

Cardamon

Carfilzomib/Cyclophosphamide/Dexamethasone with maintenance carfilzomib in untreated transplant-eligible patients with symptomatic MM to evaluate the benefit of upfront ASCT

Demographics Form

Patient Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Trial Number	<input type="text" value="C"/> <input type="text" value="A"/> <input type="text" value="R"/> – <input type="text"/> <input type="text"/> <input type="text"/>

(This form has 3 pages including cover sheet)

Please send forms to:

Cardamon Trial Coordinator
CR UK & UCL Cancer Trials Centre
90 Tottenham Court Road
London W1T 4TJ

General enquires: **020 7679 9860**
Randomisations: **020 7679 9860** between 9.00am and 5.00pm
Fax: **020 7679 9861**
E-mail: ctc.cardamon@ucl.ac.uk



Cancer Research UK and UCL Cancer Trials Centre



Additional instructions for completing forms

Demographics Form

The Demographics Form is used to capture demographic information about the patient.

Completing the form

- For new patients, this form should be completed and submitted at baseline with the registration form and after the patient has provided informed consent.
- For existing patients, this form should only be completed after re-consent to v7.0 of the PIS and consent form, or later.

Specific Fields

- *Ethnicity*
 - Only one ethnicity box should be ticked
 - *Other, please specify-* If ethnicity is not detailed please enter it in the box provided

**If you have any questions about how to complete this form please contact the Cardamon Trial Coordinator on:
020 7679 9860**

Cardamon

Trial Number **C A R** -

Patient Initials

Demographics Form

Informed Consent

Main trial consent form signed? 1= Yes 2= No

Version number of consent form signed .

Version number of patient information sheet .

NOTE: Ethnicity should only be provided if patient has signed consent v7.0 or later.

Date consent form signed

D	D	M	M	Y	Y	Y	Y
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Ethnicity

Please tick one of the following options

- | | | | | |
|-------------------------------------|------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------|
| <u>White:</u> | White - British <input type="checkbox"/> 1 | White - European <input type="checkbox"/> 2 | White - Other* <input type="checkbox"/> 3 | |
| <u>Mixed Race:</u> | White and Black Caribbean <input type="checkbox"/> 4 | White and Black African <input type="checkbox"/> 5 | White and Asian <input type="checkbox"/> 6 | |
| <u>Asian or Asian British:</u> | Indian <input type="checkbox"/> 7 | Pakistani <input type="checkbox"/> 8 | Bangladeshi <input type="checkbox"/> 9 | Asian - Other* <input type="checkbox"/> 10 |
| <u>Black or Black British:</u> | Caribbean <input type="checkbox"/> 11 | African <input type="checkbox"/> 12 | Black - Other*: <input type="checkbox"/> 13 | |
| Chinese <input type="checkbox"/> 14 | Arab <input type="checkbox"/> 15 | Any other ethnic group* <input type="checkbox"/> 16 | Any other mixed / multiple ethnic background* <input type="checkbox"/> 17 | |

*Other, please specify

Name of person completing form: Signature of person completing form: Date completed:

D	D	M	M	Y	Y	Y	Y
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Please return to: **Cardamon** Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ

CRF Template V3 06/Jan/2017 Modified for **Cardamon** on 17 Sep 2018, v1.0

Date form received: _____ Date form entered: _____ Initials: _____

For UCL CTC use only: Date Checked: _____ Initials: _____ Date entered: _____ Initials: _____