

**APPENDIX B – AGREEMENT FORM**

Please fill out the form in order to provide the Trial Office with all detailed information about your site and fax/email it to the TCP Trial Office.

**Participating Site Oncologist (Principal Investigator)**

Name.....  
Address.....  
City/State/Postal code.....  
Country.....  
Phone..... Fax.....  
Email.....

**I do confirm my will to join the T-Cell Project 2.0** on behalf of the following

Institution.....  
Cooperative Group (complete denomination and acronym, if).....  
.....

**Participating Site Pathologist**

Name.....  
Institution.....  
Address.....  
City/State/Postal code.....  
Phone..... Fax.....  
Email.....

**Participating Site Data Manager**

Name.....

Institution.....

Address.....

City/State/Postal code.....

Phone..... Fax .....

Email .....

**Date.....**

**Signature (Principal Investigator).....**

*(The document has to be signed by the physician, and this has to be sent to the TCP Trial Office via mail to [marmanni@unimore.it](mailto:marmanni@unimore.it) or [monica.civallero@unimore.it](mailto:monica.civallero@unimore.it) or via fax to +39 0594223707).*