**BSPED active clinical trials submission form**

**Name:**

**Email address:**

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

Please send this completed form to [bsped@endocrinology.org](mailto:bsped@endocrinology.org)