

19/29, 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**

<input type="checkbox"/>	ROEntropy – Entropy Romanian Clinical Study Network
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**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 SÂNDĂSC.