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**EuroTARN Data Submission**

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**Title****Name****Surname****Position****Address****Zip/Post Code****Country**

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**Submitting data on behalf of** .....

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**The submission and use of EuroTARN data**

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**TERMS**

(a) Once a person or person on behalf of a working party or registry has submitted data, a username and password will be issued.

(b) The username and password will allow that person or person on behalf of a working party or registry to enter a secure area of the EuroTARN website. This area will provide the user to access data summaries from other parties.

(c) The information submitted to the secure area by other parties cannot be used for research purposes (including publications, presentations or any other documentation) unless prior permission has been given by all parties.

(d) The information submitted to the secure area cannot be distributed to external sources without the prior consent from all parties.

**I do accept the above terms** **I do not accept the above terms** *(please tick the appropriate box)***Signature** .....**Date** .....

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**Please fax this back to The Trauma Audit & Research Network on  
00 44 (0) 161 206 4345**

**Once we have received this form, and you have submitted your data we will issue you with a username and password enabling you access to the secure area of the EuroTARN website.**

**Your own data will be published to the EuroTARN Website within  
3-5 working days.**