TMF – Technologie- und Methodenplattform für die vernetzte medizinische Forschung e.V.

EHDS – Be prepared for public consultations in TEHDAS2:

Draft guideline for health data access bodies on linkage of health datasets (M7.5)

Sebastian C. Semler, TMF e. V. &
Pia Brinkmann, *Bundesinstitut für Arzneimittel und Medizinprodukte BfArM, Germany*

May 19th, 2026 | 8 a.m. to 9 a.m.

online workshop series | May 11th to May 26th, 2026

Download guidelines for public consultations:
https://tehdas.eu/public-consultations/

Disclaimer Recording of the online workshop

This workshop will be recorded for internal purposes.

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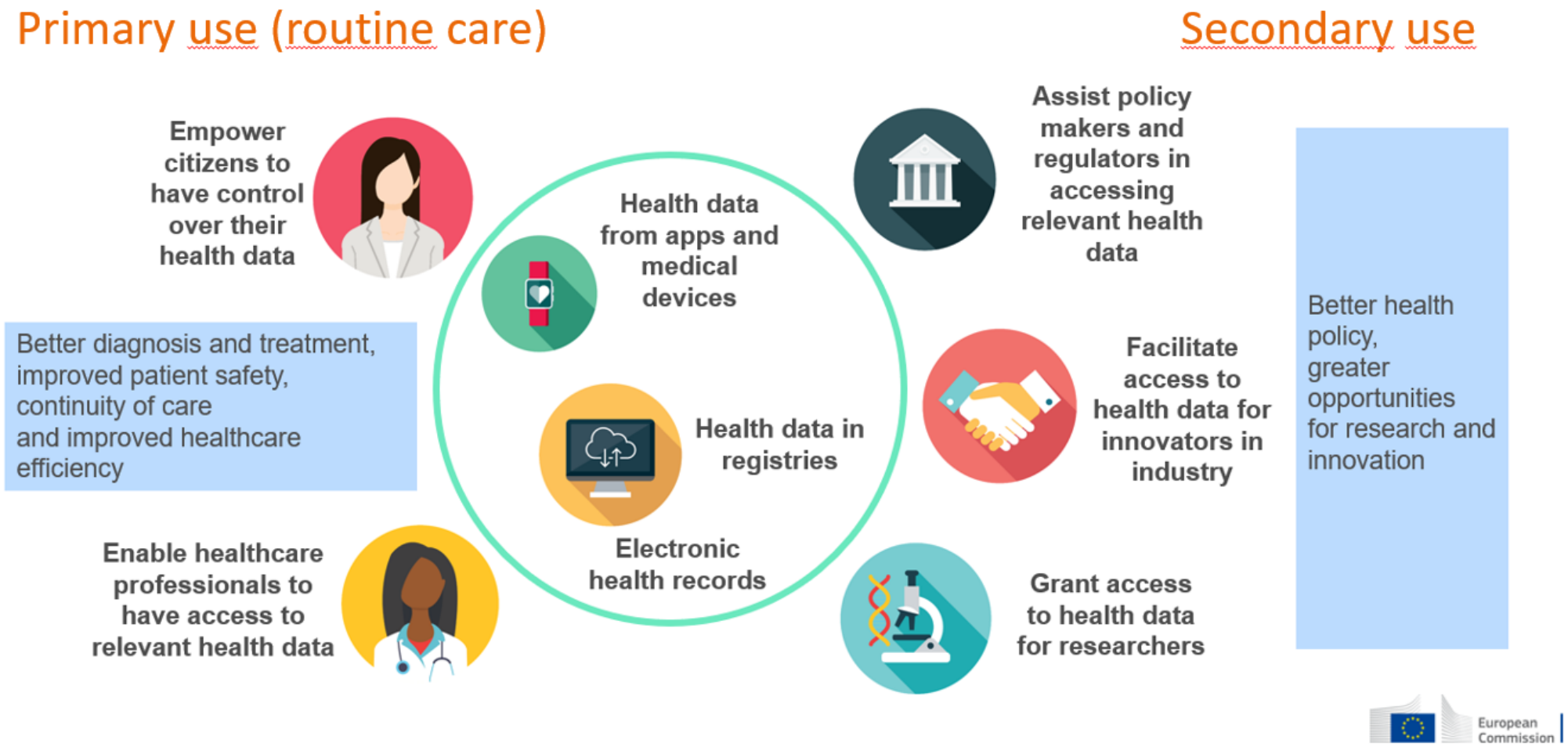
By participating, you consent to the recording.

Agenda

1. EHDS and TEHDAS2 in a nutshell
2. TEHDAS2 Documents for public consultation on September 30th, 2025
3. Presenting today‘s document:
   Draft guideline for health data access bodies on linkage of health datasets (M7.5)
   3.1 Legal background
   3.2 Summary of the document
   3.3 Critical points
   3.4 Who should comment?
4. Q&A
5. Save the date: Next workshops

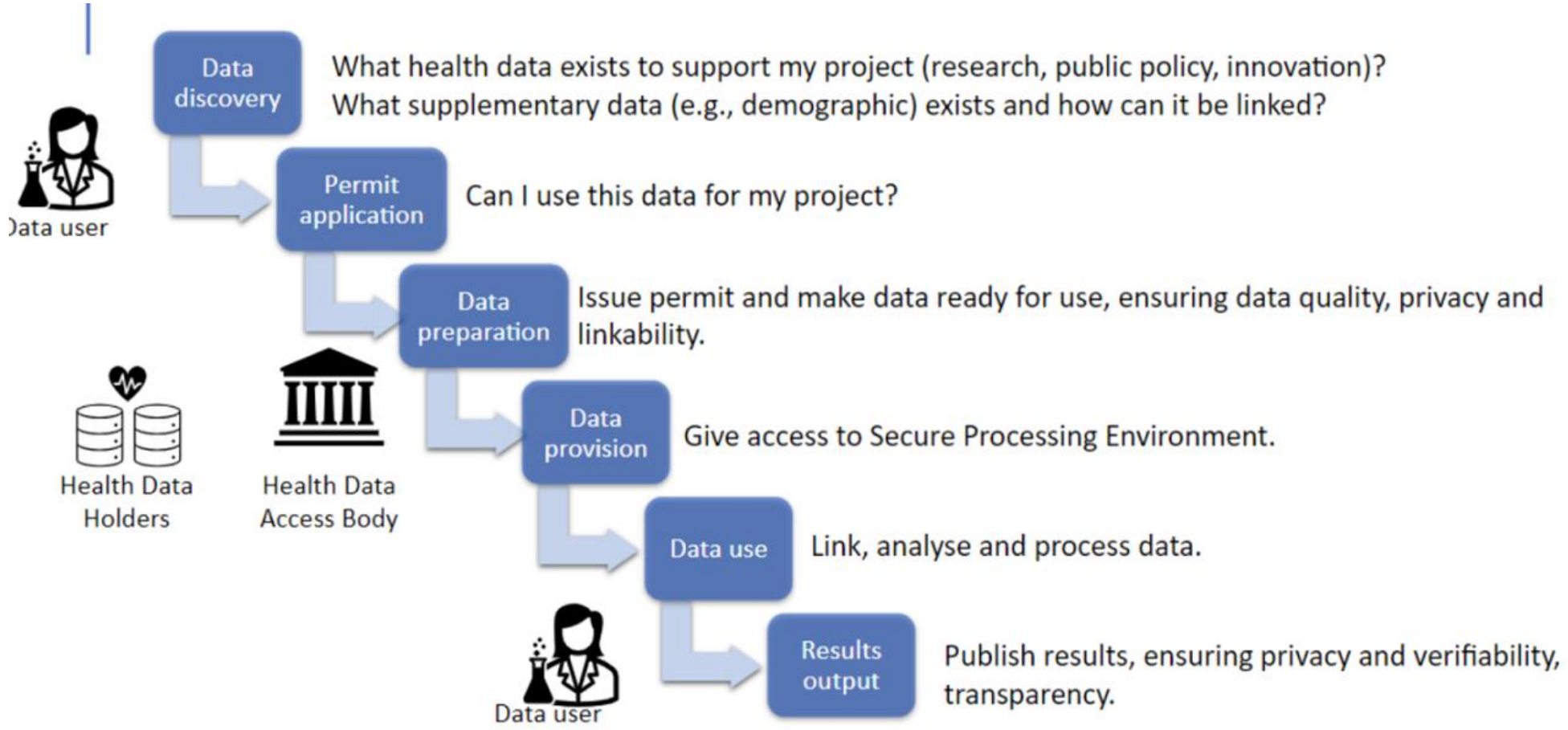
1. EHDS and TEHDAS2 in a nutshell

European Health Data Space (EHDS) – AIMS FROM User perspectives



1. EHDS and TEHDAS2 in a nutshell

EHDS2: Secondary Use of Electronic Health Data



EHDS – Stand der Gesetzgebung

- Das Europäische Parlament hat am 24. April 2024 die legislativen Grundlagen zur Schaffung eines **Europäischen Gesundheitsdatenraums (EHDS)** gelegt.
- Sprachjuristische Endfassung, vom ER am 21.01.2025 verabschiedet.
- Die EHDS-Verordnung wurde am 5. März 2025 im Amtsblatt der EU veröffentlicht **und trat 20 Tage später, am 25. März 2025, in Kraft.**
- Die Vorschriften der EHDS-Verordnung werden schrittweise angewendet: teilweise nach zwei Jahren, teilweise nach vier, sechs oder zehn Jahren nach Inkrafttreten. Direkt rechtswirksam in allen EU-Mitgliedstaaten, so auch in Deutschland.
- **MyHealth@EU** (**EHDS I**) regelt **elektronische grenzüberschreitende Gesundheitsdienste** in der EU (und die hierfür notwendigen Voraussetzungen).
- Im Rahmen von **HealthData@EU** (**EHDS II**) soll das Potenzial der **(Sekundär-)Nutzung von vorhandenen Gesundheitsdaten für Forschung und Innovation** in anonymisierter oder pseudonymisierter Form im öffentlichen Interesse erschlossen werden.
- ➔ Detailierung durch **Durchsetzungsrechtsakte** (*Implementing Acts*) bis 26. März 2027

