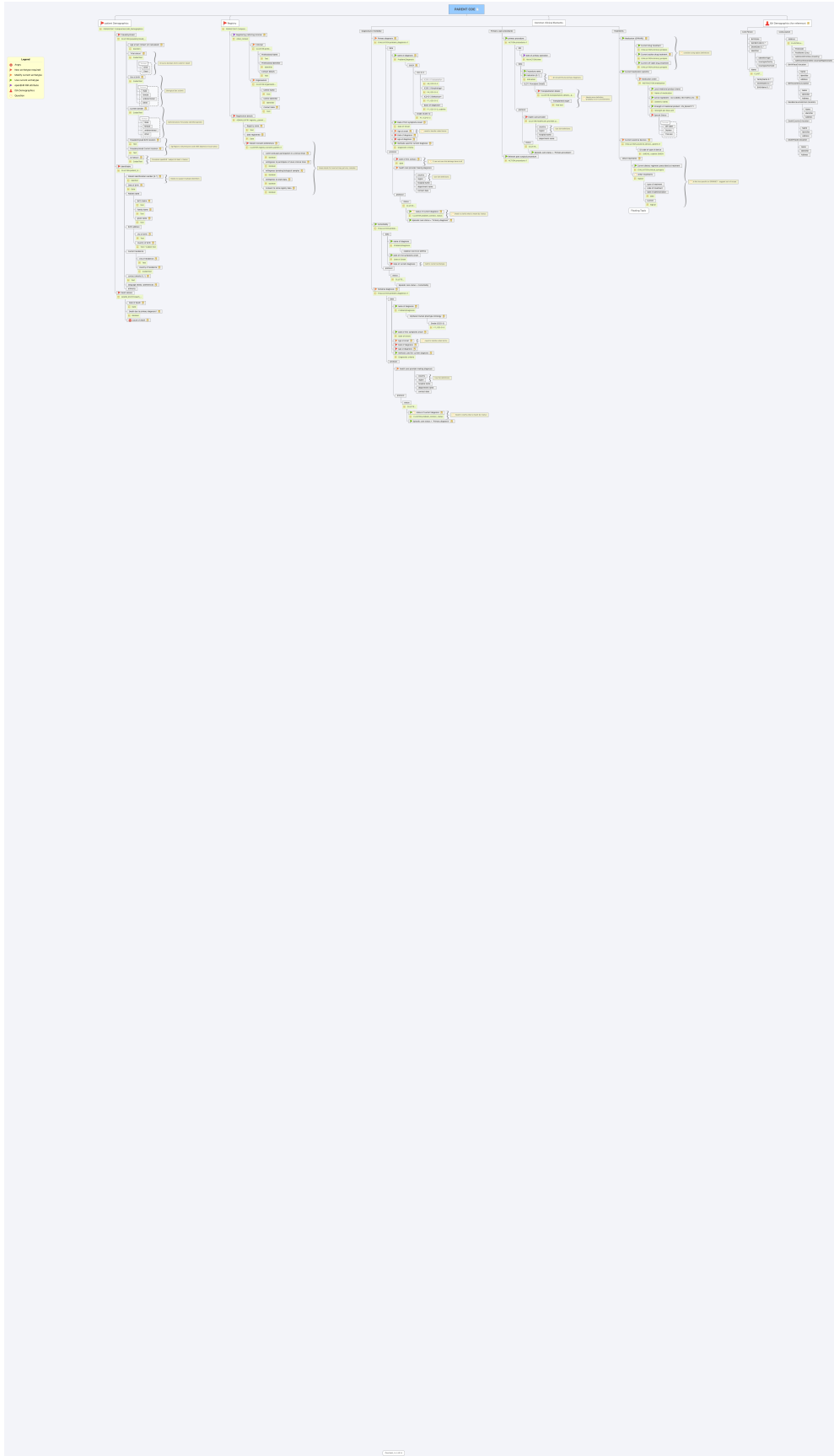


## PARENT CDE

PARENT CDE .....	1
1. patient Demographics .....	4
1.1. Pseudonymised .....	4
1.1.1. Age at last contact (or calculated).....	4
1.1.2. "Vital status".....	4
1.1.3. Sex at birth .....	4
1.1.4. Current Gender .....	4
1.1.5. Pseudonymised Birth location.....	4
1.1.6. Pseudonymised Current location .....	4
1.1.7. Is Foetus? .....	4
1.2. Identifiable .....	4
1.2.1. Patient identification number [0..*].....	5
1.2.2. Date of birth .....	5
1.2.3. Patient name .....	5
1.2.4. Birth address .....	5
1.2.5. Current residence .....	5
1.2.6. contact details [0..*].....	5
1.2.7. language needs / preferences.....	5
1.2.8. ethnicity .....	5
1.3. Death details.....	5
1.3.1. Date of death .....	5
1.3.2. Death due to primary diagnosis? .....	5
1.3.3. Cause of death .....	5
2. Registry .....	5
2.1. Registering /referring clinician .....	6
2.1.1. Clinician .....	6
2.1.2. Organisation .....	6
2.2. Registration details.....	6
2.2.1. Registry name .....	6
2.2.2. Date registered .....	6
2.2.3. Patient Consent preferences.....	6
3. Common Clinical Elements.....	6
3.1. Diagnosis/co-morbidity .....	6
3.1.1. Primary diagnosis .....	7
3.1.2. Comorbidity .....	8
3.1.3. Tentative diagnosis .....	8
3.2. Primary / past procedures.....	9
3.2.1. primary procedure .....	9
3.2.2. Relevant past surgical procedure .....	10
3.3. Treatments .....	11
3.3.1. Medication (EPIRARE) .....	11

3.3.2.	Current Medication (epSOS) .....	11
3.3.3.	Current assistive devices .....	12
3.3.4.	Other treatments .....	12
4.	ISA Demographics (for reference) .....	12
4.1.	Core Person .....	12
4.1.1.	BirthDate .....	12
4.1.2.	GenderCode 0..* .....	12
4.1.3.	DeathDate 0..* .....	12
4.1.4.	Identifier .....	12
4.1.5.	Name .....	13
4.2.	CoreLocation .....	13
4.2.1.	Address .....	13
4.2.2.	BirthPlaceCvlocation .....	13
4.2.3.	BirthCountryCvLocation .....	13
4.2.4.	ResidenceJurisdiction (location).....	14
