Please send the completed form(s) to nuth.vivobiobank@nhs.net, or alternatively by post to: VIVO Biobank Manager, Wolfson Childhood Cancer Research Centre, Hershel Building Level 6, Newcastle University, Newcastle upon Tyne, NE1 7RU, UK

Funded by: Cancer Research UK for Children & Young People | Blood cancer UK

CLEAR FORM

Patient Registration Form

Centre Number | **Patient Number**

Hospital Name

NOTE: Fill only section 1 – 3 if samples are being sent to UK Biocentre with the sample information sheets for the first time. All subsequent samples being sent to UK Biocentre do not require this form to be filled.

For constitutional DNA sample of solid tumours, a pre-treatment sample is preferable, but if not possible any other time point when the patient has adequate neutrophil count (>1.0 x 10^9/L) is acceptable

1 - Patient Information

Clear Section

Sex	Male ☐ Female ☐	1.01
Initials		1.02
Date of Birth	/ /	1.03
Hospital Number		1.04
NHS/CHI Number		1.05
Postcode		1.06
Ethnicity		1.07
Is the patient on a clinical trial?	Yes ☐ No ☐	1.08
Trial name / Trial number		1.09
Trial name other		1.10

2 - Consent

Clear Section

Who is giving consent? Patient ☐ Parent ☐ Guardian ☐ 2.01

Has consent been given for the following statements: 2.02

	Y	N	
• Samples to be stored in the VIVO Biobank?	☐	☐	2.03
• Samples to be used in research worldwide?	☐	☐	2.04
• DNA testing to be performed on samples?	☐	☐	2.05
• Samples to be used in animal research?	☐	☐	2.06

Sample originally taken using deferred consent ☐

Additional comments	2.07
Date consent obtained / /	2.08

I confirm consent has been obtained for the VIVO Biobank and a copy retained in the patient's medical notes.

Name	2.09
Job Title	2.10
Date / /	2.11
Person confirming consent	2.12

3 – Diagnosis and Treatment Information

Clear Section

Diagnosis *(please select most appropriate, leave blank if diagnosis not yet known & add other diagnoses in other diagnosis box)*

Main Category	- Main Diagnosis	- Sub-Type	- Anatomical Location	- Additional Information	
					3.01
E.g. Bone	*Osteosarcoma*	*High Risk*	*Femur*	*MYCN Amplified*	

Other diagnosis *(not on drop-down)*	3.02
Date of diagnosis / /	3.03
Stage (*not leukaemia*)	3.04
Grading (*not leukaemia*)	3.05
Immunophenotype (Leukaemia only)	3.06
Other immunophenotype (do not abbreviate)	3.07
Genetic information (if available)	3.08
GTAB Number (if available)	3.09

Whole Genome Sequencing (WGS) done for this patient? Y ☐ N ☐ 3.10

Save As