**JRC - Central Registry**

european surveillance of congenital anomalies



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| **EUROCAT Data Request - Registry Participation Form (v.13.03.2017)** |

This Registry Participation Form has been prepared in accordance with the JRC-EUROCAT Collaboration Agreement.

**Title of the Project:**

**Permission Decision** – *please tick the appropriate box*:

**I give permission**

**I do not give permission**

for the data from my registry held at Central Registry to be transmitted to the Lead Investigator of the above titled project to conduct the study outlined in the corresponding JRC-EUROCAT Data Request Form and described in the accompanying study protocol **(if not explain why below).**

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*I agree for the ICD9/ICD10 codes and the variables specifically requested on the corresponding JRC-EUROCAT Data Request Form to be included (please make relevant comments below or list any exceptions to this with an explanation below):*

**Registry Name**:

**Registry Leader Name** (print and sign):

**Date**:

**Deadline for reply:**