

Registration Form PodoNet Registry

CENTER IDENTIFICATION

Center name	
Head of Unit	
Address	
Country	
Phone	
Fax	
E-mail	
Unit/Hospital Homepage	

LOCAL PODONET INVESTIGATORS

Lead Investigator

Name	
Title	
Position	
E-Mail	

Subinvestigators (e.g. colleague, fellow, research nurse)

Name	
Title	
Position	
E-Mail	

Name	
Title	
Position	
E-Mail	

Center Information

Number of SSNS patients in chronic care:	
Number of SRNS patients in chronic care:	

Please return this registration form

by email to: franz.schaefer@med.uni-heidelberg.de and/or agnes.trautmann@med.uni-heidelberg.de
or fax: +49 (0)6221-56-5166