

Request for centre data to be seen by other organisations

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

(specify name of society or entity)

(specify the assigned 4 digit CIC if known)

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

Period of sharing:

Until further notice*

Until: Specify date

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

EBMT CIC: 0 _ _ _

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.

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

Please return this form to:

fax to: +44 20 7188 8411

scanned by e-mail: registryhelpdesk@ebmt.org

signed copy by post to:

EBMT Central Registry Office
4th Floor Tabard House, Talbot Yard
Guy's Hospital
Great Maze Pond
LONDON SE1 9RTUK