

## Soumission - Accusé réception (AoR)



Commission d'éthique hospitalo-facultaire

Date d'application : 29/06/2021

CEHF-FORM-104-2.0

## **ACKNOWLEDGEMENT OF RECEIPT OF VALID APPLICATION**

☐ LEADING ETHICS COMMITTEE		
□ NON LEADING ETHICS COMMITTEE		
Name, address: To	the Chairman of the (Leading) Ethics Committee	
Name, address.	Professor Doctor JM. Maloteaux	
	Promenade de l'Alma 51 bte B1.43.03	
	1200 Bruxelles	
And accreditation number: 403		
DATE OF RECEIPT:	Your internal reference/N):	
Please enter date: dd/mmm	1/aaaa	
☐ Initial Submission of Prot	ocol, version XXXX date JJ/MM/AAAA (to be completed)	
☐ Amendment N° submission (to be completed)		
Amendment N Submis	<u>sion (to be completed)</u>	
Reference EC:		
Protocol Title:		
Frotocol fitte.		
<u>Sponsor</u> :		
Principal Investigator:		
	Cliniques universitaires Saint-Luc – UCL	
	Name	
	Service	
	Avenue Hippocrate 10	
	1200 Woluwe-Saint-Lambert	
	Tel:	
	<del>Fax :</del>	
Duta stars time at the control of th	E-mail:	
Principal investigator or study coordinator confirms that the submitted documents have been controlled (signature required only for amendment)		
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(Date + Name + Signature)		
(Sate : Hairie : Signature)		

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CONFIRMATION OF VALID APPLICATION:		
Please tick the appropriate box:		
The application is valid. The cleak start for LEC review in the data of receipt as receipt and		
☐ The application is valid. The clock start for LEC review is the date of receipt as mentioned		
above.		
☐ The application is not valid *		
(*) Please describe the missing elements:		
Date:		
Name and Signature		
(Chairman of the Ethics Committee or delegate)		
Professor Doctor JM. Maloteaux		
Please provide this completed and signed form		
to the following e-mail address:(to be completed)		
within 3 days upon receipt by the Leading Ethics Committee.		
Thank you.		