

# 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 (first 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:

### 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 <input type="checkbox"/> Yes, Registry/Study .....
Patient is already registered in MARVIN	<input type="checkbox"/> No <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.