

EBMT- ESH Outreach Survey for lower income* countries



1. Your contact details

Name: Address:
 E-mail:
 EBMT CIC: Fax:

Does your centre perform: **Allo transplants?**: Yes No City: Postcode:
Auto transplants?: Yes No Country:

For EBMT members: who pays your membership fee? I do / My hospital / My university / A corporate supporter / Other: please specify:

2. Activities

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|--|--------|--|--------|
| a) Has your centre participated in the EBMT Activity Survey (the Gratwohl Survey)? | Yes No | e) Do you have the EBMT-ESH handbook? | Yes No |
| b) Has your centre participated in an EBMT study / clinical trial? | Yes No | f) Did you attend the last EBMT Annual Meeting? | Yes No |
| c) Have you collaborated with an EBMT working party? | Yes No | g) Has your centre submitted abstracts to the Annual Meeting? | Yes No |
| d) Would you like to become more actively involved in Working Party activities? | Yes No | h) Have you participated in any EBMT / ESH training courses? | Yes No |
| If yes, please specify: | | i) Have you participated in any other ESH activities? | Yes No |
| | | j) Would you like to become more involved in EBMT/ESH meetings and training courses? | Yes No |
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Which factors would increase your involvement?

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3. Evaluation of outreach activities

We need your help to ensure that we focus our activities on the areas of greatest interest.

a). Areas that other centres may be able to help with:

Please number the following activities (1-10) in order of importance to your unit:
 (Rating: 1 = most important, 10 = least important)

Activity	Rating
I. Clinical training	
Medical (junior):	
Medical (senior):	
Nursing:	
I. Technical training for diagnosis/support:	
II. Technical training in new developments:	
III. Basic science training:	
IV. Statistical training and data management support:	
V. Help in preparation for accreditation procedures:	
VI. Support for participation in clinical trials:	
VII. Provision of drugs:	

b). Areas the EBMT / ESH may be able to help with:

Please number the following activities (1-4) in order of importance to your unit:
(Rating: 1 = most important, 4 = least important)

<u>Activity:</u>	<u>Rating</u>
I. Subsidised subscriptions to medical journals:	
II. Grants to attend training courses:	
III. Travel grants to attend working party meetings:	
IV. Travel grants to present abstracts at annual meetings:	

c). Training: please specify areas of interest e.g. viral detection, chimerism studies, MRD, immunotherapy, gene therapy:

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d). Other suggestions for activities:

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4. Twin Centres project

This proposal, if desired, would link an established centre with a unit in a lower income country*. The "twins" develop joint projects e.g. educational exchanges, joint studies and provide mutual support and guidance.

a. Previous experience

I. Has your centre / individuals in your centre been involved in a similar scheme? Yes No (please go to part b directly)

II. Partner institution:

III. Dates of partnership: From: To:

IV. Organising association (if applicable):

V. Please specify activities undertaken:

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VI. How would you rate the experience: Extremely positive Satisfactory Unsatisfactory

VII. Additional comments:

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b. Future interest

I. Are you interested in becoming a Twin Centre? Yes No

II. Is there a particular centre/country you would be interested in linking with?

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III. Please specify in which languages you can work?

IV. What types of activities would you like to be involved in?

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**Please return by fax to the EBMT Secretariat: 00-34-93-453-1263
or e-mail: info@ebmt.org**