Name of the Investigator:

Name of the Sponsor:

Commercial company responsible for the funding of the study or any of its elements (if not the sponsor):

Study title:

Protocol number / Acronym:

I hereby, the principal investigator of the above named study, declare that the information provided in this document is true, correct and complete to the best of my knowledge.

I will inform the study sponsor, the Ethics Committee or the Medical Direction of CUSL (CTR/MDR/IVDR studies[[1]](#footnote-1)) and the Clinical Trial Center as soon as possible of any change in the financial situation of any member of my team during the course of the trial and up to one year after its completion.

Do any of the co-investigators involved in this research have a direct or indirect (financial) interest in this research?

NO

YES Name(s) ?

If yes, please submit a completed Financial disclosure form (AAHRPP-FORM-035) to the Ethics Committee or the Medical Direction of CUSL (via referent CoFi).

Do other team members involved in this research (e.g., study coordinators, data managers, ...) have a direct or indirect (financial) interest in this research?

NO

YES Name(s) ?

If yes, please submit a completed Financial disclosure form (AAHRPP-FORM-035) to the Ethics Committee or the Medical Direction of CUSL (via referent CoFi).

Date Principal Investigator signature

1. CTR : Clinical Trial Regulation : clinical drug trial under European regulation 536/2014

   MDR : Medical Device Regulation : clinical investigation with medical device under European regulation 2017/745

   IVDR : In Vitro Diagnostic Regulation : performance study with in vitro diagnostic device under European regulation 2017/746 [↑](#footnote-ref-1)