Document 32025R0327

Verordnung (EU) 2025/327 des Europäischen Parlaments und des Rates vom 11. Februar 2025 über den europäischen Gesundheitsdatenraum sowie zur Änderung der Richtlinie 2011/24/EU und der Verordnung (EU) 2024/2847 (Text von Bedeutung für den EWR)

PE/76/2024/REV/1

ABl. L, 2025/327, 5.3.2025, ELI: http://data.europa.eu/eli/reg/2025/327/oj (BG, ES, CS, DA, DE, ET, EL, EN, FR, GA, HR, IT, LV, LT, HU, MT, NL, PL, PT, RO, SK, SL, FI, SV)

In force

ELI: http://data.europa.eu/eli/reg/2025/327/oj

Amtsblatt
der Europäischen Union

DE
Reihe L

2025/327

5.3.2025

VERORDNUNG (EU) 2025/327 DES EUROPÄISCHEN PARLAMENTS UND DES RATES

vom 11. Februar 2025

über den europäischen Gesundheitsdatenraum sowie zur Änderung der Richtlinie 2011/24/EU und der Verordnung (EU) 2024/2847

(Text von Bedeutung für den EWR)

DAS EUROPÄISCHE PARLAMENT UND DER RAT DER EUROPÄISCHEN UNION —

gestützt auf den Vertrag über die Arbeitsweise der Europäischen Union, insbesondere auf die Artikel 16 und 114,

auf Vorschlag der Europäischen Kommission,

nach Zuleitung des Entwurfs des Gesetzgebungsakts an die nationalen Parlamente,

nach Stellungnahme des Europäischen Wirtschafts- und Sozialausschusses [1],

nach Stellungnahme des Ausschusses der Regionen [2],

gemäß dem ordentlichen Gesetzgebungsverfahren [3],

in Erwägung nachstehender Gründe:

(1) Ziel dieser Verordnung ist es, den europäischen Gesundheitsdatenraum (European Health Data Space, im Folgenden „EHDS") einzurichten, um den Zugang natürlicher Personen zu ihren personenbezogenen elektronischen Gesundheitsdaten und ihre Kontrolle über diese Daten im Zusammenhang mit der Gesundheitsversorgung zu verbessern und andere Zwecke, die mit der Verwendung elektronischer Gesundheitsdaten im Gesundheitswesen und im Pflegesektor verbunden sind und der Gesellschaft zugutekämen, wie etwa Forschung, Innovation, Politikgestaltung, Vorbereitung und Reaktion auf Gesundheitsbedrohungen, auch zur Prävention und Bewältigung künftiger Pandemien, Patientensicherheit, personalisierte Medizin, amtliche Statistik oder Regulierungstätigkeiten, besser zu erreichen. Darüber hinaus ist es Ziel dieser Verordnung, das Funktionieren des Binnenmarkts zu verbessern, indem im Einklang mit den Werten der Union ein einheitlicher Rechtsrahmen und technischer Rahmen insbesondere für die Entwicklung, Vermarktung und Verwendung von Systemen für elektronische Gesundheits-aufzeichnungen (electronic health records, EHR) (im Folgenden „EHR-Systeme") festgelegt wird. Der EHDS wird ein

(2) Die COVID-19-Pandemie hat deutlich gemacht, dass ein zeitnaher Zugang zu hochwertigen elektronischen

möglicherweise zu einer wirksameren Bewältigung künftiger Pandemien, geringeren Kosten und einer besseren

System für das klinische Patientenmanagement im Eilverfahren an, um es den Mitgliedstaaten zu ermöglichen, elektronische Gesundheitsdaten von COVID-19-Patienten auszutauschen, die während des Höhepunkts dieser Pandemie den Gesundheitsdienstleister wechselten oder sich von einem Mitgliedstaat in einen anderen begaben. Diese Anpassung war jedoch nur eine Notfalllösung, die verdeutlichte, dass ein struktureller und kohärenter Ansatz auf Ebene der Mitgliedstaaten und der Union erforderlich ist, um die Verfügbarkeit elektronischer Gesundheitsdaten für die Gesundheitsversorgung zu verbessern und den Zugang zu elektronischen Gesundheitsdaten zu erleichtern und so wirksame politische Maßnahmen zu steuern und zu hohen Standards für die menschliche Gesundheit beizutragen.

(3) Durch die COVID-19-Krise wurde die Arbeit des Netzwerks für elektronische Gesundheitsdienste (e-Health-Netzwerk), eines freiwilligen Netzwerks von für digitale Gesundheit zuständigen Stellen, zur tragenden Säule für die Entwicklung mobiler Kontaktnachverfolgungs- und Kontaktwarn-Apps für mobile Geräte und der technischen

[1] ABl. C 486 vom 21.12.2022, S. 123.
[2] ABl. C 157 vom 3.5.2023, S. 64.
[3] Standpunkt des Europäischen Parlaments vom 24. April 2024 (noch nicht im Amtsblatt veröffentlicht) und Beschluss des Rates vom 21. Januar 2025.
[4] Durchführungsbeschluss (EU) 2019/1269 der Kommission vom 26. Juli 2019 zur Änderung des Durchführungsbeschlusses 2014/287/EU der Kommission zur Festlegung von Kriterien für die Einrichtung europäischer Referenznetzwerke, für die Evaluierung dieser Netzwerke und ihrer Mitglieder und zur Erleichterung des Austauschs von Informationen und Fachwissen in Bezug auf die Einrichtung und Evaluierung solcher Netzwerke (ABl. L 200 vom 29.7.2019, S. 35).

Official Journal
of the European Union

EN
L series

2025/327

5.3.2025

REGULATION (EU) 2025/327 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 11 February 2025

on the European Health Data Space and amending Directive 2011/24/EU and Regulation (EU) 2024/2847

(Text with EEA relevance)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 16 and 114 thereof,

Having regard to the proposal from the European Commission,

After transmission of the draft legislative act to the national parliaments,

Having regard to the opinion of the European Economic and Social Committee [1],

Having regard to the opinion of the Committee of the Regions [2],

Acting in accordance with the ordinary legislative procedure [3],

Whereas:

(1) The aim of this Regulation is to establish the European Health Data Space (EHDS) in order to improve natural persons' access to and control over their personal electronic health data in the context of healthcare, as well as to better achieve other purposes involving the use of electronic health data in the healthcare and care sectors that would benefit society, such as research, innovation, policymaking, health threats preparedness and response, preventing and addressing future pandemics, patient safety, personalised medicine, official statistics or regulatory activities. In addition, this Regulation's goal is to improve the functioning of the internal market by laying down a uniform legal and technical framework in particular for the development, marketing and use of electronic

(2) The COVID-19 pandemic has strongly demonstrated the importance of timely access to quality electronic health data

of such electronic health data. Such timely access could potentially contribute, through efficient public health surveillance and monitoring, to more effective management of future pandemics, to a reduction of costs and to improving the response to health threats, and ultimately could help to save more lives. In 2020, the Commission urgently adapted its Clinical Patient Management System, established by Commission Implementing Decision (EU) 2019/1269 [4], to allow Member States to share electronic health data of COVID-19 patients moving between healthcare providers and Member States during the peak of that pandemic. However, that adaptation was only an emergency solution, showing the need for a structural and consistent approach at Member State and Union level, both in order to improve the availability of electronic health data for healthcare and to facilitate access to electronic health data in order to steer effective policy responses and contribute to high standards of human health.

