CRA Identification Renewal Form

Study Identification

CUSL[[1]](#footnote-1) Ethics Committee number:

Study title:

Organization Identification

Name:

Address:

CRA Identification

Name:

Office phone number:

Mobile phone:

E-mail:

I hereby request the renewal of my access to the patient electronic medical record (TPI²) / and to the Internet.

I confirm that the trial(s) I monitor is (are) still ongoing.

Please find enclosed the principal investigator’s renewal approval.

Date:

Signature:

1. CUSL : Cliniques Universitaires Saint-Luc [↑](#footnote-ref-1)