



**EBAR**  
European Biliary Atresia Registry  
[www.biliary-atresia.com](http://www.biliary-atresia.com)  
Medical School Hannover

## Inquiry Form for Participating Institutions

### Clinic / Hospital / Institution

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_

Institution Code (provided by EBAR)

### Contact Person for EBAR:

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
website: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

### Contact Person Pediatric Gastroenterology

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

### Contact Person Pathology

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

### Contact Person Pediatric Surgery

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

### Contact Person Transplant Surgery

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Number of children treated for biliary atresia last year: \_\_\_\_\_ children

Interest in research: clinically:  yes  no basically:  yes  no

Communication to EBAR via  e-mail,  fax,  post.

I agree to be listed at [www.biliary-atresia.com](http://www.biliary-atresia.com) as participating institution:  yes  no

Date: \_\_\_\_\_

Signature: \_\_\_\_\_