



GA²LEN e.V

c/o DGAKE

Robert-Koch-Platz 7

10115 Berlin

Name of urticaria center:

Head of urticaria center,
email address:

Deputy, email address:

Address:

Date:

Contact information for patients:
(email address/telephone number)

Website:

Names and email addresses to
receive UCARE news and updates:

Please include a **photo/logo** representing your urticaria center when returning the application form to us.

Dear Professor Maurer,

I wish to join the GA²LEN Urticaria Center of Reference and Excellence (UCARE) network and hereby apply for our center to become a UCARE.

Please explain why you want to become an Urticaria Center of Reference and Excellence:

I have read the 32 requirements (see document: "GA²LEN UCARE requirements and deliverables") and confirm that I fulfil the requirements and deliverables.

Thank you very much in advance for your answer.

Name and signature

Please note: Some of the information listed above (including the center's name and address, contact information for patients, website and logo) may be published on the UCARE website. You can find examples of our centers' profiles on the "Centers" tab of the UCARE website:
<https://www.ga2len-ucare.com/centers.html>