

Request for the EBMT to share patient outcome data with the Eurocord Registry

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

EBMT CIC code: _____

I request that the EBMT share with Eurocord registry, and until further notice*, MED-AB data of patients transplanted in our centre with cord blood.

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

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

I understand that the Eurocord registry will share the items listed in the [Eurocord EBMT Letter](#) with the cord blood bank supplying the cells.

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. Unsigned forms will not be accepted.

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

Please print and return this form:

by fax to: +44 20 7188 8411

by mail to: EBMT Central Registry Office
4th Floor Tabard House, Talbot Yard,
Guy's Hospital
St Thomas Street
LONDON SE1 1YF

a scanned copy by e-mail: jude.aben@ebmt.org