



Developer	Investigator	Project name			Date of request Format: YYYY/MM/DD
<p><b>DOCUMENTS TO BE SENT BY E-MAIL to <a href="mailto:cerbim@chu-martinique.fr">cerbim@chu-martinique.fr</a></b></p> <p>You can visit our website at the following address:  <a href="http://www.chu-martinique.fr/recherche.html">http://www.chu-martinique.fr/recherche.html</a></p> <p><b>Please enclose the following documents so that we can process your request more efficiently</b></p>					
<b>Document</b>		<b>Yes</b>	<b>No</b>	<b>Not applicable</b>	<b>In progress</b>
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  External promotion

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

<b>STUDY INFORMATION and ADMINISTRATIVE INFORMATION</b> (To be completed directly on the document and sent to us with the other documents)	
<input type="checkbox"/> Technical service required: ..... (attach operating documents where applicable)	
<input type="checkbox"/> Building a new collection <input type="checkbox"/> Hosting <input type="checkbox"/> Hosting an existing collection <input type="checkbox"/> Requalification of biological resources for research <input type="checkbox"/> Other (specify):.....	
<input type="checkbox"/> Exact name of service(s) :	
<input type="checkbox"/> Theoretical opening date at CHU Martinique:..... <input type="checkbox"/> Duration of participation for each patient: ..... <input type="checkbox"/> Total study duration (selection, inclusion, treatment and follow-up) : ..... <i>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.</i>	
<input type="checkbox"/> Expected number of patients at CHU Martinique: ..... <input type="checkbox"/> Number of visits per patient: .....	
<input type="checkbox"/> Shelf life of biological resources at CeRBIM: .....	
<b>→ The future of the collection :</b> <input type="checkbox"/> transfer to CeRBIM <input type="checkbox"/> destruction <input type="checkbox"/> repatriation to another site <input type="checkbox"/> other.....	
<b>→ Loan of equipment for sample reception, preparation and conservation of Biological Resources</b> <input type="checkbox"/> NO <input type="checkbox"/> YES if so, please specify: ..... (the equipment loan contract is available at ..... )	
<b>→ Centralized biological analyses.</b> <input type="checkbox"/> The shipment is financed by the applicant: <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please indicate the addresses of the analysis sites, the technical specifications and the CeRBIM dispatch procedure:	
<input type="checkbox"/> Study budget: .....€. <input type="checkbox"/> Amount earmarked for CeRBIM: .....€	
<input type="checkbox"/> Contact: Last name: ..... First name: ..... E-mail: .....  : ..... Address: .....	



**PZQ2**  
QUARTIER LA MEYNARD  
CS 632  
97200 FORT DE FRANCE

## Feasibility study

**ENR-O1-CRB-001**

Version: 2

Applicable on: 08-06-2023





**Payment procedure**

Internal promotion	External promotion
Manager's name: ..... UF number: .....	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.....

☞ Billing options:  CeRBIM  Promoter

Acceptance with reservations. The reservations are as follows:

.....

Favourable opinion  Application rejected, reason: .....

CeRBIM study coordinator(s): .....

Coordinator's signature

**Decision communicated to applicant** Date..... by .....

E-mail  Mail ☞  Oral (telephone, meeting)