

EUPHAS 2 PROJECT ADHESION MODULE

Fax: +390110708005

Email:contact@euphas2.eu

Spett. Scientific Steering Committe EUPHAS 2 Project

I (Full Name),

on behalf of the Unit/Ward.....

at the Hospital

formally request that my unit participate in the EUPHAS 2 project.

I declare that:

- I accept the case report form, which is to be used for data collection, and all rules regarding the management and data analysis described in the study protocol.
- After registration, I hereby declare that I will notify to The Ethics Committee of my Hospital to inform them of our participation in this project*.
- I will promptly inform the SCC if my Ethics Committee should provide any objection to the project.
- appoint the following person as coordinator and point of contact for the management of this project in our unit:
 - - Name and Surname
 - E-mail
 - Phone Number.....

Date

Sign and stamp

.....

- * The SSC will include patients in the official database only after the 60 days required for the silent-consent of the Local Ethics Committee.