

Form 2804 R5.0: CIBMTR Research ID Assignment Form

Center: _____

CRID: _____

Key Fields

Questions: -

CIBMTR Center Number: _____

Demographics

Questions: 1 - 17

1 First Name: _____
(patient)

2 Last Name: _____
(patient)

3 Date of birth: ____ - ____ - ____

Location of birth:

4 Country _____

5 State _____

6 City: _____

7 Sex
☐ male ☐ female

8 Social Security number: _____ (not applicable for non-U.S. citizens)

9 Patient's mother's maiden name: _____ (optional for non-U.S. centers)

Specify additional IDs assigned to this patient:

10 Recipient NMDP ID: _____

11 Recipient IUBMID _____
(former IBMTR #)

12 Team ID: _____
(former CIBMTR #)

13 Institution-specific subject ID: _____

Outcomes Registry (1)

Questions: 14 - 17

14 Specify outcomes registry _____

15 EBMT CIC: _____

16 Specify other outcomes registry: _____

17 Outcomes registry subject ID: _____

First Name: _____ Last Name: _____

E-mail address: _____

Date: ____ - ____ - ____