 Service de la Recherche Biomédicale	Application date : 17/07/2017	Type : BR-FO-44	ID : ERASME-14-315
	Internal registration Form: Retrospective		Version : 1 Page 1 / 4

Author	Joanna Pardons	Reviewer(s)	Eleanor Coets	Approved by	Jean-Michel Hougardy
Public	<input checked="" type="checkbox"/> All <input type="checkbox"/> Investigators <input type="checkbox"/> Study Nurse <input type="checkbox"/> Study coordinator <input type="checkbox"/> Paramedics <input type="checkbox"/> Admin Staff				
Document revision history / Changes-Revision Comment					

Unique Identifier :

Reception date:

1. General information about the study

Title of the Protocol:

Ref. Sponsor:

Acronym:

Version and date:

Estimated initiation date:

Estimated end date:

Total number of subjects

to be included:

Total number of subjects

for CUB-Hôpital Erasme:

2. Characterization of the study

Non-commercial study, with as Sponsor

Description:

Commercial study

External Sponsor information (If applicable)


Name of Sponsor:

Address:

Contact:

Phone:

E-mail:

 Hôpital Erasme ULB Service de la Recherche Biomédicale	Application date : 17/07/2017	Type : BR-FO-44	ID : ERASME-14-315
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CRO (If applicable)

Name of CRO: _____

Address: _____

Contact: _____

Phone: _____

E-mail: _____

3. Information about the Investigator

Principal Investigator

Name, First name: _____

Hôpital Erasme Staff: Yes No

If other, description:

Department: _____

Phone: _____

Head of
Department: _____

E-mail: _____

Co-Investigator

Name, First name: _____

Hôpital Erasme Staff: Yes No


If other, description:

Department: _____

Phone: _____

Head of
Department: _____

E-mail: _____

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If other Research staff are involved in the project, please mention their contact details hereunder

Clinical Research Staff Member, e.g. Study Nurse

Name, First name: _____

Hôpital Erasme Staff: Yes No

Department: _____

Phone: _____

Head of _____

Department: _____

E-mail: _____

If other Research staff are involved in the project, please mention their contact details hereunder

4. Main specialty (only one answer)

If other, description:

5. Additional information

If other, description:

6. Hospital-Faculty Ethics Committee of Erasme

For this study:

Monocentric

Multicenter in Belgium: CUB Hôpital Erasme is Leading Ethics committee (LEC*)


CUB Hôpital Erasme is a non-LEC

LEC: _____

Add the list of the local EC (denomination, aggregation number, contact e-mail) also for the multicenter project.

Added (via an amendment)

*LEC: Leading Ethics committee

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7. Choice of subjects (not applicable)

8. Insurance(not applicable)

9. IT request

Description:

10. Patient File (not applicable)

11. Involved services (not applicable)

12. List of manuals (not applicable)