



Registration Form



ADULT CARDIAC DATABASE

QUIP ADULT CARDIAC DATABASE (ACD):

Cardio-Thoracic Surgery Centre.

I confirm that I have read the QUIP Adult Cardiac Database Founding Charter and agree to its terms. In particular I confirm that:

- I am aware that the collective information submitted will be used to produce and disseminate details of the outcomes for patients with the characteristics, and for the procedures, recorded on the ACD.
- I am aware that in addition, the contents of the ACD will be made available for research purposes.
- I am aware of my responsibility to ensure that the information submitted is accurate, complete and robust.
- I am aware of my responsibility to comply with any applicable local laws and procedures.
- I am aware of my responsibility to register the project with the relevant institutional and/or local ethics, audit, or research committee for the purposes of project approval.
- I am properly authorised by the relevant Participator to submit the data.
- I understand that the Database does not contain surgeon-specific data, that the units are anonymised and that EACTS intends that it should remain so. However I am aware that no system of security is infallible and of the possibility that with external information the outcomes of identifiable surgeons could theoretically be revealed.
- I am aware of the Security Policy presently being followed to protect the ACD [Founding Charter: Appendix 2] and that this may be modified from time to time by the managers of the ACD in order to protect the security of the data.
- I confirm that the information submitted relates only to surgeons who have been informed of and consent to the possibility that the data held on the ACD may occasionally permit the surgical outcomes of identifiable surgeons to be known.

Authorised Signature:	
Date:	
Name of Signatory:	
Job Title:	
Email Address:	
CENTRE	
Name:	
Address:	
Country:	