## CASTOR EDC PERSONAL PASSWORD REQUEST - DATA ENTRY

**NOTE:** Only forms that have been completed fully, legibly and correctly will be processed. All completed forms must be emailed to cellulartherapyhelpdesk@ebmt.org.

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| --- | --- |
| **Your** **CIC Code** | **Full Name of the Centre / Working Party / Office / National Registry / Study Group you work for** |
|  |  |

I request the **CREATION** of **DATA ENTRY** access to Castor EDC for the following persons:

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename & Surname**(Full details required) | **Email**(work email required) | **Job Role** (e.g. Data Manager, Physician, Nurse) | **Signature** |
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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. 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 on **www.ebmt.org/privacy-policy**

I request the **REMOVAL** of **DATA ENTRY** access to Castor EDC for the following persons:

|  |  |
| --- | --- |
| **Forename & Surname**(Full details required) | **Removal Date**(The removal date cannot be in the past) |
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| **For PIs of Member Centres of a National Registry ONLY – Tick & Complete as appropriate** |
| I allow my National Registry to access/view/edit my Centre’s data (**tick √**) Yes **□** No **□**Name of National Registry you want your Centre to share data with**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **REQUESTOR CONFIRMATION & DETAILS****NOTE:** The Requestor can **ONLY** be a Centre PI, National Registry Director, Working Party Chair, Study Group PI, the EBMT Registry Director or the EBMT Clinical Research Director, as shown in the EBMT Membership Database. | **TICK** √ |
| 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 Consent form for sharing data with EBMT and Collaboration partners. | **□**  |
| I have read and accept the Castor EDC Conditions of Use. I acknowledge that each named individual in this form will receive a personal username and password, which cannot be transferred. | **□**  |
| **Full Name:** | **Signature:** |
| **Position:** | **Date:** |

**Castor EDC Conditions of Use**

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

Castor EDC 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).

**NOTE:** *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.*

1. Immediately inform the EBMT Registry if they need to cancel their User access to Castor EDC.

Castor EDC Users must not:

1. Use Castor EDC in such a way as to risk or to cause loss, damage or destruction of data or breaches of confidentiality of data.

**NOTE:** *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.*

1. Disclose passwords to others, or use passwords belonging to others.

The signing of a Castor EDC Personal Password Request – Data Entry form by Requestors and future Castor EDC Users binds signatories to abide by the Castor EDC Conditions of Use. In all cases the act of registering as a User of Castor EDC implies acceptance of the Castor EDC Conditions of Use stipulated above and compliance with these conditions.