



**EVIC ROMANIA**

**GENERAL INFORMATION FOR  
THE PERSONS WHO WANT TO PARTICIPATE AS A VOLUNTEER  
AT THE STUDIES THAT AIM AT A BETTER KNOWLEDGE OF  
COSMETIC PRODUCTS**

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## What is Evic Romania?

- **CENTER FOR TESTING AND EXPERIMENTING COSMETIC PRODUCTS**
- **LOCATION**

**\*SITUATED**

**Constantin Bosianu Street,  
Nr. 15, 2<sup>nd</sup> floor, Sector 4  
Bucharest**

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**\*PERFORMS SERVICES FOR THIRDS** (SOCIETIES, NAMED "SPONSORS" WHICH PRODUCE AND/OR WHICH MARKET COSMETIC PRODUCTS)

**\*REALISES STUDIES** (HELPED BY A QUALIFIED AND EXPERIMENTED TECHNICAL STAFF COORDINATED BY A DOCTOR - "INVESTIGATOR"), "ON HUMANS" WHICH AIM AT A BETTER KNOWLEDGE OF **COSMETIC PRODUCTS**.

**\*DISPOSES OF LARGE, MODERN AND FUNCTIONAL** SPACES, ON TWO LEVELS, ADAPTED AT THE SAFETY REQUIREMENTS OF THE PERSONS THAT PARTICIPATE AT THE TESTS.

**\*COMPLIES TO VERY NARROW REGULATIONS**, WITH REGARD TO **PROTECT THE PERSONS** THAT PARTICIPATE AT THE TESTS.

## Which are the tested products?

- **COSMETIC PRODUCTS**

- \***CARE** FOR BODY, FACE, HANDS, LEGS...

- For instance: hydrating cream, sunburn protection cream

- \***HYGIENE** FOR BODY, FACE, HANDS, LEGS, HAIR...

- For instance: shampoo, shower gel, deodorant...

- \***MAKE-UP AND MAKE-UP REMOVERS** FOR FACE, EYES, NAILS...

- For instance: nail varnish, lipstick, eye shadow, make-up remover...

- **AS CREAM, MILK, STICK, LOTION, POWDER...**

- **FOR WOMEN, MEN OR CHILDREN**

## Which are the realised studies?

- **STUDIES PERFORMED WITH VOLUNTARY PARTICIPATION OF THE PERSONS, WHO MEET THE PRECISE, SPECIFIC CRITERIA AND DESTINATED FOR:**

- \***CHECKING THE LOCAL ACCEPTABILITY** OF THE PRODUCTS:

- BEFORE MARKETING THEM AND THUS BEFORE SELLING THEM TO A LARGE PANEL OF CONSUMERS

- IN ORDER TO JUSTIFY A PARTICULAR CLAIM WHICH IS TAKEN INTO ACCOUNT IN ADVERTISING

- For instance: hipoalergenic, non comedogenic, tested under dermatological control, designed for sensitive skin...

- \***AND/OR EVALUATING THEIR EFFICACY** IN ORDER TO JUSTIFY THE PRODUCT'S ASPIRATIONS

- For instance: hydrating, anti wrinkle, exfoliating, sunburn protection...

- **STUDIES PERFORMED IN CONFORMITY WITH THE WELL DEFINED PROTOCOLS AND PROCEDURES**

- \***FOR CHECKING THE LOCAL ACCEPTABILITY**

- THE TESTED PRODUCT'S APPLICATIONS ARE UNIQUE OR REPEATED

- THEY ARE REALISED:

- AS PATCH OR OPEN TEST

- AT THE INSTITUTE OR AT HOME

- THE ACCEPTABILITY IS CHECKED BY A TECHNICIAN SUPERVISED BY A DOCTOR WHILE EXAMINATING THE TESTED AREA

**\*FOR EVALUATING THE EFFICACY**

- THE APPLICATIONS OF THE TESTED PRODUCTS ARE UNIQUE OR REPEATED

- THEY ARE PERFORMED

IN GENERAL AS AN OPEN TEST

AT THE INSTITUTE OR AT HOME

- THE EFFICACY IS GENERALLY APPRECIATED USING A QUESTIONNAIRE AND/OR BY SIMPLE NON-INVASIVE INSTRUMENTAL MEASUREMENTS

• **THE PROTOCOLS ARE DIFFERENT ONE TO ANOTHER BY:**

\*FINALITY, SPECIFIC INCLUSION CRITERIA

\*PERIOD OF TIME (FROM 1 DAY TO 6 MONTHS OR MORE)

