The RoPR data collection system will be a web based collection mechanism. The screenshots included in this section are from the prototype system used with stakeholders to complete usability testing. The form has 6 sections.

1)

Registry Description

Registry Version	*Registry version identifier.*	*** Required Field**
Registry Geography *	*Identify geographic area of Registry providers.* -- Select --	Registry Geography is a required field.
Location	*Add Location information if Registry Geography is identified*	
Registry Title *	*Registry title intended for the lay public.*	Registry Title is a required field.

PREVIOUS   NEXT

2)

Registry Classification and Purpose

* Required Field

Registry Classification * *Select all that apply. Enter Other if none or additional Classifications apply.*

- ☐ Disease/Disorder/Condition
- ☐ Product, Drug
- ☐ Vaccine
- ☐ Service, Procedure
- ☐ Product, Device
- ☐ Transplant
- ☐ Service, Encounter
- ☐ Product, Biologic
- ☐ Tumor
- ☐ Service, Hospitalization
- ☐ Pregnancy
- ☐ Other

Registry Classification is a required field.

Registry Purpose * *Select all that apply. Enter Other if none or additional Purposes apply.*

Registry Purpose is a required field.

- ☐ Natural History of Disease
- ☐ Quality Improvement
- ☐ Payment/Certification
- ☐ Effectiveness
- ☐ Clinical Practice Assessment
- ☐ Post Marketing Commitment
- ☐ Safety or Harm
- ☐ Public Health Surveillance
- ☐ Other

PREVIOUS   NEXT

3)

Contact and Conditions of Access

Interest in Being Contacted *

Identify if the sponsor is interested in being contacted for reasons listed below.

○ Yes   ○ No

Reasons for Being Contacted

Select all that apply. Enter Other if none or additional Reasons apply..

☐ Data Access   ☐ Participation - Investigator

☐ More Information   ☐ Participation - Participant

☐ Collaboration

☐ Other [_____]

Organization

The primary contact organization.

[_____]

First Name

The primary contact individual's first name.

[_____]

Last Name

The primary contact individual's last name.

[_____]

Title

The primary contact individual's title.

[_____]

E-Mail

The primary contact e-mail address.

[_____]

It is recommended that this e-mail be a department or distribution list so that if the contact person leaves the organization, the e-mail will still be delivered to a person within the department that can respond to the inquiry.

Phone

The primary contact phone number.

[_____]   **Ext.** [_____]

Link to Organization or Registry Site

The URL for the organization or registry.

[http://_____]

Link to Conditions of Access

The primary contact's URL for the organization or registry.

[http://_____]

[PREVIOUS]   [NEXT]

4)

Progress Report

ADD PROGRESS REPORT

New Progress Report

Progress Report Summary *	Summary of all relevant progress report information. May include summary of interim reports, annual reports, and/or other related Registry progress reports.
Link to Progress Report	A complete URL,to the progress report. http://
Number of Participants in Registry *	Progress data identifying the current number of participants in the Registry.
Length of Follow-up *	Progress data identifying the length of follow-up data currently available within the Registry.

SAVE   **CANCEL**

PREVIOUS   **NEXT**

5)

Related Information

ADD RELATED LINK

New Related Link

Link *	A link to relevant registry information. http://
Description *	A title of brief discription of the linked page.

SAVE   **CANCEL**

PREVIOUS   **NEXT**

6)

Condition or Service of Interest for Registry

Condition

Outcome Measures and Common Data Elements - Condition or Service of Interest
Select all that apply.

* At least one Condition is Required

- ☐ Bacterial and Fungal Diseases
- ☐ Behaviors and Mental Disorders
- ☐ Blood and Lymph Conditions
- ☐ Cancers and other Neoplasms
- ☐ Cardiovascular Diseases
- ☐ Diseases or Abnormalities at or before Birth
- ☐ Digestive System Diseases
- ☐ Ear, Nose, and Throat Diseases
- ☐ Eye Diseases
- ☐ Gland and Hormone Related Diseases
- ☐ Injuries, Poisonings, and Occupational Conditions

- ☐ Immune System Diseases
- ☐ Mouth and Tooth Diseases
- ☐ Muscle, Bone, and Cartilage Diseases
- ☐ Nervous System Diseases
- ☐ Nutritional and Metabolic Diseases
- ☐ Parasitic Diseases
- ☐ Symptoms and General Pathology
- ☐ Respiratory Tract (Lung and Bronchial) Diseases
- ☐ Skin and Connective Tissue Diseases
- ☐ Urinary Tract, Sexual Organs, and Pregnancy Conditions
- ☐ Viral Diseases

- ☐ Other [   ]

PREVIOUS   **NEXT**

Category of Interest for Registry

Condition   **Category**

Outcome Measures and Common Data Elements - Category
Select all that apply. Enter Other if additional Categories apply.

* At least one Category is required

- ☐ Clinical Assessments
- ☐ Demographics
- ☐ Devices
- ☐ Diagnosis
- ☐ Disease Response
- ☐ Events of Interest
- ☐ Genetic Information

- ☐ Health System Utilization
- ☐ Medications
- ☐ Patient-Reported Outcomes
- ☐ Risk Factors/Staging Systems
- ☐ Survival Outcomes
- ☐ Treatments

- ☐ Other [   ]

PREVIOUS   **NEXT**