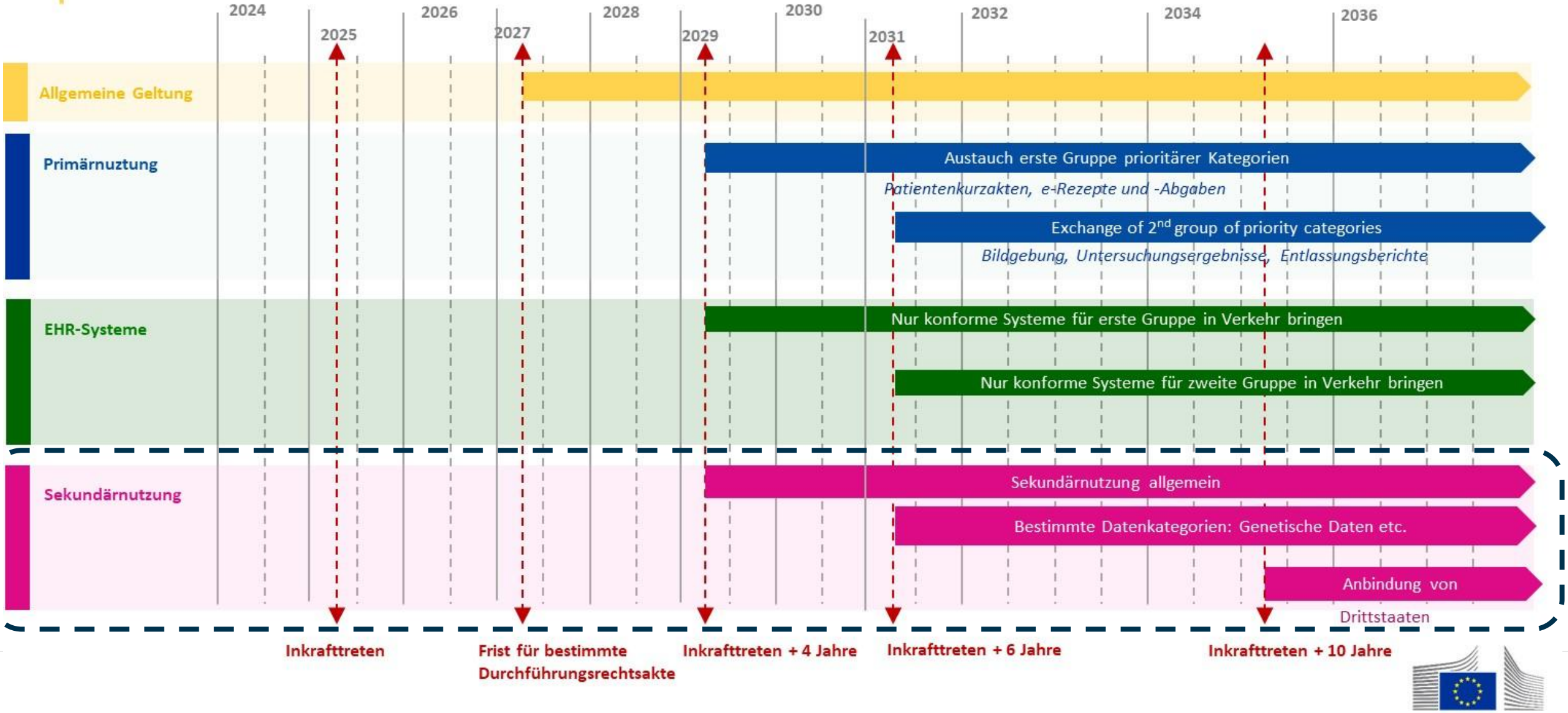
(3) The COVID-19 crisis strongly cemented the work of the eHealth Network, a voluntary network of authorities responsible for digital health, as the main pillar for the development of contact-tracing and contact-warning

[1] OJ C 486, 21.12.2022, p. 123.
[2] OJ C 157, 3.5.2023, p. 64.
[3] Position of the European Parliament of 24 April 2024 (not yet published in the Official Journal) and decision of the Council of 21 January 2025.
[4] Commission Implementing Decision (EU) 2019/1269 of 26 July 2019 amending Implementing Decision 2014/287/EU setting out criteria for establishing and evaluating European Reference Networks and their Members and for facilitating the exchange of information and expertise on establishing and evaluating such Networks (OJ L 200, 29.7.2019, p. 35).

Finale Fassung (05.03.2025 veröffentlicht) – deutsch / englisch:
https://eur-lex.europa.eu/legal-content/DE/TXT/PDF/?uri=OJ:L_202500327&qid=1741704307107
https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L_202500327&qid=1741704307107

https://health.ec.europa.eu/document/download/4dd47ec2-71dd-49fc-b036-ad7c14f6ed68_en?filename=ehealth_ehds_qa_en.pdf

EHDS – Inkrafttreten und Geltung



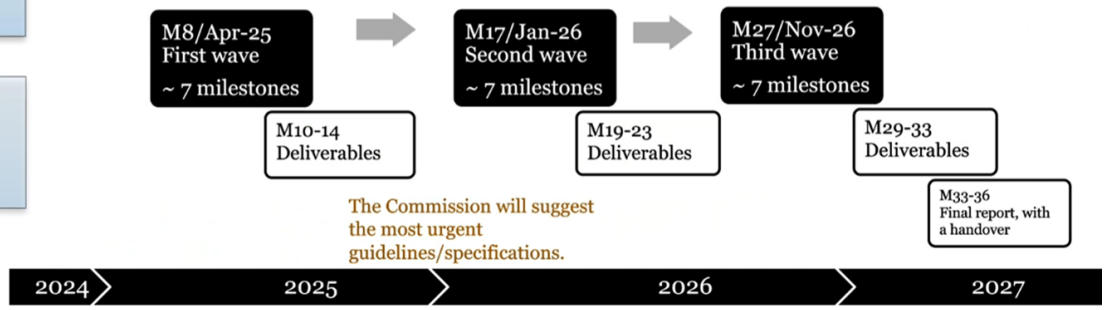
1. TEHDAS2 in a nutshell

TEHDAS2 in a nutshell

1. A joint action with clear scope, timeline and budget
2. Structured in independent work packages but common working methods
3. Aims for harmonised implementation of EHDS – secondary use of health data
4. Produces tangible results in the form of guidelines and technical specifications
5. High emphasis also on external communication and interlinks with other projects

für Deutschland: **BMG, BfArM, gematik, TMF**

- TEHDAS2 bereitet die Durchsetzungsrechtsakte der EU zum EHDS II durch **Guidelines** vor.
- (Für EHDS I entsprechend: xt-EHR)
- in 3 „Wellen“ (1. und 2. bereits erfolgt)
- Die Guidelines werden vor Verabschiedung und Annahme durch die EU öffentlich zur Kommentierung gestellt. Beginn: 05.05. bis 28.06.2026 (2 Monate)



2. TEHDAS2 Guidelines

Third public consultation

https://tehdas.eu/

5 MAY - 28 JUNE
TOPIC: Collaboration with third countries, data enrichment and informing citizens

Documents scheduled for public consultation:

1. Draft guideline on a framework for collaboration
2. Draft guideline for health data access bodies on international and third country access and transfer of electronic health data
3. Draft guideline for data enrichment
4. Draft guideline for data users navigating the catalogue
5. Draft guideline for health data access bodies on linkage of health datasets
6. Draft guideline for health data access bodies on informing natural persons about the use of health data – "Citizen Information Point"
7. Draft guideline for data users on handling research outcomes

2. TEHDAS2 Participate in the public consultations

TEHDAS2 develops guidelines and technical specifications to enable seamless secondary use of electronic health data across Europe under the European Health Data Space (EHDS).

THE SECOND JOINT ACTION TOWARDS THE EUROPEAN HEALTH DATA SPACE

→ The next wave of public consultations will be in **May/June 2026**

2. TEHDAS2 Online-Workshop-Serie 11.05.-26.05.2026

Date	Workshop
May 11th, 2026	Draft guideline for data enrichment (M5.4), *Dr. Anna Niemeyer (TMF e. V., Germany)*
May 12th, 2026	Draft guideline for health data access bodies on international and third country access and transfer of electronic health data (M4.3), *Irene Schlünder (TMF e. V., Germany)*
May 18th, 2026	Draft guideline for health data access bodies on informing natural persons about the use of health data – "Citizen Information Point" (M8.3), *Irene Schlünder (TMF e. V., Germany)*
May 19th, 2026	Draft guideline for health data access bodies on linkage of health datasets (M7.5), *Pia Brinkmann (Bundesinstitut für Arzneimittel und Medizinprodukte BfArM, Germany)*
May 21st, 2026	Draft guideline for data users navigating the catalogue (M5.5), *Dr. Anna Niemeyer (TMF e. V., Germany)*
May, 22nd,2026	Draft guideline for data users on handling research outcomes (M8.4), *Chryso Pieridou, PhD (Karaiskakio Foundation, Cyprus)*
May 26th, 2026	Draft guideline on a framework for collaboration (M4.2), *Beatriz Barros (Sciensano, Belgium)*

More information & registration: https://www.tmf-ev.de/news/tehdas2-public-consultations-tmf-workshops-mai-2026

Data linkage

The process of combining datasets at an **individual level** – including cases where records are matched through direct or indirect identifiers. This can be done using unique identifiers, probabilistic methods, or a combination of techniques.

In Scope	Out of Scope
✓ Linkage as part of applications	✗ Cross-country linkage
✓ Also when user „brings“ data	✗ Linking across data spaces (Recital 80)
✓ Carried out by authorised personnel	✗ Involvement of e.g., ERICs in linkage
✓ EHDS actors involved	✗ Impact of linkage on utility of datasets
✓ Methods/quality/accuracy	

Target audience → HDABs, data holders, trusted data holders (supporting data users)

3. Presenting today‘s document: **Draft guideline for health data access bodies on linkage of health datasets (M7.5)**

Why is data being linked?

1. to enable longitudinal research
2. To enrich data sources – e.g., adding socioeconomic information
3. To generate population-level insights – e.g., based on large datasets

When is data being linked?

Before the data is made available to the user in an SPE (according to their permit), or before sending the results of the request.

By whom is data being linked?

