

18/29, 06.2014



Call for Centres Form ROEntropy - Clinical Study Network Romania

A. INFORMATION ABOUT THE CENTRE and CONTACT person

(if handwritten, please use capital letters, please send **one** form by institution only)

Title:	<input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Clin. Res. <input type="checkbox"/> PhDs
LAST NAME lead investigator:	
FIRST NAME lead investigator:	
INSTITUTION name:	
Department:	
INSTITUTION Number and Street Address:	
Postcode:	
City:	
Country:	
lead investigator Date of Birth:	
lead investigator Office PHONE:	
lead investigator MOBILE phone:	
lead investigator e-mail:	
LAST NAME second contact person:	
FIRST NAME second contact person:	
e-mail second contact:	

B. CHOOSE A PROJECT

☐

ROEntropy – Entropy Romanian Clinical Study Network

C. INFORMATION ABOUT THE PRINCIPAL APPLICANT

Title (Dr./Prof.): Dr.

First Name:

Academic Degree:

TEMPLATE Approved by
Prof. Dr. DOREL SANDESC



Last Name:

Name of
Institution

Department:

Professional
address:

City, Country:

Telephone:

Date of birth:



E-mail:

D. Conflict of interest (please tick one of the boxes as appropriate)

- ☐ I declare that I have no conflict of interest with any of the [SRATI Research Committee members](#)
- ☐ I have a conflict of interest with the following SRATI Research Committee member(s)

E. Signature and date

Date (DD/MM/YYYY):

Signature of the Principal Applicant (ink-pen signature is required):

Clinic stamp

Return this form to Alexandru Rogobete, alexandru.rogobete@umft.ro

TEMPLATE APPROVED by

Prof. Dr. DOREL SÂNDĂSCU