



Authorisation of study personal at enrolling study centre

This form is a requirement for the "Application of User Access to the DZHK-IT-infrastructure" as well as ordering of biobanking sets. With this form the coordinating investigator of the respective clinical study authorizes local investigators and other involved persons at the enrolling study site for before mentioned processes.

Please fill out the form, sign it and send it by mail:

Infrastruktur@dzhk.de

laborstudien.umg@uni-greifswald.de

DZHK project

Institution/Clinic

Department

Details of the individuals entitled to receive authorisation

Title

First name, last name

Email address

Position

Signature

Title

First name, last name

Email address

Position

Signature

Title

First name, last name

Email address

Position

Signature

We attach great importance to data protection. The collection and handling of your personal data is performed according to the current [General Data Protection Regulation \(GDPR\)](#) in the extent necessary for the execution of the respective project/clinical study. Please find further information on our data protection regulations at dzhk.de at the [imprint](#). With your signature on this form you confirm that you consent to the processing of your personal data according to the above mentioned conditions.

Authorisation by the coordinating investigator

Name of coordinating investigator

Place, date, stamp

Signature of coordinating investigator