

Center for Clinical Investigation Booking Information

Protocol Number: _____	Protocol Title: _____
Booked By: _____	Telephone: _____
Patient Name: _____ Last Name, First Name	Medical Record #: _____
Address: _____ Street	Telephone: _____
_____	Date of Birth: _____
City, Town	
Admission Date: _____	Length of Stay: _____
Diagnosis: _____	Attending MD: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	

Please email this document to: CCI9ABorders@partners.org

Minority Categorization:

To the Patient: Please indicate the category (or categories) which best describes you. You are not required to indicate your race in order to participate in the research study, however the information is very helpful to us. It will be kept confidential and will be reported only as a number of volunteers in each category.

This information is reported to the National Institutes of Health (NIH), which is concerned with the inclusion of minorities and women in medical study populations so that all may benefit from clinical research. NIH policy encourages researchers to study groups representative of the general population.

American Indian or Alaskan Native

A person identifying with the indigenous peoples from North America including the continental US, Alaska and the island state of Hawaii.

Asian or Pacific Islander

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent and/or having origins in the islands of Guam, Samoa, or other Pacific Islands.

Hispanic

A person having origins in Hispanic countries of Latin America, including Mexico, Cuban, and Central and/or South America.

Black, not of Hispanic Origin

A person having origins in Africa and/or the Caribbean Islands.

White, not of Hispanic Origin

A person having origins in Europe, North Africa, and/or the Middle East.

Other