

Confirmation of Legal & Ethical Compliance to export data to the ECFS Patient Registry

(The information requested below should be given by all centres who wish to join the ECFS Patient Registry).

I confirm that the legal and ethical requirements of my country have been satisfied with regard to the use of the European CF Patient Registry 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	
Name of IT support contact	
Email address IT support	
Telephone no. IT support	
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 anonymous 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 scan and send an electronic copy (pdf) of this form by email to: ecfs-pr@uzleuven.be.