EBMT Centre Identification Code (CIC): _ _ _ _
Hospital Unique Patient Number (UPN): _ _ _ _ _ _ _ _ _ _ _ _ _
Patient Number in EBMT Registry: _ _ _ _ _ _ _ _ _

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

Treatment Date _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)*

PATIENT REGISTRATION

INFORMED CONSENT

Did the patient consent to having their data submitted to EBMT?	☐ **No**	☐ **Yes**	
First informed consent date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*			
Most recent consent date: _ _ _ _ / _ _ / _ _ *(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