**ACKNOWLEDGEMENT OF RECEIPT OF VALID APPLICATION**

[ ]  LEADING ETHICS COMMITTEE

[ ]  NON LEADING ETHICS COMMITTEE

Name, address: To the Chairman of the (Leading) Ethics Committee

 Professor Doctor J.-M. 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: ……………..…….. ………………………………

[ ] Initial Submission of Protocol, version XXXX date JJ/MM/AAAA (to be completed)

[ ] Amendment N° … submission (to be completed)

EudraCT Number:

Protocol Title:

Sponsor:

Principal Investigator:

 Cliniques universitaires Saint-Luc - UCL

 **Name**

 **Service**

 Avenue Hippocrate 10

 1200 Woluwe-Saint-Lambert

 Tel :

 Fax :

 E-mail:

Principal investigator or study coordinator confirms that the submitted documents have been controlled

(Date + Name + Signature)

FOLLOWING DOCUMENTS WERE SUBMITTED FOR REVIEW AND APPROVAL :

[ ] To be completed (version and date)

[ ]  To be completed (version and date)

[ ]  To be completed (version and date)

[ ] To be completed (version and date)

[ ] To be completed (version and date)

CONFIRMATION OF VALID APPLICATION:

Please tick the appropriate box:

[ ]  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:
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Name and Signature
(Chairman of the Ethics Committee or delegate)

Professor Doctor J.-M. 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.**