**SUPPORT TO CLINICAL ASSOCIATED GROUPS (AGA2025)**

**CALL 2025 – 2ND EDITION**

*Chief Physician Acceptance*

|  |  |
| --- | --- |
| **Candidate’s name** |  |
| **Candidate’s IRBLleida Group Leader** |  |
| **Candidate’s clinical service and Hospital** |  |
| **Chief Physician of the Candidate’s service** |  |

To the IRBLleida Management Office,

In my position as the Physician Responsible of the service where the candidate is enrolled in clinical assistance in the Hospital, I declare that I have been informed that the candidate submits a proposal to Support to Clinical Associated Groups (AGA2025) Call 2025.

At Lleida, (date of signature)

(Signature)