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| [ ] **Initial Registration**  | [ ] **Additional Registration**  | [ ] **Corrected Form** |

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| **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\*\*\*\****

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| **Event:** | **Shipping/ Completion Date** | **OPEN Entry Date** | **Time Point** |
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\*\*\*Please send all forms to UpstateNCORPEventForm@SRHS.com\*\*\*

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