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## REQUEST FOR TRANSLATIONS

<b>1. Date of the request:</b>	[July 31st, 2018]
<b>2. References:</b>	MRT's reference: [REF] User's study reference/ protocol number (if any): [REF]
<b>3. User:</b>	<p><u>User Name</u> (hereinafter referred to as "User"): .....</p> <p>Legal form : .....</p> <p>Address : .....</p> <p>Country : .....</p> <p><u>Name of the contact in charge of this request:</u> .....</p> <p>Telephone number: ..... Fax number: ..</p> <p>Email address : .....</p> <p><u>Billing address:</u> .....</p> <p>Addressee: .....</p> <p>PO number or internal reference (if applicable):</p>
<b>4. Provider:</b>	Mapi Research Trust (hereinafter referred to as "MRT") PROVIDE 27 rue de la Villette 69003 Lyon France Telephone: +33 (0)4 72 13 65 75 Fax: +33 (0)4 72 13 66 82
<b>5. Questionnaire needed:</b>	I-PSS (International Prostate Symptom Score) (hereinafter referred to as "the Questionnaire" or "the I-PSS")
<b>6. Bibliographic reference:</b>	Barry MH, Fowler FJ, O'Leary MP, Bruskewitz RC, Holtgrewe HL, Mebust WK, Cockett ATK, and the Measurement Committee of the American Urological Association. The American Urological Association symptom index for benign prostatic hyperplasia. J Urol 1992 ; 148 : 1549-1557.
<b>7. Service:</b>	Delivery of translations
<b>8. Language version(s) needed:</b>	<p>•</p> <p>Translations may not have undergone a full linguistic validation methodology. The level of translation for each scale should be verified.</p>
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