

Name of Document: ATG vs PT-Cy in 1 MMUD (2019-R-05) - Participation form Approved by: Author: Iris Bargalló	Creation date: 10/01/2019 Effective date: Review date: n/a Modification: n/a	
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PARTICIPATION FORM
EBMT LWP study code: 2019-R-05

1. Name of the study

A Comparison between ATG and PT-CY graft-versus-host-disease prophylaxis in patients with lymphoma undergoing reduced intensity conditioning regimen HSCT from 1 antigen MMUD

2. Centre

Centre	
Name	
CIC	
Physician in charge of the study in the centre <i>(If applicable, this would be the author in any publication that follows from this study.)</i> See Authorship Guidelines for EBMT publications)	
Name:	
E-mail :	
Data manager in charge of collecting data	
Name:	
Tel :	
E-mail :	

By signing this form I understand that my personal data will be used only for the purposes of participation in this study which includes communications and updates regarding the study. 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. <http://www.ebmt.org/privacy-policy>

3. Deadlines

Deadline for agreement :	July 31 th , 2020
Deadline for data collection :	September 30 th , 2020

4. Participation

Are you willing to fill in additional information and to complete MED-B information for this study?

YES* **NO**

** the study specific questionnaire will be sent at receipt of the completed "Participation form"*

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IDENTIFICATION & SIGNATURE

When participating:

For Retrospective Studies




In compliance with the General Data Protection Regulation (GDPR 2016/679), I confirm that all patients whose registrations were forwarded to the EBMT have given consent for the data to be sent to the EBMT by signing a Informed Consent Form For Data Registration With EBMT.

I confirm that I will comply with the General Data Protection Regulation (GDPR 2016/679) in all aspects relating to the transfer of patient 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 Informed Consent Form.

Signature:

Name:

Please reply before July 31th, 2020 to: **Hervé Finel**

 : EBMT Study Office 184, rue du Faubourg Saint-Antoine 75012 PARIS	 : herve.finel@upmc.fr  : +33.1.71.97.04.88
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