Cardamon

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

Preliminary Registration Form

Patient Initials	☐☐☐
Site	
Date sent	D D M M Y Y Y Y
Sent by	
Phone number	
Research contact email address	

(This form has 2 pages including cover sheet)

Please fax form to

Cardamon Trial Coordinator
0207 679 9861

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**

To be completed by the UCL CTC

Trial Number	C A R – ☐☐☐
Date of Preliminary Registration	D D M M Y Y Y Y
Registered by	

CANCER RESEARCH UK

Cancer Research UK and UCL Cancer Trials Centre

UCL

Cardamon Patient Initials [ ][ ][ ] Patient Date of Birth [D][D][M][M][Y][Y][Y][Y]

Preliminary Registration form

Preliminary Registration

Patient Information

Sex: ☐ Male ☐ Female

Consultant

NHS Number

Informed Consent

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

***Optional* consent for future research** signed? **1= Yes 2= No** ☐

Version number of consent form signed ☐.☐ Date consent form signed [D][D][M][M][Y][Y][Y][Y]

Version number of patient information sheet ☐.☐ Has patient initialled all boxes? **1= Yes 2= No** ☐

Has patient signed and personally dated? **1= Yes 2= No** ☐ Has person taking consent signed and dated (on same day as patient)? **1= Yes 2= No** ☐

Name of person taking consent:

***Optional* PET-CT sub-study** consent form signed? ☐ **1= Yes** —*please complete details below:*
2= No or not applicable —*please skip to* ***Patient Information*** *section below*

Version number of consent form signed ☐.☐ Date consent form signed [D][D][M][M][Y][Y][Y][Y]

Version number of patient information sheet ☐.☐ Has patient initialled all boxes? **1= Yes 2= No** ☐

Has patient signed and personally dated? **1= Yes 2= No** ☐ Has person taking consent signed and dated (on same day as patient)? **1= Yes 2= No** ☐

Name of person taking consent:

Treatment plan

Anticipated start of treatment [D][D][M][M][Y][Y][Y][Y]

Has the patient's bone marrow biopsy been scheduled? (1= Yes; 2= No) ☐ Date scheduled [D][D][M][M][Y][Y][Y][Y]

Section to be completed by the PI or a co-investigator delegated the responsibility on the site delegation log

Based on peripheral blood and radiology results performed to date, does the patient provisionally meet the eligibility criteria for the Cardamon study? **1= Yes 2= No** ☐

Investigator name (print):

Investigator signature:

Date signed: [D][D][M][M][Y][Y][Y][Y]

Preliminary registration does not guarantee study entry, and trial treatment must not start until full registration is complete