

Pre-admission (registration) application for the conduct of service for a clinical trial at an external site

Principal Investigator:	
Trial site:	
Name of investigator's contact person:	
Phone number of investigator's contact person:	
E-mail address of the investigator's contact person:	
Study title:	
Protocol No.:	
Sponsor/CRO contact name:	
Sponsor/CRO contact telephone number:	
Sponsor/CRO contact e-mail address:	

Service Provider's declaration: (Please select the appropriate section!)

The material and personnel conditions for the study are fully available at the Clinic, so no additional collaborator is required.

Type of service:

- Imaging examination, named.....
 Pathology examination, named.....
 Laboratory examination, named.....
 Name of other subspecialty:

The planned duration of the study:

Budapest, ____ - __ - __

.....
Director of the Clinic
(if not the Principal Investigator)

.....
Principal Investigator

Please attach a synopsis of the study in Hungarian to this registration application.
The completed and signed registration form must be sent electronically in PDF format to klinikaikutatas@semmelweis-univ.hu .

To be completed by the Central Coordination Bureau for Clinical Research:

Study unique SE identifier:

Date:

Name of administrator:

Signature