



## 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.

<b>Country</b>	
<b>City</b>	
<b>Centre Name</b> (Full Hospital and Department name – specify Adults/Children/r both)	
<b>Name of Centre Director</b>	
<b>Name of Registry Administrator for Centre</b>	
<b>Email address Registry Administrator</b>	
<b>Telephone No. Registry Administrator</b>	
<b>Name of IT support contact</b>	
<b>Email address IT support</b>	
<b>Telephone no. IT support</b>	
<b>Postal Address of Centre</b>	

**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](mailto:ecfs-pr@uzleuven.be).