## ATTACHEMENT B - REFERENCE SITE VISIT PROTOCOL - SITE NATIONAL CARDIOLOGY INSTITUTE BRATISLAVA

 SLOVAKIA SIGNA PREMIER 3T
## Organisation and agenda



Name Surname, Title: $\qquad$
Name Surname, Title: $\qquad$
Name Surname, Title: $\qquad$
Name Surname, Title: $\qquad$

List of visitors:

Name Surname, Title, Institution:* $\qquad$
Name Surname, Title, Institution:* $\qquad$
Name Surname, Title, Institution:* $\qquad$
Name Surname, Title, Institution:*
*The undersigned confirms that he / she has been acquainted with the principles of personal data protection applicable to the MRI NUSCH workplace and also that the information obtained during the reference visit as well as the stay at the NUSCH workplace and land will be handled according to EU GDPR guidelines and Act No. 18. / 2018 Coll SR on personal data protection.

Date: $\qquad$
$\qquad$
$\qquad$

