| Comprehensive Sickle Cell Centers | Enrollment Form | |
|---|---|---|
| **Collaborative Data Project** | Date Form Completed: ENRL:COMPDA / ENRL:COMPMO / ENRL:COMPYR (DD MMM YYYY)<br>Form Completed by: ENRL:COMPINT | CSCC ID: {subject.name}<br>Center code: {center.name}<br>Hospital code: {center.hospital.name} |

Date of Birth: ENRL:BIRTHDA / ENRL:BIRTHMO / ENRL:BIRTHYR
DD MMM YYYY

Gender:
☐ (ENRL:GENDER) Male
☐ (ENRL:GENDER) Female

Diagnosis:
*(choose one)*
☐ (ENRL:DIAG) SS ☐ (ENRL:DIAG) SC ☐ (ENRL:DIAG) $S\beta^+$ ☐ (ENRL:DIAG) $S\beta^0$
☐ (ENRL:DIAG) S Other, specify ENRL:DIAGSP

Did this patient enroll at time of a:
☐ (ENRL:ENRLTM) Clinical Encounter
(clinical encounter includes a visit such as a routine follow-up, transfusion, research study, medications, acute visit, ED visit, or hospital admission)

**OR**

☐ (ENRL:ENRLTM) Special Study enrollment visit for Patient Database

Date patient signed Informed Consent/Authorization: ENRL:INFRMDA / ENRL:INFRMMO / ENRL:INFRMYR
DD MMM YYYY

Date of most recent clinical encounter:
*(including enrollment encounter, if applicable)*
ENRL:ENCDA / ENRL:ENCMO / ENRL:ENCYR
DD MMM YYYY

Comments for page:
ENRL:COMTXT

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