**Declaration of Experiment in AZ Sint-Lucas Brugge**

*This form needs to be submitted electronically to Mrs. Mary Glorieux, clinical trial coordinator –* [*clinical.trials@stlucas.be*](mailto:clinical.trials@stlucas.be)

# General information

|  |  |
| --- | --- |
| **1.** | **Study Title** |
|  |  |
| **2.** | **Acronym** |
|  |  |
| **3.** | **Protocol number** |
|  |  |
| **4.** | **EudraCT-number or BUN-number** |
|  |  |
| **5.** | **Investigator and investigational staff** |
|  |  |
| **6.** | **Sponsor (company, university)** |
|  |  |
| **7.** | **Type of study** |
|  | Non-commercial (academic) trial  Commercial trial |
|  | Retrospective  Prospective, Non-interventional trial  Prospective, interventional trial  With drugs  Without drugs  Monocentric  Multicentric  Follow-up  Amendment to ongoing trial |
| **8.** | **Study Phase** |
|  | I  II  III  IV  Not applicable  Other: |
| **9.** | **Anticipated Ethical Comite SUBMISSION DATE** |
|  |  |
| **10.** | **Anticipated Start Date at AZ Sint Lucas Brugge** |
|  |  |
| **11.** | **Anticipated End Date at AZ Sint Lucas Brugge** |
|  |  |
| **12.** | **Expected number of patients at AZ Sint Lucas Brugge** |
|  |  |

# Contact Details Sponsor

|  |  |
| --- | --- |
| **1.** | **Sponsor** |
|  | Internal (AZ Sint-Lucas Brugge):  External:  Company  Institution  Other: |
| **2.** | **NAME** |
|  |  |
| **3.** | **ADDRESS** |
|  | Street:  Number:  Town:  Postal code:  Country: |
| **4.** | **Contact Details** |
|  | Phone number:  Email: |

# Contact Details Principal Investigator at AZ Sint-Lucas Brugge

|  |  |
| --- | --- |
| **1.** | **NAME** |
|  |  |
| **2.** | **Hospital Department / Function** |
|  |  |
| **3.** | **Contact Details** |
|  | Phone number:  Email: |

# Contact Details External Parties (if applicable)

|  |  |
| --- | --- |
| **1.** | **NAME CRO** |
|  |  |
| **2.** | **ADDRESS** |
|  | Street:  Number:  Town:  Postal code:  Country: |
| **3.** | **Contact Details CRA** |
|  | Name:  Phone number:  Email: |
| **4.** | **Contact Person for Contract Negotiation** |
|  | Name:  Phone number:  Email: |
| **5.** | **Contact Person for Invoicing** |
|  | Name:  Phone number:  Email: |

# Involved Departments at AZ Sint-Lucas Brugge

Please select all AZ Sint-Lucas departments/disciplines that will be involved in the trial:

|  |
| --- |
| Coordination clinical trials Mrs. Mary Glorieux (050 36 57 11)  Nursing support Mrs. Annelies Catoor (050 36 58 77) Mr. Franky Degrendel (050 36 58 75)  Mrs. Sarah Vandekerckhove (050 36 58 76) Mrs. Leen Van Hoeymissen (050 36 58 78)  Pharmacy Mrs. Michelle Vannieuwenhuyssen (050 36 54 81) Mr. Kris Loots (050 36 54 74)  Laboratory Dr. Johan Robbrecht (050 36 53 46)  Processing by External Lab  Processing by AZ Sint-Lucas lab  Radiology Dr. Koen Geldof (050 36 54 13) Mrs. Heleen Van Meenen (050 36 53 95)  Pathology Dr. Marie-Astrid Van Caillie (050 36 53 45)  Cardiology Dr. Dirk Verleyen (050 36 51 55)  Other:  There will be no need for support from personnel or services from AZ Sint-Lucas Brugge. |
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