

Name of Document: F-012-01-Request for Data Entry to EBMT Registry.docx Approved by: I. Bargallo Author: C. Ruiz de Elvira	Creation date: 18/06/2018 Effective date: 20/06/2018 Review date: n/a Modification: 23/05/2019	 EBMT European Society for Blood and Marrow Transplantation
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PROMISE: PERSONAL PASSWORD REQUEST – DATA ENTRY

(Please complete this form, save it and print it. **ALL USERS MUST SIGN IN THE TABLE BELOW. Have it signed at the end by the PI of your centre. Scan and email to registryhelpdesk@ebmt.org or fax to +44 207 188 8411)**

Are you a member of the EBMT? Yes No Not applicable

Centres and other institutions must usually be members of the EBMT to make this request. This does not apply to selected national registries. If you are not a member, please contact the EBMT before requesting access.

Full Name of Your Centre / Study Coordination Office / National Registry:

CIC Code:

I request to **ADD data entry** access to **ProMISe** for the following persons:
Ensure writing is legible, otherwise we will not be able to contact you

Name(s)	Email	Role (Data Manager, Nurse, Physician etc)	Signature (REQUIRED)

By signing this form I confirm my wish to register as an EBMT Registry database user. This will be used only for the purposes of maintenance of this service which includes communications and updates regarding the database. The personal data provided will be processed according to the General Data Protection Regulation (GDPR 2016/679) and stored in an electronic database located in the EEA (European Economic Area) or in countries that are provided with the same level of protection for privacy such as countries that adhere to EU-US and Swiss-US Privacy Shield Frameworks . Data Subjects have the right of access, rectification of his/her personal data and to withdraw consent. If as a Data Subject you wish to exercise any of the rights listed above, please write to data.protection@ebmt.org. For further information please go to the Privacy Policy.<http://www.ebmt.org/privacy-policy>

REMOVAL request of access to **ProMISe** for the following person(s):

Name(s)	Removal Date (if applicable)

Please note: accounts that remain unused for 18 months will be automatically deleted

MEMBER CENTRES OF A NATIONAL REGISTRY SHOULD TICK THIS BOX IF THEY WOULD LIKE THEIR NATIONAL REGISTRY TO ACCESS DATA ENTERED IN THE EBMT DATABASE:

I allow my national registry to view/edit my data –

Please specify name of registry: _____

I confirm that all users will comply with the General Data Protection Regulation (GDPR 2016/679) in all aspects relating to the transfer of data to the EBMT. In particular, I confirm that all patients whose registrations are being forwarded to the EBMT have given consent for the data to be sent to the EBMT by signing a Patient Consent Form for Data Registration.

I have read and accept the conditions of use. I acknowledge that each named individual will receive a personal username and password, which cannot be transferred.

PRINT NAME (OF PRINCIPAL INVESTIGATOR):

Signed: _____ Date: _____

(Principal Investigator of the centre, Working Party Chair or Director of the National Registry as shown in the membership list: <https://www.ebmt.org/ebmt-membership-list>)

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ProMISe: Conditions of Use

ProMISe is offered on condition that the service is used for legitimate, authorised purposes only. The main purpose of these regulations is to encourage the responsible use of facilities; to maximise the availability of resource for legitimate purposes; and to minimise exposure to misuse from inside or outside EBMT.

ProMISe users must:

1. Respect the copyright of all materials and software that are made available by EBMT for authorised use;
2. Familiarise themselves with and comply with the requirements of the Data Protection laws in existence in each individual country and the General Data Protection Regulation (GDPR 2016/679). *Data Protection laws protect individuals against the unauthorised use or disclosure of their data. The misuse or disclosure of an individual's data may amount to a criminal offence.*
3. Immediately inform the EBMT if a password holder leaves the department, requesting cancellation of the individual password.

ProMISe users must not:

4. Use the facilities in such a way as to risk or to cause loss, damage or destruction of data or breaches of confidentiality of data;
EBMT undertakes to provide appropriate security measures to limit the likelihood of such occurrences. EBMT cannot give any warranty or undertaking about the integrity of information.
5. Disclose passwords to others, or use passwords belonging to others;

The access request form signed by Principal Investigators explicitly binds them to abide by EBMT regulations.

In all cases the act of registering as a user of **ProMISe** implies acceptance of the conditions of use given above and compliance with these regulations.