



## Confirmation of Legal & Ethical Compliance to use the ECFS Patient Registry Software

(The information below should be given for all centers willing to join the European CF Society Patient Registry)

I confirm that the legal and ethical requirements of my country have been satisfied for using the ECFS Patient 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	
Name of IT Specialist contact person	
Email address of IT Specialist contact person	
FAX number	
Country	

Signature of center registry administrator:

\_\_\_\_\_

Date of signature:.....



## Confirmation of Legal & Ethical compliance to use the ECFR software

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: .....