



International
Burkitt Lymphoma
Network

BURKITT LYMPHOMA REGISTRY

APPLICATION FORM



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[https://www.burkitt-
lymphoma.org/](https://www.burkitt-lymphoma.org/)

Please fill out this form to join the Burkitt Lymphoma Registry (BLR). The document completed and signed by the physician has to be sent to the BLR Trial Office via info@burkitt-lymphoma.org

Participating Site Oncologist (Principal Investigator)

Name.....

Address.....

City/State/Postal code.....

Country.....

Phone.....

Email.....

I do confirm my will to join the BLR on behalf of the following

Institution.....

Participating Site Pathologist

Name.....

Institution.....

Address.....

City/State/Postal code.....

Phone.....

Email.....

Participating Site Data Manager

Name.....

Address.....

Phone.....

Email

Date.....

Signature (Principal Investigator)

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