



**ATTESTATION OF PARTNERSHIP**

I, the undersigned being the designated authority for (**country**), a partner in the project entitled;

**HELICS Hospital in Europe Link for Infection Control through Surveillance**

A - Hereby certify that the official national/regional surveillance networks for nosocomial infections in the country will contribute to the HELICS European database for :

*Please tick appropriate boxes :*

- Surgical Site Infections,
- Infections in Intensive Care Units.

B – Designate the following person as the official contact person for official exchanges between (**name of the country**) and the HELICS program, including the authorisation for data transmission.

NAME (BLOCK CAPITALS) : .....

E-mail : .....

C – Designate the following experts involved in the management of our national/regional surveillance networks<sup>1</sup> for participation in technical co-operation with the HELICS programme :

NAME	E-mail
-	-
-	-
-	-
-	-

DATE : .....

NAME (BLOCK CAPITALS) : .....

SIGNATURE OF DESIGNATED PERSON : .....

<sup>1</sup> May include the person mentioned in § B



HELICS IV  
implementation phase II