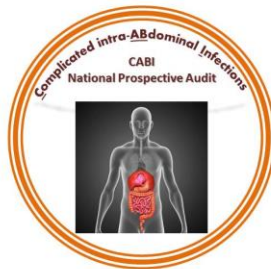


CABI: Clinical management of Complicated intra-ABdominal Infection in United Kingdom hospitals

Registration Form



Please sign and email a scanned copy to cabi@leeds.ac.uk

Hospital Name	
Lead Trainee Name	
Lead Trainee email	
Lead Trainee specialty	
PI (Consultant) Name	
PI email	
PI (consultant) specialty (Surgery/Infection)	
Other Local investigator Name (optional)	
Other Local investigator Name (optional)	

Declaration:

We state that we are participating in the CABI audit and service evaluation and will adhere to the policies outlined in the audit protocol version 1.2 (dated: 01.04.2016) or subsequent protocol versions, and undertake to provide accurate and correct information.

Lead Trainee signature:

Date:

PI Signature:

Date: