**INVOICE INFORMATION TO BE ADDRESSED TO UCL**

Document to send:

* BY E-MAIL to : [commission.ethique-saintluc@uclouvain.be](mailto:commission.ethique-saintluc@uclouvain.be) and copy to the investigator
* At time of initial submission or amendment

*For your information, this invoice concerns only the Ethics Committee (CEHF). This invoice is required for each submission of a new study or amendment by a commercial sponsor.*

***This procedure is different from the “Clinical Statement of Agreement” established by the Cliniques universitaires Saint Luc.***

***You will thus receive an invoice from the Cliniques universitaires Saint-Luc but also another invoice from the Ethics Committee for each new commercial study submission or amendment.***

*The mentioned amounts are determined and reviewed each year by the FAMHP*.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *To be completed by the sponsor*   **1/ Invoice address (with name of reference person + e-mail):**  **2/ VAT number:**  ***To complete even if invoice address is out of Belgium***  **3/ Sponsor reference:**  **4/ Project title:**  **5/ N° EudraCT:**  **6/ Name of principal investigator:**  **7/ Opinion of CEHF on**  **a) - above-mentioned protocol** 🞏\*  **b) - amendment n° ............. of the above-mentioned protocol** **🞏\***  **c) - as leading EC 🞏\***  **d) - as non leading EC 🞏\***  **8/ Amount to invoice**   |  |  |  | | --- | --- | --- | | ***Amount to invoice:*** 🞏\* | ***2023 indexed amount***  ***(Excl. VAT)*** | **Request** | | **🞏\*** | **155,63€** | Submission of a non-interventional protocol to NLEC or non interventional amendment to LEC | | **🞏\*** | **389,01 €** | Substantial amendment for an interventional protocol to LEC | | **🞏\*** | **466,83 €** | Submission of an interventional protocol to NLEC | | **🞏\*** | **622,42 €** | Submission of an non-interventional protocol to LEC | | **🞏\*** | **1556,06 €** | Protocol submission to LEC |   **\*: 🞏 ou 🗹**: *please tick the appropriate box*  **Date:**  **9/ CEHF reference :**  **10/ CEHF account number : MD2865** |