**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.**