|  |  |  |
| --- | --- | --- |
| **Initial Registration** | **Additional Registration** | **Corrected Form** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol #** | | **Protocol Version Date:** | |
| **Signed ICF Date:** | **Patient ID:** | | **Patient Zip Code:** |
| **Registration Date:** | **Patient Initials:** | | **Registering MD:** |
| **Credit Assigned To:** | **DOB:** | | **Coordinator:** |
| Alliance DCP | **Treatment Arm:** or  N/A | | |
| NRG | **Gender:**  Male  Female | | |
| SWOG | **Race:**  American Indian or Alaska Native Hispanic or Latino | | |
| URCC | White  Native Hawaiian or Other Pacific Islander | | |
| Wake Forest | Asian Other | | |
|  | Black or African American **Ethnicity – Hispanic or Latino:**   Yes  No | | |

**Payable Items**

***\*\*\*\*Please use same terminology as funding sheet when typing in specifics\*\*\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| **Event:** | **Shipping/ Completion Date** | **OPEN Entry Date** | **Time Point** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\*\*Please send all forms to [UpstateNCORPEventForm@SRHS.com\*\*\*](mailto:UpstateNCORPEventForm@SRHS.com***)

In the event of computer access loss fax to 864-560-1055