\*NUMBER OF APPOINTMENTS AT THE INSTITUTE OR AT A SPECIALIST DOCTOR (1-20 OR MORE)

\*THE LENGTH OF THESE MOVEMENTS (FROM 15 MINUTES TO SEVERAL HOURS)

**Which are the conditions that have to be accomplished in order to become a volunteer?**

- **TO BE MAJOR OF AGE**
- **TO SPEAK AND WRITE WITHOUT DIFFICULTY IN ROMANIAN**
- **(NOT TO LEAVE TOO FAR AWAY FROM THE INSTITUTE OR TO HAVE TRANSPORTATION WHICH ALLOWS OBSERVE THE APPOINTMENTS IMPOSED BY THE STUDIES YOU MAY PARTICIPATE TO) - ADVANTAGE**
- **TO ACCEPT A MEDICAL CHECK** (WHICH LASTS MAXIMUM A HALF AN HOUR) PERFORMED BY A DOCTOR AND WHICH CONSISTS OF A SHORT CLINICAL EXAMINATION AND A QUESTIONNAIRE, BASED ESPECIALLY ON HEALTH AND COSMETIC'S HABITS.
- **TO BE HEALTHY FROM THE MEDICAL POINT OF VIEW:** NOT TO BE SICK OR UNDER MEDICAL TREATMENT, ANOTHER ONE THAT THE ONE AUTHORIZED BY THE DOCTOR THAT PERFORMS THE RECRUITMENTS, NOT TO TAKE DRUGS.
- **TO GIVE YOU WRITTEN CONSENT IN CASE OF PARTICIPATING TO A STUDY**
- **TO ALLOW US TO INSERT YOUR PERSONAL INFORMATION IN OUR DATABASE**

## Which are the conditions that have to be accomplished in order to be included in a test?

- **TO BE IN OUR VOUNTEER'S DATABASE;** THIS ALLOWS THE INSTITUTE TO ASK YOUR SERVICES REGULARLY, BY PHONING YOU AR SENDING A MESSENGER
- **NOT TO BE SICK OR UNDER MEDICAL TREATMENT,** ANOTHER ONE THAT THE ONE AUTHORISED BY THE DOCTOR THAT MAKES THE RECRUITMENTS
- **NOT TO BE PREGNANT** AND TO BE SURE THAT YOU WILL PREVENT THIS TO HAPPEN DURING THE STUDY
- **NOT TO BE IN THE SUCKLING PERIOD**
- **TO ANSWER ALL THE SPECIFIC INCLUSION CRITERIA** IMPOSED BY THE TEST  
For instance: sensitive eyes, oily skin, dandruff...
- **NOT TO BE IN THE EXCLUSION PERIOD,** THE DEFINED PERIOD THAT FOLLOWS AFTER A TEST. IN THIS TIME YOU CAN'T PARTICIPATE TO ANOTHER TEST.
- **TO BE AVAILABLE ALL OVER THE TEST PERIOS** AND IF POSSIBLE A CERTAIN TIME AFTER IF IT IS NECESSARY TO PERFORM ANOTHER ADDITIONAL TEST
- **TO SIGN IN ENGAGEMENT WHICH PROVES THAT HE/SHE DOESN'T PARTICIPATE AT THE SAME TIME** AT ANOTHER TEST IN ANOTHER EXPERIMENTING CENTER
- **TO SIGN THE FORM "INFORMING/ CONSENT TO PARTICIPATE"**

## What are your guarantees?

- **RESPECTING THE PRIVACY OF YOUR PERSONAL INFORMATION** THAT YOU OFFERED TO THE INSTITUTE
- **YOUR PARTICIPATION AT THE TESTS IS REALISED**
  - \***ONLY AFTER THE APPROVAL OF THE INTERNAL COMITEE** OF EVIA ROMANIA
  - \***BY AN EXPERIMENTED AND QUALIFIED STAFF**
  - \***IN CONFORMITY WITH THE LEGAL REGULATIONS** WHICH GUARANTEE SERIOSITY AND SAFETY
- **THE TEST IS REALISED WITH PRODUCTS** SUPPLIED BY **SOCIETIES THAT HAVE AN INSURANCE OF CIVIL RESPONSIBILITY** AND WHICH ASSURES THAT THE PRODUCTS HAVE A GOOD QUALITY AND FOR WHICH THE INSTUTE HAS **SAFETY DATES** ALLOWING THE PERFORMING WITHOUT RISK OF LOCAL UNACCEPTABILITY (EASY SENSATIONS OF DISCOMFORT CAN APPEAR).

