**AANVRAAGFORMULIER PATHOLOGISCHE ANATOMIE KLINISCHE STUDIES**

**Management**

**GENERAL**

|  |  |
| --- | --- |
| **Study protocol Nr/name** |  |
| **Expected start date** |  |
| **Expected end date** |  |
| **Chief investigator** |  |
| **Company** |  |
| **Contact person company/CRO****Tel****Email** |  |

**SPECIFIC FOR PATHOLOGY LAB AZ ST LUCAS BRUGES**

|  |  |
| --- | --- |
| **Approvement ethical comitee** | **Which?****Date?** |
| **Task (more than 1 option can be selected)** | * **Send formalin fixed tissue**
* **Send fresh tissue**
* **Send frozen tissue**
* **Send blanco slides**
* **Send paraffin blocks**
 |
| **Does the study protocol imply special investigations to be performed by the lab, that cannot be billed to patient or national health services?** |  |
| **Are there specific documents to be completed when sending individual material? (if yes, please ad the blanco forms)** | * **Yes/no**
* **delivered to the lab?**
 |
| **Does the study request sending of material to other labs/other companies? If yes, cfr infra**  | * **yes/no**
 |
| **Address of recieving lab/company****Or contact data pick-up service** |  |
| **Does the study imply the request of tissue in other labs/third company by our lab?** | * **Yes/no**
 |
| **Expected number of patients in AZ StLucas Bruges** |  |
| **Name + signature study coordinator****AZ ST Lucas Bruges** |  |