



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

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 ($>1.0 \times 10^9/L$) is acceptable

1 - Patient Information

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

Who is giving consent? Patient Parent Guardian 2.01
Has consent been given for the following statements: Y N 2.02

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

 Sample originally taken using deferred consent 2.04
 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

Diagnosis (please select most appropriate, leave blank if diagnosis not yet known & add other diagnoses in other diagnosis box) 3.01
 Main Category - Main Diagnosis - Sub-Type - Anatomical Location - Additional Information
 - - - - -
 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