

**\*\*\* This document is for information only \*\*\***  
**You will need to apply online to add an Institution**

## **'Add an Institution' Questionnaire**

### HMA-EMA RWD Catalogues

Please complete the questionnaire to register your institution in the RWD Catalogues. Mandatory fields are marked with an asterisk (\*).

The questionnaire comprises **4 questions**. You agreed with the terms and conditions when you joined the RWD Catalogues.

### **1. Institution identification**

**Institution full name and acronym\*** [\[Free text\]](#) *Acronym to be added in brackets after the institution name.*

**Institution countries\*** [\[Drop-down menu, includes European Union option\]](#) *Country where the institution head office or coordinating centre is located*

**Type of institution** [\[Drop-down menu\]](#) *The sector where the institution operates*

- ☐ Educational Institution
- ☐ EEA National Competent Authority
- ☐ EU Institution/Body/Agency
- ☐ Healthcare payer
- ☐ Hospital/Clinic/Other health care facility
- ☐ Laboratory/Research/Testing facility
- ☐ Non-EU Institution/Body/Agency
- ☐ Non-EEA National Competent Authority

- ☐ Non-Pharmaceutical Company
- ☐ Not-for-profit
- ☐ Patient organisation/association
- ☐ Pharmaceutical association/federation
- ☐ Pharmaceutical company
- ☐ Regulatory Authority
- ☐ Other EEA National Competent Authorities
- ☐ Other

**Institution role** [\[Drop-down menu\]](#) *Roles of the institution in connection with data sources or studies in the catalogues*

- ☐ Data holder
- ☐ Data provider
- ☐ Researcher
- ☐ Other

**Institution website** [\[Free text\]](#) *The format used should be http://example.com*

**Institution description** [\[Free text, limited by 2000 characters\]](#)

## 2. Institution details

**Collecting data directly from individual patients/respondents:** *Does the institution have experience in collecting data directly from individual patients or respondents?* [\[Toggle switch\]](#)

- ☐ Yes
- ☐ No

**Interest in carrying out research funded by pharmaceutical companies** *(in principle, would the institution carry out research that is funded by pharmaceutical companies?)* [\[Toggle switch\]](#)

- ☐ Yes
- ☐ No

### 3. ENCePP partner

*The European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCEPP®) is a network coordinated by the European Medicines Agency (EMA).*

*The members of this network (the ENCePP Partners) are public institutions and Contract and Research Organisations (CROs) involved in research in pharmacoepidemiology and pharmacovigilance. If your institution is interested and/or actively involved in performing research in the field of pharmacoepidemiology and pharmacovigilance, and would like to join ENCePP, please add detailed information in the "Institution description" section in this application. See information on ENCePP and ENCePP Partners at <https://www.encepp.eu>.*

**ENCEPP partner:** Do you want to become an ENCePP partner? [Toggle switch]

- ☐ Yes
- ☐ No

### 4. Contact details

*Name and e-mail address provided here will be made public. A functional (organisation) contact e-mail may be provided*

#### **Institution main contact person \***

First name\* [Free text]

Last name\* [Free text]

Email\* [Free text]

#### **Alternate contact**

If "Add contact" was selected in the last question:

First name\* [Free text]

Last name\* [Free text]

Email\* [Free text]

**\*\*\* End of questionnaire \*\*\***