- **CLEAR AND PRECISE INFORMING, ORALLY AND IN WRITING,** ABOUT THE PERFORMING OF THE STUDY YOU ARE PARTICIPATING TO AND THE POSSIBILITY TO ASK THE INSTITUTE'S STAFF ALL THE ADDITIONAL INFORMATION
- **THE FREEDOM TO ACCEPT OR TO REFUSE THE TEST** THAT WE PROPOSE OR TO **INTERUPT YOUR PARTICIPATION** AT THE TEST IN WHICH YOU WERE INCLUDED WITHOUT HAVING TO EXPLAIN YOUR DECISION AS LONG AS IT IS INDEPENDENT OF THE COMPANY'S PROTOCOL.
- **THE POSSIBILITY TO RECEIVE A MEDICAL TREATMENT** DURING THE TEST (GIVEN BY YOUR DOCTOR OR BY INSTITUTE'S DOCTOR) **IF THIS IS CONSIDERED TO BE NECESSARY**

### Which are the constraints that are imposed during the test?

- **TO RESPECT THE PROTOCOL** WHICH WAS DESCRIBED ORALLY AND IN WRITTEN AT THE BEGINNING OF THE TEST
- **TO INFORM THE INSTITUTE ABOUT ALL THE DEVIATIONS** FROM THIS PROTOCOL AND ESPECIALLY TO DESCRIBE THE DRUG TREATMENTS TAKEN DURING THE TEST
- **TO RESPECT THE DATES AND THE HOURS** ESTABLISHED FOR GOING TO THE INSTITUTE OR TO THE SPECIALIST DOCTOR AND TO ANNOUNCE IN CASE OF NOT COMING FOR A SERIOUS REASON
- **TO COMPLETE CORRECTLY THE PERSONAL EVALUATION FORM** (IF IT IS PREDICTED) AND TO PRESENT IT AT THE ESTABLISHED DATE
- TO ANSWER CORRECTLY AT THE QUESTIONNAIRE (IF IT IS PREDICTED)
- **TO GIVE BACK THE SAMPLES** (IN CASE OF USING THE PRODUCT AT HOME) AT THE SPECIFIED TIME
- **TO RESPECT THE SPECIFIC RESTRAINTS** OF THE TEST WHICH ARE REMINDED IN THE INFORMATION NOTE OFFERED AT THE BEGINNING OF THE TEST
- **TO ADVERTISE** THE INSTITUTE AS SOON AS POSSIBLE IF DURING THE TEST YOU OBSERVE **ANY SIGN THAT SEEMS ABNORMAL**
- **TO RESPECT THE EXCLUSION PERIOD** DURING WHICH YOU CAN'T PARTICIPATE TO ANY OTHER TEST AND WHOSE DURATION IS INDICATED IN THE INFORMATION NOTE OFFERED AT THE BEGINNING OF THE TEST
- **TO RESPECT** THE FACT THAT, FOR **SAFETY** REASONS, WHEN YOU GO TO THE INSTITUTE, **YOU ARE NOT SUPPOSED TO BE ACCOMPANIED BY LITTLE CHILDREN**
- **TO RESPECT** THE FACT THAT, FOR SAFETY AND HYGIENE REASONS, **ANIMALS ARE PROHIBITED** IN THE INSTITUTE

## **Which is the pay for your participation at a study?**

- **THE PAY IS CASH**, AT THE END OF THE TEST PERIOD, ONLY AFTER CHECKING THE VALIDITY OF THE DATES OBTAINED AFTER YOUR PARTICIPACION
- THE SUM VARIES IN CONFORMITY WITH THE DIFFICULTY DEGREE OF THE TEST, THE DURATION OF THE TEST AND THE NUMBER OF VISITS TO THE INSTITUTE, THE DEGREE OF DISCOMFORT ESTIMATED
- **IN TERMS OF RESPECTING THE CLAUSES PREDICTED BY THE PROTOCOLS** (THE VALIDITY OF THE GIVEN INFORMATION, RESPECTING THE CONSTRAINTS, GOING TO ALL THE CHECKS PREDICTED IN THE PROTOCOL...)