HDAB, DH, TDH – let’s have a closer look how this can be implemented

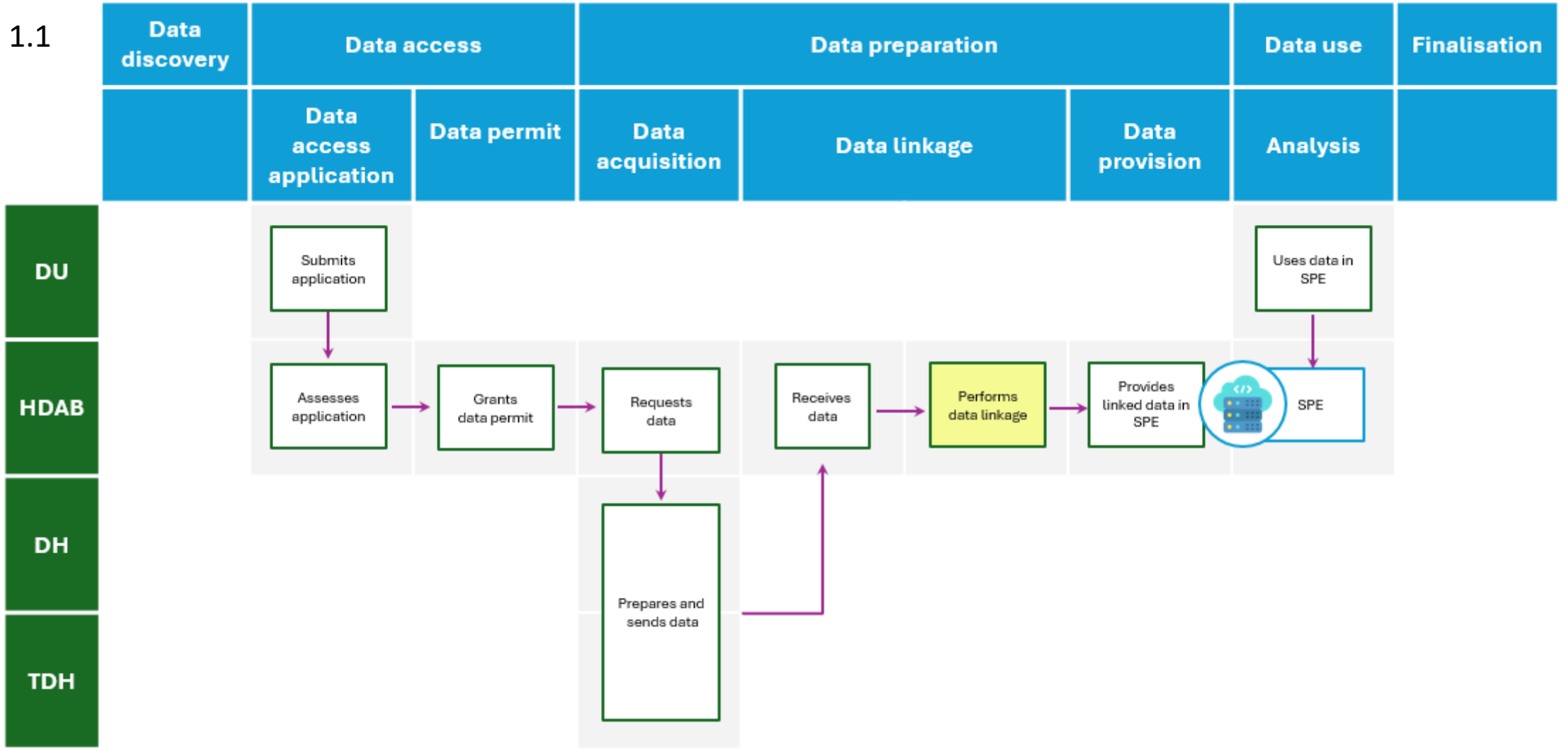
3. Presenting today‘s document: **Draft guideline for health data access bodies on linkage of health datasets (M7.5)**

Linkage scenarios

Linkage scenario	Who performs data linkage?	EHDS Regulation	Data linkage scenario (see Annex 5.1)
Linking data from multiple (trusted) data holders	HDAB	Article 57(1)(a) and (b) Article 68(7) Article 73(2)	1.1
Linking data from one or multiple (trusted) data holders with data provided by data user	HDAB	Article 57(1)(a) and (b) Article 67(2)(f) Article 68(7) Article 73(2)	1.2
Linking data from one data holder	DH	Article 60(1) and (2) Article 68(7) Article 73(2)	1.3
Linking data from one trusted data holder	TDH	Article 72	1.4
Linking data from one trusted data holder with data provided by data user	TDH	Article 67(2)(f) Article 72	1.5
Linking data between the EHDS and other data spaces	n/a	Recital 80 Article 75(9) and (11)	

3. Presenting today‘s document: **Draft guideline for health data access bodies on**

1.1



3. Presenting today‘s document: **Draft guideline for health data access bodies on**

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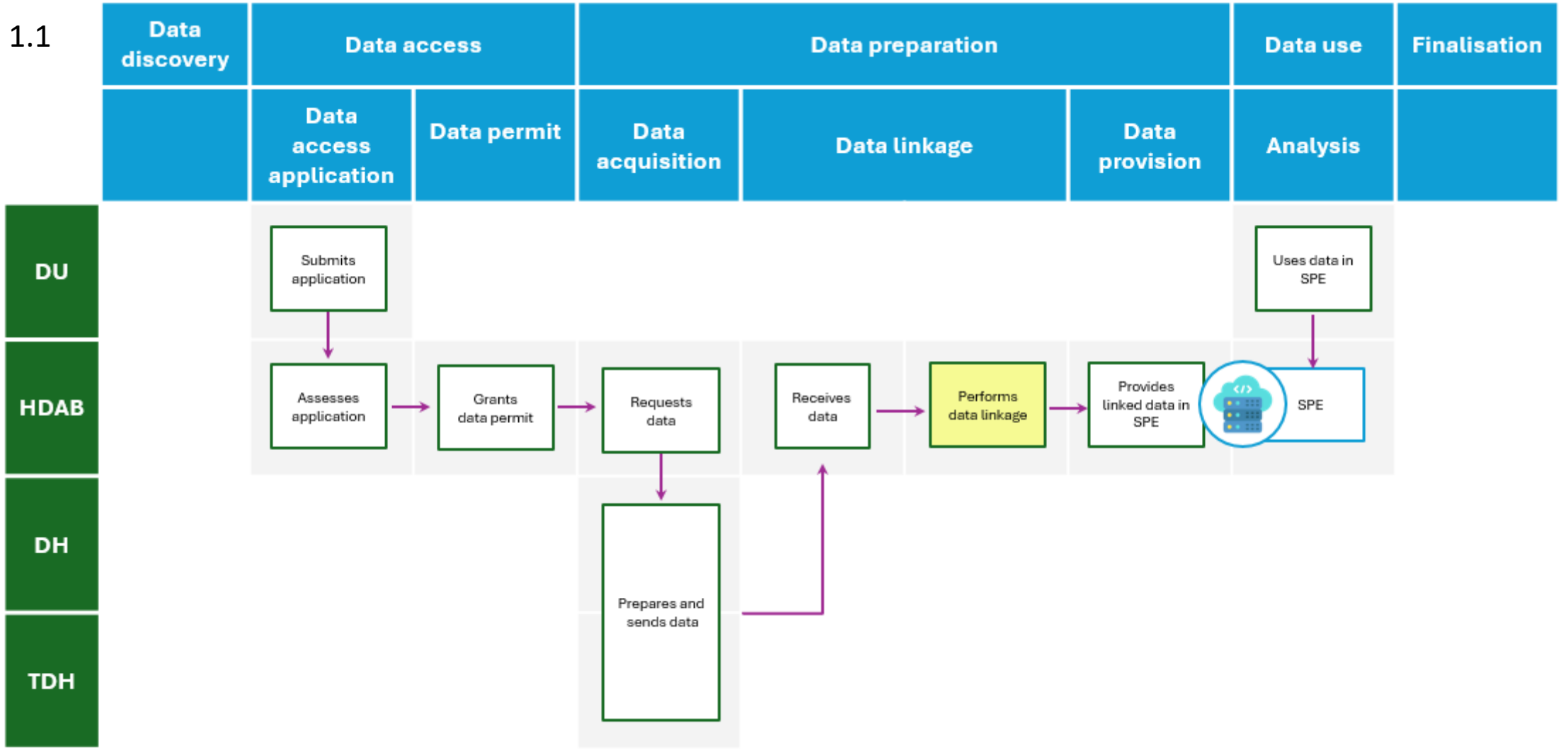

3. Presenting today‘s document: **Draft guideline for health data access bodies on**

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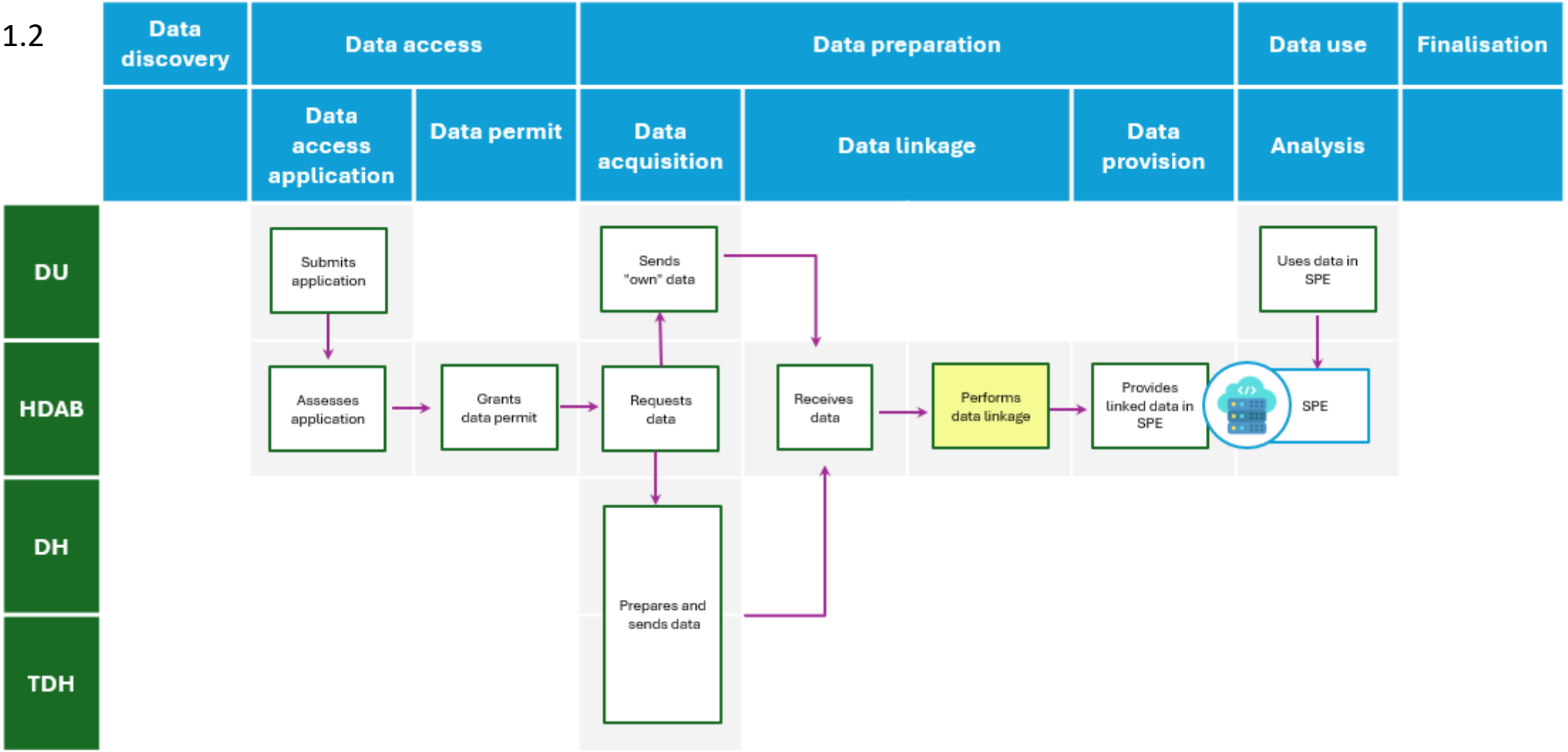

3. Presenting today‘s document: **Draft guideline for health data access bodies on**

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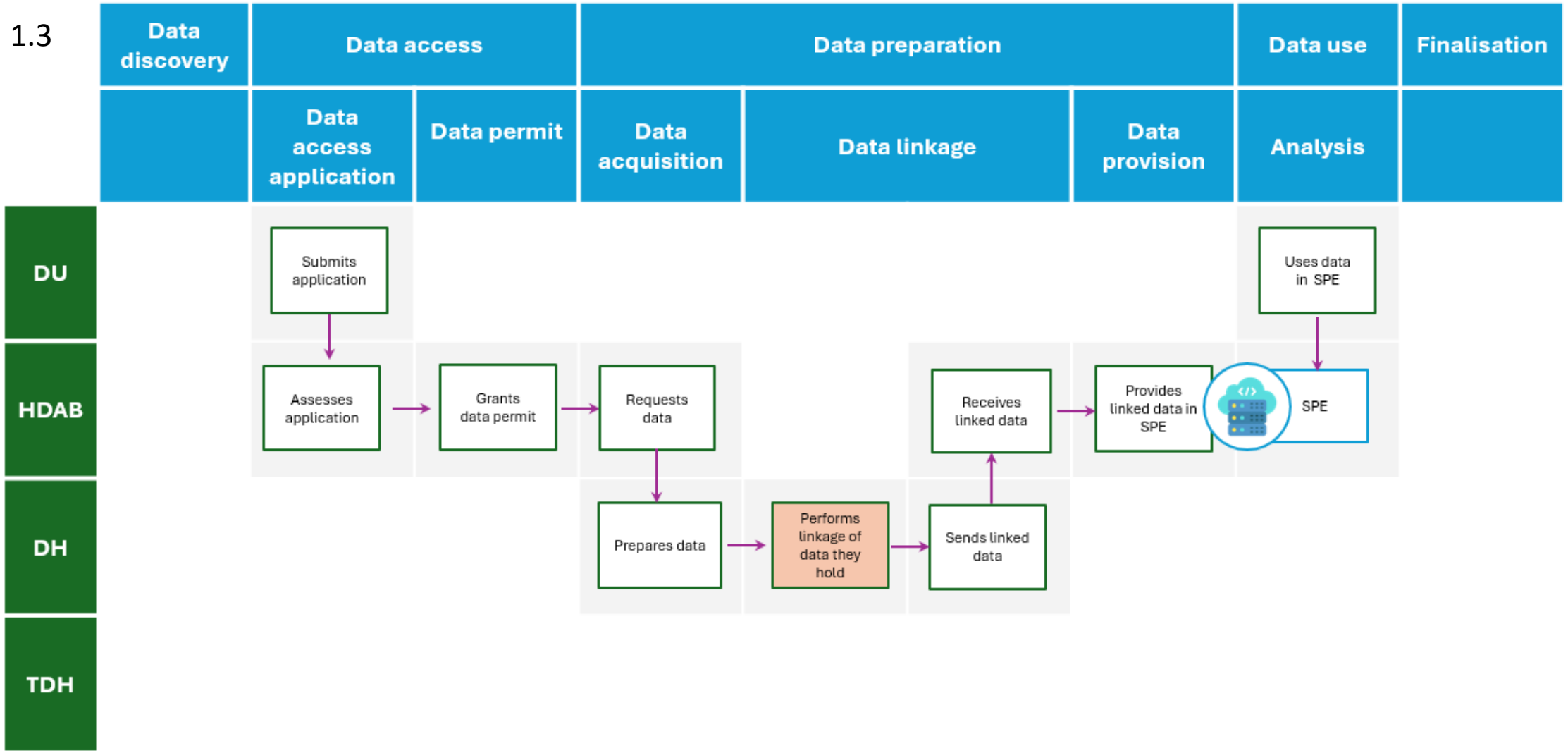

3. Presenting today‘s document: **Draft guideline for health data access bodies on**

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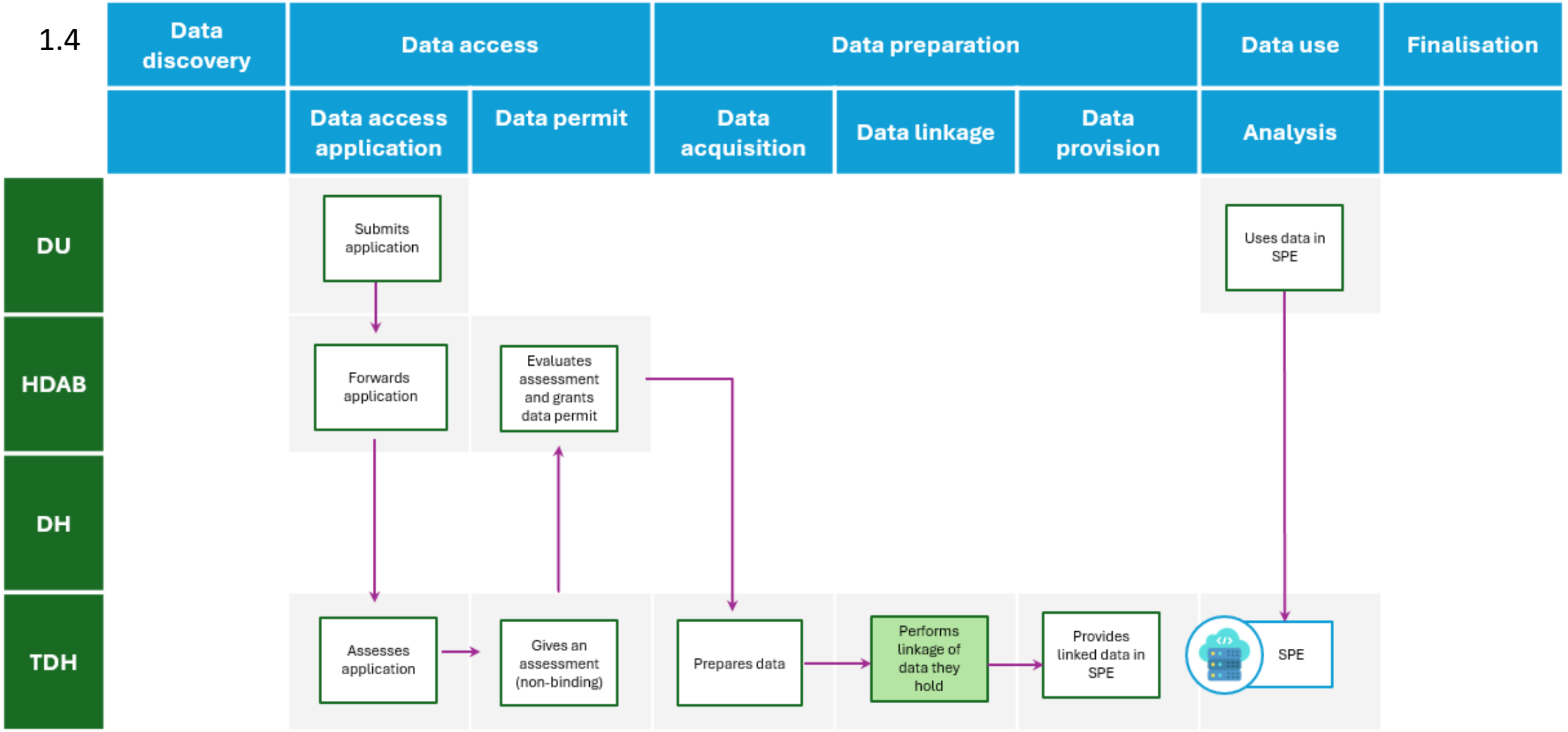
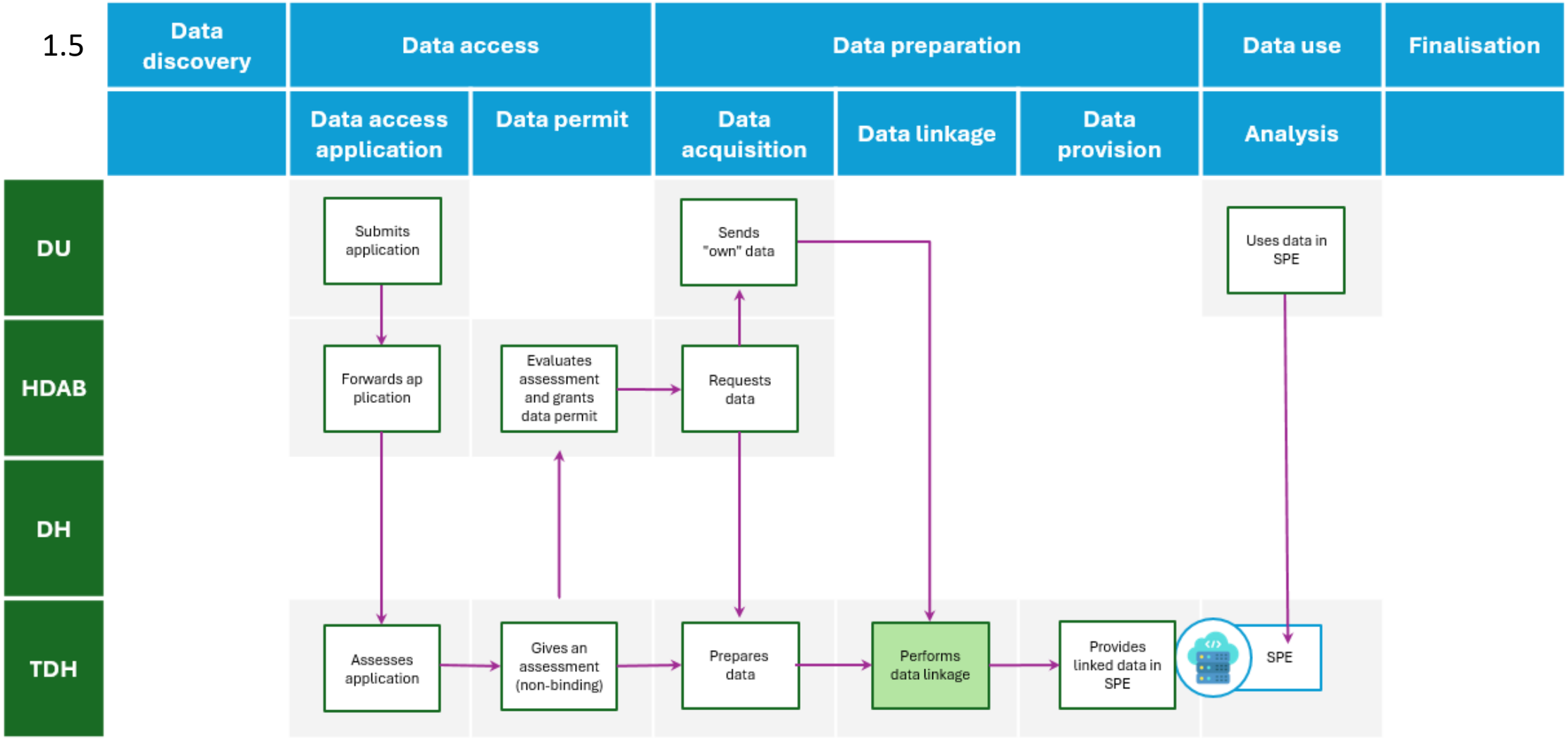


