Questionnaire to the sponsors of commercial trials for the contract management

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| --- | --- |
| Protocol number  | Cliquez ou appuyez ici pour entrer du texte. |
| Principal Investigator name | Cliquez ou appuyez ici pour entrer du texte. |
| Sponsor/CRO contract referent name and contact details | Cliquez ou appuyez ici pour entrer du texte. |
| Study Phase | Choisissez un élément. |
| Planned Site Initiation Visit date | Cliquez ou appuyez ici pour entrer une date. |
| Is it a competitive study? | [ ]  Yes [ ]  No |
| * If no, what is the duration of the recruitment?
 | Cliquez ou appuyez ici pour entrer du texte. |
| Planned number of patients for CUSL | Cliquez ou appuyez ici pour entrer du texte. |
| Will one or more drugs be supplied by Sponsor or CRO to CUSL? | [ ]  Yes [ ]  No[ ]  NA |
| * If yes, specify the name of the drug(s)
 | Cliquez ou appuyez ici pour entrer du texte. |
| Will one or more drugs be reimbursed by Sponsor or CRO? | [ ]  Yes [ ]  No[ ]  NA |
| * If yes, specify the name of the drug(s)
 | Cliquez ou appuyez ici pour entrer du texte. |
| Will one or more drugs be reimbursed by the National Health insurance (standard of care)? | [ ]  Yes [ ]  No[ ]  NA |
| * If yes, specify the name of the drug(s)
 | Cliquez ou appuyez ici pour entrer du texte. |
| If applicable, will the human bodily material be collected and stored for purposes other than what was described in the protocol?  | [ ]  Yes [ ]  No |
| Where will the data be transferred? | [ ]  EEA (European Economic Area)[ ]  Outside EEA (Outside European Economic Area) |
| Will you provide any equipment to patients? (e.g. phone, tablet, PC, connected medical device) | [ ]  Yes [ ]  No |
| * If yes, specify
 | Cliquez ou appuyez ici pour entrer du texte. |
| Will you provide non-medical (e.g. phone, tablet, PC) or medical (e.g. ECG, spirometer, pregnancy test) equipment to medical teams? | [ ]  Yes [ ]  No |
| * If yes, specify
 | Cliquez ou appuyez ici pour entrer du texte. |