

# Form 5002 R1.0: RITN Patient Contact Information

Center:

CRID:

## Key Fields

Sequence Number: \_\_\_\_\_

Date Received: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Event date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Patient Contact Information

Questions: 1 - 17

1 Is the patient a legal adult or emancipated minor?

☐ yes ☐ no

2 First name: \_\_\_\_\_

3 Last name: \_\_\_\_\_

4 Language preference \_\_\_\_\_

5 Specify other language: \_\_\_\_\_

### Mailing address:

6 Country \_\_\_\_\_

7 State \_\_\_\_\_

8 City: \_\_\_\_\_

9 Street: \_\_\_\_\_

10 Zip code: \_\_\_\_\_

### Phone number(s):

11 Home: \_\_\_\_\_

12 Work: \_\_\_\_\_

13 Cell: \_\_\_\_\_

14 Specify time zone

☐ Hawaii-Aleutian Time (HAT)

☐ Alaska Time (AK)

☐ Pacific Time (PT)

☐ Mountain Time (MT)

☐ Central Time (CT)

☐ Eastern Time (ET)

☐ Atlantic Time (AST)

☐ Other time zone

15 Specify other time zone: \_\_\_\_\_

### Email address(es):

16 Primary email address: \_\_\_\_\_

17 Second email address: \_\_\_\_\_  
(optional)

## Parent or Legal Guardian Contact Information

Questions: 18 - 51

If the patient is not a legal adult or emancipated minor, specify the contact information for the patient's parent or legal guardian:

18 First name: \_\_\_\_\_

(parent or legal guardian)

19 Last name: \_\_\_\_\_

(parent or legal guardian)

20 Language preference \_\_\_\_\_

21 Specify other language: \_\_\_\_\_

### Parent or legal guardian address:

22 Country \_\_\_\_\_

23 State \_\_\_\_\_

24 City: \_\_\_\_\_

25 Street: \_\_\_\_\_

26 Zip code: \_\_\_\_\_

### Parent or legal guardian phone number(s):

27 Home: \_\_\_\_\_

28 Work: \_\_\_\_\_

29 Cell: \_\_\_\_\_

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Center:

CRID:

## 30 Specify time zone

- ☐ Hawaii-Aleutian Time (HAT)
- ☐ Alaska Time (AK)
- ☐ Pacific Time (PT)
- ☐ Mountain Time (MT)
- ☐ Central Time (CT)
- ☐ Eastern Time (ET)
- ☐ Atlantic Time (AST)
- ☐ Other time zone

31 Specify other time zone: \_\_\_\_\_

### Parent or legal guardian e-mail address(es):

32 Primary email address: \_\_\_\_\_

33 Second email address: \_\_\_\_\_  
(optional)

## Alternate Contact Information (1)

Questions: 34 - 51

### Alternate contact information:

34 First name: \_\_\_\_\_  
(alternate contact)

35 Last name: \_\_\_\_\_  
(alternate contact)

36 Relationship to patient \_\_\_\_\_

37 Specify other relationship: \_\_\_\_\_

38 Language preference \_\_\_\_\_

39 Specify other language: \_\_\_\_\_

### Alternate contact mailing address:

40 Country \_\_\_\_\_

41 State \_\_\_\_\_

42 City: \_\_\_\_\_

43 Street: \_\_\_\_\_

44 Zip code: \_\_\_\_\_

### Alternate contact phone number(s):

45 Home: \_\_\_\_\_

46 Work: \_\_\_\_\_

47 Cell: \_\_\_\_\_

## 48 Specify time zone

- ☐ Hawaii-Aleutian Time (HAT)
- ☐ Alaska Time (AK)
- ☐ Pacific Time (PT)
- ☐ Mountain Time (MT)
- ☐ Central Time (CT)
- ☐ Eastern Time (ET)
- ☐ Atlantic Time (AST)
- ☐ Other time zone

49 Specify other time zone: \_\_\_\_\_

### Alternate contact e-mail address(es):

50 Primary email address: \_\_\_\_\_

51 Second email address: \_\_\_\_\_  
(optional)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_