**Registration form for clinical studies**

**Version 4.0 from 01.07.2022**

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| --- | --- |
| **Date** | Please click to enter the text. |
| **SALK-department** | Please click to enter the text. |
| **Study administrator (SALK)** | Please click to enter the text. |
| **Name of the study (your reference)** | Please click to enter the text. |
| **Start of study** | Please click to enter the text. |
| **End of study** | Please click to enter the text. |
| **Company / sponsor** | Please click to enter the text. |
| **Is there a study protocol?** | [ ]  Yes[ ]  No |
| **Study population** | [ ]  Women (from 18 years on)[ ]  Men (from 18 years on)[ ]  Children (up to 18 years) |
| **Contact person for queries** | Name: Please click to enter the text.Telephone number: Please click to enter the text.E-Mail: Please click to enter the text. |

**Which documents are required by the Department of laboratory medicine (UIMCL)?**

|  |  |  |
| --- | --- | --- |
|  |  | To be completed by the UIMCL |
|  |  | Valid document | Submitted on | Submitted by |
| **Certificate of Certification** | [ ]  Yes[ ]  No | To be completed by the UIMCL. | To be completed by the UIMCL. | To be completed by the UIMCL. |
| **CV of the head of the department** | [ ]  Yes[ ]  No | To be completed by the UIMCL. | To be completed by the UIMCL. | To be completed by the UIMCL. |
| **Additional reference ranges\*** | [ ]  Yes#[ ]  No | \* Please note the existing reference ranges and certificates of EQA on the homepage (<https://salk.at/16956.html>) and only list additional analyses that you can find in our analysis directory (<https://salk.at/analysen>).# Please fill out the table on page 3. |
| **Additional certificates of external quality assessment (EQA) \*** | [ ]  Yes#[ ]  No |
| **Cost estimate** | [ ]  Yes§[ ]  No | § Please specify the parameters in the table on page 2. |

**Please insert parameters for a cost estimate in the table:**

|  |
| --- |
| Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the textPlease click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text.Please click to enter the text. |

**Request for additional reference ranges / certificates of EQA**

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|  |  | To be completed by the UIMCL |
| **Analysis** | **Reference range / Certificate** | **Age** | **Gender** | **Reference range** | **Unit** |
| Please click to enter the text. | [ ]  Reference range[ ]  Certificate | To be completed by the UIMCL. | To be completed by the UIMCL. | To be completed by the UIMCL. | To be completed by the UIMCL. |
| Please click to enter the text. | ☐ Reference range☐ Certificate | To be completed by the UIMCL. | To be completed by the UIMCL. | To be completed by the UIMCL. | To be completed by the UIMCL. |
| Please click to enter the text. | ☐ Reference range☐ Certificate | To be completed by the UIMCL. | To be completed by the UIMCL. | To be completed by the UIMCL. | To be completed by the UIMCL. |
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| Please click to enter the text. | ☐ Reference range☐ Certificate | To be completed by the UIMCL. | To be completed by the UIMCL. | To be completed by the UIMCL. | To be completed by the UIMCL. |
|  |  | To be completed by the UIMCL.Date / Stamp / Signature |