

Procedure for Study Groups / Societies who wish to access the EBMT Registry Database (ProMISe: MED-AB)

Thank you for your interest in the EBMT database. In order to make the MED-AB data available to your group, we require a signed consent from each centre involved in the study group. The **attached consent form** must be signed by the Principal investigator of each EBMT centre.

Once all forms have been received at the Registry office, we will create a virtual database for your group allowing you to download these data in one go and at your leisure. In order to do this, you will need to assign the responsibility of downloading the data to a member of your team. We recommend that this person is familiar with the database and ideally they should have been trained in using the ProMISe system.

For your named individual(s) we require an application for data download (<http://www.ebmt.org/4Registry/registry4.html#passwords>) with details of the CIC code of the study group. The named individual(s) will have the possibility of downloading the data and the form has to be signed by the Principal Investigator of your study group.

Alternatively, if you prefer not to assign a person to download the data directly, you can ask us to provide you with a data export, however we must have a very clear description of the database items to be downloaded and for which population, since we cannot accommodate continuous requests. For more information on database content please view our data collection forms: <http://www.ebmt.org/4Registry/registry3.html>

If you have any questions on the above please contact the [Registry Helpdesk](#)



Permission form for the EBMT to allow centre data to be seen by other organisations

I give my permission to the EBMT to share MED-AB data of our centre with our national registry / health authority / study group:

(specify name of society or entity)

Data to be shared:

Any data as requested by the above society or entity
Only items listed in the attached document

Period of sharing:

Until further notice
Until: Specify date

EBMT CIC code: _ _ _

This form must be signed by the Principal Investigator of the centre as s/he appears in the EBMT Membership List.

PRINT NAME: _____ (Principal Investigator)

Signed: _____ Date: _____

(Please return this form to: EBMT Central Registry Office, London, Fax +44 20 7188 8411)