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 (<http://certainli-registry.eu/privacy>). 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:

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**User Details** (*The attributes in bold type are mandatory.*)

|  |  |  |
| --- | --- | --- |
| Title: | Enter text or leave empty | **User role** |
| **First name:** | Enter text | Data manager |
| **Last name:** | Enter text | Clinician |
| Birthday: | Select or enter date or leave empty | Supervising clinician |
| **Phone number:** | Enter number | Steering committee member |
| Fax: | Enter number or leave empty |  |
| Mobile number: | Enter number or leave empty |  |
| **eMail**: | Enter text |  |
| **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: | Enter text or leave empty. |  |

**Centre / Address**

|  |  |
| --- | --- |
| **Name:** | Enter text |
| **Street address:** | Enter text |
| **City:** | Enter text |
| **Postcode:** | Enter text |
| **Country:** | Enter text |

**By signing this form, you are accepting the CERTAIN-LI registry privacy policy.**

|  |  |
| --- | --- |
| **Date:** Select or enter date | **Signature:** |