud.com) whilst uploading the completed EOT RGIT_TEMP_041_Notification-End-of-Clinical-Trial-Medicine_V1.0_19Oct2020.docx (live.com)

Submitting the completed EOT notification form to REC/HRA will still need to be completed via email to REC/HRA.

3.11. Responsibilities and escalations after approval

It is the responsibility of the CI to ensure once approvals are in place, the study is run in line with the appropriate regulations and as per sponsorship requirements. If the CI does not respond to requests from the regulatory authority, or the sponsor, within required timeframes (for the sponsor, this would be after three chasing emails have been sent with regards to outstanding monitoring reports or after two chasing emails have been sent in regards to the creation/submission of the annual safety report for Clinical Trials of Investigational Medicinal Products post the date of the anniversary of Clinical Trial Authority Approval), then the following escalations shall occur for College sponsored studies.

1. Director of Department Operations is notified.

2. Head of Department is notified (if the CI in question is a HoD, then the Dean should be notified instead).
3. Faculty Operating Officer is notified.
4. If there is still no response and there is a reputational risk to the College, then the vice-provost for research will be notified.

Registration of a clinical trial

Under regulation 25(1) of the Clinical Trials Regulations, a clinical trial must be registered in a public registry either before the date that the first participant signs the consent form or 90 calendar days after approval of the trial is granted, whichever is earlier.

Sponsors may apply to the HRA for a deferral (or waiver) to the registration requirement, explaining why this is needed, at any point before the deadline for registering the clinical trial. Phase I clinicals trials may be eligible for an automatic deferral of up to 30 months from the conclusion of the trial, provided that the required minimum information is registered in a public registry before the aforementioned deadline for registering the clinical trial.

Transitional Arrangements

Old rules clinical trials

If an application to approve a clinical trial is submitted before 28 April 2026 and the trial ends prior to 28 April 2026, the transparency requirements in the amended Clinical Trials Regulations do not apply. However, if an application to approve a clinical trial is submitted before 28 April 2026 and the trial ends on or after 28 April 2026:

- it must be registered in a public registry, either before the date on which the first participant signs the consent form or within 90 calendar days of 28 April 2026 (or within 90 calendar days of 28 April 2026, if the first participant had already been recruited before 28 April 2026)
- a summary of the results of the clinical trial must be published in the same public registry that it was registered in
- the requirement to provide an accessible summary of results for participants does not apply, although sponsors of old rules clinical trials are still encouraged to do so
- the automatic deferral for phase I trials applies, provided that the sponsor registers the required minimum information in a public registry before the aforementioned deadline for registering the trial

New rules clinical trials

If an application to approve a clinical trial is submitted on or after 28 April 2026, all transparency provisions in the amended Clinical Trials Regulations will apply.

Area	Old rules clinical trials (application for clinical trial approval submitted before 28 April 2026)	New rules clinical trials (application for clinical trial approval submitted on or after 28 April 2026)

Registering a clinical trial in a public registry	**If the trial ends before 28 April 2026:** The Medicines for Human Use (Clinical Trials) Regulations 2004 as in force immediately before 28 April 2026 **If the trial ends on or after 28 April 2026:** The Medicines for Human Use (Clinical Trials) Regulations 2004, as amended by the Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025	The Medicines for Human Use (Clinical Trials) Regulations 2004, as amended by the Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025

Modifications to a clinical trial

Modifications can be made to a trial post-receiving authorisation. These modifications fall into three main categories, Substantial Modifications, Modifications of an Important Detail and Minor Modifications. The creation and submission of modifications is described in greater detail in RGIT_SOP_006 Modifications.

3.12. When is the annual safety report due?

The Development Safety Update Report (DSUR) must be compiled annually for the duration of the clinical trial until the regulator has been notified of the end of the trial. This process must commence on the anniversary of the first international regulatory approval regardless of the approval status in the UK. The annual time point is referred to as the Development International Birth Date (DIBD) . Reporting must occur within 60 days of the defined DIBD.

From 1st January 2021 DSURs need to be submitted via the MHRA submissions portal for trials not submitted through CWOW: Home - MHRA Submissions (appiancloud.com)*(cited 28 October 2025).* For studies submitted through CWOW, the DSUR can be submitted via the CWOW system. For further information, please see Sponsor SOP 035 Development Safety Update Report.

3.13. What happens when the trial ends?

A notification of the end of the trial should be sent by the CI to the Sponsor and regulatory authorities within 90 days of its conclusion (as defined in the Protocol). If a trial should terminate early, notification of early termination should be submitted within 15-days of the decision. For further information, please see Sponsor SOP 028 End of Study Procedure.

4. REFERENCES

1) The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025
2) Medicines: clinical trials hub - GOV.UK
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5) Fig1. Applying for approval in the UK.pdf

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7) Clinical Trials in the European Union - EMA
8) CTIS: how to get started and how to transition a trial
9) Identity Gateway
10) Step_by_step_guide_to_using_IRAS_for_combined_review_-_Health_Research_Authority
11) Clinical trials for medicines: apply for approval in the UK - GOV.UK
12) Clinical trials for medicines: labelling - GOV.UK
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16) Clinical trials for medicines: notifiable trials - GOV.UK
17) Clinical trials for medicines: manage your authorisation, report safety issues - GOV.UK
18) Terms_and_conditions_for_credit_or_debit_card_payments_21
19) SOP on Modifications to Healthcare Research, ref: RGIT_SOP_006 SOP, Associated Documents & Templates page.
20) RGIT_SOP_028_End_of_Study_Procedure SOP, Associated Documents & Templates page.
21) RGIT_SOP_035_Development Safety Update Report SOP, Associated Documents & Templates page.

5. APPENDICES

The following Appendices list the following Templates associated to this SOP which can be found on the SOP, Associated Documents & Templates page.

Appendix 1: RGIT CTIMP Decision – RGIT_TEMP_073