WE ONLY ACCEPT ELECTRONIC SUBMISSION VIA MAIL: [ethisch.comite@stlucas.be](mailto:ethisch.comite@stlucas.be)

|  |  |  |  |
| --- | --- | --- | --- |
| Checklist for submission of clinical trials | | | |
|  | **Interventional** | **Non-Interventional** | **Amendment\*** |
| Protocol | x | x | x |
| Investigator’s Brochure | x | X | x |
| Informed Consent (Dutch) | x | X | x |
| Patient information and questionnaires | x | X | x |
| Protocol Synopsis (Dutch) | x | X | x |
| EudraCT Application form | x |  |  |
| CV local investigator | x | X |  |
| CV national investigator | x | X |  |
| GCP certificates investigators | x | X |  |
| Contract | x | X |  |
| Insurance document | x | X |  |
| Advice of FGOV (medical devices) | x | X |  |
| Checklist EC AZ Sint-Lucas | x | X |  |
| Invoice information | x | X |  |
| Fee 2024 | € 477.98 (excl. VAT) | € 159,35 (excl. VAT) | According trial type |

\*Amendments: please submit all new relevant documents

|  |  |
| --- | --- |
| Payee name | AZ Sint-Lucas vzw |
| Payee address | Sint-lucaslaan 29, 8310 Brugge, Belgium |
| VAT number | BE 0408.116.216 |
| Bank name | KBC Bank, Moerkerksesteenweg 245, 8310 Brugge, Belgium |
| Bank account number | 440-0347621-45 |
| IBAN | BE44 4400 3476 2145 |
| BIC/SWIFT code | KREDBEBB |
| Reference | Invoice number |

In order for the hospital to provide a correct invoice,

please give the correct invoice data.

Bank details AZ Sint-Lucas: