

ETL code

1. TITLE OF RESEARCH	
Duration of research at Pirha (ddmmyy–ddmmyy)	
2. TYPE OF RESEARCH	
<input type="checkbox"/> Research on patients	<input type="checkbox"/> Research on devices
<input type="checkbox"/> Other, please specify:	
3. RESEARCH SPONSOR	
4. DATA ON THE RESEARCH MONITOR	
Last name	First name
Personal identity code	Mobile phone
Company	
Address	
Work task	
Email address	
When performing my duties in the Pirkanmaa wellbeing services county, I undertake:	
<input type="checkbox"/> to keep confidential all information and data concerning the illness, treatment, examinations and identity of the subjects	
<input type="checkbox"/> not to exploit confidential information or divulge it to a third party	
<input type="checkbox"/> to comply with legislation and regulations on data security and data protection	
Research monitor:	
Date	Signature
	Print name
Person responsible for the research at Pirha:	
Date	Signature
	Print name
5. REGISTRATION IS ACCEPTED AND PERMISSION IS GRANTED FOR VERIFYING PATIENT DATA	
The permit only applies to the physical copy of the patient record.	
Date	Signature
The form shall be signed by the person granting the research permit in the wellbeing county in question. The form shall be saved within the sector where the research will be carried out and stored in accordance with the filing plan.	
To be returned to:	Research coordinator of the sector