|  |  |  |
| --- | --- | --- |
| +32 89 32 15 09ec.submission@zol.be | +32 11 26 85 02cme@uhasselt.be  | +32 11 33 50 33Ethische.toetsingscommissie.@jessazh.be |
| cid:image001.png@01DA0697.30605960+32 11 80 92 33ethisch\_comite@noorderhart.be | +32 475 34 28 17ethische.commissie@sfz.be  | +32 12 39 61 11CME@azvesalius.be  |
| +32 11 69 96 00Jolanda.Verheezen@rzst.be | http://focus/Formulieren/huisstijl/Huisstijl/logo%20ZMK.jpg+32 89 50 99 52c.goossens@zmk.be  | Kinder Psychiatrisch Centrum Genk+32 89 32 59 59kpc@kpc-genk.be  |

**Submission Letter**

**To submit along with the application form and other study documents to the relevant medical ethics committees of the above sites**

Study title:

Acronym:

Submission Date:

With this letter, I request the members of .....................(insert EC name) to review the above study for its compliance with ethics and privacy. On the application form, I have indicated which documents will be submitted.

By signing this form, the researcher confirms that the submitted information is correct. In addition, the researcher agrees to the conditions below:

1. The investigator who submits the file is assumed to be familiar with the law of 07/05/2004 on experiments on the human person.
2. The investigator confirms having personally reviewed the submitted documents and can declare being in compliance both ethically and scientifically.
3. The deadlines set by law for processing an application shall not start until a complete application has been received by the secretariat of the Ethics Review Committee, including insurance approval.

The investigator agrees to submit to the ethics committees of the following involved sites:

* Hospital Oost-Limburg Genk
* Hasselt University, Diepenbeek
* Jessa Hospital, Hasselt
* Noorderhart Hospital, Pelt
* Vesalius Hospital, Tongeren
* Sint-Franciscus Hospital, Heusden-Zolder
* St-Trudo Hospital, St-Truiden

Principal Investigator Local Investigator

Name Name

Signature + date Signature + date