

HDC ADDITIONAL LOCAL PARTICIPANTS FORM

Instructions: These data are required for administrative purposes.

Please send or fax to: HOVON Data Center, Erasmus MC Cancer Institute, Clinical Trial Center (Hs-423), P.O. Box 2040, NL-3000 CA Rotterdam
Fax +31.10.7041028

Please fill out this form if you wish to add people to the list of participants for your center. Always specify the type of information that is requested for each person. For persons that are not yet known to the HDC, please fill out complete address information on the "HOVON address form".

HOVON study name:	.....
Hospital:	.....
City:	.....
Location(s)*:	.....
<i>*if your center has more than one location that is participating, please specify for which location(s) the person must be added.</i>	
Form completed by: (name, function)	.....
Form completed on: (date)	|_|_|||_|_|||_|_|_|
Persons to be added	
Name:	.....
e-mail:	.....
Function in this trial:	.....
Requested information:	<input type="radio"/> e-mail notification of registration / randomization of patients <input type="radio"/> notification of changes in study (amendments, end of inclusion, etc.) – by e-mail only
Name:	.....
e-mail:	.....
Function in this trial:	.....
Requested information:	<input type="radio"/> e-mail notification of registration / randomization of patients <input type="radio"/> notification of changes in study (amendments, end of inclusion, etc.) – by e-mail only
Name:	.....
e-mail:	.....
Function in this trial:	.....
Requested information:	<input type="radio"/> e-mail notification of registration / randomization of patients <input type="radio"/> notification of changes in study (amendments, end of inclusion, etc.) – by e-mail only