AVIATOR

Participation Agreement

I, the undersigned [name] _____head of the department of Cardio Thoracic

Surgery of the [name institute] _____ declare

on behalf of the cardiothoracic surgeons in our department:

General

1. Taking notice of the AVIATOR protocol and to agree upon.
2. To ensure registration of consecutive patients with ascending aorta aneurysm (including aortic dissection), and/or isolated aortic insufficiency (including congenital mix aortic valve disease) and/or planned for aortic valve or ascending aorta surgery for valve repair or valve replacement in an intention to treat design including patients who died during hospitalization. Patients with pure aortic valve stenosis or combined aortic valve stenosis and insufficiency that are judged non reparable preoperatively, are excluded.
3. To ensure annual follow-up of all included patients.
4. To keep the provided login codes totally secret and to use them only in accordance with the protocol.
5. To act according to the sections mentioned in the protocol and also be willing to invest a reasonable effort to make the AVIATOR registry a success.
6. To inform the Scientific Committee of any publication involving single centre data and to acknowledge the AVIATOR database as the source of publication. Applications to use national or multicenter data should be submitted to the Scientific Committee, as well as any requests to work on special topics. Any publication of scientific analyses, reports or other information requires reference to the AVIATOR database as the source of publication.
7. To allow audits of the AVIATOR data registration process in our center.
8. At least one member of our center is a member of the Heart Valve Society and we expect to include 10 or more patients each year.

Implementation

1. The participating cardiothoracic surgeons are included in the appendix. Changes are passed on to the "AV repair working group" and the "Technical support of the database", after which new login codes can be provided.

2. From the department the following [name] _____ ([email] _____ _____) is designated as Principal Investigator.

3. From the department the following [name] _____ ([email] _____ _____) is designated as contact for the project team and editor.

4. From the department the following [name] _____ ([email] _____ _____) is or will become* member of the Heart Valve Society.

   In case of no membership yet: please go to the website http://heartvalvesociety.org/membership/ to apply.

      Date: Signature:

      _____ / _____ / _____

Appendix: Database Account Information Form.
Please fill in the form which people within your institution need access to the online database. An account can be created only with this information.

AVIATOR

Database Account Information Form

Please fill in the following information.

Institutional information

Full institution name
please use no abbreviations

Department

Address

City

Country

User information

Nr	First name	Preposition *(if applicable)*	Name	E-mail	Access role*
e.g.	*John*	*-*	*Davidson*	*jdavidson@institution.com*	*Choose number*
1.					
2.					
3.					
4.					
5.					
6.					

* Overview access roles:

1. <u>Surgeon</u>. With this account you can enter, view and change data in the database. If applicable you can see patient names. You do *not* see the features - within the application - for data validation.
2. <u>Research assistant / Data Manager</u>. With this account you can enter, view and change data in the database. If applicable you can see patient names. You *also* see the features - within the application - for data validation.
3. <u>Surgeon plus (+)</u>. With this account you can enter, view and change data in the database. If applicable you can see patient names. You *do* see the features - within the application - for data validation. This account is for surgeons, who do not have a research assistant or data manager to assist in the data collection.