Declaration of loss Form

Organization Identification

Name:

Address:

Study Identification

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

Study title:

CUSL Department/Unit:

CUSL Principal Investigator

Name:

Tel.:

E-Mail:

CUSL Research coordinator

Name:

Tel.:

E-Mail:

CRA Identification

Name:

Office phone number:

Mobile phone:

E-mail:

**Login ID:**

I, CRA for the above-mentioned Organization and Study, declare having lost my identification badge. Please replace it. If I find my lost badge, I destroy it immediately.

A fee of 25€ will be invoiced to the sponsor/CRO by the investigator/CRCM.

The study PI signs below for the replace approval.

CRA Signature:

Date:

PI Signature:

Date :

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