4.2.5.	DeathCountryCvlocation .....	14
4.2.6.	DeathPlaceCvlocation .....	14



# **1. patient Demographics**

## **1.1. Pseudonymised**

### **1.1.1. Age at last contact (or calculated)**

### **1.1.2. "Vital status"**

**Alive**

**Dead**

### **1.1.3. Sex at birth**

**male**

**female**

**undetermined**

**other**

### **1.1.4. Current Gender**

**male**

**female**

**undetermined**

**other**

### **1.1.5. Pseudonymised Birth location**

### **1.1.6. Pseudonymised Current location**

### **1.1.7. Is Foetus?**

## **1.2. Identifiable**

**1.2.1. Patient identification number [0..\*]**

**1.2.2. Date of birth**

**1.2.3. Patient name**

**Birth Name**

**Family Name**

**given name**

**1.2.4. Birth address**

**city of birth**

**country of birth**

**1.2.5. Current residence**

**city of residence**

**country of residence**

**1.2.6. contact details [0..\*]**

**1.2.7. language needs / preferences**

**1.2.8. ethnicity**

**1.3. Death details**

**1.3.1. Date of death**

**1.3.2. Death due to primary diagnosis?**

**1.3.3. Cause of death**

**2. Registry**

## **2.1. Registering /referring clinician**

### **2.1.1. Clinician**

**Professional Name**

**Professional identifier**

**Contact details**

### **2.1.2. Organisation**

**Centre name**

**Centre Identifier**

**Contact data**

## **2.2. Registration details**

### **2.2.1. Registry name**

### **2.2.2. Date registered**

### **2.2.3. Patient Consent preferences**

**current and past participation in a clinical trials**

**willingness to participate in future clinical trials**

**willingness donating biological samples**

**willingness to share data**

**Consent to store registry data**

## **3. Common Clinical Elements**

### **3.1. Diagnosis/co-morbidity**

### **3.1.1. Primary diagnosis**

**data**

**name of diagnosis**

**ENCR**

ICD-O-3

ICDO-3 Topography•

ICDO-3 Morphology•

ICD-O-3 Behaviour•

Basis of diagnosis•

Grade (ICDO-3)

