

CLINICAL AND TRANSLATIONAL SCIENCE UNIT
Research Subject Registration Form

The information we obtain from you is completely confidential and will be used for research purposes only within the CTSU. If you have any concerns, please let us know.

Full Legal Name (please print) _____

Last

First

Middle Initial

Preferred Name _____

Last

First

Middle Initial

Address: _____ City: _____ State: _____

Zip Code _____ County _____ E-mail Address: _____

Home Phone#: _____ - _____ - _____ Work#: _____ - _____ - _____ Cell# _____ - _____ - _____

Gender (circle one): M F DOB _____ / _____ / _____

Race: (circle one)

1) American Indian or Alaskan Native

2) Asian

3) Native Hawaiian or Other Pacific Islander

4) Black or African American

5) White

6) More than one race

Ethnicity: (circle one)

1) Hispanic or Latino

2) Not Hispanic or Latino

3) Unknown

Marital Status: _____ Spouse's Name: _____

ALLERGIES: Yes No (Please include food *and* drug allergies)

Are you currently enrolled in any other research study? (circle one) Yes No

If Yes, where? _____ Describe study: _____

Emergency contact: _____ Relationship to you: _____

Emergency contact person phone#: _____ - _____ - _____

Subject Signature: _____ Date: _____

CTSU Outpatient# _____ (FOR CTSU USE ONLY)