**eTitle of the Research:**

**Undertaking:**

* I am willing and have the time to do the following
* If I leave the research site/organization during the research, I will inform the EHA IEC.

**Role of researchers:** Please tick the appropriate boxes

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Conceptualization | Design | Data collection | Data analysis & interpretation | Writing original draft | Review & Editing | Signature & Date |
| PI (EHA) |  |  |  |  |  |  |  |
| Other PIs |  |  |  |  |  |  |  |
| PI collaborator |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |