

Document Type | Form

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Title | Patient Registration

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☐ Female

Initials: _____/ ____(first name / family name)

EBMT Centre Identification Code (CIC):	Treatment Type	□ нст □ ст	☐ IST	☐ Othe
Hospital Unique Patient Number (UPN):				
Patient Number in EBMT database:	Treatment Date _	//(Y	YYY/MM/DE	D)

PATIENT REGISTRATION				
INFORMED CONSENT				
Did the patient consent to having their data submitted to EBMT?	☐ No	☐ Yes		
Date of informed consent: / (YYYY/MM/DD)				
Is your centre using the EBMT consent form?	□ No	☐ Yes		
Did the patient consent to data sharing with health authorities and/or researchers?	□ No	☐ Yes		Unknown
Did the patient consent to data sharing with HTA bodies/reimbursement agencies?	: No	☐ Yes		Unknown
Did the patient consent to data sharing with Market Authorisation Holders (MAH)?	□ No	☐ Yes		Unknown
Did the patient consent to their medical records being reviewed?	□ No	☐ Yes		Unknown
PATIENT DATA				
Hospital Unique Patient Number or code (UPN): (Compulsory; registration will not be accepted without this item. All treatments (Hospital the same patient identification number or code as this belongs to the patient and		•	nt mus	t be registered with
Date of birth: / (YYYY/MM/DD) (Year of birth is compulsory; month and date are strongly recommended)				
Sex (at birth): ☐ Male				

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☐ No

EBMT Centre Identification Code (CIC):	Treatment Type	□ нст □ ст	☐ IST	☐ Other
Hospital Unique Patient Number (UPN):				
Patient Number in EBMT database:	Treatment Date _	//YY	YY/MM/DE	D)

☐ Yes

PATIENT DATA continued		
Blood group:		
□ A		
□В		
□ AB		
□ o		
Rhesus factor:		
☐ Negative		
Positive		

Participation in non-EBMT national/international study/trial:

Can the patient be included in EBMT studies?

☐ Yes: Name/identifier of study/trial: _

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EBMT Centre Identification Code (CIC): ____

☐ Black or Black British - African

☐ Other Ethnic Groups - Chinese

 □ Not stated Unknown

☐ Black or Black British - Any other Black background

 $\hfill \square$ Other Ethnic Groups - Any other ethnic group

EBMT	Hospital Unique Patient Number (UPN): Patient Number in EBMT database:	Treatment Date / (YYYY/MM/DD)
		ENDIX centres only
	stal code where patient was living during the HC be used by the centre to register this data if require	
Ethnicity:	☐ White - British	
	☐ White - Irish	
	☐ White - Any other White background	
	☐ Mixed - White and Black Caribbean	
	☐ Mixed - White and Black African	
	☐ Mixed - White and Asian	
	☐ Mixed - Any other mixed background	
	— ☐ Asian or Asian British - Indian	
	Asian or Asian British - Pakistani	
	— ☐ Asian or Asian British - Bangladeshi	
	Asian or Asian British - Any other Asian backgr	ound
	☐ Black or Black British - Caribbean	

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