



BSPAR Biologics and New Drugs Registry (BNDR)

May 2005, Version 2

BNDR Contributing Centre Form

CONTRIBUTING CENTRE INFORMATION

DATE COMPLETED: _____

CENTRE NAME: _____

ADDRESS: _____

-

POSTCODE: _____ **FAX:** _____

DEPARTMENT TELEPHONE: _____

PARTICIPATING CONSULTANTS:

NAME	POST	TEL	EMAIL	DATA ACCESS*
1				FULL ACCESS/ READ-ONLY
2				FULL ACCESS/ READ-ONLY
3				FULL ACCESS/ READ-ONLY
4				FULL ACCESS/ READ-ONLY

*PLEASE DELETE AS APPROPRIATE

PLEASE INDICATE WHO WILL BE THE MAIN EMAIL CONTACT FOR YOUR CENTRE:

PARTICIPATING TEAM MEMBERS (EG RESEARCH OR SPECIALIST NURSE/ADMINISTRATOR OR SECRETARY)

PLEASE KEEP ORIGINAL SIGNED COPY FOR YOUR RECORDS

	<u>SIGNATURE</u>	<u>TEL</u>	<u>E-MAIL</u>	<u>ROLE (PLEASE DELETE AS APPROPRIATE)</u>	<u>DATA ACCESS (PLEASE DELETE AS APPROPRIATE)</u>	<u>PARTICIPATING CONSULTANT SIGNATURE</u>
1. NAME 1. POST				(CONSENT/ DATA COLLECTION/ DATA ENTRY/ ADMINISTRATION/ OTHER : _____)	FULL ACCESS / READ-ONLY	
2. NAME 2. POST				(CONSENT/ DATA COLLECTION/ DATA ENTRY/ ADMINISTRATION/ OTHER : _____)	FULL ACCESS / READ-ONLY	
3. NAME 3. POST				(CONSENT/ DATA COLLECTION/ DATA ENTRY/ ADMINISTRATION/ OTHER : _____)	FULL ACCESS / READ-ONLY	
4. NAME 4. POST				(CONSENT/ DATA COLLECTION/ DATA ENTRY/ ADMINISTRATION/ OTHER : _____)	FULL ACCESS / READ-ONLY	

LRCC INFORMATION

LOCAL REC NAME: _____

DATE APPROVED RECEIVED: - - (DD-MM-YYYY)

(COPY OF APPROVAL LETTER SENT TO BSPAR REGISTER?)

YES / NO (DELETE AS APPROPRIATE)

DATE SENT: - - (DD-MM-YYYY)

ALL PERSONAL DATA PROVIDED BY YOU WILL BE TREATED STRICTLY IN ACCORDANCE WITH THE TERMS OF THE DATA PROTECTION ACT. WE WILL NOT DISCLOSE YOUR PERSONAL DATA TO ANY THIRD PARTY WITHOUT YOUR EXPRESS CONSENT.

BSPAR BIOLOGICS AND NEW DRUGS REGISTRY

PLEASE KEEP SIGNED ORIGINAL FOR YOUR STUDY RECORDS.

SEND A COPY TO MRS BEV THOMAS, BSPAR BIOLOGICS AND NEW DRUGS REGISTRY, INSTITUTE OF CHILD HEALTH, BIRMINGHAM CHILDREN'S HOSPITAL - NHS TRUST, WHITTALL STREET, BIRMINGHAM, B4 6NH - FAX 0121 333 8671