



Application for admission to registries at the Childhood Cancer Epidemiology Group (CCEG)

Request for a subscriber certificate to be able to login to the registries.

Fill in identification and a general admission request or a specified admission request. If the main intention is to report and update patients treated at your hospital fill in the general admission request, otherwise fill in the specified admission request.

Identification for subscriber certificate

Applicants active at more than one location need to fill in more than one application.
All fields are required.

Family name	
First name	
Identification (see Appendix Identification)	Date of Birth (yyyy-mm-dd)
Hospital (see Appendix Hospital)	
Position Physician Research nurse Research secretary Monitor Researcher Lab Administrator	
E-mail (see Appendix E-mail)	
Office address	
Fax number (incl. nat. dialing code)	Telephone work (incl. nat. dialing code)

Registered by

Registration Date

Signature of coordinator at CCEG

Approval date

Application Approved by CCEG

Yes

No



General admission request

To make a request of general admission to applicable registries please tick appropriate box to specify main purpose of registry activity. If the access is to be restricted please make specified admission request!

	Reporting and updating all patients treated at hospital
	Reporting results from laboratory

Subscriber agreement

- I hereby certify that the given information above is correct and complete. If the information changes CCEG RA must be informed.
- I give my consent to log my activities in the registries.
- I consent to publish the certificate at KI CA website.
- I will handle the certificate and the private key in secure fashion.
- The certificate is for my personal usage only.
- I will only install the certificate in computers in my control that requires password at login.
- If the certificate is on removable media the media shall be encrypted.
- If the certificate has been lost or in other ways been compromised I will inform the CCEG RA within 24hours.

Date (yyyy-mm-dd)	Signature
	Printed signature

Verification Letter

As Sponsor I hereby certify that I have identified

(name, identification)

with a valid, certified and commonly recognized picture-type identification.

I also certify that the person is authorized to admit the registries she/he has applied for.

I hereby certify that the given information as sponsor above is correct and complete.

Date (yyyy-mm-dd)	Hospital
Position	
Signature	
Printed signature	

Postal address
Childhood Cancer Research Unit
Q6:05, Astrid Lindgren's
Children's Hospital
SE-171 76

Org.nummer. 202100 2973

Visiting address
Childhood Cancer
Research Unit
Q6:05, Astrid
Lindgren's Children's
Hospital / Karolinska
University Hospital
Stockholm

Telephone
+46-8-517 729 95

Fax
+46-8-517 731 84

Web
www.cceg.ki.se
info-cccg@kbh.ki.se



Specified admission request

If you request admission to dataset(s) of certain characteristics please make a description of the dataset in the field for additional information.

Main purpose of registry activity (tick appropriate boxes).

	Reporting and updating of only specific patients treated at hospital
	Retrieving data for scientific analysis or reporting
	Monitoring study/registry
	Other

Registry list (tick appropriate boxes).

Nopho registries	
	ALL Acute Lymphoblastic Leukemia 1982 – 2008
	ALL-2008 Acute Lymphoblastic Leukemia 2008-
	AML Acute Myeloid Leukemia 1982 -
	KML Chronic Myelogenous Leukemia
	MRD Minimal Residual Disease
	NHL Non-Hodgkin Lymphoma
Swedish registries	
	VCTB CNS Tumor Registry
	VSTB Solid Tumor registry
	RADTOX Radiology Risk
SIOP registries	
	HIT-SIOP PNET IV SR
	HIT-SIOP PNET IV SR Late Effects

Additional information

If you request admission to dataset(s) of certain characteristics please state in what position you request the data and make a description of the dataset.

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Agreement <ul style="list-style-type: none">• I hereby certify that the given information above is correct and complete. If the information changes CCEG RA must be informed.• I give my consent to log my activities in the registries.• I consent to publish the certificate at KI CA website.• I will handle the certificate and the private key in secure fashion.• The certificate is for my personal usage only.• I will only install the certificate in computers in my control that requires password at login.• If the certificate is on removable media the media shall be encrypted.• If the certificate has been lost or in other ways been compromised I will inform the CCEG RA within 24hours.	
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	Printed signature

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