

# Registration Visit

Subject ID

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## Form RV: Registration Visit

Date of visit at which patient was consented:

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Did the patient/family provide informed consent for the Harvard Data Registry?

- ☐ Yes  
☐ No

If no, provide reason

- ☐ Not interested in Research Studies  
☐ Privacy Concerns  
☐ Time Commitment  
☐ Other, specify

Other:

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Is this a patient enrolled in VEOIBD studies?\*\*

- ☐ Yes  
☐ No

Has the patient consented to be in IBD center sample collection studies?\*\*

- ☐ Yes  
☐ No

If Yes, what other studies?\*\*

- ☐ Biorepository (P00000529)  
☐ CHIMP (X06-10-0470)  
☐ Oral microbiome (X09-10-0535)  
☐ Grand Lee Genetics (04-12-173R)  
☐ Bousvaros Immunoregulation (98-12-206R)

What samples has the patient given?\*\*

- ☐ Blood  
☐ Fecal  
☐ GI Biopsy  
☐ Oral swab  
☐ Resected tissue  
☐ Saliva  
☐ Urine  
☐ Other

Other Sample Type

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## Form A: Demographic Information

Date of birth

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MRN\*\*

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Gender

- ☐ Female  
☐ Male  
☐ Undefined

Race

- ☐ White or Caucasian
  - ☐ Black or African American
  - ☐ Asian
  - ☐ American Indian or Alaskan Native
  - ☐ Native Hawaiian or other Pacific Islander
  - ☐ Other
- (Put other for anything not listed here  
(Middle-Eastern, Dual Race...))

Is the patient of Hispanic or Latino origin?

- ☐ Yes
- ☐ No

Is the patient diagnosed with Inflammatory Bowel Disease?

- ☐ Yes
- ☐ No

Did patient/family consent to contact about further studies?

- ☐ Yes
- ☐ No