|  |
| --- |
| Checklist for submission of clinical trials |
|  | **Interventional** | **Non-Interventional** | **Amendment\*** |
| Protocol | x | x | x |
| Investigator’s Brochure | x | X | x |
| Informed Consent (Dutch)  | x | X | x |
| Patient information and questionnaires | x | X | x |
| Protocol Synopsis (Dutch) | x | X | x |
| EudraCT Application form | x |  |  |
| CV local investigator | x | X |  |
| CV national investigator | x | X |  |
| GCP certificates investigators | x | X |  |
| Contract | x | X |  |
| Insurance document | x | X |  |
| Advice of FGOV (medical devices) | x | X |  |
| Checklist EC AZ Sint-Lucas | x | X |  |
| Invoice information | x | X |  |
| Fee 2025 | €492.57 (excl. VAT)  | €164.21 (excl. VAT)  | According trial type |

WE ONLY ACCEPT ELECTRONIC SUBMISSION VIA MAIL: ethisch.comite@stlucas.be

\*Amendments: please submit all new relevant documents

|  |  |
| --- | --- |
| Payee name | AZ Sint-Lucas Brugge vzw |
| Payee address | Sint-lucaslaan 29, 8310 Brugge, Belgium |
| VAT number | BE 0408. 216. 116 |
| Bank name | KBC Bank, Bossytlaan 1, 8310 Brugge, Belgium |
| Bank account number | 440-0347661-85 |
| IBAN | BE89 4400 3476 6185 |
| BIC/SWIFT code | KREDBEBB |

In order for the hospital to provide a correct invoice,

please give the correct invoice data to the EC.

Bank details AZ Sint-Lucas: