

# FAX Registration

## CPS-Registry 01 / accompanying projects

Please send this form to Registry center in  
Hannover. Fax-Nr.: +49 511 532-161026

Referring Physician/Clinic	
Patient Initials (name/last name)	
Quarter and Year of Birth (a/yyyy)	
Sex	<input type="checkbox"/> male <input type="checkbox"/> female
CPS-Diagnosis	
Date of Informed Consents (dd/mm/yyyy)	CPS-Registry 01:                      ADDRESS:                      Liquid Biopsy:

### Further relevant characteristics of identification to avoid multiple registration in MARVIN

Other diseases known?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify .....
Patient is already registered in a GPOH-Study or Registry	<input type="checkbox"/> No <input type="checkbox"/> Yes, Registry/Study .....
Patient is already registered in MARVIN	<input type="checkbox"/> Yes, Marvin ID ..... <input type="checkbox"/> Yes, Marvin ID not known <input type="checkbox"/> No
Study participation in a different documentation software than MARVIN	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify .....

Name: ..... Date and Signature:.....

Stamp:

### Filled in by the Registry center and returned to the clinic!

Your patient is registered in CPS-R01 with the following MARVIN ID:

Your patient is registered in CPS-R01 with the following Study-ID:

Hannover, .....

.....  
Signature registry center

If you have any questions, please contact the registry center in Hannover, Germany.  
Phone: +49 511 532-9408/-6738