



FOR SFGM CENTRES*

PROMISE: PERSONAL PASSWORD REQUEST – DATA ENTRY

(Please return this form to: SFGM-TC, Fax +33 1 48 22 66 58)

Full Address of Your Centre:

CIC Code:

I request to **ADD** data entry access to ProMISe for the following person(s):

Name	Fax	Email	Role (Data Manager, Nurse, Physician etc)

I request to **REMOVE** data entry access to ProMISe for the following person(s):

Names:
Please give date for removal if applicable:

Please note: usernames that remain unused for 18 months will be automatically deleted

I confirm that I will comply with the Data Directive 95/46/EC in all aspects relating to the transfer of data to the EBMT. In particular, I confirm that all patients whose registrations are being forwarded to the EBMT have given consent for the data to be sent to the EBMT by signing a Patient Consent Form for Data Registration.

I have read and accept the conditions of use. I acknowledge that each named individual will receive a personal username and password, which cannot be transferred.

* I allow the SFGM to see and edit my data – **please tick this checkbox before signing**

PRINT NAME: _____ (Principal Investigator)

(To be authorised by the head of the Centre as shown in the membership list: <http://www.ebmt.org>)

Signed: _____ Date: _____
(Principal Investigator)