

Request for deletion of personal data from EUROCRINE[®]

I request that all my personal data from the above register is deleted

My personal details		
First name and Surname	Personal identification number (if applicable)	Treating Clinic/Hospital/City/Country

Address

Street..... Street number.....

City.....

Zip Code.....

Country.....

Applicant's signature

Date and signature

Request by surface mail to be sent to:

Coordinator EUROCRINE[®]

c/o Vienna Medical Academy

Alser Strasse 4

1090 Vienna

Austria

office@eurocrine.eu

Confirmation of deletion is sent by recommended post to the address given above by the applicant.