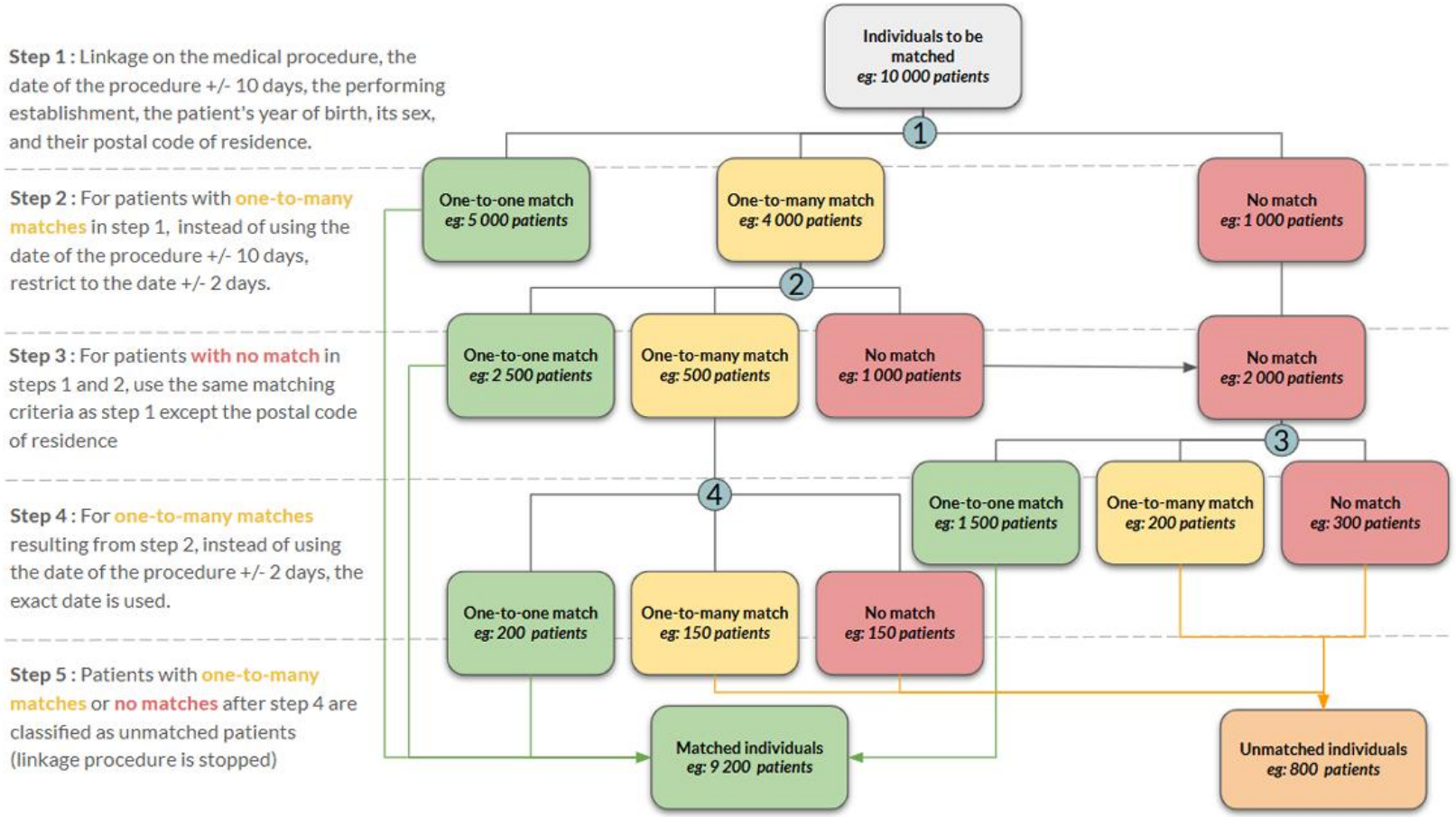
3. Presenting today‘s document: **Draft guideline for health data access bodies on**

1.5



3. Presenting today‘s document: **Draft guideline for health data access bodies on linkage of health datasets (M7.5)**

- **Linkage scenarios – also for requests**
- **Linkage methods & validation techniques**

