**DSUR – submission for Belgium**

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| **Investigational Medicinal Product name(s):** |
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| **DSUR n°** | **Reporting period from** (dd/mm/jjjj) | **Reporting period to** (dd/mm/jjjj) |
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| **EudraCT of studies**  **ongoing in Belgium :** | **Only in Belgium** | **In multiple member states** |
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| **Sponsor information :** | | |
| Status | Commercial | Non commercial |
| Name of organisation |  | |
| Given name + Family name |  | |
| Street address + n° |  | |
| Postcode + Town/city |  | |
| Country |  | |
| Email address |  | |

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| **DSUR submitted by :** | |
| Name of organisation |  |
| Given name + Family name |  |
| Street address + n° |  |
| Postcode + Town/city |  |
| Country |  |
| Email address |  |
| Date of submission |  |

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| **Comments if necessary :** (addendum, correction, …) |
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