


Application Form Reading and Writing Permission			Date	Sign
Department	Julius Biostatistics		25-sep-18	
Name Trial/Project Principal Investigator	<u>European Society of Anaesthesiology, Brussel</u>			M.J.C. Eijkemans
If UMCU Project Researcher UMCU Div. and Dept. Phone email				
If external Project Coordinating Researcher Company and Dept. Address and postal code Phone email	Prof Wolfgang Buhre Maastricht UMC wbuhre@icloud.com			
	Biostatistician 4 C.B.Roes	Datamanager M.M. van Beurde		
	C.B.Roes	M.M. van Beurde		
European Society of Anaesthesiology	Permission read	Permission read	Permission write	Permission write
Subfolder General	yes/no	yes/no	yes/no	
Subfolder Design	yes	yes	yes	
Subfolder Randomization	yes	yes	yes	
Subfolder Data files	yes	yes	yes	
Subfolder Analyses	yes	yes	yes	
Subfolder Publications	yes	yes	yes	
Subfolder Meetings	yes	yes	yes	
Subfolder Documents	yes	yes	yes	
Subfolder Temporary	yes	yes	yes	