

# FAX Registration

## CPS-Registry 01

Please send this form to Registry center in Hanover.

Fax-Nr.: +49 511 532-161026

|   |   |                |          |       |
|---|---|----------------|----------|-------|
| Referring Physician/Clinic                    |   |                |          |       |
| Patient Initials (name/last name)             |   |                |          |       |
| Quarter and Year of Birth (q/yyyy)            |   |                |          |       |
| Sex   | <input type="checkbox"/> male <input type="checkbox"/> female |                |          |       |
| CPS-Diagnosis                                 |   |                |          |       |
| Date of Informed Consent CPS R01 (dd/mm/yyyy) |   |                |          |       |
| Date of Informed Consent (optional)           | FAR 01:   | Liquid Biopsy: | ADDRESS: | DKKR: |

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

|   |  |
|---|--|
| Patient is already registered in a GPOH-Study or Registry | <input type="checkbox"/> No<br>Yes, Registry/Study .....                     |
| Patient is already registered in MARVIN                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes, Marvin ID ..... |

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:

Your patient is registered in FAR 01 with the following Study-ID:

Hannover, .....

.....  
Signature registry center

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