**BSPED active clinical trials submission form**

**Name:**

**Email address:**

|  |  |
| --- | --- |
| **Diabetes or Endocrinology:** |  |
| **Subspecialty:** |  |
| **Study name:** |  |
| **Investigators:** |  |
| **Summary:** |  |
| **Start date:** |  |
| **End date:** |  |
| **Further information:** |  |

Please send this completed form to bsped@endocrinology.org