Confidentiality Agreement Form

Study Identification

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

Study title:

Organization Identification

Name:

Address:

CRA/ Auditor/Inspector Identification

Name:

Office phone number:

Mobile phone:

E-mail:

I, CRA/Auditor/Inspector for the above-mentioned Organization, will be examining the medical chart of the patients included in the trial(s).

I shall guarantee the confidentiality of the patients’ identity and all other information found in the medical chart in accordance with according to the General Data Protection Regulation of 27 April 2016 (in application on 25 May 2018), and the Belgian law of 30 July 2018 on the protection of natural persons with regard to the processing of personal data.

It is the responsibility of the Sponsor to inform the principal investigator or CRCM if any, along to the Access Management Unit, if the CRA is no longer employee of the company (Sponsor).

Date:

Signature: CRA/ Auditor/Inspector Medical Monitor or Project Manager

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