

## Request for the EBMT to share patient outcome data with the Eurocord Registry

*Centres must be paying members of the EBMT to make this request*

**EBMT CIC code:** \_\_\_\_\_

I request that the EBMT share with Eurocord registry, and until further notice\*, MED-AB data of patients transplanted in our centre with cord blood.

- I request that the EBMT share MED-AB data of our centre with Eurocord
- We do not want that the EBMT share MED-AB data of our centre with Eurocord

*\* The request will need to be renewed every 5 years or on the appointment of a new Principal investigator at the centre.*

I understand that the Eurocord registry will share the items listed in the [Eurocord EBMT Letter](#) with the cord blood bank supplying the cells.

Name of the Principal Investigator \_\_\_\_\_

(please print)

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

This form must be signed by the **Principal Investigator of the centre as s/he appears in the EBMT Membership List**. If the Principal Investigator has changed, please ensure it has been updated in the EBMT membership list before submitting this form. Unsigned forms will not be accepted.

**IMPORTANT NOTE:** It is the responsibility of the centre to ensure that the request conforms to the consent signed by the patient regarding data transmission.

Please print and return this form:

either by fax to: +44 20 7188 8411

or a scanned copy by e-mail: [registryhelpdesk@ebmt.org](mailto:registryhelpdesk@ebmt.org)