

CSCC
Collaborative Data Project
C-Data

Enrollment Form

Version 5.2 06Sep2007

Item	Instructions
Date of Birth	Record the patient's date of birth in dd/mmm/yyyy format (i.e., 25/SEP/1970), as determined from the patient's medical record.
Gender	Check the appropriate gender, as determined from the patient's medical record.
Diagnosis	<ul style="list-style-type: none"> • Check only one box for the diagnosis of this patient, as determined from the patient's medical record. • If "S Other" is checked, please specify diagnosis.
Enrollment	<ul style="list-style-type: none"> • Check the appropriate time of enrollment to indicate whether the patient was enrolled during a clinic visit or at a special event planned to enroll patients. • Only patients seen regularly within your center should be enrolled. Avoid enrolling one time drop-in patients, if possible.
Informed Consent/Authorization	Record the date that the patient (or the parent/guardian of the patient) signed the informed consent/authorization in dd/mmm/yy format (i.e., 25/SEP/04).
Date of Clinical Encounter	<ul style="list-style-type: none"> • Record the most recent clinical encounter of this patient in dd/mmm/yy format. • If the patient enrolled during a <i>clinical encounter</i>, enter this date. • If the patient enrolled during a <i>special study enrollment visit</i>, enter the date of the most recent clinical encounter prior to the study enrollment visit.

Comprehensive Sickle Cell Centers	Enrollment Form	Enrollment
Protocol # 2 Collaborative Data Project	Date Form Completed: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Day Month Year Form Completed by: <input type="text"/> <input type="text"/> <input type="text"/>	CSCC ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Center code: <input type="text"/> <input type="text"/> <input type="text"/> Hospital code: <input type="text"/> <input type="text"/> <input type="text"/>

Date of Birth: / /
Day Month Year

Gender: Male
 Female

Diagnosis **SS** **SC** **sβ⁺** **sβ⁰**
(choose one)
 S Other, specify _____

Did this patient enroll at time of a: Clinical Encounter

(clinical encounter includes a visit such as a routine follow-up, transfusion, research study, medications, acute visit, ED visit or hospital admission)

OR

Special Study enrollment visit for Patient Database

Date patient signed Informed Consent/Authorization: / /
Day Month Year

Date of most recent clinical encounter: / /
(Including enrollment encounter, if applicable)
Day Month Year