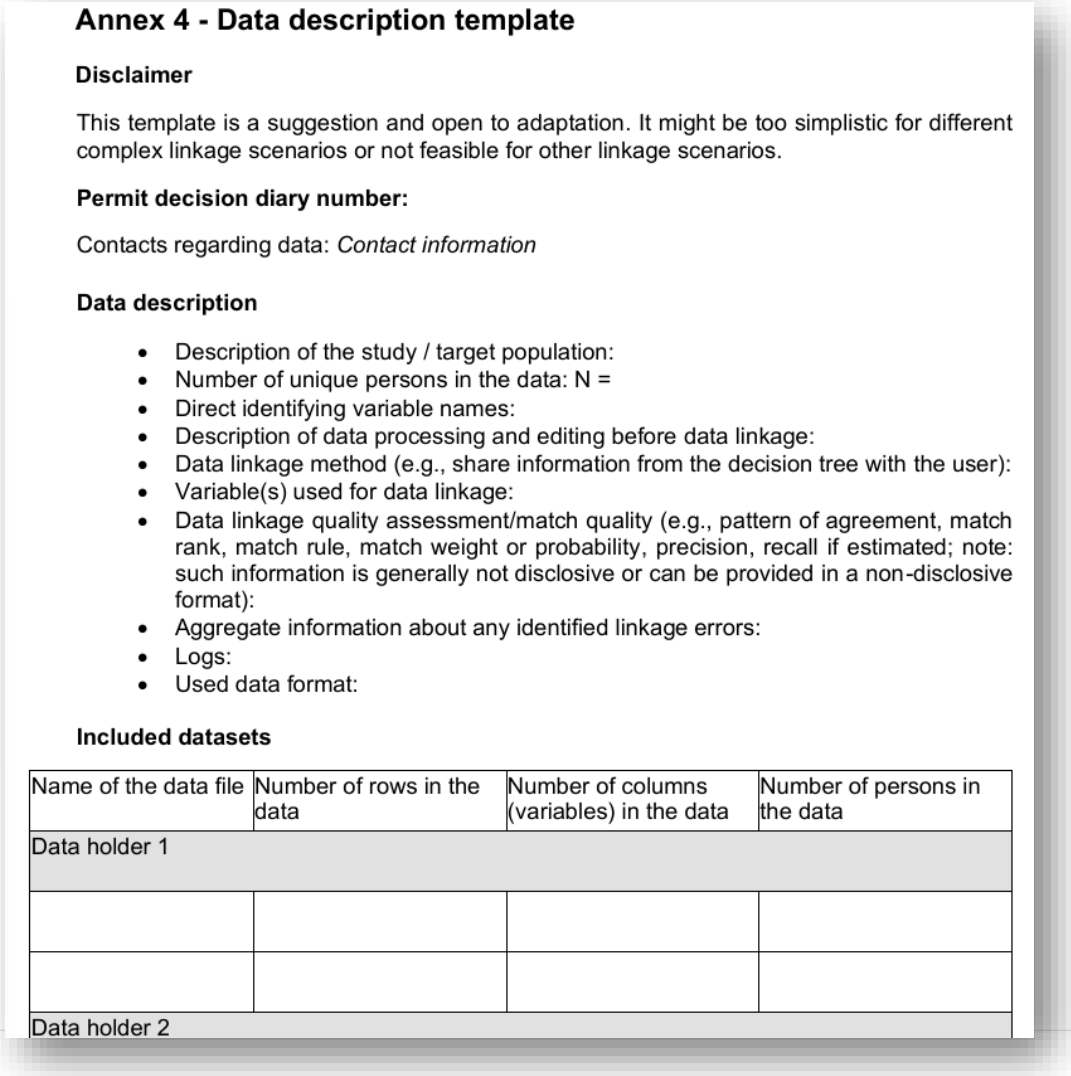


3. Presenting today‘s document: **Draft guideline for health data access bodies on linkage of health datasets (M7.5)**

Role-based access to linkage:

Scenario 1:
Data minimisation ⊖ / re-identification ⊕

Scenario 2:
Data minimisation ⊕ / re-identification ⊖



Annex 4 - Data description template

Disclaimer

This template is a suggestion and open to adaptation. It might be too simplistic for different complex linkage scenarios or not feasible for other linkage scenarios.

Permit decision diary number:

Contacts regarding data: *Contact information*

Data description

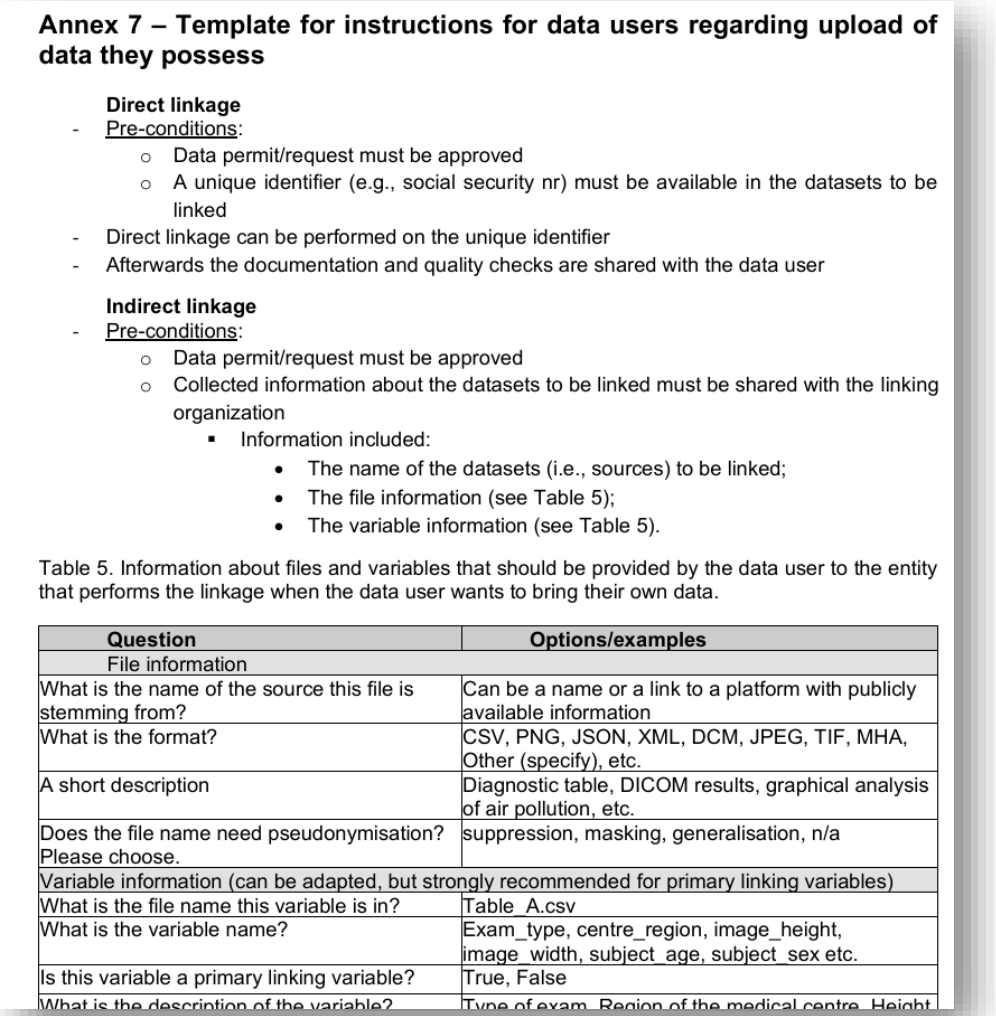
- Description of the study / target population:
- Number of unique persons in the data: N =
- Direct identifying variable names:
- Description of data processing and editing before data linkage:
- Data linkage method (e.g., share information from the decision tree with the user):
- Variable(s) used for data linkage:
- Data linkage quality assessment/match quality (e.g., pattern of agreement, match rank, match rule, match weight or probability, precision, recall if estimated; note: such information is generally not disclosive or can be provided in a non-disclosive format):
- Aggregate information about any identified linkage errors:
- Logs:
- Used data format:

Included datasets

Name of the data file	Number of rows in the data	Number of columns (variables) in the data	Number of persons in the data
Data holder 1			
Data holder 2			

3. Presenting today‘s document: **Draft guideline for health data access bodies on linkage of health datasets (M7.5)**

Annexes – please have a look!



Annex 7 – Template for instructions for data users regarding upload of data they possess

Direct linkage

- Pre-conditions:
  - Data permit/request must be approved
  - A unique identifier (e.g., social security nr) must be available in the datasets to be linked
- Direct linkage can be performed on the unique identifier
- Afterwards the documentation and quality checks are shared with the data user

Indirect linkage

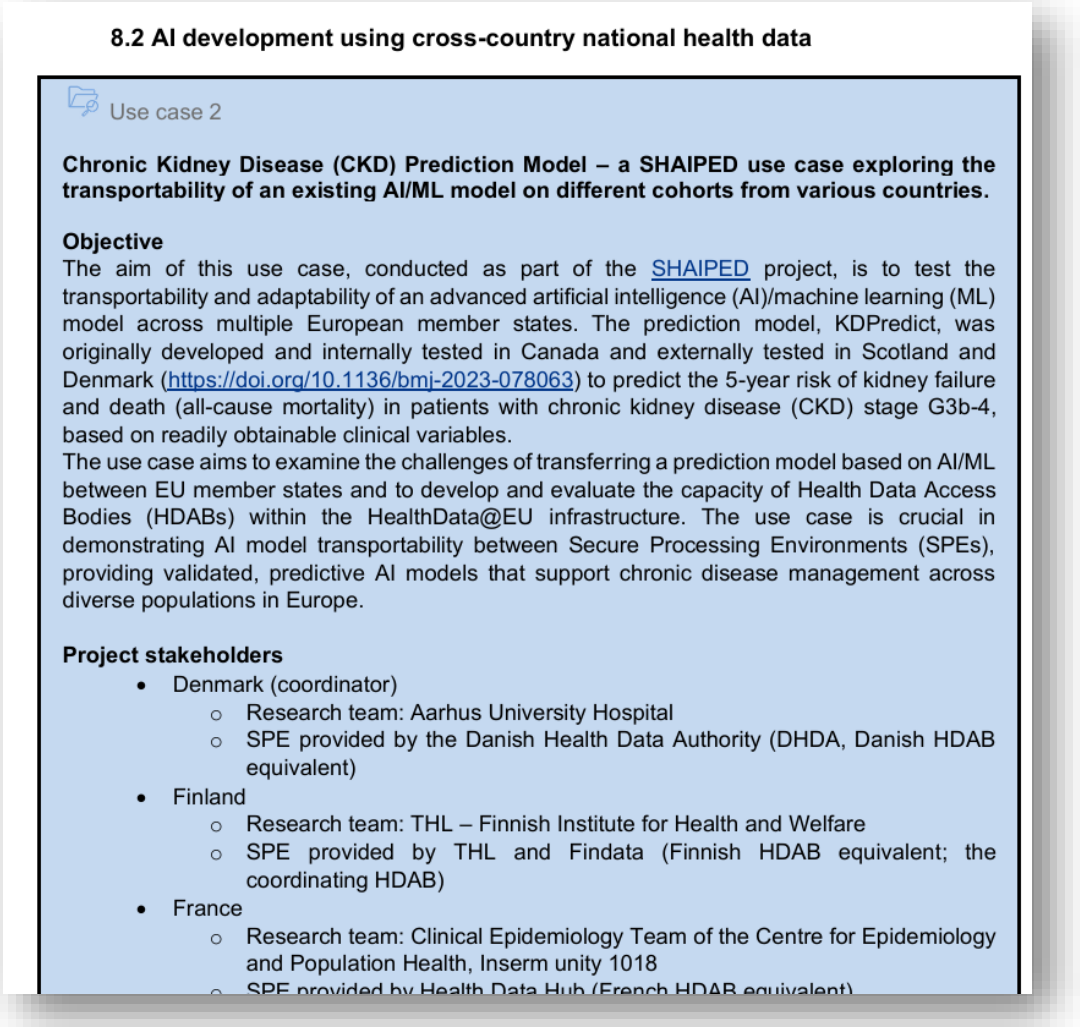
- Pre-conditions:
  - Data permit/request must be approved
  - Collected information about the datasets to be linked must be shared with the linking organization
    - Information included:
      - The name of the datasets (i.e., sources) to be linked;
      - The file information (see Table 5);
      - The variable information (see Table 5).

