



Request – correction of data in EUROCRINE[®]

I hereby request that data below stored in the above registry pertaining to my person to be corrected

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

Data to be corrected

Address

Street.....Street Number.....

City.....

Zip Code.....

Country.....

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

The confirmation of correction is sent by recommended post to the address given above by the applicant.