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