**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*

# 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:

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| [ ]  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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