<table>
<thead>
<tr>
<th>Document Type</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Index Number</td>
<td>Registry 118</td>
</tr>
<tr>
<td>Version Number</td>
<td>1.0</td>
</tr>
<tr>
<td>Title</td>
<td>Patient Registration</td>
</tr>
<tr>
<td>Author</td>
<td>Annelot van Amerongen</td>
</tr>
<tr>
<td>Authorised By</td>
<td>Annelot van Amerongen</td>
</tr>
<tr>
<td>Authorised On</td>
<td>22-Aug-2023</td>
</tr>
<tr>
<td>Release Date:</td>
<td>22-Aug-2023</td>
</tr>
</tbody>
</table>
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 (HCT/CT/IST) of the patient must be registered with the same patient identification number or code as this belongs to the patient and not to the treatment.)

Date of birth:  _ _ _ _ / _ _ / _ _ (YYYY/MM/DD)
(Year of birth is compulsory; month and date are strongly recommended)

Sex (at birth):
□ Male
□ Female

Initials: _________ / _________ (first name / family name)
PATIENT DATA continued

Blood group:
☐ A
☐ B
☐ AB
☐ O

Rhesus factor:
☐ Negative
☐ Positive

Participation in non-EBMT national/international study/trial:
☐ No
☐ Yes: Name/identifier of study/trial: ______________________

Can the patient be included in EBMT studies?
☐ No  ☐ Yes
APPENDIX
For relevant centres only

Area or postal code where patient was living during the HCT/CT/IST: ________________________________
(Optional; to be used by the centre to register this data if required by the country legislation)

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 background
- Black or Black British - Caribbean
- Black or Black British - African
- Black or Black British - Any other Black background
- Other Ethnic Groups - Chinese
- Other Ethnic Groups - Any other ethnic group
- Not stated
- Unknown