CRA Identification Renewal 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:

I, CRA for the above-mentioned Organization and Study, request the renewal of my access to the patient electronic medical record (TPI²).

I confirm that the study I monitor is still ongoing.

 The study PI signs below for the renewal approval.

CRA Signature:

Date:

PI Signature:

Date :

*This completed form could be sent by mail to* *gestiondesacces@saintluc.uclouvain.be* *with PI and research coordinator in CC.*

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