Declaration of loss 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:

**Former Login:**

I hereby declare having lost my identification badge. Please replace it.

Should I find my former badge, I shall destroy it immediately.

Date:

CRA Signature:

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

Investigator or CRCM signature:

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