Table 5. Information about files and variables that should be provided by the data user to the entity that performs the linkage when the data user wants to bring their own data.

Question	Options/examples
File information	
What is the name of the source this file is stemming from?	Can be a name or a link to a platform with publicly available information
What is the format?	CSV, PNG, JSON, XML, DCM, JPEG, TIF, MHA, Other (specify), etc.
A short description	Diagnostic table, DICOM results, graphical analysis of air pollution, etc.
Does the file name need pseudonymisation? Please choose.	suppression, masking, generalisation, n/a
Variable information (can be adapted, but strongly recommended for primary linking variables)	
What is the file name this variable is in?	Table_A.csv
What is the variable name?	Exam_type, centre_region, image_height, image_width, subject_age, subject_sex etc.
Is this variable a primary linking variable?	True, False
What is the description of the variable?	Type of exam, Region of the medical centre, Height

3. Presenting today‘s document: **Draft guideline for health data access bodies on linkage of health datasets (M7.5)**

Annexes – please have a look!



8.2 AI development using cross-country national health data

Use case 2

Chronic Kidney Disease (CKD) Prediction Model – a SHAIPED use case exploring the transportability of an existing AI/ML model on different cohorts from various countries.

Objective

The aim of this use case, conducted as part of the SHAIPED project, is to test the transportability and adaptability of an advanced artificial intelligence (AI)/machine learning (ML) model across multiple European member states. The prediction model, KDPredict, was originally developed and internally tested in Canada and externally tested in Scotland and Denmark (https://doi.org/10.1136/bmj-2023-078063) to predict the 5-year risk of kidney failure and death (all-cause mortality) in patients with chronic kidney disease (CKD) stage G3b-4, based on readily obtainable clinical variables.

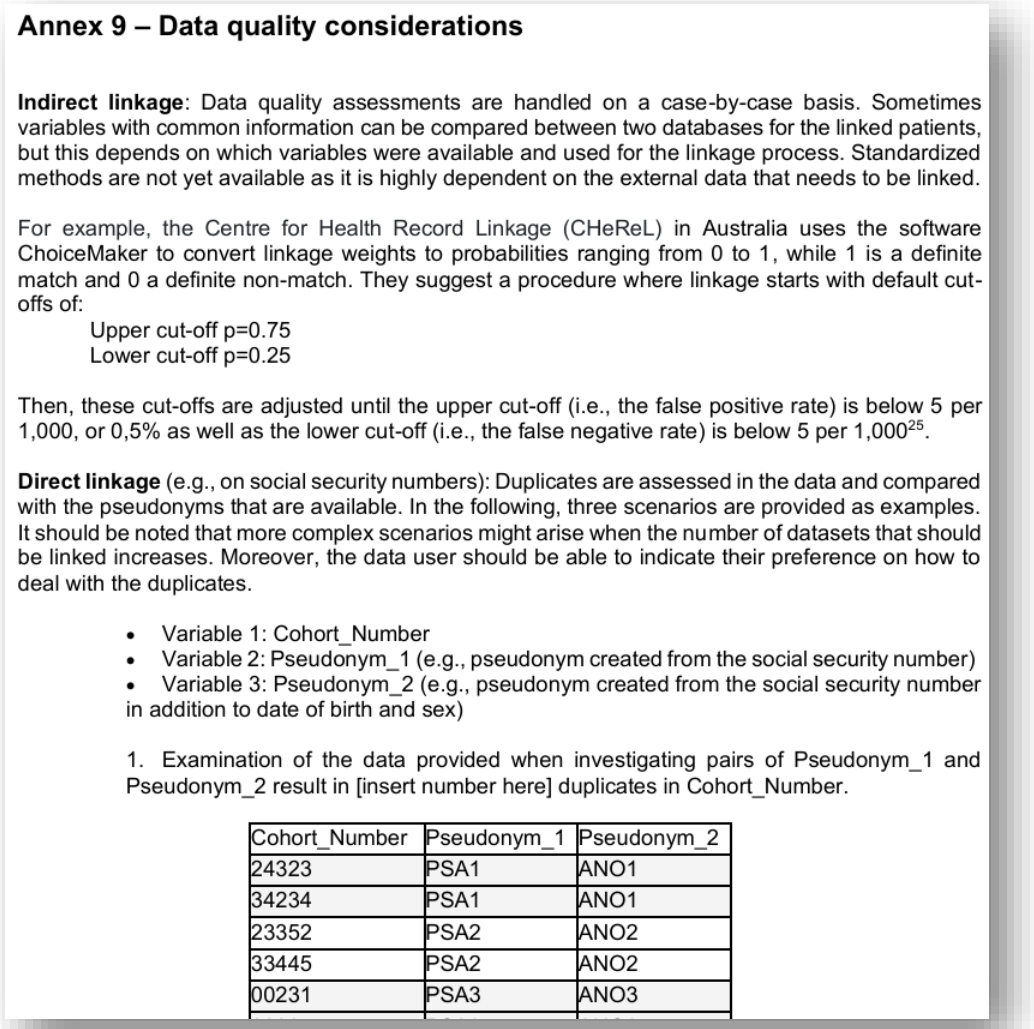
The use case aims to examine the challenges of transferring a prediction model based on AI/ML between EU member states and to develop and evaluate the capacity of Health Data Access Bodies (HDABs) within the HealthData@EU infrastructure. The use case is crucial in demonstrating AI model transportability between Secure Processing Environments (SPEs), providing validated, predictive AI models that support chronic disease management across diverse populations in Europe.

Project stakeholders

- Denmark (coordinator)
  - Research team: Aarhus University Hospital
  - SPE provided by the Danish Health Data Authority (DHDA, Danish HDAB equivalent)
- Finland
  - Research team: THL – Finnish Institute for Health and Welfare
  - SPE provided by THL and Findata (Finnish HDAB equivalent; the coordinating HDAB)
- France
  - Research team: Clinical Epidemiology Team of the Centre for Epidemiology and Population Health, Inserm unity 1018
  - SPE provided by Health Data Hub (French HDAB equivalent)

3. Presenting today‘s document: **Draft guideline for health data access bodies on linkage of health datasets (M7.5)**

Annexes – please have a look!



Annex 9 – Data quality considerations

Indirect linkage: Data quality assessments are handled on a case-by-case basis. Sometimes variables with common information can be compared between two databases for the linked patients, but this depends on which variables were available and used for the linkage process. Standardized methods are not yet available as it is highly dependent on the external data that needs to be linked.

For example, the Centre for Health Record Linkage (CHeReL) in Australia uses the software ChoiceMaker to convert linkage weights to probabilities ranging from 0 to 1, while 1 is a definite match and 0 a definite non-match. They suggest a procedure where linkage starts with default cut-offs of:

Upper cut-off p=0.75
Lower cut-off p=0.25

Then, these cut-offs are adjusted until the upper cut-off (i.e., the false positive rate) is below 5 per 1,000, or 0,5% as well as the lower cut-off (i.e., the false negative rate) is below 5 per 1,000[25].

Direct linkage (e.g., on social security numbers): Duplicates are assessed in the data and compared with the pseudonyms that are available. In the following, three scenarios are provided as examples. It should be noted that more complex scenarios might arise when the number of datasets that should be linked increases. Moreover, the data user should be able to indicate their preference on how to deal with the duplicates.

- Variable 1: Cohort_Number
- Variable 2: Pseudonym_1 (e.g., pseudonym created from the social security number)
- Variable 3: Pseudonym_2 (e.g., pseudonym created from the social security number in addition to date of birth and sex)

1. Examination of the data provided when investigating pairs of Pseudonym_1 and Pseudonym_2 result in [insert number here] duplicates in Cohort_Number.

Cohort_Number	Pseudonym_1	Pseudonym_2
24323	PSA1	ANO1
34234	PSA1	ANO1
23352	PSA2	ANO2
33445	PSA2	ANO2
00231	PSA3	ANO3

4. Q&A

2. TEHDAS2 Online-Workshop-Serie 11.05.-26.05.2026

Date	Workshop
May 11th, 2026	Draft guideline for data enrichment (M5.4), *Dr. Anna Niemeyer (TMF e. V., Germany)*
May 12th, 2026	Draft guideline for health data access bodies on international and third country access and transfer of electronic health data (M4.3), *Irene Schlünder (TMF e. V., Germany)*
May 18th, 2026	Draft guideline for health data access bodies on informing natural persons about the use of health data – "Citizen Information Point" (M8.3), *Irene Schlünder (TMF e. V., Germany)*
May 19th, 2026	Draft guideline for health data access bodies on linkage of health datasets (M7.5), *Pia Brinkmann (Bundesinstitut für Arzneimittel und Medizinprodukte BfArM, Germany)*
May 21st, 2026	Draft guideline for data users navigating the catalogue (M5.5), *Dr. Anna Niemeyer (TMF e. V., Germany)*
May, 22nd,2026	Draft guideline for data users on handling research outcomes (M8.4), *Chryso Pieridou, PhD (Karaiskakio Foundation, Cyprus)*
May 26th, 2026	Draft guideline on a framework for collaboration (M4.2), *Beatriz Barros (Sciensano, Belgium)*

More information & registration: https://www.tmf-ev.de/news/tehdas2-public-consultations-tmf-workshops-mai-2026

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