



**UNIVERSITATEA DE MEDICINĂ ȘI FARMACIE
"CAROL DAVILA" din BUCUREȘTI**



Registration number

**TO THE ETHICS COMMISSION OF SCIENTIFIC RESEARCH
OF THE "CAROL DAVILA" UNIVERSITY OF MEDICINE AND PHARMACY**

The undersigned.....in the capacity of*)to
the discipline of , department, Faculty
..from UMF "Carol Davila" from Bucharest, please be kind enough to evaluate the working
protocol for the study

".....title of the study".

We attach the working protocol and all other relevant documents, for analysis by the Scientific
Research Ethics Commission of the UMF "Carol Davila" in Bucharest.

Contacts:

Phone:

E-mail:

Date

* în cazul doctoranzilor se va completa și cu numele conducătorului de doctorat