## **What you have to do if you are interested?**

- **TO ESTABLISH AN APPOINTMENT AT THE DOCTOR** WHICH DOES THE RECRUITMENTS FOR THE PRELIMINARY MEDICAL APPOINTMENT AND NECESSARY FOR INCLUSION IN THE DATABASE OF EVIC
- **TO BRING WITH YOU YOUR BULLETIN OR YOUR IDENTITY CARD**

**IN THIS CASE, YOU WILL BE REGULARLY ASKED TO PARTICIPATE AT TESTS VIA E-MAIL OR BY PHONE**

## What do you have to do if you are asked to participate at a test?

- IN THIS CASE, YOU HAVE TO **INFORM VERY QUICKLY THE INSTITUTE IF YOU ARE INTERESTED OR NOT IN THE TEST**
  - **IF YOU ARE INTERESTED IN THE TEST AND YOU CORRESPOND TO THE INCLUSION CRITERIA ASKED BY THE PROROCOL, ESTABLISH AN APPOINTMENT** WITH THE SECRETARY, WHICH WILL GIVE YOU THE REFERENCE OF THE TEST YOU WILL PARTICIPATE TO
  - **TO PRESENT AT THE ESTABLISHED DATE AND HOUR** AT EVIC ROMANIA (IN CASE YOU ARE RETAINED WE ASK YOU TO PREVENT OUR SECRETARY AS SOON AS POSSIBLE) AND INDICATE THE REFERENCE OF THE TEST YOU HAVE TO PARTICIPATE TO
  - **WAIT FOR OUR SECRETARY TO GIVE YOU YOUR PERSONAL FILE AND THE CONSENT FORM**
  - **GO IN THE WAITING ROOM** WHICH IS SITUATED AT THE 2<sup>ND</sup> FLOOR, BEHIND THE RECEPTION.
  - WAIT TO BE CALLED BY THE RESPONSIBLE TECHNICIAN FOR THE TEST AND TO TELL YOU WHICH IS THE ROOM RESERVED FOR THE TEST YOU ARE CONCERNED, IN WHICH YOU WILL ARRIVE BY CLIMBING THE STAIRS SITUATED ON THE LEFT OF THE RECEPTION
  - **AFTER CHECKING** (BY THE RESPONSIBLE TECHNICIAN OF THE TEST AND/OR BY THE INVESTIGATOR DOCTOR) YOUR MATCHING TO ALL THE SPECIFIC CRITERIA IMPOSED BY THE PROTOCOL AND AFTER EXPLAINING THE METHODOLOGY WHICH HAS TO BE FOLLOWED AND THE RESTRICTIONS, YOU SIGN THE **CONSENT FORM IN CLEAR** WITH WHOM YOU ENGAGE TO RESPECT THE DESCRIBED PROTOCOL
- \*you can eventually not be accepted for the test, if you don't match exactly the imposed inclusion criteria. In this case, another test can be proposed to you and you will be given more details at the reception
- **IF YOUR COMINGS AT THE INSTITUTE NEED A PERIOD OF WAITING**, IN THE WAITING TIME YOU INSTALL YOURSELF IN THE WAITING ROOM SITUATED AT THE 2<sup>ND</sup> FLOOR.
  - **IF THE TEST SUPPOSES MORE COMINGS TO THE INSTITUTE** (OR AT THE SPECIALIST DOCTOR) IN THE FIRST DAY OF THE TEST YOU ESTABLISHET THE NEXT MEETINGS WITH THE SECRETARY
  - **DURING YOUR FURTHER COMING, ANNOUNCE AT THE RECEPCION** YOUR ARRIVAL AND **WAIT IN THE WAITING ROOM** SITUATED AT THE 2<sup>ND</sup> FLOOR TO BE

CALLED BY THE RESPONSIBLE TECHNICIAN AND TO BE ALLOWED IN THE ROOM IN WHICH THE TEST IS TAKING PLACE

- **AT THE END OF THE TEST**, BEFORE GOING HOME, YOU TAKE CONTACT WITH THE SECRETARY FROM THE RECEPTION, IF YOU WANT TO BE INCLUDED IN A NEW TEST.