



UK Coronavirus

Cancer Monitoring Project

Form declaring and Expression of Interest

Name of Trust/Hospital/Centre	
Type of institution (please tick)	<input type="checkbox"/> Stand alone cancer centre <input type="checkbox"/> Hospital Network including a standalone centre <input type="checkbox"/> Hospital network with an integrated cancer centre <input type="checkbox"/> University Hospital <input type="checkbox"/> District General Hospital
Emergency response reporting individual (ERRI)	
ERRI contact details (email and telephone number)	

Please return this form to Reportingnetworklead@ukcoronaviruscancermonitoring.com

Upon receipt of this form a protocol, invitation and centre activation form will be sent out to set up your centre.