



INTERNATIONAL T-CELL NON-HODGKIN'S LYMPHOMA STUDY GROUP

AGREEMENT FORM

After submitting the form to the Trial Office you will receive the confirmation your request to join the project is accepted.

Participating Site Oncologist (Principal Investigator)

Name
Address
City/State/Postal code
Country
Phone..... Fax
Email

I do confirm my will to join the T-Cell Project on behalf of the following
Institution.....
Cooperative Group (complete denomination and acronym, if)
.....

Participating Site Pathologist

Name
Institution.....
Address
City/State/Postal code
Phone..... Fax
Email

Participating Site Project Manager

Name
Institution.....
Address
City/State/Postal code
Phone..... Fax
Email

Date Signature (Principal Investigator)

Please, fill in and return by fax +39 (0)59.422.3602 to Trial Office