**Confirmation of Legal & Ethical Compliance**

**to export data to**

**the European Cystic Fibrosis Society Patient Registry (ECFSPR)**

(The information requested below should be given by all centres who wish to join the European Cystic Fibrosis Society Patient Registry (ECFSPR).

I confirm that the legal and ethical requirements of my country have been satisfied with regard to the use of the ECFSPR software.

|  |  |
| --- | --- |
| **Country** |  |
| **City** |  |
| **Centre Name** (Full Hospital and Department name – specify Adults/Children/r both) |  |
| **Name of Centre Director** |  |
| **Name of Registry Administrator for Centre** |  |
| **Email address Registry Administrator**  |  |
| **Telephone No. Registry Administrator** |  |
| **Postal Address of Centre** |  |

**Signature of Centre Registry Administrator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the case your country has a country administrator, please confirm here that you accept the person nominated below as your country administrator with access to pseudonymised data.

**Name of appointed Country Coordinator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address Country Coordinator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby confirm that I accept the above person as country administrator.**

**Signature of Centre Registry Administrator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please sign and send a signed copy of this form by email to:* ecfs-pr@uzleuven.be.