



# Care Redesign Provider Registration Form

Version 1.0 (1/17/2020)

Subject ID Label

By entering this form into the DMS, you are entering this provider subject into the SCDIC Care Redesign database. The REDCap provider data collection survey is accessible after the consent date is entered. Demographics should be completed for confirmed subjects only.

1. Date signed consent obtained:  N/A (waiver of consent)  
Date of Enrollment: |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  
(mm/dd/yyyy)

2. The subject completed the provider data collection survey via the following mode (check one):  
 Self-administered; hard copy       Interview; hard copy  
 Self-administered; online entry       Interview; online entry

3. The subject was enrolled at a clinic location within the SCDIC center (check one):

St. Jude Clinics:

- St. Jude Children's Research Hospital
- Methodist University Hospital
- Baptist Health Care

Duke Clinics:

- Duke Adult Sickie Cell Clinic
- Duke Pediatric Sickie Cell Clinic

Chicago Clinics:

- UI Hospital & Health Sciences System, Sickie Cell Center
- UI Hospital & Health Sciences System, Pediatric Department
- OSF Healthcare/Children's Hospital of Illinois
- Sinai Health System
- Lawndale Christian Health Center

UCSF Clinics:

- UCSF Benioff Children's Hospital Oakland
- UC Davis

Mount Sinai Clinics:

- Mount Sinai Hospital

Wash-U Clinics:

- St. Louis Children's Hospital Pediatric
- Barnes Jewish Hospital Hematology
- Christian Hospital Northeast-Hematology

Augusta Clinics:

- Augusta University Adult Center for Blood Disorders
- AU Pediatric Hem/Onc
- AU Macon Outreach Clinic
- AU Sylvester Outreach Clinic
- AU Savannah Outreach Clinic

MUSC Clinics:

- MUSC Adult Sickie Cell Clinic
- MUSC Pediatric Sickie Cell Clinic

Other clinic, specify:  
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\*\*\*\*\*PROVIDER DATA COLLECTION SURVEY IS NOW ACCESSIBLE IN REDCAP\*\*\*\*\*