**Participation Form**

*This participation form counts as a declaration of participation for the registry in question*

|  |
| --- |
| Name institution: |
| Address: |
| Post Code: |
| Town/City: |
| Country:  |
| CIC hospital number (if known, else contact service desk to provide you with one):  |

**Please check the box(es) for the type of account(s) you would like to request in-log details for. Please tick both if you would like to apply for both.**

Batch-account \* Registry account (Survey)\*\*

\* Through batch-accounts, you can deliver the required data for the registry in bulk to MRDM. To do a batch delivery, you are requested to use the data dictionary. The data dictionary provides the data structure that is needed per question.

\*\* Using the Survey account, you can manually enter data directly into the registry system. The required data can be entered in different stages. The system will lead you though the questions.

**Please note the unique healthcare provider code for your hospital in your country**

**Name contact person**

|  |
| --- |
|  |

*The designated contact person from the hospital should send this form to* *servicedesk@mrdm.nl**. In this way, we know that the contact person is aware of the accounts that are being requested for their hospital.*

**Participants registry**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **First name or initials** | **m/f** | **Registry in question** | **Job funtion** | **Department** | **Direct phone number** | **Mobile phone number\*** | **Email address\*\*** | **Contactperson yes/no\*\*\*** |
| 1. |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |

**\* Mobile phone number is only compulsory when you request a batch-account. For a registry account the mobile phone number is not compulsory but needed when you request an export file. The process will be sped up when you provide us with your mobile phone number in this form.
\*\* The email address should belong to the institution and be retraceable to a person. For example:** **name@organization.com** **\*\*\* The contact person is the person who is responsible for the entire registry (1 primary contact person and 1 back-up contact person).**

* By filling out and returning this form, you give consent that MRDM can use this data
* The purpose of using the data is restricted to communication about your participation in the registry(ies), for which there is a collaboration between your organization and MRDM.
* The persons that are known to us via this form, can at all times request the service desk to rectify, delete or request the data that is known to us
* The data will not be further distributed to third parties and will be saved by MRDM to the extend there is a collaboration between your organization and MRDM
* MRDM is ISO 27001:2013 and NEN 7510:2011 certified, and thus safeguards the safe processing of personal data.

Please return the filled out form (preferably digitally) to:

Per email: servicedesk@mrdm.nl

Per post:

Dit formulier graag invullen (bij voorkeur op de computer) en retourneren aan:

Per mail: servicedesk@mrdm.nl

Per post: Participation registry

 Postbus 90

 7400 AB DEVENTER

 The Netherlands

