Traumaregistry Network

Declaration of Participation in the Traumaregistry Network

This declaration enables trauma registries and registry organisations to join the Traumaregistry Network and participate in future collaborative activities, scientific exchange, and international initiatives.
Participating registries agree to:

- maintain up-to-date contact information;
- inform the Network Coordinator about relevant changes in registry leadership or designated representatives;
- contribute to scientific exchange where possible;
- respect the collaborative and scientific principles of the Traumaregistry Network;
- acknowledge the role of the Traumaregistry Network in scientific activities arising from collaborations initiated or facilitated through the network.

1. Registry Information

- Registry name (original name and official English translation)
- Country
- Year established
- Registry website
- Most recent annual report (year, URL)
- Registry description (max. 300 words), including optional information on:
  - scope, aims, and objectives of the registry;
  - development history and major achievements;
  - future perspectives and planned milestones;
  - funding sources and organisational framework;
  - institutional affiliation, including links to professional societies, universities, healthcare organisations, or other supporting institutions.

2. Registry Characteristics

- Number of participating hospitals
- Approximate annual case volume
- Total cumulative case volume
- Inclusion criteria
- Exclusion criteria
- Main data domains collected
- Geographic coverage:
  - ☐National
  - ☐Regional
  - ☐Institutional
  - ☐Other

3. Governance and Representation

Primary Registry Representative

Each participating registry should designate at least one primary contact person responsible for communication with the Traumaregistry Network and for maintaining up-to-date registry representation.

- Name, title
- Position / role
- Organisation
- Email address
- City, Country

Secondary Registry Contact (recommended)

- Name, title
- Position / role

- Organisation
- Email address
- City, Country

Registry Affiliation

Please provide information on the institutional affiliation or organisational framework of the registry (not the personal affiliation of the registry representative).

Examples include: professional society, university, healthcare organisation, governmental body, research institution, or other supporting organisation.

Organisation name:

Relationship between the registry and this organisation:

☐ The registry is formally linked to this organisation
☐ The registry is operated or governed by this organisation
☐ The registry receives support from this organisation
☐ Other:
☐ No formal organisational affiliation

4. Participation in the Traumaregistry Network

Primary interests in joining the Traumaregistry Network

☐ Trauma registry harmonisation, standards, and methodology
☐ International comparison of trauma systems, care pathways, and outcomes
☐ Benchmarking and quality improvement in trauma care
☐ Developing international collaborative projects and grant applications within the Traumaregistry Network
☐ Other:

Declaration

I confirm that I am authorised to represent the registry named in this declaration or have informed the registry leadership about this declaration of participation.
I understand that participation refers to the registry or organisation represented and is not solely based on an individual person.
I agree to keep contact information current and to notify the Network Coordinator of relevant changes affecting registry representation.

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Submission and Website Representation

By submitting this declaration, the registry confirms its agreement to be listed on the Traumaregistry Network website as a participating registry, including the display of its official website link and logo (if provided).

The designated registry representatives listed in this declaration agree that their name, country, and city/region (if provided) may be displayed on the website to indicate their role as representatives of the participating registry within the Traumaregistry Network.

The names and contact details of registry representatives are collected for network coordination purposes and will not be displayed publicly unless explicitly agreed otherwise.

Website updates, including the addition of newly participating registries and changes to registry representation, are implemented periodically as part of the ongoing development and maintenance of the network platform.

Please return the completed Declaration of Participation by email to:

contact@traumaregistry.network

Participating registries are kindly invited to provide their **official registry logo** for display on the Traumaregistry Network website.

For optimal web presentation, please provide:

- preferably an SVG file (recommended) or a high-resolution PNG file;
- transparent background where available;
- the original logo file rather than a screenshot or image copied from a website.

Place and date:	
Name of signatory:	
Position/role:	
Organisation/institution	

Signature _____