**Date of first symptoms onset**

**Age at onset**

**Date of diagnosis**

**Age at diagnosis**

**methods used for current diagnosis**

**protocol**

**Date of first contact**

**health care provider making diagnosis**

**country**

**region**

**hospital name**

**department name**

**contact data**

**protocol**

**status**

status of current diagnosis

Episodic care status = "Primary diagnosis"

### **3.1.2. Comorbidity**

**data**

**name of diagnosis**

**codelist: ICD10 or ORPHA**

**Date of first symptoms onset**

**Date of current diagnosis**

**protocol**

**status**

**Episodic care status = Comorbidity**

### **3.1.3. Tentative diagnosis**

**data**

**name of diagnosis**

**Orphanet Human phenotype Ontology**



Grade (ICDO-3)

**Date of first symptoms onset**

**Age at onset**

**Date of diagnosis**

**Age at diagnosis**

**methods used for current diagnosis**

**protocol**

**health care provider making diagnosis**

**country**

**region**

**hospital name**

**department name**

**contact data**

**protocol**

**status**

status of current diagnosis

Episodic care status = "Primary diagnosis"

### **3.2. Primary / past procedures**

#### **3.2.1. primary procedure**

**RM**

**date of primary operation**

**data**

**Procedure name**

**Indication [0..\*]**

**SLOT: Procedure Details**

**Transplantation details**

Transplanted organ

**protocol**

**health care provider**

**country**

**region**

**hospital name**

**department name**

**status**

**Episodic care status = "Primary procedure"**

### **3.2.2. Relevant past surgical procedure**

**RM**

**date of primary operation**

**data**

**Procedure name**

**Indication [0..\*]**

**SLOT: Procedure Details**

**protocol**

**health care provider**

**country**

**region**

**hospital name**

**department name**

**status**

### **3.3. Treatments**

#### **3.3.1. Medication (EPIRARE)**

**Current drug treatment**

**Current orphan drug treatment**

**Current off-label drug treatment**

#### **3.3.2. Current Medication (epSOS)**

**Medication order**

**Local medicinal product brand**

**Active ingredient :: DV\_CODED\_TEXT:WHO ATC**

**Strength of medicinal product:: DV\_QUANTITY**

**Special Status**

**Off-label**

**Orphan**

**Trial use**

### **3.3.3. Current assistive devices**

**ID code of type of device**

### **3.3.4. Other treatments**

**Current dietary regimens prescribed as treatment**

**type of regimen**

**Other treatments**

**type of treatment**

**code of treatment**

**date of administration**

**current**

## **4. ISA Demographics (for reference)**

### **4.1. Core Person**

**4.1.1. BirthDate**

**4.1.2. GenderCode 0..\***

**4.1.3. DeathDate 0..\***

**4.1.4. Identifier**

**IdentifierType**

**IssuingAuthority**

**IssuingAuthorityID**

**4.1.5. Name**

**FamilyName 0..\***

**GivenName 0..\***

**BirthName 0..\***

**4.2. CoreLocation**

**4.2.1. Address**

**PostCode**

**PostName (City)**

**AdminUnitFirstline (Country)**

**AdminunitSecondline (county/Region/state)**

**4.2.2. BirthPlaceCvlocation**

**Name**

**Identifier**

**Address**

**4.2.3. BirthCountryCvLocation**

**Name**

**Identifier**

**Address**

#### **4.2.4. ResidenceJurisdiction (location)**

**Name**

**Identifier**

**Address**

#### **4.2.5. DeathCountryCvlocation**

**Name**

**Identifier**

**Address**

#### **4.2.6. DeathPlaceCvlocation**

**Name**

**Identifier**

**Address**