



Surname :

First Name :

Professional Address :

Department :

Hospital :

Street : Nr. :

Postal Code : Town :

Our center already participate in the EACTS Congenital Database

(Contact person in our hospital :))

Our center is performing Thoracic Surgery

(Contact person in our hospital :))

Please complete this form and send it back to :

BACTS Datamanager
Carine Vandeweyer
Nachtegaalstraat 24
B-3560 Meldert (Lummen)
E-mail : carine.vandeweyer@bacts.org