



Cooperative European Pediatric Transplant Initiative Liver (CERTAIN-LI) Registry – User Registration Form –

In order to use the CERTAIN-LI Registry, you must at first apply for a CERTAIN-LI Registry user account and agree to the privacy policy and service agreement. To apply for the account, please fill out this form and sign it. Then either sent it via mail, fax it to the given number or scan and email it to the registry headquarters:

Dipl.-Inform. Med.
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User Details *(The attributes in bold type are mandatory.)*

Title:

First name:

Last name:

Birthdate:

Phone number:

Fax:

Mobile number:

eMail:

Newsletter: **Yes** **No**

By subscription of the email newsletter you will be informed about ongoing registry-specific studies, analyses, developments, news and upcoming conferences. Under "My account" unsubscription is possible at any time.

Website:

User Role

- Study Nurse
- Clinician
- Supervising Clinician
- Steering Committee Member

Center

Name:

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Address

Name:

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Street address:

City:

Postcode:

Country:

By signing this form you are accepting the CERTAIN-LI Registry privacy policy and service agreement.

Date:

Signature: