We can only accept data from practices that have a Data Use Agreement with ASCO. Data entered without a Data Use Agreement will be immediately deleted from the registry. If your practice does not have a signed data use agreement with ASCO to contribute to the ASCO Registry, please contact centra@asco.org.

Please enter the PIN code that was provided to your practice for patient data entry: ________________________

Name of Practice:

O Practice 1
O Practice 2
O Practice 3
O Practice 4

Five digit zip code of oncology practice where patient is being treated: ________________________

Patient's date of birth (MM-DD-YYYY): (Patient records will be linked using date of birth so please check for accuracy!)
Five digit zip code of patient's primary residence.  
(Patient records will be linked using zip code so please check for accuracy!)  

Are you entering baseline information on a patient, or follow-up information?  
○ This is the initial data entry for this patient, which includes demographic information plus COVID-19 and cancer status.  
○ I am entering follow-up information on a patient whose baseline information is already captured in the ASCO Registry.  

Has the patient for whom you are entering data had a confirmed case of COVID-19 (i.e., positive test for SARS-CoV-2)?  
○ Yes  
○ No  

What is the patient's cancer status?  
○ The patient has active cancer  
○ The patient is disease-free but is receiving adjuvant therapy within 1 year following surgical resection (including hormonal treatments)  
○ Neither of the above  

Which of the following type of follow-up data are you entering?  
Check all that apply  
○ Follow-up information on a patient's COVID-19 condition or treatment (including vital status)  
○ Follow-up information on a patient's cancer condition or treatment (including vital status)  

PARTICIPATION IN OTHER REGISTRIES  

Has information on this patient been entered into another COVID-19 & Cancer Registry?  
○ Yes  
○ No  
○ Unsure  

To which registries have data been submitted for this patient?  
(check all that apply)  
□ ASH Registry for Hematologic Malignancies  
□ CCC-19  
□ Other  
□ Unsure which registry  

Which other registries?  
If more than one, separate with semi-colon (;).
<table>
<thead>
<tr>
<th>CONFIRM PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please confirm that you are entering data for a patient treated at [name_of_practice]. Is this correct? (If not, please scroll to the top of the page and select the correct practice name.)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>