



**Confirmation of Legal & Ethical Compliance  
to export data to the European Cystic Fibrosis Society Patient Registry (ECFSPR)**

*The information requested below must be given by all centres who wish to join the European Cystic Fibrosis Society Patient Registry (ECFSPR).*

I confirm that the legal and ethical requirements of my country have been satisfied with regard to the use of the ECFSPR software.

|   |  |
|---|--|
| Country   |  |
| City  |  |
| Centre Name<br>(Full Hospital and Department name – specify Adults/Children/both) |  |
| Name of Centre Director   |  |
| Name of Registry Administrator for Centre   |  |
| Email address Registry Administrator  |  |
| Telephone No. Registry Administrator  |  |
| Postal Address of Centre  |  |

Signature of Centre Registry Administrator: .....

Date of Signature:.....

Please confirm that you accept the person named below as your country coordinator, if relevant, with access to pseudonymised national data.

Name of appointed Country Coordinator:

Email address Country Coordinator:

I hereby confirm that I accept the above person as Country Coordinator:

Signature of Centre Registry Administrator: .....

Date of Signature:.....

*Please send a signed electronic copy of this form by email to: [operationsmanager@ecfregistry.eu](mailto:operationsmanager@ecfregistry.eu)*