



NACC Participant Enrollment/Transfer Form

ADRC: _____ PTID: _____ Form date: ____/____/____ Examiner's initials: _____

INSTRUCTIONS: Submit this form to activate or update the enrollment of a participant at NACC.

1.	Is this an activation or an update? <i>Activation: If this is a new participant at your center and you would like to enroll them in the NACC database and/or procure a NACCID for this participant, select 'Activation'.</i> <i>Update: If this is an existing participant at your center and you would like to make a change to their record in the NACC database or indicate the transfer of a participant between centers, select 'Update'.</i>	<input type="checkbox"/> 1 Activation <input type="checkbox"/> 2 Update
2.	Does the participant have a NIA GUID? About the NIA GUID.	<input type="checkbox"/> 0 No (SKIP TO QUESTION 3) <input type="checkbox"/> 1 Yes
2a.	Please provide the NIA GUID: (10-digit alpha-numerical format. Ex: NIH012ABC24DE)	_____
3.	Has the participant been previously enrolled at another ADRC?	<input type="checkbox"/> 0 No (SKIP TO QUESTION 4) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown (SKIP TO QUESTION 4)
3a.	At which ADRC was this participant previously enrolled (enter ADCID)? <i>You can view the current list of ADCIDs here.</i>	_____
3b.	Please provide the previous PTID (if known): <i>PTID (may be referred to as Subject ID or local ID) is the ADRC-managed participant ID. Formats vary by each center; this is the ID used for UDS (uniform dataset) identification internally. If unknown, leave blank.</i>	_____
4.	Is the NACCID for this participant known?	<input type="checkbox"/> 0 No (SKIP TO QUESTION 5) <input type="checkbox"/> 1 Yes
4a.	Please provide the NACC ID:	NACC _____
5.	If this is an update, is the participant transferring to another center?	<input type="checkbox"/> 0 No (END FORM HERE) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Not an update (END FORM HERE)
5a.	Which ADRC is the participant transferring to (enter ADCID)? <i>You can view the current list of ADCIDs here.</i>	_____
5b.	Date of last visit at your center (MM/DD/YYYY): (If unknown, leave blank)	____/____/____