

2. Annex 2

**Principal investigator's declaration on the staffing and facilities of the trial**

<b>Principal Investigator's name:</b>	
<b>Protocol No.:</b>	
<b>Study unique SE identifier:</b>	

List of participants in the study, research

Title	Name	Phone number	E-mail address
Principal Investigator			
Deputy Principal Investigator			
Study nurse			
Study Coordinator of the clinical trial			
Block Coordinator (appointed in consultation with the Bureau)			
External coordinator**			
Investigator(s)			

Specific terms and conditions of clinical research or study


The completed and signed declaration must be sent electronically in PDF format only to [klinikaikutatas@semmelweis-univ.hu](mailto:klinikaikutatas@semmelweis-univ.hu).

Date: Budapest, .....202 .....202 .....

.....

Principal Investigator

\* In the absence of the Principal Investigator

\*\* If not an employee of Semmelweis University does coordinate the research, please indicate the employer of record.