

## Cooperative European Pediatric Renal Transplant Initiative (CERTAIN) Registry – User Registration Form –

In order to use the CERTAIN Registry, you must at first apply for a CERTAIN Registry user account and agree to the privacy policy (<http://certain-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:

Dipl.-Inform. Med.  
**Kai Krupka**  
**Department of Pediatrics I**  
(General Pediatrics, Metabolism, Gastroenterology, Nephrology)  
**University Children's Hospital**  
**Im Neuenheimer Feld 430**  
**69120 Heidelberg**  
**Germany**  
Fax: +49 (0)6221 56 4203  
eMail: [kai.krupka@med.uni-heidelberg.de](mailto:kai.krupka@med.uni-heidelberg.de)

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

Title: .....

**First name:** .....

**Last name:** .....

Birthdate: .....

**Phone number:** .....

Fax: .....

Mobile number: .....

**eMail:** .....

**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: .....

### Center

**Name:** .....

.....

.....

### Address

**Name:** .....

.....

.....

**Street address:** .....

**City:** .....

**Postcode:** .....

**Country:** .....

### User Role

- Study Nurse
- Clinician
- Supervising Clinician
- Steering Committee Member

**By signing this form, you are accepting the CERTAIN Registry privacy policy.**

**Date:** .....

**Signature:** .....