

Confirmation of Legal & Ethical Compliance to use the European Registry Software

I confirm that the legal and ethical requirements of my country have been satisfied for using the ECFS European Registry software.

Centre name, hospital, city and country	
Name of center director	
Name of Registry administrator for centre (if not the center director):	
Email address of Administrator	
Postal address	
FAX number	
Country	

Signature of center registry administrator: _____

Date of signature:.....

In case your country wants a country administrator, please confirm below that you accept this person as your country administrator with access to anonymous data.

Name of appointed country administrator:

Email of appointed country administrator:

I hereby confirm, that I accept the above person as country administrator

Signature of centre registry administrator:
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