

Enrolment into the AthenaDiaX Data Service Program



❖ I am RECEIVER of Patient related Data

The AthenaDiaX system is prepared for a remote diagnostic service with co-operating physicians and clinics. This allows delegating the procedure of ECG analysis and report-generation to a linked service partner. This specific form establishes the link between receiver and sender of Data.

Participant wants to **receive** monitoring data to be able to provide medical services to collaborating partners.

The participant will be provided an activation code to enable the receiving function of data within the ThemisLight System along with a unique identification code.

Receiving Institution _____

Street/No _____

City/Postal Code _____

Country _____

Medical Contact _____

E-Mail / Phone _____

IT Admin Contact _____

E-Mail / Phone _____

ThemisLight Installation ID _____

Declaration of Consent

I/We declare to be in agreement with the fact, that AthenaDiaX will hold, for a reasonable time, data of ECG Recordings from patients of collaborating partners, in order to only enable the transfer of data between my/our Institution and associated Institutions for the purpose of collaboration.

As a receiver of data I will establish a Service Agreement with my collaborating Partners in which I will define business rules, especially concerning the expected response time to receive a report and the required protection of data according to local law.

Dates and Signatures

Please FAX Request to

+49-3391-7392779

AthenaDiaX Only

Box ID
Date accepted
Accepted by