**Data Complete Confirmation (PI)**

**Completeness and accuracy of study data collected in the Clinical Data Management System (REDCap, secuTrial, WebSpirit)**

|  |  |
| --- | --- |
| Study: | *Name and Number* |
| Sponsor: | *Full Name* |
| Center: | *Full Name* |
| Principal Investigator: | *Full Name* |

The principal investigator confirms herewith, that the collected data for the above-mentioned study and of the above-mentioned center are correct and as complete as possible.

…………………………………………………………

Date and signature (PI)