Fracture Liaison Service Database (FLS-DB) Registration Form

FLS name:

This should be the name of the site for which you will be submitting data and will be used to identify your results in the report. It should reflect how you feel your FLS is organised. If you do not have a dedicated FLS that systematically identifies all eligible patients aged over 50 who have suffered a fragility fracture and treats and refers to appropriate services, please enter the name of your hospital and trust

Which hospital(s) does your FLS serve?

Service address

Street: Town:

Postcode: Region:

Phone number (landline):

User registration

The people below have agreed to be the 'lead clinician' and 'data inputter(s)' for this audit and are happy to be contacted about the audit using the provided email and/or telephone. The Lead Clinician is responsible for ensuring the data entered into the audit is correct and should read the guidance on their registration responsibilities.

Lead Clinician	
First Name:	Surname:
Job Title:	Job Type:
Phone number (landline):	Extension (if applicable):
Email address:	Mobile (optional):

Data Inputter	
First Name:	Surname:
Job Title:	Job Type:
Phone number (landline):	Extension (if applicable):
Email address:	Mobile (optional):

Data Inputter	
First Name:	Surname:
Job Title:	Job Type:
Phone number (landline):	Extension (if applicable):
Email address:	Mobile (optional):

The Caldicott Guardian for your service must approve and sign off on this FLS registration by signing below:

Caldicott guardian	
Full Name:	Email address:
Signature:	Date:

Once complete, please send this form back to the FLS-DB team – FLSDB@rcp.ac.uk

If you require more users than the space above allows, please also include their details in the email along with the form