External Site Subject Registration Form

For use on investigator-sponsored, multi-center trials only.

DF/HCC Protocol # _____ Enrolling Site _____

SUBJECT INFORMATION

Subject Initials* _____ Date of Birth† _____/_____/_____

Gender†_____ Race†_____ Zip Code† _____

Ethnicity† ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Diagnosis†_____

ASSIGNMENT

Indicate the arm / cohort / dose level for this subject, if known _____

Date on study / treatment is scheduled to begin_____

ELIGIBILITY

To be completed by local site Screening Staff. By signing below, I confirm that this subject is [☐ **eligible**/ ☐ **ineligible** / ☐ **eligible with exception**].

Signature:	Date:
Printed Name (include credentials):	

Eligibility Exception (Required only if eligibility exception granted for this subject)

OHRS Other Event # for Eligibility Exception	
IRB Approval Date for Eligibility Exception	
Sponsor Approval Date for Eligibility Exception	

To be completed by DF/HCC Enrollment Monitor.

Signature:	Date:
Printed Name:	

* Subject initials are a minimum requirement for registration by DF/HCC. Placeholder initials are acceptable if actual initials cannot be provided.
† NCI requests this information for the Clinical Trials Reporting Program. Any available demographic information and the month and year of birth must be provided.