## Clinical study submitted by a ULB member to the Comité d'éthique de l'Hôpital universitaire de Bruxelles Commitment to the protection of personal data

Study title:	
Protocol number:	
Comité d'éthique H.U.B. reference (if known):	P202X/YYY - MDR XXX - CTIS XXX
Name of sponsor (if applicable):	
Name of ULB academic promotor:	
Name of student:	

I certify that any processing of personal data conducted during this clinical study will respect Regulation (EU) 2016/679 of the European Parliament and of the Council of April 27, 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data – General data protection regulation (GDPR) – and the Belgian law of July 30, 2018 on the protection of individuals with regard to the processing of personal data.

In particular, I undertake to comply with the principles of minimisation (collection of data that is strictly necessary for my study), purpose (processing of data solely for the purposes of the study), retention limitation (destruction of data when it is no longer necessary for the study) and transparency (correct and complete information to data subjects about the processing of their data) of the GDPR.

I also undertake to ensure the security of the personal data processed as part of my study, by complying with the ULB's institutional recommendations (Recommended IT practices for members of the university community handling personal data - Portail du personnel de l'ULB)

as well as the rules and recommendations laid down, where applicable, by the healthcare institution in which I will be carrying out my study. In particular, I will make every effort to pseudonymise the data and prevent the data subjects from being re-identified.

Finally, I undertake not to share the data collected except with the positive opinion of ULB's Data protection Unit (<u>rgpd@ulb.be</u>).

Insofar as this study is the responsibility of the ULB, I undertake to refer to its Data Protection Officer – <a href="regpd@ulb.be">rgpd@ulb.be</a> – any questions, security incidents or requests to exercise the rights of data subjects in relation to my study's personal data.

I understand that I am personally liable for any handling of data processed as part of my study if I fail to comply with the undertakings described above.

Date	Name of promotor
	Title
	Signature
Date	Name of student/researcher
	Signature