

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.

****Study Coordinators: Please complete information in this box:**

Visit Date ____/____/____

Participant Initials: _____ Participant Study ID: _____

CTSU Study # _____ F R S PI: _____

TUKHS MRN for KU Labs (if applicable) _____ n/a

Participant Information:

Full Legal Name (please print) _____
Last First Middle Initial

Preferred Name _____ E-mail Address _____

Address _____ City _____ State ____ Zip _____

Date of Birth: _____ Gender at Birth: _____

Primary Phone _____ - _____ - _____ Cell Work Other _____

Secondary Phone _____ - _____ - _____ Cell Work Other _____

Do you have any food or drug allergies? _____

Please list an Emergency Contact: _____

Relationship to Participant _____ Phone _____

Have you participated in a research study at CTSU prior to today? _____

Participant or Guardian Signature: _____ **Date:** _____

*CTSU Outpatient # _____
TO BE COMPLETED BY CTSU STAFF