

Feasibility study

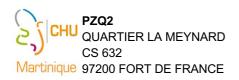
ENR-O1-CRB-001 Version: 2 Applicable on: 08-06-2023

Developer	Investigator	Project name				Date of request Format: YYYY/MM/DD
DOCUMENTS TO BE SENT BY E-MAIL to cerbim@chu-martinique.						
You can visit our website at the following address: http://www.chu-martinique.fr/recherche.html						
Please enclose the following documents so that we can process your request more efficiently						
Document			Yes	No	Not applicable	In progress
Protocol						
Summary of the study in French						
Patient information leaflet in French						
Insurance certificate or request						
Favourable CPP opinion or request						
ANSM authorization or request						
List of investigators						
Centralized laboratory manual						

Management of a collection as part of a **research protocol**: Internal promotion \square External promotion \square

This document enables us to assess the feasibility of your request.

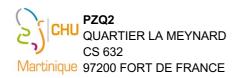
STUDY INFORMATION and ADMINISTRATIVE INFORMATION (To be completed directly on the document and sent to us with the other documents)
□ Technical service required:
□ Exact name of service(s) :
☐ Theoretical opening date at CHU Martinique:
\square Total study duration (selection, inclusion, treatment and follow-up) :
Example: duration of inclusion is 24 months, with approximately one day of participation for the patient and 6 months for data analysis, i.e. a total of 30 months of research.
□ Expected number of patients at CHU Martinique:□ Number of visits per patient:
□ Shelf life of biological resources at CeRBiM:
→ The future of the collection : □ transfer to CeRBiM□ destruction□ repatriation to another site□ other
→ Loan of equipment for sample reception, preparation and conservation of Biological Resources □ NO□ YES if so, please specify:
→ Centralized biological analyses. The shipment is financed by the applicant: NO□ YES If yes, please indicate the addresses of the analysis sites, the technical specifications and the CeRBiM dispatch procedure:
□ Study budget:€.
□ Amount earmarked for CeRBiM:€
□ Contact: Last name: First name: E-mail:



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Payment procedure					
Internal promotion	External promotion				
Manager's name:	Company name : Contact name:				
	Order no.:				

Reserved for CeRBiM			
 □ Application registration number : □ Technical support at CeRBiM: □ Yes□ No□ Partial 			
Comments:			
 Availability of space in refrigerated enclosures: + 4°C:□ YES□ NO□ Not Applicable - 20°C:□ YES□ NO□ Not Applicable - 80°C:□ YES NO□ □ Not Applicable -150°C:□ YES□ NO□ Not applicable 			
□ Technical time: FTE			
→ Billing : •CeRBiM estimate: Per patient: € For the study: €			
Actual to be billed to CeRBiM: Per patient: € For the study: €			
● Promoter's estimate: Per patient: € For the study: €			
●Consumables and/or reagents:□ supplied by the promoter□ payable by CeRBiM Specify :			
Opinion of the Medical and Scientific Coordinator Date			
□ Acceptance with reservations. The reservations are as follows:			
□ Favourable opinion□ Application rejected, reason:			
CeRBiM study coordinator(s):			
Coordinator's signature			
Decision communicated to applicant Dateby			
☐ E-mail□ Mail ☞□ Oral (telephone, meeting)			