**Confirmation of Legal & Ethical Compliance**

**to export data to**

**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 |  |
| Name of National CF Registry |  |
| Name of Registry Director |  |
| Name of the person responsible for data export (here called the “Registry Administrator”)  |  |
| Email address Registry Administrator  |  |
| Telephone No. Registry Administrator  |  |
| Postal Address of National CF Registry |  |

**Signature of Registry Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Registry Administrator (if not Registry Director)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please sign and scan and send an electronic copy of this form along with the following documents by email to the Executive Coordinator,* *ecfs-pr@uzleuven.be**:*

Confirmation that the data you report to the ECFSPR has been collected according to your national data protection laws, and that you are allowed to forward these psuedonimysed data to the ECFSPR:

1. Permission from the data protection agency, preferably in English, but if not, then in original with a translation by the person requesting the data transfer
2. Ethical approval if required for your country, preferably in English, but if not then in original with a translation by the person requesting the access.