Principal Investigator Authorization Form

Purpose

CRA First Access Request (TPI²)

Auditor/Inspector access for the following period : ..................... to ....................

Organization Identification

Name:

Address:

CRA/ Auditor/Inspector Identification

Name:

Office phone number:

Mobile phone:

E-mail:

Study Identification

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

Study title:

CUSL Department/Unit:

CUSL Clinical Research Coordinator

Name:

Tel.:

E-Mail:

CUSL Principal Investigator

Name:

Tel.:

E-Mail:

PI Authorization Date: PI Signature:

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